

98-04

STATEMENT OF POLICY

MANAGEMENT OF INFECTIOUS DISEASE IN CORRECTIONAL FACILITIES

Policy

For the health of persons held in correctional facilities and for benefit of the public's health upon their release, the National Association of County and City Health Officials (NACCHO) supports the following measures to be implemented by correctional facilities, in consultation and/or collaboration with their local health department (LHD) as appropriate:

- Consultation with local health departments (LHDs) regarding the development and implementation of guidelines for the prevention, control and treatment of HIV/AIDS, viral hepatitis, tuberculosis, Methicillin-resistant *Staphylococcus aureus* (MRSA), and other infectious disease correctional facilities¹
- Delivery of mandatory annual corrections staff education sessions, covering such infectious diseases as HIV/AIDS, viral hepatitis, sexually transmitted disease (STD), and tuberculosis at correctional facilities
- Delivery of culturally appropriate and scientifically accurate education regarding the transmission, prevention, and treatment of infectious diseases to all individuals held in correctional facilities
- Provision of testing and treatment for tuberculosis to all HIV-positive inmates
- Provision of counseling and interventions to limit the transmission of HIV and hepatitis B and C.
- Promotion of voluntary HIV testing and counseling upon entry and release and other times as appropriate during an inmate's incarceration
- Provision of timely and proper medical care and treatment within correctional facilities, and appropriate linkages to care for individuals re-entering society
- Development of post-release health care plans for all inmates with either a communicable disease requiring treatment (e.g., infectious pulmonary tuberculosis) or a medical condition requiring post-release care as early as practicable so that they can be implemented upon an unexpected release from custody
- Establishment and/or strengthening of collaborative relationships between correctional facilities and LHDs for purposes of infectious disease control, prevention and ongoing surveillance
- Accreditation by a nationally recognized accrediting body of all correctional facilities' medical units
- Provision of comprehensive substance abuse treatment programs including plans and mechanisms for continuation of treatment in therapeutic community-based treatment programs after release



- Assurance that mechanisms are in place through which correctional facilities routinely notify the local health department of unexpected discharges of inmates with reportable diseases
- Consideration of medical parole, also known as compassionate release, for all inmates in accordance with local rules, regulations and laws
- Inclusion of correctional representation (adult and juvenile facilities) on state and local HIV community planning bodies
- Provision of additional funding from government and private sources to support activities associated with the prevention and control of infectious diseases in correctional facilities

Justification

It is estimated that there were over 2,240,000 individuals housed in our nation's jails, prisons, and juvenile confinement facilities as of June 30, 2006², with approximately 650,000 people released from state and federal prisons annually. State and federal prison populations have been increasing an average of 3.4 percent per year since 1995 and disproportionately affect African-Americans, who are incarcerated at 4.8 times the rate of Whites.³

In 2000, men made up 93% of the state and federal prison population and women made up 7% of the population. Between 1995 and 2000, the male prison population rose by 27%, while the female prison population rose by 38%.⁴ The number of women in prison and jail has steadily increased since the 1980s.⁵ The main reason for these differences is that women are less likely to commit violent crimes and are more likely to be sentenced for non-violent drug-related crimes, including prostitution, fraud, burglary, and larceny.⁶

It is estimated that 20-26% of all individuals infected with HIV, 29-43% of all individuals infected with hepatitis C, and 40% of individuals infected with tuberculosis pass through a correctional facility in a given year.⁷ At year end in 2004, the rate of confirmed AIDS in state prisons was more than three times higher than the total U.S. population and over 300,000 inmates had hepatitis C, a rate 9-10 times higher than the general population.^{8,9}

Methicillin-resistant *Staphylococcus aureus* (MRSA) infection outbreaks are increasingly being noted in correctional populations^{10,11,12} and a high prevalence of sexually transmitted diseases has been noted among persons entering correctional facilities.¹³

The rate of AIDS-related death is approximately three times higher in the prison population than in the total U.S. population age 15-54.¹⁴ In addition, the majority of inmates detained are substance users and/or have a long history of substance abuse activity.^{15,16}

Record of Action

*Originally Proposed by the HIV and Other Infectious Diseases Advisory Committee
Adopted by NACCHO Board of Directors February 26, 1998
Updated December 1, 2004*

*Updated by HIV/STI Prevention and Infectious Disease Prevention and Control Workgroups
November 2007*

¹ Correctional facilities include prisons, jails, and juvenile confinement facilities

² *Prison and Jail Inmates at Mid-year 2006*. U.S. Department of Justice, Bureau of Justice Statistics. Also available at: <http://www.ojp.usdoj.gov/bjs/pub/pdf/pjim06.pdf>.

³ Ibid.

⁴ *Census of state and federal correctional facilities, 2000*. Bureau of Justice Statistics. Also available at <http://www.ojp.usdoj.gov/bjs/abstract/csfcf00.htm>.

⁵ *Census of jails, 1999*. Bureau of Justice Statistics. Also available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/cj99.pdf>.

⁶ *Women offenders*. Bureau of Justice Statistics. Also available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/wo.pdf>.

⁷ Kassira, EN, Bauserman RL, Tomoyasu N. et al. HIV and AIDS surveillance among inmates in Maryland prisons. *Journal of Urban Health* 2001; 78 (42): 256-263. Also available at: <http://www.springerlink.com/content/j808p1602138/>.

⁴ Hammet, TM, Harmon, MP, and Rhodes, W. The burden of infectious disease among inmates of and releases from US correctional facilities, 1997. *American Journal of Public Health*, 92(11), 1789-1794.

⁵ Maruschank, LM. *HIV in Prisons, 2004*. U.S. Department of Justice, Bureau of Justice Statistics Bulletin. Washington, DC. November, 2006. NCJ 202293. Also available at: <http://www.ojp.usdoj.gov/bjs/pub/pdf/hivp04.pdf>.

⁶ Beck, AJ, and Maruschak, LM. *Hepatitis Testing and Treatment in State Prisons*. U.S. Department of Justice, Bureau of Justice Statistics Bulletin. Washington, DC. April, 2004. NCJ 199173. Also available at: <http://www.ojp.usdoj.gov/bjs/abstract/httsf.htm>

⁷ CDC. Methicillin-resistant *Staphylococcus aureus* skin of soft tissue infections in a state prison—Mississippi, 2000. *MMWR* 2001; 50(42): 919-922. Also available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5042a2.htm.

⁸ CDC. Methicillin-resistant *Staphylococcus aureus* infections in correctional facilities—Georgia, California, and Texas, 2001-2003. *MMWR Morb Mortal Wkly Rep*. 2003 Oct 17;52(41):992-6.

⁹ Methicillin-resistant *Staphylococcus aureus* infections in correctional facilities—Georgia, California, and Texas, 2001-2003. *MMWR* 2001; 52(41): 992-996. Also available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5241a2.htm.

¹⁰ CDC. *STD Surveillance 2005. Figures in the Special Focus Profiles*. Also available at: <http://www.cdc.gov/std/stats/figsf.htm>.

¹¹ CDC, National Center for Health Statistics. National Vital Statistics Report, February 28, 2005; 53(15). Also available at: http://origin.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_15.pdf.

¹⁵ *Substance dependence, abuse, and treatment of jail inmates, 2002*. Bureau of Justice Statistics. UDOJ. Also available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/sdatji02.pdf>.

¹⁶ *Substance abuse and treatment of state and federal prisoners, 1999*. Bureau of Justice Statistics. Also available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf>.