

Syphilis Screening in Jails: An Introduction to Model Programs across the State

Panelists:

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California Congenital Syphilis Elimination Summit 2018

Breakout Session | Room 1

Wednesday, September 19, 2018 | 2:15 – 3:30p





By the end of this breakout session,
participants will be able to:

1

Describe the high rates of syphilis in women and congenital syphilis, and the overlap with the correctional system of California cases; and

2

Articulate at least two strategies for overcoming challenges involved with implementing syphilis screening in correctional settings and identify action steps to take in approaching jail screening in their jurisdiction.



Setting the stage...

—

Stigmatizing

inmate / prisoner

convict (con) / offender

parolee

ex-con

+

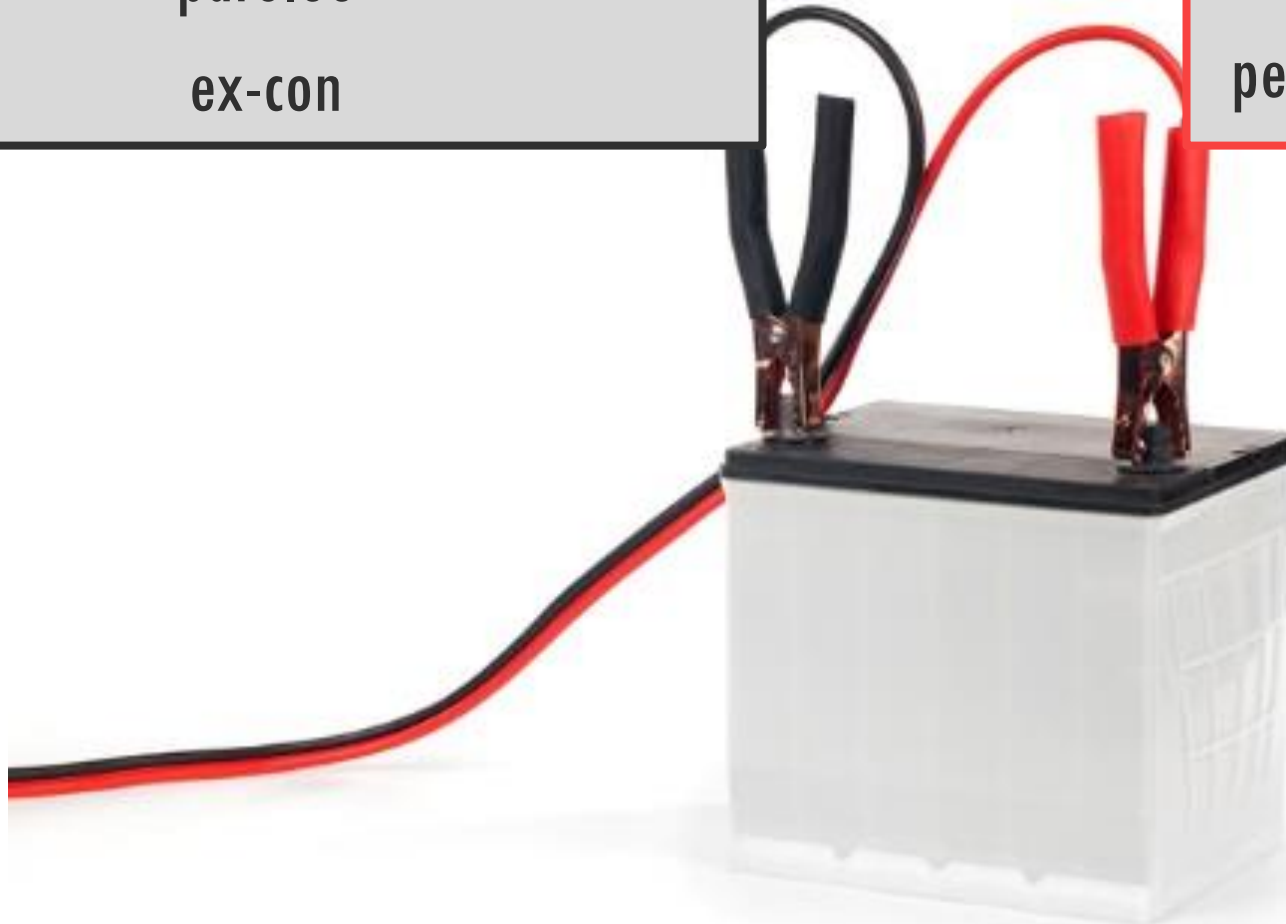
Preferred

person who is incarcerated

individual who is incarcerated

person on parole

person who was formerly incarcerated



Although we sometimes hear “prison” and “jail” used interchangeably, there are key differences.



