

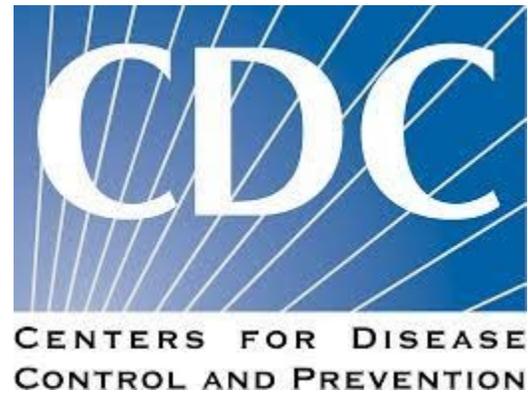
What's New in HIV, Viral Hepatitis, TB, and STI in Correctional Settings?

CDC Updates and Perspectives from the Field



**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**

Wonderful Display of Collaboration Between Associations



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Upcoming webinar: Monkeypox

- NCCHC/CDC Free Webinar Treatment and Prevention of Monkeypox in Correctional Settings

September 6th @ 1-2pm CDT

- Liesl Hagan, MPH
- Alysse G. Wurcel, MD



Improving Infectious Diseases Care in Jails:

Alysse G. Wurcel, MD MS
Tufts Medical Center
September 1, 2022



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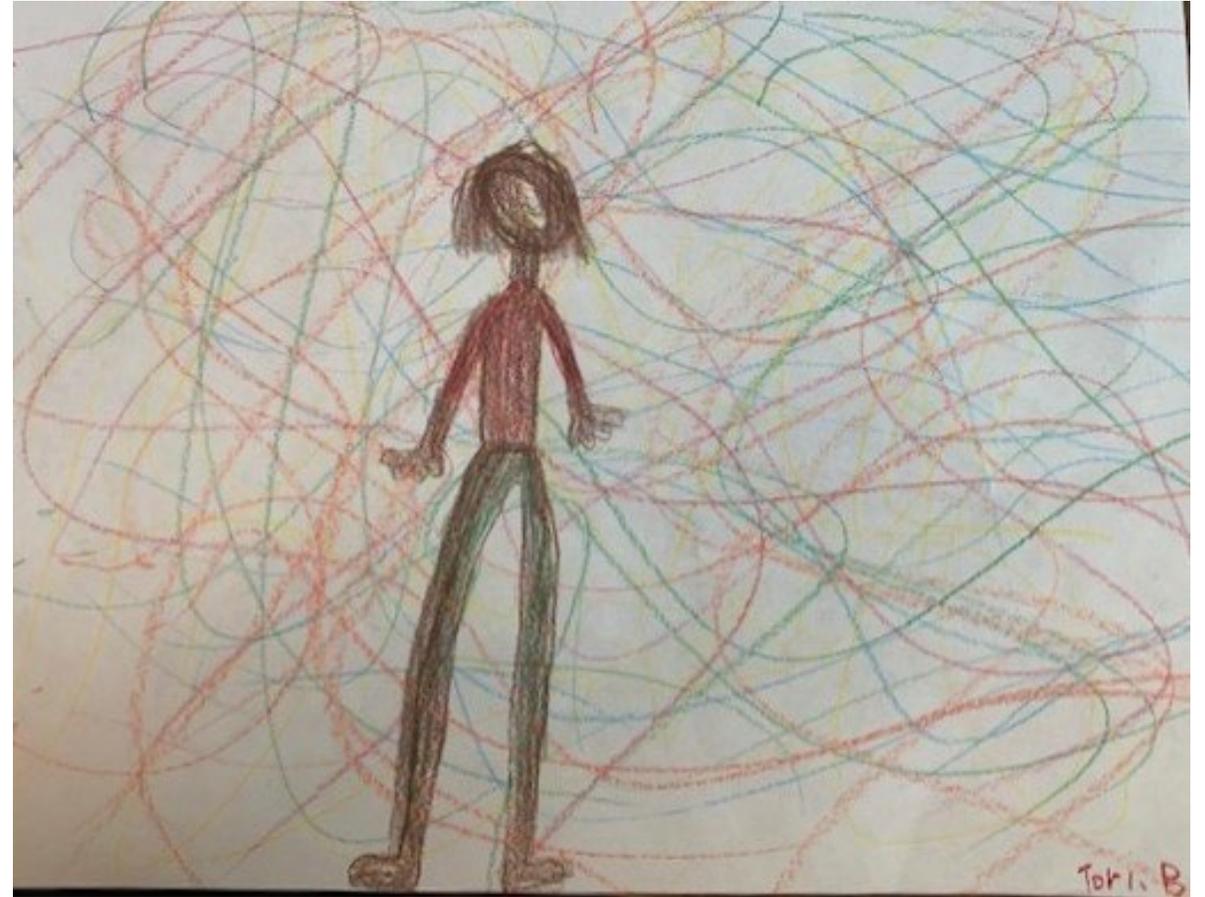
Before we begin...



