

Vaccine Preparedness in Jails Toolkit



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OVERVIEW OF THIS TOOLKIT

- **Purpose:** Provide editable resources to health departments which can be used to create partnerships with local jails surrounding public health emergency preparedness. Public health agencies failed to fully distribute vaccines during the H1N1 influenza epidemic of 2009/2010 and this toolkit aims to prevent overlooking jail populations in future epidemics. By increasing lines of communication between health departments and local jails, those detained in correctional facilities can have increased access to public health awareness and resources. This iteration of the toolkit focuses on delivering vaccines to pregnant women in correctional facilities.
- **Audience:** Leadership and other appropriate personnel in health departments
- **Content:** This toolkit includes editable educational presentations, templates, contact lists, and fact sheets. The resources included are targeted to health department staff, healthcare staff in jails, and/or people detained in jails. It has been created with the assistance of literature reviews and key informant interview data.

BACKGROUND INFORMATION

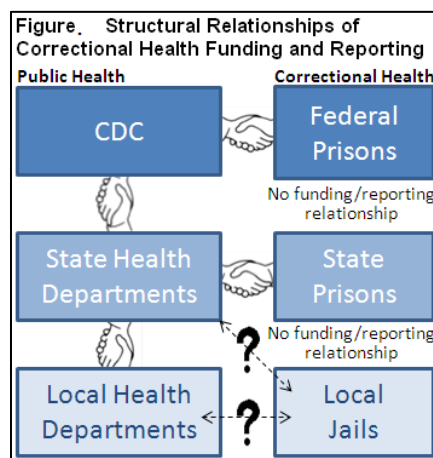
In a study surveying one-third of the U.S. correctional facilities following the 2009/2010 H1N1 influenza pandemic, we found that 57% of small jails reported never receiving pandemic influenza vaccine.⁹ The 50 largest jails (population 2,000-20,000) hold 28% of the nation's detainees, but the remaining 95% of jails that are small hold 534,000 people detained on any one day.^{10,8} A clear lesson from our study was that bridges to connect jails with state and local health departments could improve public health preparedness. While funds pass from the CDC to state health departments to local health departments, no similar distribution of resources exist for correctional facilities on a national, state and local level. (See Figure.) In the event of a future pandemic, stronger links between jails and public health agencies would facilitate the flow of resources.

The right system must be in place to monitor and facilitate vaccine distribution if an epidemic occurs. This is especially important for vulnerable populations, such as the men and women who are placed in correctional facilities. Protecting those detained in jails from infectious diseases such as influenza and pandemic influenza is important due to several factors and vulnerabilities, some of which include:

- Overcrowding and high turnover can facilitate the transmission of infectious diseases
- The high mixing rate of jail detainees with the surrounding community can pose problems in pandemic preparation and control
- Pregnant women are a priority group for vaccination, and at any given time approximately 5 – 10% of women in jail are pregnant.¹¹

Pregnant women are at increased risk of severe complications from diseases like influenza.¹²⁻¹⁶ Vaccination during pregnancy protects both the mother and the fetus from both infection and the accompanying inflammation which can be even more problematic during pregnancy.^{17,18} Unfortunately, given the findings from our study, if a pregnant woman was in jail during the H1N1 pandemic, she was not likely to have received an H1N1 vaccine unless she was transferred to an outside health facility.

The lack of flu vaccinations in jails shows a major gap in access to essential public health preparedness measures for a population especially vulnerable to infectious diseases. In collaboration with the Georgia Department of Public Health, district-level health departments, and the Georgia Sheriff's Association, Emory has created a toolkit that will improve public health preparedness for incarcerated populations. This toolkit includes materials such as contact sheet(s), health education materials, fact sheets and flyers in order to build on prior research about best practices for strengthening vaccine delivery systems. This toolkit should be used as a



means of cultivating lasting partnerships between public health and local jails. These partnerships will be a necessary foundation for effectively protecting those detained in jail and their surrounding communities in the event of a future public health emergency.

The goal of this toolkit is to *cultivate the necessary links between local health departments and neighboring jails in preparation for future public health emergencies through a demonstration project on improving immunizations for pregnant women detained in jails*. The toolkit will help link jails and their correctional health vendors with their respective county and/or district-level health departments to strengthen potential partnerships, highlight program capacities, and develop innovative approaches to collaborative preparedness planning. Working with local health departments to carry out preparedness plans ensure the safety of this especially vulnerable population.

Every staff member must be aware of the systems in place in case of an epidemic or in case of preparing beforehand, who to contact, and what to do.

