

**WORKING WITH CORRECTIONS
IN STANISLAUS COUNTY**



**HEALTH
SERVICES
AGENCY**



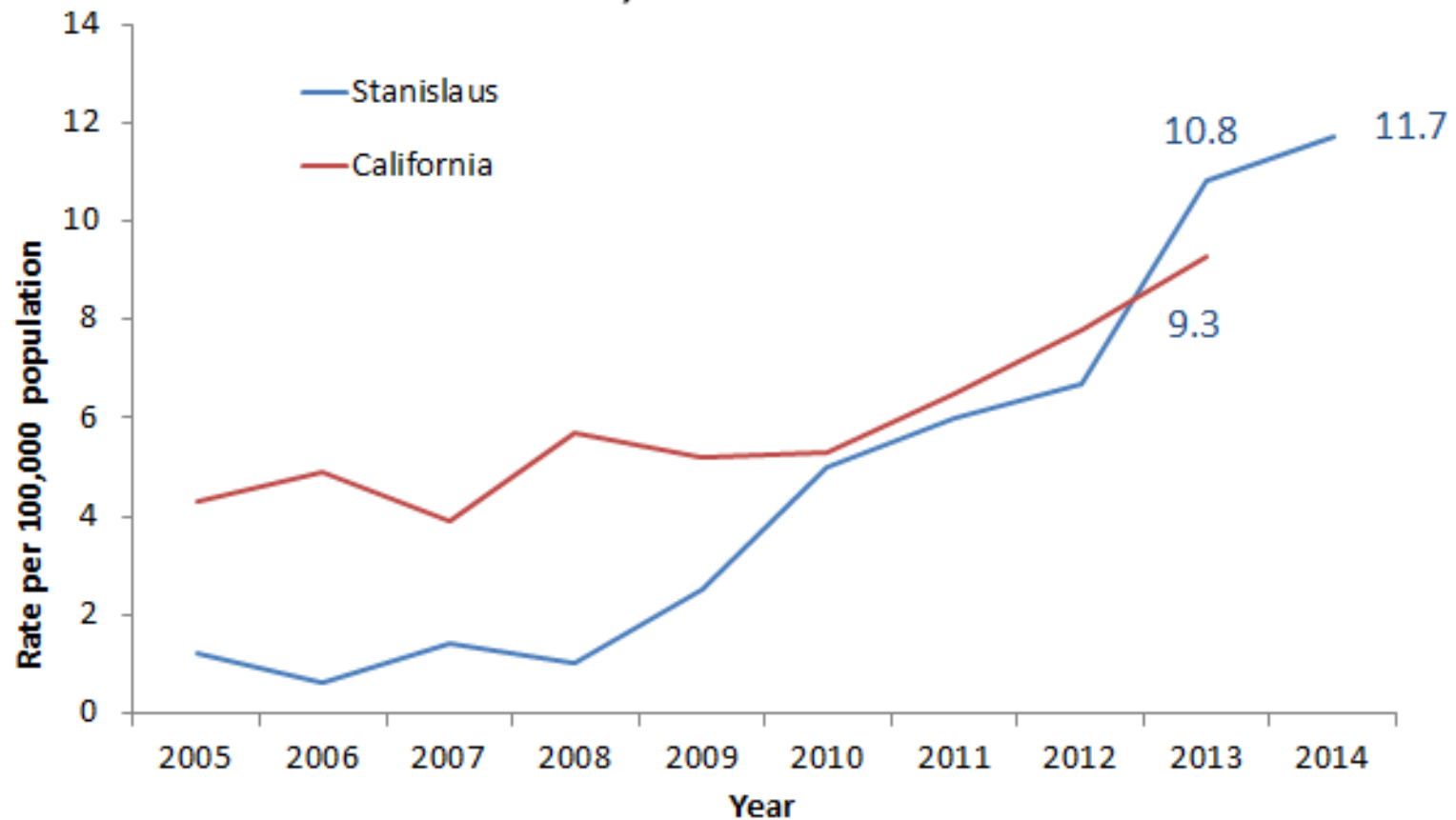
**Working with
Corrections in
Stanislaus County**