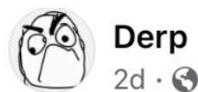
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Who am I?

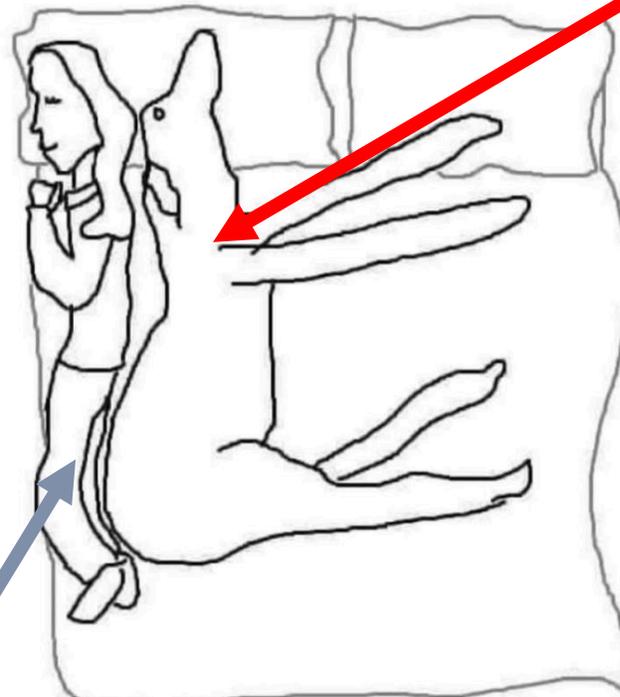
- ID doctor in 5 county jails
- Outpatient and inpatient ID physician at Tufts Medical Center
- NIH-funded health disparities researcher
- In March 2020, I was hired by the Massachusetts Sheriffs Association as a consultant for COVID19 mitigation and preparedness.



INFECTIOUS DISEASES IN JAILS SINCE MARCH 2020



If this doesn't describe my life I
don't know what does



COVID

HIV, TB,
Hep C....



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Infections are common in jails and prisons.

- COVID19
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV
- Influenza
- Syphilis
- Gonorrhea
- Chlamydia
- TB
- Dental infections
- Wound infections
- Lots of other infections!



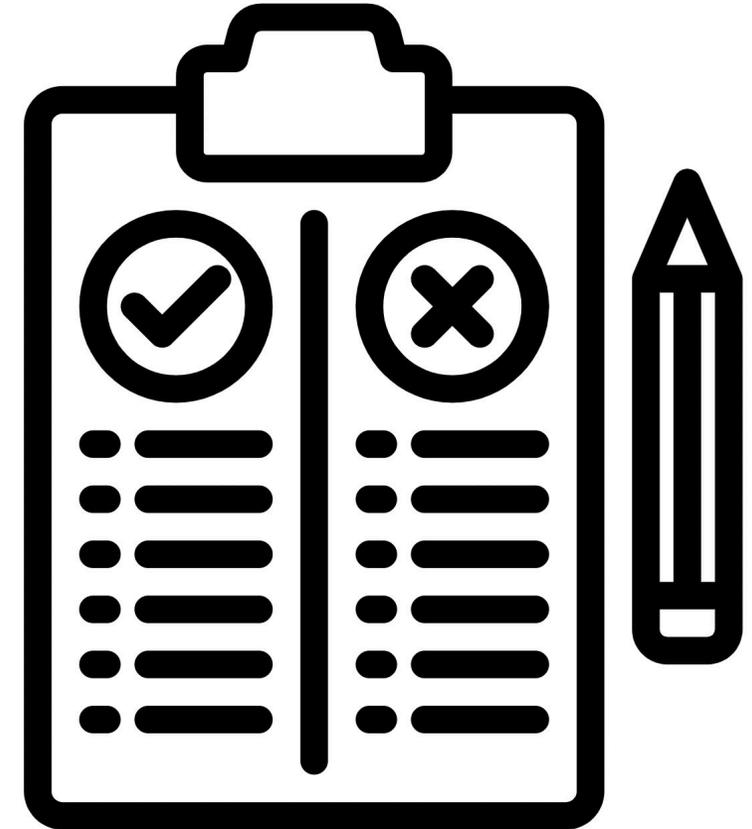
CDC At A Glance: Recommended Actions at Jail and Prison Intake

