

98-04

STATEMENT OF POLICY

Infectious Diseases in Correctional Facilities

Policy

For the health of persons incarcerated 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 implementation of the following measures by correctional facilities (e.g., jails, prisons, juvenile confinement facilities), in consultation and/or collaboration with their local health department (LHD) as appropriate:

Health care in correctional facilities

- Provision of timely and proper medical care and treatment.
- Provision of testing and treatment for tuberculosis.
- Provision of counseling, testing, and referrals to limit the transmission of HIV/AIDS, Hepatitis B, and Hepatitis C.
- Promotion of opt-out HIV testing and counseling upon entry and release and other times as appropriate.
- Provision of appropriate vaccinations, including influenza and Hepatitis B vaccinations, to prevent outbreaks.
- Provision of comprehensive substance abuse treatment programs.
- Consideration of medical parole, also known as compassionate release, for all persons in accordance with local rules, regulations and laws.

Continuity of care upon release

- Provision of timely and proper linkages to medical care and treatment upon release and re-entry.
- Development of discharge plans for persons with a communicable disease or other medical conditions requiring treatment to enhance linkages and follow-up care in the community.
- Development of discharge plans and mechanisms for continuation of substance abuse treatment in therapeutic community-based treatment programs.

Infection prevention and control

- Consult with local health departments regarding the development and implementation of guidelines for the prevention, testing, and treatment of HIV/AIDS, viral hepatitis, tuberculosis, Methicillin-resistant *Staphylococcus aureus* (MRSA), and other infectious diseases.



- Delivery of annual corrections staff education sessions covering principles of infectious disease transmission, infection control, HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis.
- Development of plans to quickly respond to outbreaks of vaccine-preventable diseases, such as chickenpox.
- Development of plans and resources to safely care for patients with airborne diseases, including tuberculosis and chickenpox.
- Establishment and/or strengthening of collaborative relationships between correctional facilities and local health departments for purposes of infectious disease control, prevention, and surveillance.
- Accreditation by the National Commission on Correctional Health Care.
- Establishment and/or strengthening of mechanisms for correctional facilities to notify local health departments of unexpected discharges of persons with reportable diseases.
- 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 there are over 2,242,000 individuals housed in our nation's jails, prisons, and juvenile confinement facilities with approximately 636,000 people released from state and federal prisons annually.¹ There are also persistent racial and ethnic disparities in prisons and jails, where whites are underrepresented and Blacks are overrepresented. While Whites make up 64% of the U.S. population, they represent 39% of the prison and jail population; Blacks, on the other hand, make up 13% of the U.S. population and 40% of the prison and jail population.¹

It should be noted that incarcerated persons are constitutionally guaranteed adequate medical care.² People involved with the criminal justice system also experience higher rates of health problems, including infectious diseases, than the general population. In fact, it is estimated up to 25% of people living with HIV infection and 40% of people with chronic viral hepatitis have been incarcerated, and up to 25% of people who are incarcerated have latent tuberculosis infection.³ The overlap in risk factors and social determinants between incarceration and health – in other words, those conditions that shape the resources and opportunities for individuals and communities, such as employment, housing, and education – contributes to the higher rates of health problems among this population.⁴

This higher disease burden continues inside correctional facilities, where people who are incarcerated are at higher risk of blood-borne pathogens, sexually transmitted diseases, methicillin-resistant *Staphylococcus aureus* infection, tuberculosis, and other infectious diseases.³ The physical structure of the facilities, which sometimes results in crowding and inadequate ventilation, can create a high-risk environment for transmission of *M. tuberculosis*, for example.⁵ A disproportionate amount of people who are incarcerated have tuberculosis, making up 3.2% of all TB cases nationwide despite only making up 0.7% of the total U.S. population.⁵ Outbreaks of *M. tuberculosis* in these settings have been shown to result in transmission to people living in nearby communities.

Due to the role of local health departments in providing direct or indirect services in correctional facilities and the interconnectedness of the health of persons incarcerated in correctional facilities and that of the

broader community, it is important to consider health care, continuity of care, and infection prevention and control in these settings.

References

1. Wagner, P., and Rabuy, B. Mass Incarceration: The Whole Pie 2016. Retrieved March 28, 2016 from <http://www.prisonpolicy.org/reports/pie2016.html>
2. U.S. Department of Justice, National Institute of Corrections. (2007). Jails and the Constitution: An Overview. Retrieved April 14, 2016 from <http://static.nicic.gov/Library/022570.pdf>
3. Bick, J.A. (2007). Infection control in prisons and jails. *Clinical Infectious Diseases*, 45: 1047-55. Retrieved March 28, 2016 from <http://www.springerlink.com/content/j808p1602138/>.
4. Awofeso, N. (2010). Prisons as social determinants of Hepatitis C virus and tuberculosis infections. *Public Health Reports*, 125, 25-33. Retrieved March 28, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882972/>.
5. Centers for Disease Control and Prevention. (2006). Prevention and control of tuberculosis in correctional and detention facilities: Recommendations from CDC. *Morbidity and Mortality Weekly Report*, 55. Retrieved March 28, 2016 from <http://www.cdc.gov/mmwr/PDF/rr/rr5509.pdf>.

Record of Action

Proposed by NACCHO HIV/STI Prevention Workgroup/Infectious Disease Prevention and Control Workgroup

Approved by NACCHO Board of Directors February 26, 1998

Updated December 2004

Updated November 2007

Updated July 2016