WORKING WITH CORRECTIONS IN STANISLAUS COUNTY
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

- Stanislaus
- California

Rate per 100,000 population

Year


0 2 4 6 8 10 12 14

11.7 10.8 9.3

* CDPH
Congenital Syphilis in Infants < 1 Year of Age
Incidence Rates by County, California, 2013

Rate per 100,000 live births
- 0 cases reported
- < 1
- 1 to 20
- > 20

* CDPH
COUNTY COMMUNICATION EFFORTS REGARDING CONGENITAL SYPHILIS

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
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
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
SUCCESSES

• + 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
• 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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