Screening Human immunodeficiency virus (HIV): All persons based on institutional prevalence of undiagnosed HIV infection ¹ Hepatitis B virus (HBV)²: All persons Hepatitis C virus (HCV)³: All persons Tuberculosis (TB) and Latent Tuberculosis <ul style="list-style-type: none"> All persons should be immediately screened with a TST, a IGRA, or a chest X-ray In facilities with nonminimal TB risk, all persons should have a TST, an interferon gamma release assay (IGRA), or a chest X-ray at arrival In facilities with minimal TB risk, all persons should have a TST, an IGRA, or a chest X-ray that increases their risk for infection should be screened with a TST, a IGRA, or a chest X-ray 	Vaccination Hepatitis A virus (HAV): Begin hepatitis A vaccine series for ⁸ <ul style="list-style-type: none"> All juveniles (≤18 years) All adults at risk for HAV infection (e.g., MSM, PWID, persons experiencing homelessness)⁹ All persons at risk for severe adverse outcomes of HAV infection¹⁰ Consider vaccination for all persons at risk for person-to-person transmission¹¹ HBV: Begin hepatitis B vaccine series for all persons Human papillomavirus (HPV): Routine HPV vaccination starting at age 9 years. Catch-up HPV vaccination for persons not adequately vaccinated ¹³
	Gonorrhea & Chlamydia: All women ≤35 years and all men <30 years ⁶ Syphilis: All persons based on local area and institutional prevalence ⁷ Trichomonas: Women aged ≤35
Treatment Persons with diagnosed infections should be treated in accordance with established clinical guidelines: HIV: HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV  HBV¹⁴: Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance  HCV¹⁴: AASLD/IDSA Recommendations for Testing, Managing, and Treating Hepatitis C  TB¹⁵: Treatment for TB Disease (CDC website) LTBI: Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from NTCA and CDC, 2020 (short-course, rifamycin-based regimens are preferred) Syphilis/Gonorrhea/Chlamydia/Trichomonas: CDC 2021 STI Treatment Guidelines	



What are the pros and cons of grouping these infectious diseases action items at intake?

PRO	CON
<ul style="list-style-type: none">• This may be the ONE chance you have to discuss infectious diseases issues• Should ask about several important medical questions, so ID stuff fits in nicely• This is the way it has always been done• Relatively easy to make changes in each facility	<ul style="list-style-type: none">• Maybe people who are incarcerated do not want to talk about these on intake• Sometimes completed by non-medical staff• Hard to standardize the intake process across facilities• The list is getting so long• What happens when someone says yes at intake? Is there a system in place to follow up requests?



There is variation in intake procedures

Checkmark Indicates That Coding Element Was Present on Intake Form

	A	B	C*	D	E	F	G	H	I	J	K	L	M	%
History of HIV/previous HIV testing	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	85
History of HCV/preious HCV testing	✓			✓	✓	✓			✓	✓		✓		54
History of hepatitis (nonspecific)		✓					✓	✓	✓				✓	38
History of HAV	✓													8
History of HBV	✓				✓	✓						✓		31
Offered HIV testing			✓	✓			✓		✓	✓	✓			46
Offered HCV testing				✓						✓				15
Offers HAV/HBV accination		✓							✓					15
Asks about PrEP														0

* Form C prompts the clinician to ask about past medical conditions but does not inquire about specific illnesses.