AGENDA:

**Stanislaus Syphilis Statistics
Communication Efforts
Purpose of Collaboration
Existing Collaboratives
Interactions with Jail**

**Jail Screening Methods
Successes
Challenges
Future Directions**

Stanislaus County P&S Syphilis Incidence Rates, 2005-2014



COUNTY COMMUNICATION EFFORTS REGARDING CONGENITAL SYPHILIS



HEALTH SERVICES AGENCY
Public Health Services

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2016 PRESENTATIONS BY PUBLIC HEALTH

- Congenital syphilis treatment presentation
 - Regional Conference of Labor & Delivery Nurses
- In-service
 - Golden Valley Health Center Providers
 - Doctor's Medical Center NICU Nurses
- Lecture
 - Family Medicine residents

July 22, 2015

Dear Colleague,

The California Department of Public Health (CDPH) and Stanislaus County request your assistance in addressing an issue of urgent public health concern: a rise in syphilis cases among women and newborns, primarily in the Central Valley, including Stanislaus County.

Factors contributing to the rise in cases include gaps in access to prenatal care and screening, inability to locate individuals following screening, and incorrect/inadequate/delayed treatment. Congenital syphilis can be prevented or controlled by prompt diagnosis and immediate, appropriate treatment of the mother accompanied by evaluation and appropriate treatment of baby per Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines (<http://www.cdc.gov/std/tg2015/>).

SCREENING:

- Perform screening for syphilis in all pregnant women during the first prenatal visit.
- Rescreen women at high risk for syphilis (multiple partners, late prenatal care, residing in the Central Valley) and those not previously tested both:
 - early in third trimester (approx. 28 weeks gestation) and,
 - at delivery.
- Delay discharge of newborn until maternal serologic status has been determined.
- Screen all women delivering stillborn babies.

TREATMENT:

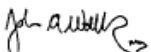
- Pregnant Women: Penicillin. Pregnant women with penicillin allergy should be desensitized and treated with penicillin.
- Newborns: Refer to CDC Treatment Guidelines at <http://www.cdc.gov/std/syphilis/treatment.htm>.

REPORTING:

- State law (California Code of Regulations Title 17, Section 2500) mandates health care providers and laboratories must report syphilis within ONE DAY to Stanislaus County Public Health Department via:
 - Phone (209-558-5678) or Fax (209-558-4905) or CalREDIE

Please contact Stanislaus County Public Health Department can provide technical assistance screening, diagnosis, treatment and reporting. We appreciate your compliance with the above.

Sincerely,


John Walker, MD
Public Health Officer


Jessica Montoya-Juarez, MS
Communicable Disease Manager/STD Controller



PURPOSE OF COLLABORATION

- **Decrease congenital syphilis by:**
 - ✓ Implementing Rapid Syphilis test (RPR) immediately upon identification of pregnancy
 - ✓ Timely adequate treatment of infected pregnant incarcerated females
 - ✓ Connect pregnant females to Pre-natal care & other High Risk Case Management Program
- **Created the: Congenital Syphilis Outcome Study in Partnership with Public Health**



Jail Justification for partnership with Public Health:

“Review of state surveillance syphilis case data has demonstrated multiple factors that likely contribute to these congenital cases, including gaps in access to prenatal care and syphilis screening, delays in treatment inadequate treatment, and loss of follow-up among others. These are opportunities for local interventions to reduce the incidence of congenital syphilis. With relatively low numbers of infectious syphilis cases among women compared to men in California, we should have the capacity to improve the public health response to prevent this devastating neonatal disease complication.”

