

**SEXUALLY TRANSMITTED DISEASES IN JAILS
AS A PUBLIC HEALTH ISSUE**

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Introduction

Studies have indicated that the prevalence of sexually transmitted diseases (STDs) is higher among incarcerated populations in jails and juvenile detention centers than in the general population. Persons with untreated STDs are three to five times more likely to acquire and transmit Human Immunodeficiency Virus (HIV), and persons with HIV are, in turn, more likely to develop contagious, active tuberculosis (TB). Based on these factors, public health professionals recognize the critical role of correctional systems, particularly jail and detention facilities, in diagnosing and treating STDs among the mobile and high-risk populations they manage.

Jail detainees and inmates are typically held only for a short time and then return to their communities, which means that infected inmates can potentially transmit infection to others in the community. By selectively testing and treating those in jail for STDs, however, it is possible to inhibit further disease transmission. By controlling the spread of disease in the jail, health care costs are reduced. Early identification and treatment of patients also reduce the cost to the jail of treating STD complications.

This research on the management of sexually transmitted diseases in the jail setting was intended to provide information to help shape educational efforts being developed for correctional administrators in the area of STD control. The study is the first phase of activities to be supported by an interagency agreement among the National Institute of Corrections (NIC), the Federal Bureau of Prisons and the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.

The NIC Information Center disseminated survey questionnaires to 104 agencies that participate in NIC's Large Jail Network (LJN), which provides a linkage among jail administrators in local jurisdictions that house more than 1,000 jail inmates. Surveys were sent by mail or via an Internet email listserv developed for the LJN network. Responses were received from 53 jurisdictions.

Project Findings

Jail Health Care Operations

Health Care Providers in Jails

Jails use several models for providing health care to detainees and inmates. Medical care providers in the jail can be jail or corrections agency staff, county health department employees, employees of a private health care contractor, independent physicians, local hospital employees, or a combination of these.

- The majority of the responding jails and jail systems provide health care through a

combination of providers, e.g., jail staff in coordination with the county health department and hospitals.

- For agencies using only a single approach, the most common choice is to contract with a private sector health care provider; 21 agencies use this model exclusively.
- Four agencies report that they provide *all* medical care to inmates through medical staff who are corrections agency or jail employees.
- Four agencies rely exclusively on health department employees provide their health care.

Agencies also vary in their relative reliance on the various categories of medical care providers. For example, while Los Angeles County provides 95 percent of its inmate medical care through corrections agencies employees and uses local hospitals only for admissions of inmates with acute illnesses, physicians in Maricopa County are contract employees, and the remaining health care providers are county government employees.

Relationship of Jails to Local Health Departments

Collaboration between public health and corrections agencies is important in controlling STDs. In general, survey respondents indicated that the jail's current working relationship with the local health department is positive:

- Thirty (30) agencies described the relationship with the local health department as **excellent**;
- Fifteen (15) agencies described the relationship as **good**; and
- Six (6) agencies described the relationship as **satisfactory**.

A number of respondents commented on ways in which the jail and local health department currently work together. Some examples:

- “The relationship is excellent with both the state and city [health departments]. Our medical coordinator (head physician) has recently been asked to be on an advisory panel on STD for the development of a statewide STD program.” (Denver, Colorado)
- “We learn from each department's functions, policies, and procedures. We benefit through networking and have developed a formal communicable disease management plan.” (Los Angeles, California)
- “NCCHC standards require health and physicals within 14 days. The county health department assists in these screenings and offers STD blood exams. We have an interactive reporting program for STDs, TB, hepatitis.” (Las Vegas/Clark County, Nevada)

- “. . . Maricopa County Correctional Health Service treats 30 percent of syphilis [cases] in Maricopa County. Only the public health STD clinic treats more cases in the county.” (Maricopa County, Arizona)
- The jail in Plymouth County, Massachusetts, deals with the local health departments in a variety of ways, including sharing RPR test results, an HIV-positive partner notification program, TB treatment and adherence concerns, and provision of seasonal vaccines.

Screening Detainees/Inmates for Sexually Transmitted Diseases

Screening inmates for STDs in correctional settings can reduce the costs associated with treating complications of STDs as well as the transmission of disease among the incarcerated population. This study found that jails screen inmates for STDs in two ways, one informal and the other clinical. Informal jail screening generally consists of interviewing inmates to identify relevant medical history or behaviors linked to exposure to STDs or conducting a visual inspection for signs of infection. Clinical screening, including blood tests, provide an actual diagnosis of STDs.