HAV = hepatitis A; HBV = hepatitis B; HCV = hepatitis C; PrEP=pre-exposure prophylaxis.

Screening at intake can be done in several different ways

371 AJA Jails Answered a survey, selecting one of these options for HIV/HCV Screening:

- (1) screen and test all incarcerated people at intake
- (2) screen all incarcerated people by asking them to self-report their status and offer testing for at least some incarcerated people
- (3) screen all incarcerated people by asking them to self-report their status but do not offer any testing
- (4) screen only some incarcerated people by asking them to self-report their status and do not offer any testing;
- (5) do not screen or test at all
- (6) don't know

	Number of jails (n = 371)	Percent of jails
HCV		
All screened with testing	20	5.26
All screened with some testing	30	8.03
All screened with no testing	250	67.3
Some screened with no testing	29	7.76
No screening or testing	43	11.6
Don't know	0	0
HIV		
All screened with testing	25	6.65
All screened with some testing	44	11.9
All screened with no testing	235	63.4
Some screened with no testing	25	6.65

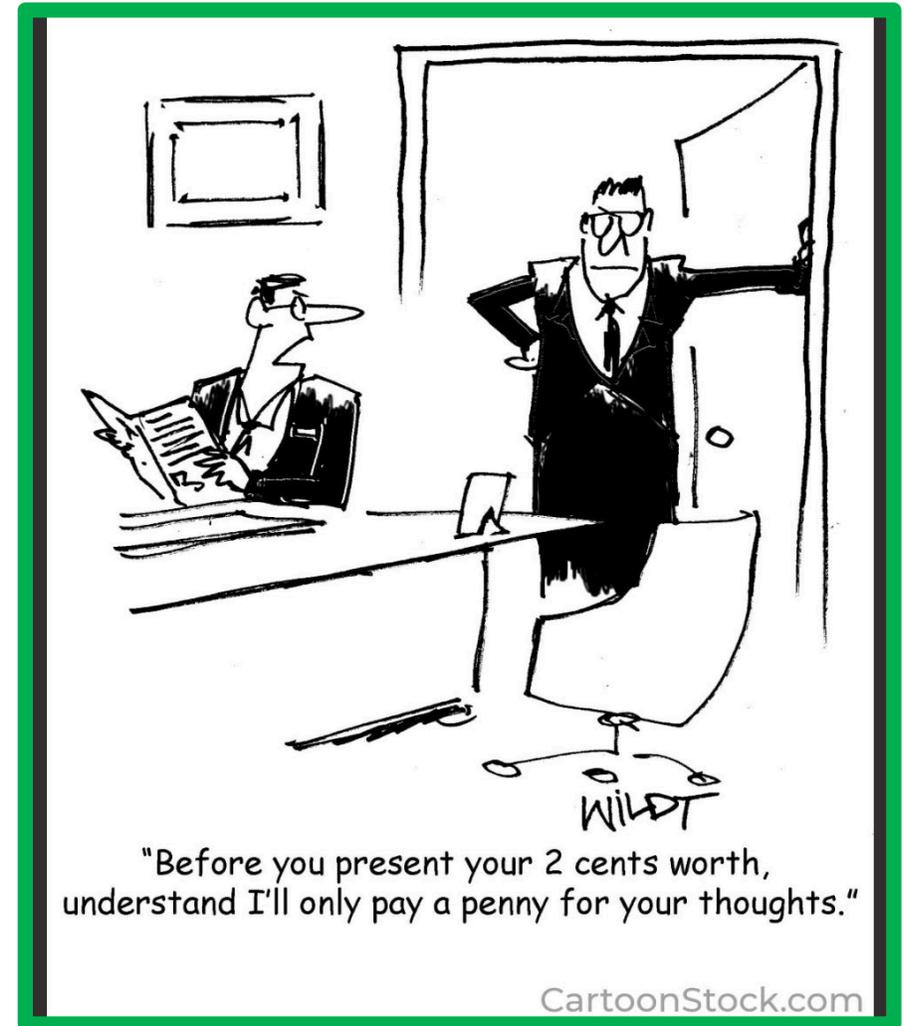
Who is asking the intake questions?