Governing Entity

State Prison

State Level -- CA Department of Corrections & Rehabilitation (CDCR)

County Jail

Local Level -- Board of State & Community Corrections (BSCC)



Healthcare

CA Correctional Health Care Services (CCHCS)

County (e.g., sheriff)

OR

Private agency (e.g., Corizon, CA Forensic Medical Group, NaphCare)



Population

Longer-term
More serious offenses
Have been sentenced
Not all released

Shorter-term
Less serious offenses
May or may not be sentenced
All released back to community

Corrections Landscape: California



~270 correctional facilities

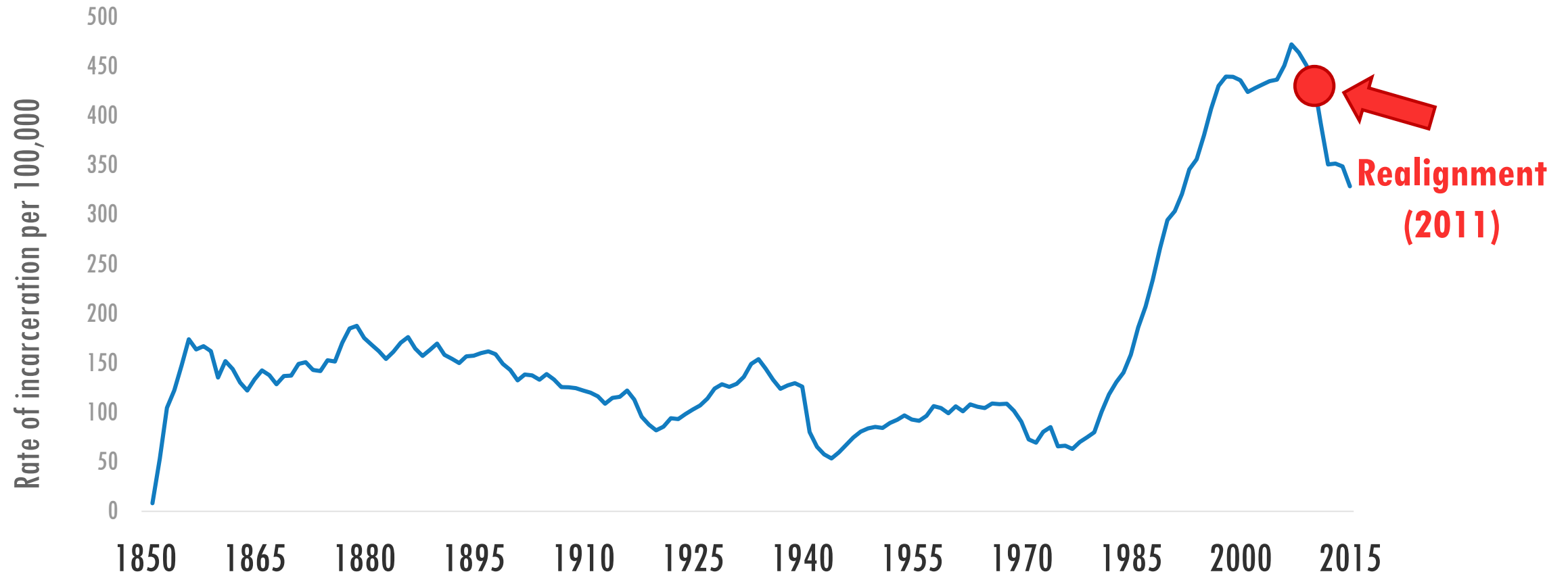