EXISTING COLLABORATIVES

Jail Ad Hoc

- Est. 8/2015
- Quarterly Meetings
- Public/Private Partnership:
 - 1) California Forensic Medical Group Incorporated (Private)
 - 2) McHenry Medical Office (MMO) OB/Gyn (Stanislaus Health Service Agency FQHC clinic)
 - 3) Stanislaus County Pre-natal Case Management programs
 - Healthy Birth Outcomes
 - Maternal Child & Health
 - Nurse Family Partnership
 - 4) Stanislaus County Health Service Agency- Public Health
 - Communicable Disease Surveillance group / HIV-STD Department

PUBLIC HEALTH INTERACTIONS WITH JAIL (PRIOR COLLABORATION)



- Confidential Morbidity Reports are sent from jail medical staff to Public Health
- Technical Assistance is offered to Medical Staff regarding syphilis testing, staging, and treatment
- Public Health Investigations are well received by Jail Medical staff
 - Interviews
 - Further questioning regarding what was reported on CMR/missing info.
- Annual Health Service Audits

CURRENT JAIL SCREENING METHODS (POST COLLABORATION)



Medical Screening during Booking Process:

- **Medical Intake Form**

Purpose- Assess if person is in good health for jail placement

- Completed by Officer, Inmate, & Medical (if referred)
- If answers “yes,” to a question, medical staff will evaluate inmate
 - Female specific procedures:
 - ✓ HCG test is administered (*voluntary*)
 - ✓ **If positive HCG, Rapid RPR conducted (*voluntary*)**
 - ✓ **Referral to Pregnancy Case Management Program or MMO for OB apt (*30 day deadline to refer*)**
 - ✓ If positive RPR, blood drawn the night of or next day

Further Medical Assessment Process:

- **10 day health assessment (survey completed by inmate) (*voluntary*)**
 - If patient answers “yes,” to a question, medical staff will evaluate person
 - ✓ If patient reports symptoms, visual exam conducted (non-pelvic on female)
 - ✓ Testing & labs conducted
 - ✓ Treatment ordered

CURRENT JAIL SCREENING METHODS CONTINUED...

(POST COLLABORATION)

Health Assessment STD Supplemental Questions:

1. Diagnosed with STD in past 6 months?
2. Any sexual contacts in the past 3 months diagnosed with STD?
3. Recently had any of the following:
 - a. Pain/burning with urination? Discharge from penis/vagina?
Genital sores, blisters, ulcers? Unexplained rash on large area of body?
Lower abdominal pain?
4. Unprotected sex with more than 2 people, 3 months?
5. In past 6 months, worked as or had sex with a prostitute?
6. If no to all of the above, do you still think you might have an STD?

Discharge Process:

- If Medical staff have medical concern for an inmate, they flag the patient's chart & custody reviews chart prior to discharge
- Custody informs medical staff 30min – 1 hour prior to discharge
- Upon discharge, inmate is given resources



SUCCESSSES

- + Pregnancy testing → Rapid Syphilis Test (RPR) or +RPR → Pregnancy test
 - 85 Rapid tests completed (10/21/15 – 12/21/16)
 - 4 Positive
 - 81 Negative
- **Emergency Bicillin on hand**
 - Resulted from a “catch & release” situation
- **Established referrals between Jails & Pre-natal care with OB/Gyn, MMO**
 - MMO assists inmate in applying for Medi-Cal while incarcerated, to fill in health care coverage gap after discharge
- **Established referrals between Jails & High Risk Pregnancy Case Management Programs**
- **Continuous Reporting & Technical Assistance with Public Health**



CHALLENGES



- Some infected inmates are released prior to getting test result or completing tx & they are difficult to reach again
- Need written recommendation from PH to conduct further STD testing
- High Risk standards for all inclusive testing would apply to mostly all inmates in jail
- Capacity to handle ongoing care for certain STDs (HIV)
- Limitations for neuro-syphilis testing vs. treatment based on symptoms
- Bicillin- patient specific. If ordered before 12:00pm, can get next day. Does not apply to weekends. If not ordered by 12pm, 48 hour turn around time
- OB Pre-natal care (catch & release discharge)
- Questions administered in screening processes are limiting

FUTURE VISION

- Shift to broader screening of incarcerated individuals
- Shift to a complete sexual health assessment
- Encourage jails to test comprehensively to include most common STD's & pregnancy at one point in time (Chlamydia, Gonorrhea, Syphilis, & HIV)
- Encourage jails to draw blood right after a rapid +RPR result
- Request that custody informs medical sooner than 30min-1hour prior to release
- Follow up treatment flagged in 1-3mos post completing Syphilis treatment



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