Table 2. Staffing for medical intake.

	Number of jails	Percent of jails
Who performs medial intake at admission?		
Correctional officer	172	46
Registered nurse	97	26
Licensed nurse	79	21
'Other medical personnel'	16	4
Medical practitioner	4	1
Civilian staff person	3	1

My 2 cents

- ID care offered at intake is necessary but not enough
- Additional points should be considered, including work clearance, dental visits, addiction-related care
- Additional attention to training people who are asking the questions
- Questions should be asked by the medical team, not the jail staff or administration



Questions? Want to collaborate? Want to tell me your favorite muppet?

Just email me!

awurcel@tuftsmedicalcenter.org

Many thanks to:

MSA (Carrie Hill and all of the MA Sheriffs)

Liesel Hagan and the CDC team

Mentors, especially Dr. Curt Beckwith from Brown

Wurcel lab research team (alphabetical order): Olabimpe Asupoto, Nicole Cassarino, Emily Grussing, Rubeen Guardado, Christina Kraus, Laura Lodolo, Yvane Ngassa, Narcissa Plummer, Christina Ortiz, Rebecca Tenner, Bart Szewczyk, Taisuke Sato



**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**



Testing, Vaccination & treatment of viral hepatitis, TB and STI's for patients who are incarcerated

Assistant Deputy Superintendent Nancy Pieraccini, CCHP-A
Berkshire County Jail & House of Correction



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Screening

- BCHC Screening begins during our receiving screening process.
- The initial screening is completed by our Registered Nurse.
- An in-depth questionnaire is taken which includes a prior diagnosis of HIV, Hepatitis Tuberculosis and sexually transmitted diseases.
- The prevalence of Syphilis in our community is low and for that reason we are no longer required to test for Syphilis as part of the receiving screening. However, it is included in our infectious disease testing process.
- Our facility does not house female inmates.





Health Assessment



- During the health assessment, a detailed history is obtained prior to seeing the Nurse Practitioner for a physical exam.
- Depending on the findings during the receiving screening, an in-depth chronic care physical may be completed instead of a regular History and Physical.
- We collaborate with our local Infectious Disease clinic through Berkshire Health Systems to provide testing for all inmates.
- All Inmates are scheduled for HIV, Hepatitis and STD testing.
- Our program is an **opt out system** which means all inmates are scheduled for testing and must sign a refusal if they chose not to have the testing done.





Testing



- Approximately 5% of inmates refuse testing and sign a refusal.
- Approximately 30% of inmates complete testing within the first month of their incarceration.
- Approximately 50% of inmates are released within the first month and do not receive testing.
- Approximately 15% of inmates are rescheduled due to not being available for testing (e.g. out at court, attending programming, etc.) .
- Inmates are not removed from the testing list until it is completed.
- The process is repeated for any repeat offenders.
- All inmates are tested for Tuberculosis at Intake.





Vaccinations



- Since 2011, Massachusetts had required all providers who administer immunizations to report immunization data to the **Massachusetts Immunization Information System (MIIS)**. Prior to the initial health assessment, the MIIS is reviewed and any vaccinations that the inmate has had are documented in the electronic health record. The MIIS report is also scanned into the health record.
- All inmates who have not been vaccinated for Hepatitis A are offered the vaccine series. One Hepatitis A vaccine is required for an inmate who is a candidate to work in food service.
- If the inmate has not had the Hepatitis B vaccine series, this is started (or completed if it has already been started).
- Any Inmate who requires post-exposure prophylaxis is treated with all required prophylaxis treatments and vaccinations.