~1 million adults and youth booked
into facilities annually

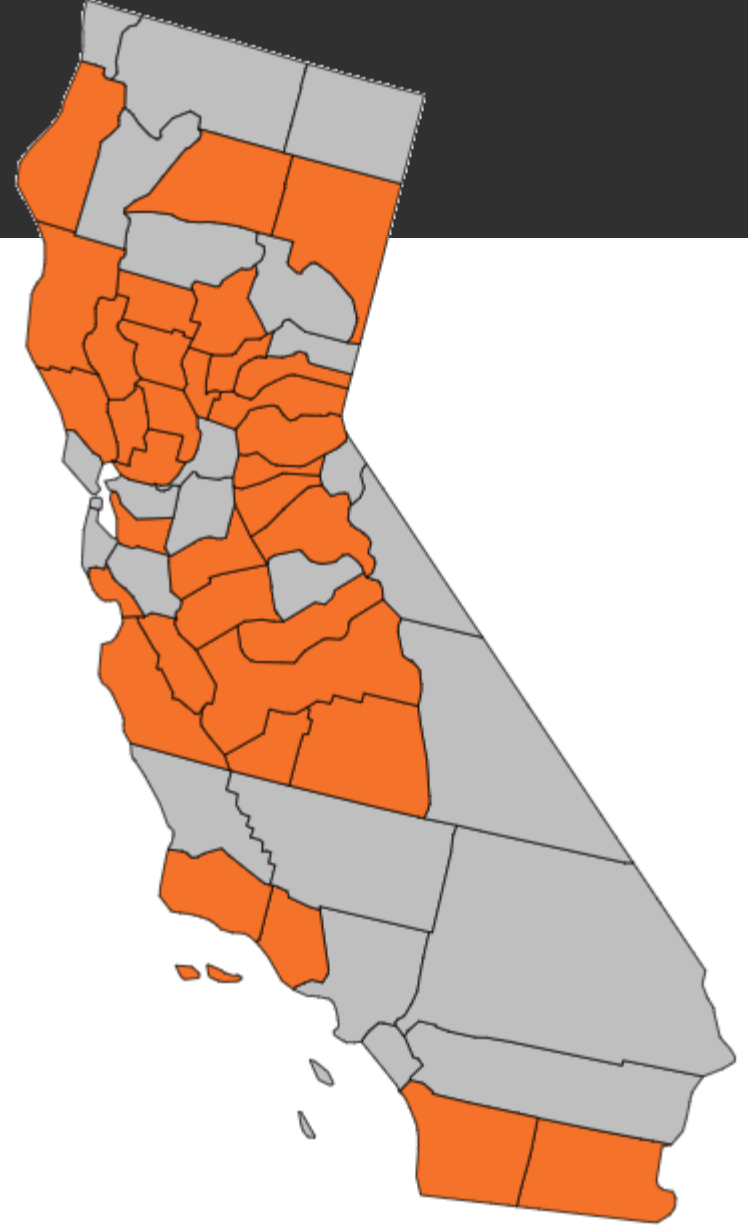


Corrections Landscape: California

In the 1980's, the prison population sharply and rapidly increased.



Corrections Landscape: California



Corrections-based screening is a unique opportunity to serve a vulnerable population.

Individuals entering facilities are **medically underserved** and often **very ill**



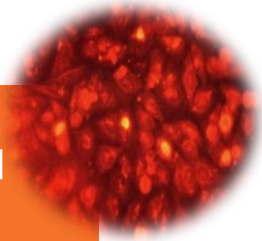
Infection detection and treatment in corrections **interrupts transmission in the community**



Priority STDs for incarcerated populations include:

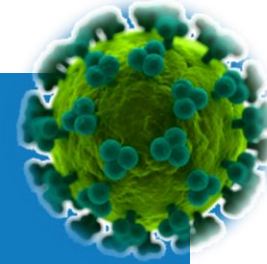
Chlamydia

Bacterial
Curable with antibiotics



HIV

Viral
Treatable with medication



Gonorrhea

Bacterial
Curable with antibiotics



Hepatitis C

Viral
Curable with medication



Syphilis

Bacterial
Curable with antibiotics



Trichomonas

Parasite
Curable with antibiotics



Centers for Disease Control & Prevention

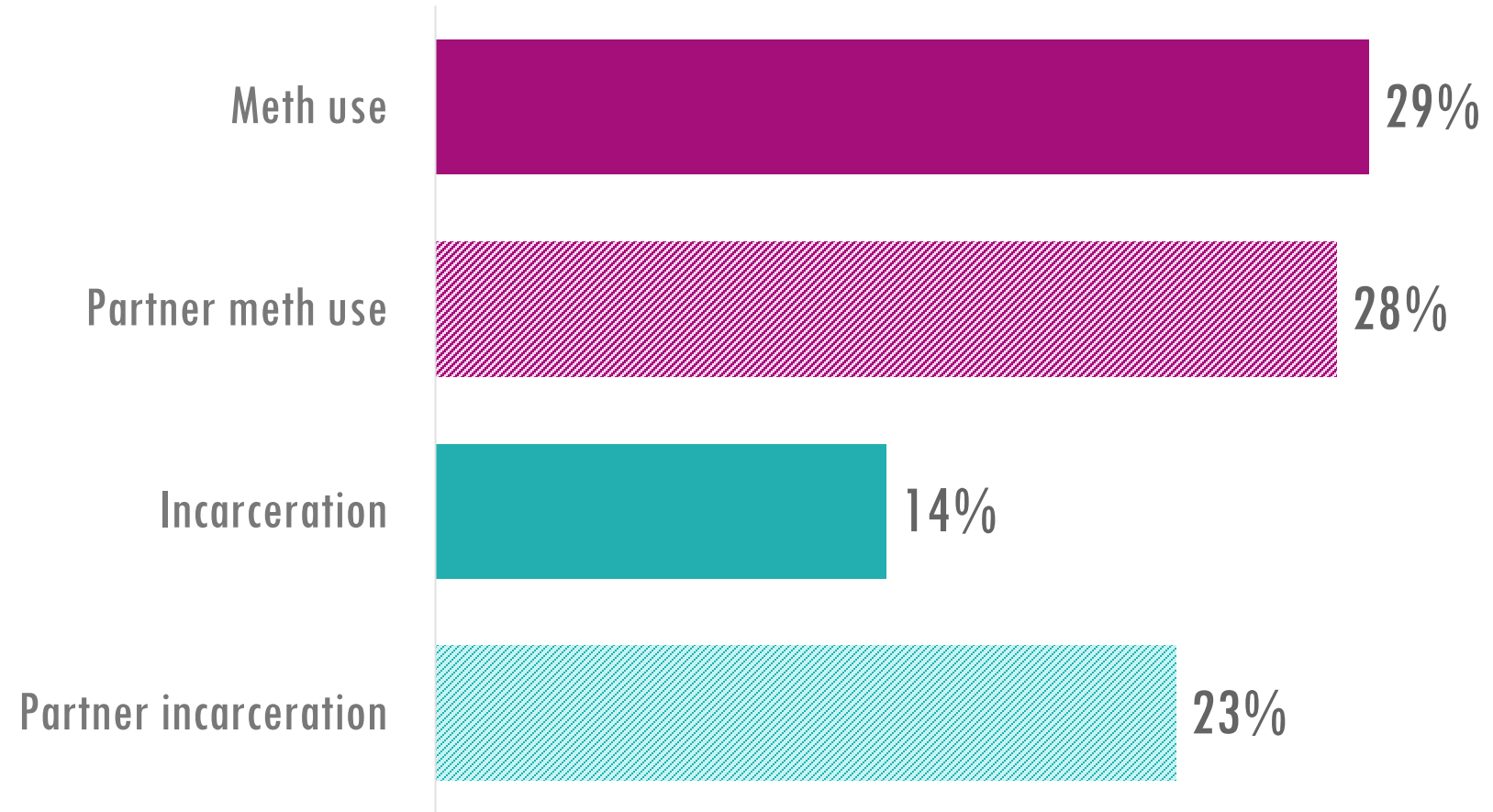
Correctional Setting Recommendations:

- **CT & GC:** universal at intake (women ≤ 35 & men ≤ 30)
- **HIV:** opt-out for all individuals
- **Syphilis:** universal based on local area prevalence
- **HCV:** based on risk factors
- **Trich:** consider screening based on local area prevalence



National Commission on Correctional Health
Care has recommendations that mirror CDC's.

In 2017, many mothers of infants with congenital syphilis reported high risk behaviors.



172 missed opportunities for prevention were identified among **69 CS cases reviewed**.