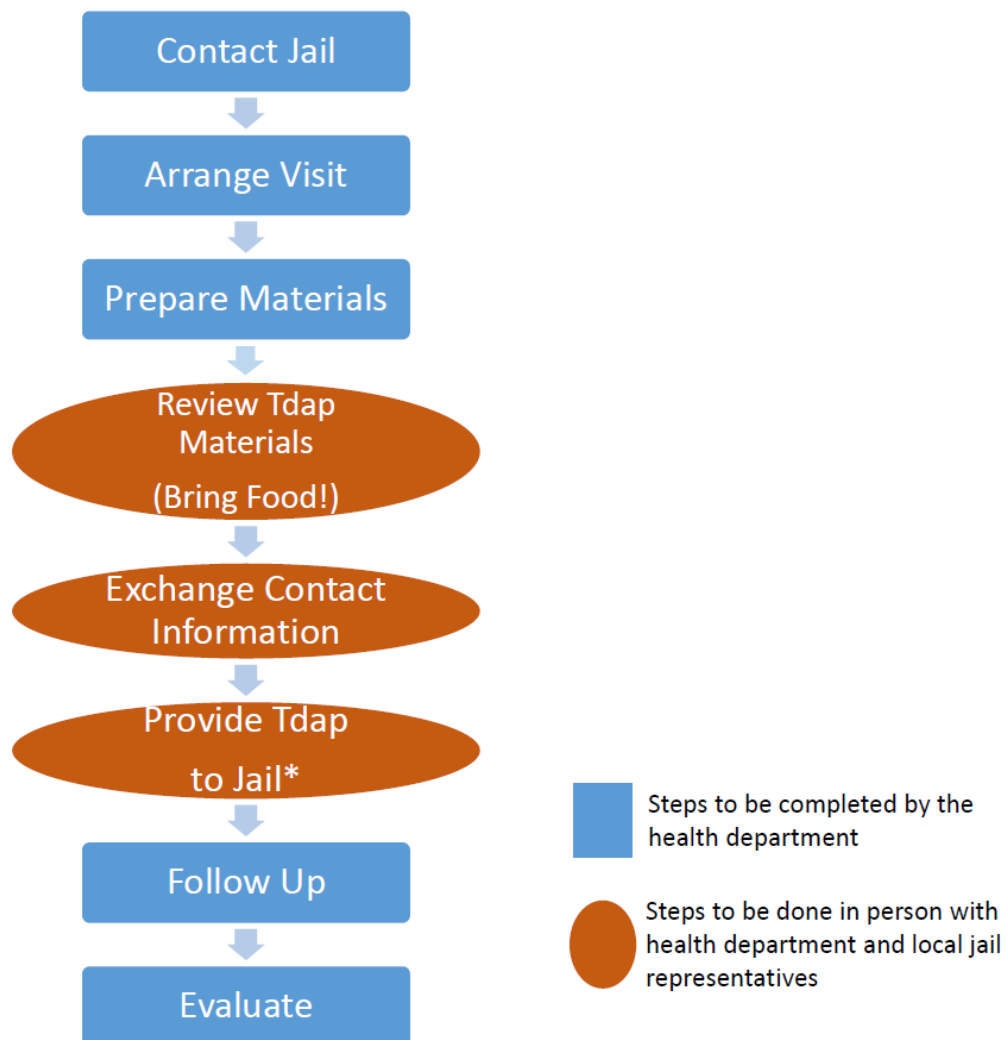
At minimum, all staff should know:

- Emergency roles and responsibilities
- Notification and communication methods
- Where, when and to whom to report

Many offices have sources in order to help with staff training in preparedness such as state and local health departments, hospitals, and emergency preparedness offices.

USER'S GUIDE FOR BUILDING RELATIONSHIPS WITHIN LOCAL JAILS

How the Health Department Can Use This Toolkit with the Local Jail: Overview



*For the purposes of this demonstration project, Tdap vaccines will be provided to you from the Georgia Department of Public Health. Emory will facilitate the acquisition of this vaccine for you to give to the jail staff. Your staff will not be responsible for administering vaccine to those detained in jail.

How the Health Department Can Use This Toolkit with the Local Jail: Details

This toolkit is a guide to aid in linking the gaps between the health department and the local jails. All presentations on the thumb drive that accompany this toolkit can be modified for other epidemics and all contact sheets can be changed in cases of staff changes. Both the “How to Navigate the Jail System” and the “Do You Know” Interagency Fact Sheets will also be on the thumb drive and can be edited if there are rules or contacts specific to your local jail that staff feels should be included on either sheet.