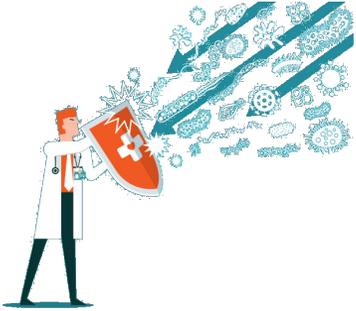
Disease Specific Considerations during incarceration and for release

HIV

- HIV+ patients are enrolled in the HDAP program for medication reimbursements. Inmates are released with 2 months worth of their medications and a follow-up appointment with the infectious disease specialist of their choosing. Most patients are already affiliated with a practice. Otherwise we make a referral and appointment is secured.
- HIV+ patients are referred to their infectious disease specialist during incarceration for medication adjustments if necessary.



Disease Specific Considerations during incarceration and for release



Hepatitis

- Inmates with Hepatitis are tracked by medical throughout their incarceration.
- Labs are drawn at the first chronic care visit with the provider and subsequently at 6 months. If clinically indicated, the Inmate is referred to the gastroenterologist for treatment recommendations and the inmate is treated for their Hepatitis.
- If Hepatitis treatment is not completed during incarceration, patients are referred to our community partners for follow-up care upon release.



Disease Specific Considerations during incarceration and for release

- Sexually transmitted infections are treated immediately upon identification.
- The Healthy Steps Program (run by the local hospital ID clinic) performs all testing and notifies us of findings.
- Inmates are notified of their results (negative or positive) and sign acknowledgement of the notification.



**NATIONAL COMMISSION
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Overview of Maricopa Jail Project

HRSA funded Ryan White and EHE programs

Addresses HIV health outcomes for justice involved populations

Partnered with Correctional Health Services and Public Health prevention staff

Created new data communication systems and bundled services for clients upon release

Funding prescribing staff within correctional system has expedited linkage to care times and significantly improved viral suppression rates

9/6/2022



**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**

Maricopa County Jail Project

Purpose/Goals

- Implement opt out HIV testing in a jail-based setting
- Decrease linkage to care time for people with HIV within a correctional environment
- Improve viral suppression rates among justice involved populations
- Improve linkage to care after release to the community

Reaching Our Goals

Maricopa Jail Project

STAKEHOLDER BUY IN

Correctional Health Medical
Director, Public Health,
County Board of Supervisors,
HIV Prevention



POLICIES AND PROCEDURES

Identify client service
locations, medical
supervision, develop and
implement policies and
procedures for care.



DEDICATED STAFF

Nurse Case Manager + Social
Worker for linkages to care.
Procure CHS staff training.



SERVE CLIENTS

Provide confidential, high-
quality care to clients.



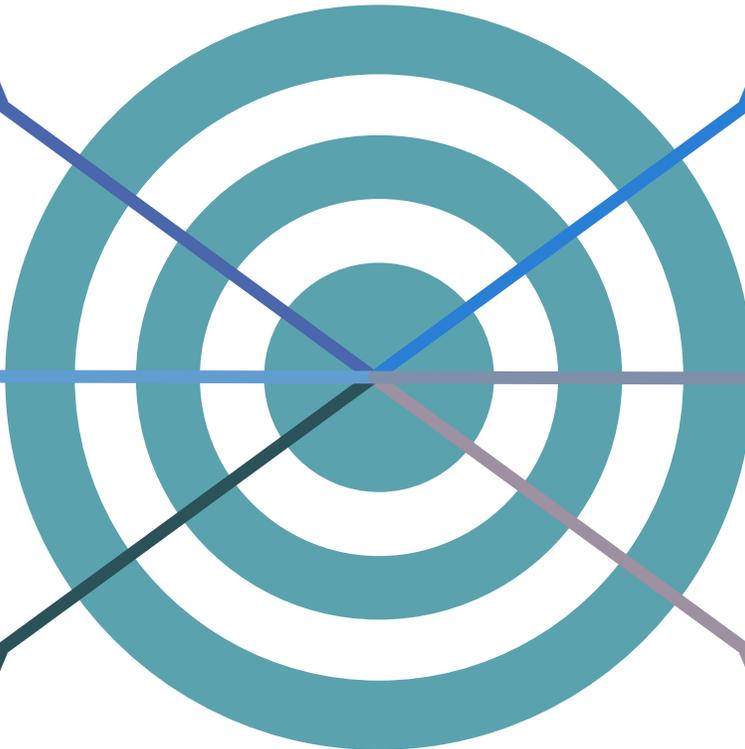
IDENTIFY CLIENTS

Implement Opt Out HIV
testing. Establish reports and
systems to count and track
HIV+ clients within the jails.



