
CCLHO

California Conference of Local Health Officers

Department of Health Services, Prevention Services
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Eileen M. Eastman, Executive Administrator

May 11, 2004

Jeannie Woodford
Director
Department of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001

Dear Ms. Woodford:

On behalf of the California Conference of Local Health Officers (CCLHO), I am writing to let you know our concern about the dismantling of the Public Health Office in the Department of Corrections (DOC).

The DOC has a public health responsibility to control the spread of communicable disease in your setting and in the larger community. Control of communicable diseases is extremely important in institutional settings, such as prisons and jails. People live within close quarters and have contacts with many individuals every day. For this reason, air borne diseases such as Tuberculosis can be spread easily to both inmates and to correctional facility staff. Without appropriate treatment, TB can develop multi-drug resistant strains. Even more concerning, these settings provide a direct conduit of spread of communicable disease into the community.

Controlling communicable diseases requires staff with knowledge and expertise about surveillance, disease transmission and control, institutional infection control practices, and investigation and follow-up of patients and contacts. It is not a responsibility that can be distributed among the regular physicians and nurses without an overall coordinating effort. A recent example will give you an idea of how one case may impact many individuals and facilities. This is not an isolated incident and will occur with increasing frequency unless appropriate actions by your department are taken.

A patient with active infectious TB disease was diagnosed in the Shasta County jail in August 2003 and was started on appropriate TB medications. The inmate was sent to the state prison in Susanville in mid-November, with the appropriate medical information according to the county jail medical services Health Administrator and Director of Nurses. In mid-December when the index patient was transferred to Vacaville, he arrived with no TB medications, no TB culture results, no medical records and, according to the nurse at Vacaville, the state prison nurse at Susanville could find no record of the patient being on TB medications at Susanville prison since November 2003 despite diligent efforts. The lead county Communicable Disease Public Health Nurse (PHN) in Shasta County headed the initial investigation of this patient's contacts. Over 100 contacts were identified, some were correctional officers, many of them were

inmates who went to other California correctional facilities. The PHN was not able to determine if many of the others were followed up, including those who went on to state prisons, prison facilities in neighboring states or other. California county jails. The Public Health Section of DOC should have completed and coordinated this follow-up of these inmates. There were approximately 10 documented known converters (new TB infections) among all the contacts. These were all prisoners, many of whom went directly to another facility or were released. Based on known recidivism rates, it is likely that many will be re-arrested and placed in other correctional facilities. From what we can tell, they are all lost to follow-up. This, of course, places fellow prisoners, correctional officers, and community members at risk from the spread of TB and, with such a lapse in treatment, possibly drug resistant TB. The Public Health Section of DOC would have investigated and provided quality assurance follow-up to this situation.

Of course, tuberculosis is not the only public health problem in prisons. Prevalence studies have shown that unacceptably high rates of Hepatitis C and multiple acute outbreaks of methicillin resistant staphylococcal aureus (MRSA) also have serious consequences for inmates, correctional and medical staff and the community. In addition, there is a constant potential for outbreaks of vaccine preventable diseases, human immunodeficiency virus (HIV) and hepatitis B among these populations.

It is vital that the Department of Corrections have staff knowledgeable about public health, general disease control, and institutional infection control. Your financial interest, the health of your staff, the health of your inmates, and the health of the community are at risk.

It is only through sound public health practice that the Department of Corrections can fulfill its responsibility to protect the health of the general citizenry, as inmates are released from their correctional terms.

We strongly recommend that you re-institute your Public Health Office within DOC, including appointing a liaison within the system to work with the State Department of Health Services and with local health jurisdictions. Without this capacity in place, we formally request a full plan on how DOC will fulfill its responsibility to the public in this regard including such items as inter-facility transfers of prisoners, outbreak control, contact tracing, medication monitoring, directly observed therapy planning, ongoing, day-to-day tuberculosis control, and other communicable disease control for prisoners being transferred.

It is imperative that your plan spell out how you are handling the critical public health functions that fell to the now defunct Public Health Program.

I look forward to discussing your plan with you. If you have questions, please feel free to contact me at smorrow@co.sanmateo.ca.us or at 650/573-2519.

Sincerely,

(original signed by:)

Scott Morrow, M.D., M.P.H.
President, CCLHO

Cc: Rosanne Campbell, Deputy Director
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