While some jails routinely conduct physical testing of all detainees and inmates, others test only those whose initial screening indicates that a physical test is advised. One responding jail conducts no physical STD testing of inmates.

Table 1, below, presents a summary of responding jails' screening and testing policies.

Table 1. Jail Screening and Physical Testing for STDs

No Routine STD Screening	Informal STD Screening of All Inmates; No Routine Physical Testing			Screening Includes Physical STD Testing of All Inmates	
	At intake or within 24 hours	Within 24 to 48 hours after intake	Within 14 days of intake	At intake or within 24 hours	During standard physical exam
5 jails	12 jails	2 jails	7 jails	15 jails	11 jails

As Table 1 shows, jails are split fairly evenly between those that screen all inmates informally and then test only those for whom testing is indicated and those that do physical testing of all inmates.

Responding jails take the following basic approaches in the screening and clinical testing of inmates:

- *The jail does no routine screening of inmates for STD symptoms or behaviors.*

The five jails in this category do not screen any inmates for STDs (except one jail, which screens all female sex offenders); STD testing may be provided in response to inmate requests.

- *All inmates are informally screened for STD symptoms or behaviors, but the jail tests only those with symptoms or for other causes.*

Twenty-one (21) jails informally screen all inmates; 20 of these facilities then test those whose history, symptoms, or other factors indicate that a physical test is advised. The remaining jail does not conduct any physical testing of inmates.

Jurisdictions use varying criteria to determine which inmates are physically tested. In addition to history or symptoms, some additional criteria for jails to physically test inmates include:

- Court order;
- Inmate request;
- Public health request;
- Other outside agency request;
- Inmate age. (In San Francisco, men under 30 years and women under 35 years are offered GC, chlamydia, and VDRL testing within one week of booking.)

- *All inmates are physically tested for STD infection.*

Twenty-six (26) of the responding jails test all inmates for STDs; that is, they require all inmates to provide test samples during either their initial physical exam or during a later, complete physical examination. In 15 of these facilities, testing is done during the initial intake physical, and in 11, all detainees provide test samples during a later, complete physical examination.

It is important to note that some of the jurisdictions that test all inmates do so only for certain diseases. (The number in this group is not clear, as the survey did not specifically address this question.) The most common test given by jails is the RPR (rapid plasma reagin), which tests for venereal disease. In at least seven of the responding jails, this is the only STD test given all inmates. One jurisdiction obtains a VDHL sample from all detainees at initial intake screening and follows up with additional STD testing as indicated by history or symptoms.

Additional examples of agency practice include:

- Hampden County, Massachusetts, conducts an RPR test on all detainees/inmates at admission, while testing for HIV or hepatitis C is done only in response to a request by the inmate/detainee or in response to a physician's order. Hampden is also conducting blind screening for Hepatitis C to test for its prevalence and is working with the state public health department to set up screening for chlamydia on all inmates at admission.
- The Rhode Island Department of Corrections does an RPR and a test for HIV only.
- Suffolk County, Massachusetts, combines the RPR with a test for TB on all inmates.

Prevention and Continuity of Care

STD Information Given to Inmates

The survey asked respondents to indicate whether the jail routinely provides information to detainees and inmates about highly communicable diseases and the health threats they pose.

- Results suggest that jails seem to be most concerned with providing information on tuberculosis (46 jails provide such information), HIV (45 jails), and STDs in general (43 jails).
- Jails less frequently provide information on Hepatitis B (34 jails) and Hepatitis C (21 jails). One respondent noted that a reason for not providing information on Hepatitis C is that information from medical authorities on this disease is scant and contradictory.

Although the survey did not identify either the depth or extent of the information provided, survey respondents provided some anecdotal information. In some instances, all inmates are given an admonishment at intake, telling them how to prevent the transmission of these diseases. In others information is provided through a self-service information center containing pamphlets and flyers and located on the medical floor. In some cases, information is given only to inmates being tested or treated for STDs. At least one department requires every new inmate to review a video on infectious diseases.

Discharge Planning

To control the spread of sexually transmitted diseases to the community it is important for jails to provide discharge planning to detainees and inmates who have been diagnosed with HIV, STDs, hepatitis, or TB.