103
clinical



prenatal

delivery

41 missed screening

27 missed treatment

9 missed diagnosis

16 missed treatment
of mother

10 missed treatment
of infant



50 health
department



28 partners unable to locate

11 patients unable to locate

11 delays in follow-up



19
other



9 lack of jail screening

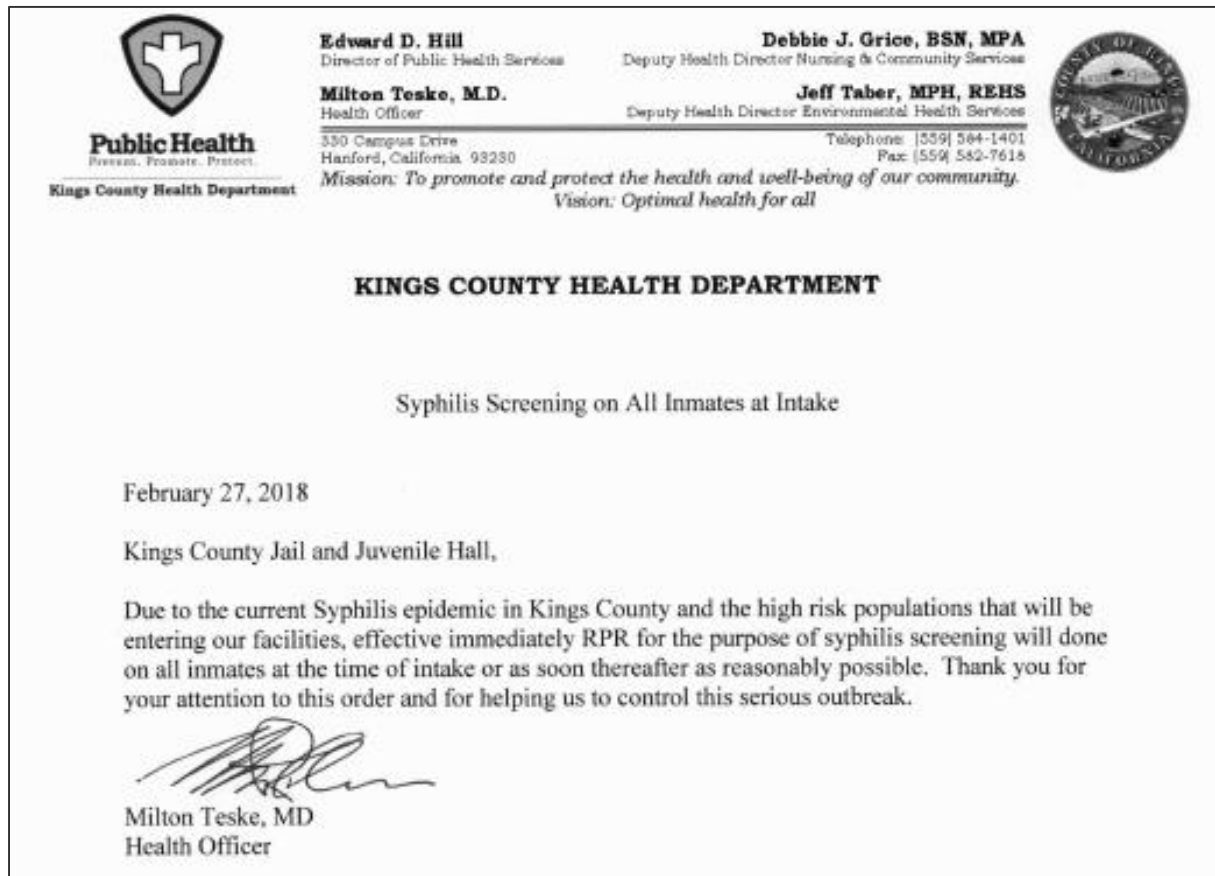
172 missed opportunities for prevention were identified among **69 CS cases reviewed**.

13% of CS mothers had a history of incarceration themselves or had an incarcerated partner

19
other

9 lack of jail screening

In response to a syphilis outbreak this year, Kings County's Health Officer sent a directive to the jail about screening.



In 2017, 30% of early syphilis cases reported a history of incarceration*


Syphilis screening in the jail from July 2017 to April 2018 yielded**:



10% positivity in women



6% positivity in men



California **state prisons** screen for many infections upon intake into the system – including STDs (chlamydia, gonorrhea, **syphilis**, HIV).