TRACK METRICS

Monitor viral suppression and
linkage to care timeframe.



Outcomes

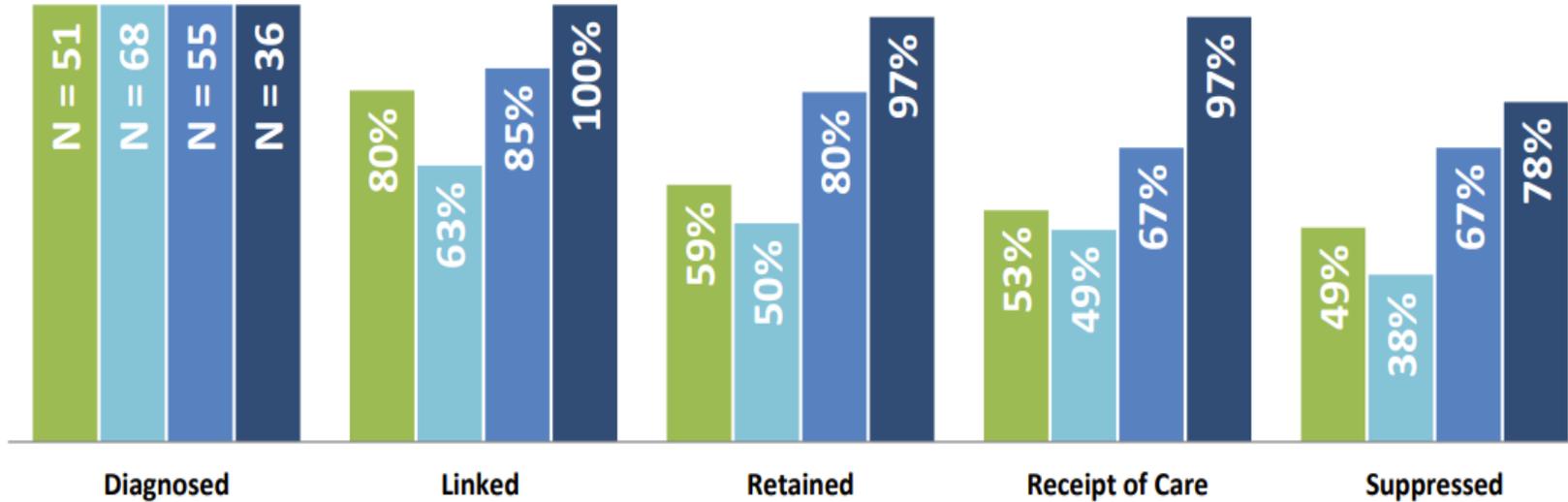


Maricopa County Jail Project

Year to Year Continuum

■ 2017 ■ 2018 ■ 2019 ■ 2020

2020
Continuum
Data



2020 Core Service
Category Goal

EIS Linkage

Goal: 88%
Actual: 100%



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ON CORRECTIONAL HEALTH CARE



CDC Updates and Perspectives from the Field



State of Alaska
Department of Corrections
September 1, 2022



**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**



Testing, Vaccination and Treatment in Alaska

- Universal screening at intake
- Test upon request (or order) for STIs
- Vaccination of viral Hepatitis A and B
- TB screening at intake and annually
- Universal treatment of STIs
- Universal treatment of HIV
- Treatment of Hepatitis C for all inmates incarcerated for a duration sufficient to complete the treatment process



Authority & Resources

Challenges to operationalizing
the CDC Guidance



Principles for Operationalizing CDC Guidance

- Cultivate partnerships between the DOC and the Dept. of Health, the State Public Health Lab, the CDC and community partners
- Educate leaders and policymakers:
 - Prisoners are not a static population
 - Hard-to-reach patients are open to treatment during incarceration
 - The price of treatment is only a small portion of the cost of care
- Establish an Infectious Disease Response Team (IDRT)

Questions



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- Liesl Hagan, MPH
- Alysse G. Wurcel, MD

For Further Information

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