Responding jails indicated that they use the following methods to provide discharge planning for persons with medical needs related to contagious disease:

- In most jails (37), medical staff provide discharge planning for these inmates and detainees. In all but four of these systems, a social worker or case worker is also involved in discharge planning.
- Five (5) agencies do not provide any discharge planning.

A number of survey respondents discussed their methods for providing discharge planning:

- Several jails rely on the local health department for assistance in discharge planning.
- Special HIV counselors and outreach workers support discharge planning of HIV-positive inmates in several jurisdictions, including Los Angeles, Plymouth, and Suffolk counties. In King County, Washington, discharge planning is specifically provided for ill HIV patients.
- The Hawaii Department of Corrections noted that the local chapter of Life Foundation has assisted in discharge planning for persons with AIDS, but discharge planning is not provided for persons with STDs or hepatitis.
- Broward County, Florida, relies on an outside agency and the local health department.
- Atlantic County, New Jersey, noted that inmates with TB are given information so that they can contact the county health department, and HIV inmates who have been going to a local clinic are advised to continue doing so.
- The Fairfax County, Virginia, respondent commented that the jail is developing a case management system and will begin working with inmates on admission through discharge planning.
- A new case management/discharge planning program for HIV patients will be launched in July 1999 in Wayne County, Michigan.

Referrals to Local Treatment or Other Services

The next phase in the continuum of care that jails can provide for inmates with STDs is to refer them, on their release from the jail, to outside agencies for continued treatment, counseling, or other services. In order of decreasing frequency, jails commonly make referrals to community agencies for released inmates with:

- HIV (52 agencies);
- TB (48 agencies);
- STDs (46 agencies);
- Hepatitis B (28 agencies); and
- Hepatitis C (27 agencies).

Topics for NIC Training on STDs

Respondents were asked for their opinions on the relative importance of training on specific topics related to the diseases covered by this survey. Results are presented in Table 2. The data indicate that the disease of greatest concern to jail administrators is TB; both testing and clinical care of this disease were rated the most important to address in training. There is also strong interest in STDs and HIV, both in terms of testing and clinical care.

Table 2. Jail Managers' Ratings of Importance of STD-Related Training Topics

Testing detainees/ inmates for:	Very Important	Somewhat Important	Not important
TB	42	3	7
STDs	33	13	6
HIV	31	13	6
Hepatitis B	22	21	7
Hepatitis C	16	24	10
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Clinical care for:			
TB	41	4	6
HIV	38	8	6
STDs	36	9	7
Hepatitis B	27	15	8
Hepatitis C	22	19	8

Some responding agencies provided additional comments concerning training related to management of STDs:

- Several agencies, including Atlanta, Las Vegas, and Multnomah, indicated that their current training meets their needs.
- Plymouth County, Massachusetts, noted that after discussing training issues with its medical staff, the following topics were requested: more training which offers our medical officers CEUs; updates regarding the overuse of antibiotics and treatment options; programs which address the issue of side effects from toxic HIV medications, INH and other medications; clinical training programs focusing on new medical staff; training and information on the interpretation of laboratory results; more videos on correctional medical care; more training on STD detection and treatment.
- In San Joaquin County, California, the questions related to relative importance of training topics were answered in reference to the medical staff and in light of training already available. “Any training through NIC would be greatly appreciated, especially if it were available for a combined audience of medical and custody.”
- The Marion County, Indiana, respondent stated that training is not needed and would be a waste of money. The respondent noted that “STDs are not the only health care concern” and that the “entire issue boils down to funding, need, and staffing.”
- The Rhode Island DOC respondent observed that guidelines for hepatitis B/C are critical, as are standards of care that correctional physicians are in the process of developing.
- Funding is needed for hepatitis A and B vaccines in King County, Washington.
- The Santa Clara County, California, respondent observed that continued training should be required for all DOC staff, including management, custodial, civilian staff, to help identify high-risk inmates. Contractual medical staff should be encouraged to have continued training and education on these medical issues in a custodial setting. Information and education should be provided for all outside people having potential contact with infected inmates; these groups include attorneys, program instructors, and investigators. Since symptoms of STDs are not as identifiable in women, more intense screening, testing, and education should be available for female inmates.
- Santa Clara County also noted that although hepatitis A was not addressed by the survey, the medical unit has determined that testing for hepatitis A should be rated as very important.