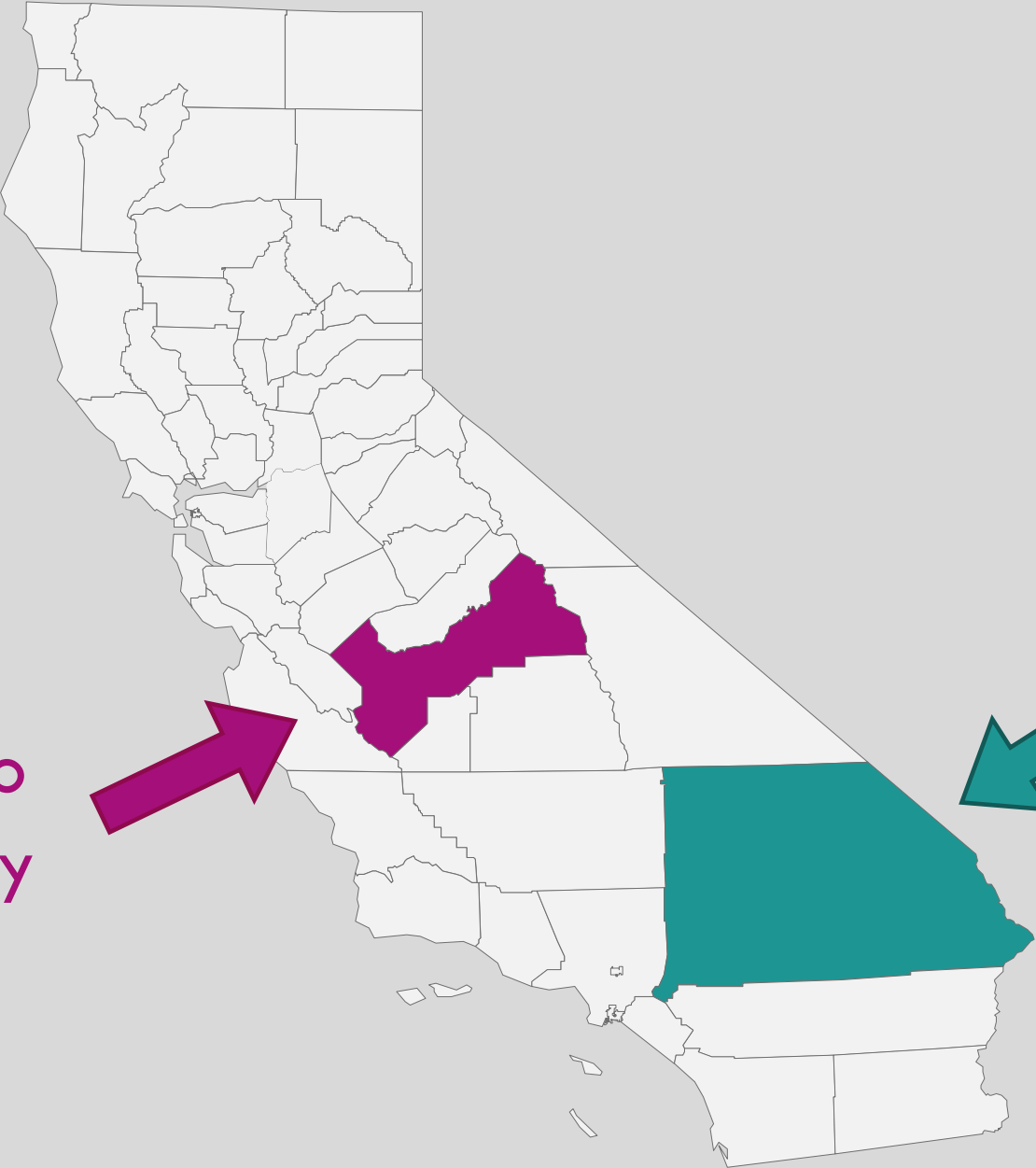
In 2017...

84% of all individuals entering the system were screened for syphilis

Positivity among women was 5%


Fresno
County

San Bernardino
County







Question 1: How did this work get
started in your jurisdiction?



Question 2: What is the long-term vision for implementing routine syphilis screening in the jail?



Question 3: What are some of your lessons learned – both in terms of what worked and what did not?



Question 4: How does this work fit in to all of the other health department activities that you do to focus on addressing congenital syphilis?

Considerations for implementing STD screening programs in correctional settings.



Staff buy-in +
funding source
identification



Localization policies
and practices



When + where to
screen (e.g., intake,
medical evaluation)



Elevating STD
screening among
competing health
priorities

Strategies for engaging in this work in your jurisdiction:

Encourage universal
routine opt-out screening
and provide TA

Leverage existing policy,
identify new policy
opportunities



Collect and share data
with partners

Be involved in contract
negotiations for medical
services

Thank you

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