About The Fact Sheets

- The “How to Navigate the Jail System” Fact Sheet is for health department staff to have something to reference as they build a successful relationship with a local jail facility. It can also be used by health departments to contact relevant persons in jails.
- The “Do You Know” Interagency Fact Sheet is for jail staff to have posted in their medical facilities so every staff member knows who to call for specific situations. For example, if one of the nurses has a question about a specific vaccine, they could call the immunization coordinators or the emergency preparedness staff at the health departments

1. Contact Jail:

The first step in building a relationship for emergency preparedness in jails is to reach out to the jail(s). Explain to your contact in the local jail that you would like to work together in order to figure out the best methods to improve communication and partnership in case of a public health emergency. This conversation should be held with people who are responsible for delivering health care services to those detained within the jail.

*Particularly for vaccination of pregnant women who are detained:
This conversation should focus on vaccine delivery from the health department to the jail for this population.*

2. Arrange Visit:

Once the jail is on board, arrange a jail visit. The purpose of this jail visit is for the health department staff to present to jail staff about the importance of partnership and preparedness for public health emergencies. In the case of a public health emergency or outbreak, this meeting will be to discuss that particular problem at the time, as well as the role of staff members in both the health department and jail. Another integral part of this meeting is for the health department and jail staff to devise a plan in order to best give the vaccines to those detained in jail.

Particularly for vaccination of pregnant women who are detained: The purpose of this jail visit is for the health department staff to present to jail staff about the importance of vaccination, especially for pregnant women. The Tdap (Tetanus, diphtheria, and acellular pertussis) vaccine can be used as an example.

3. Prepare Materials

The health department should then prepare materials, such as an agenda, presentations, and handouts for the jail staff. Topics of these materials should fit current public health preparedness needs and emergencies.

Particularly for vaccination of pregnant women who are detained: Prepare the materials included in this iteration of the toolkit. Be sure to have sufficient copies of each document, thumb drives which include the documents, and be prepared to review the presentations.

4. Review Materials & Exchange Contact Information

At the jail visit meeting, the health department should take the following steps:

- a. Walk jail staff through presentations and handouts that will be provided to those detained. Also review and fill in information on the contact and fact sheets.
- b. Provide the jail staff with a packet of information and handouts specific to the health preparedness topic.
- c. Provide the jail staff with a thumb drive which includes presentations and documents.
- d. Emphasize the importance of keeping contact sheets available and accessible in both the health department and jail, as well as the importance of open communication on both ends of this partnership.

Particularly for vaccination of pregnant women who are detained:

- a. Walk jail staff through the Pertussis and Zika presentations for those detained in jails, and provide them with any handouts that may be for those detained. Allow them to complete the Jail Contact Sheet and also give the, a completed Health Department Contact Sheet. Review the “Do You Know?” Interagency Fact Sheet and provide them with copies as well.*
- b. At the end of these education dissemination meetings, the health department will have given the jail staff a packet of information. This packet includes:*
 - a copy of the presentation (edits: insert local information on slide 10)*
 - the “How to Navigate the Jail System” Fact Sheet*
 - the Jail Contact Sheet (edits: jails should fill in contact information)*
 - the Health Department Contact Sheet (edits: health departments should fill in contact information prior to meeting)*
 - the “Do You Know?” Interagency Fact Sheet*
 - and the “How to Navigate the Jail System” Fact Sheet*
- c. The presentation can be given to the jail representatives either on paper or on a thumb drive.*
- d. Health department representatives are responsible for keeping the Jail Contact Sheet in easily accessible areas in order to facilitate easy communication. The Health Department Contact Sheet should already be filled out by the Health Department and should list all necessary contact that the local jail would need in case of a public health preparedness emergency. That way, communication is open on both ends. The “Do You Know” Interagency Fact Sheet should also be filled out by both the health department staff and jail staff so jail personnel knows who to contact for specific emergencies. The jail staff will keep this sheet and have it in the necessary medical offices.*

5. Follow-up & Evaluate

Health departments and jail staff should create plans during these meetings to meet public health and emergency health needs. Determine roles and responsibilities for staff within each organization. The point person at the health department should follow-up with relevant staff members. Conduct an evaluation to determine how well this plan was

carried out and improvements which can be made in case of other public health emergencies. This first round of facilitation as well as the evaluation results will help develop and strengthen the relationship and the jail so that this already vulnerable population can be kept safe from future public health emergencies.

Particularly for vaccination of pregnant women who are detained: During the jail visit meeting, the health department and jail will create a plan for the health department to provide vaccines to the jail and for the jail to disseminate those vaccines to the necessary populations. While that process is happening at the jail, the point person at the health department should follow up to make sure that the vaccine facilitation plans are going well. After all the vaccines have been given to those detained, there should be an evaluation of the how the vaccine facilitation went and how to improve the plan in case of another public health preparedness emergency.

INFORMATION FOR HEALTH DEPARTMENT STAFF

Tdap Vaccine Presentation-For Healthcare Workers

Tdap Vaccination during Pregnancy

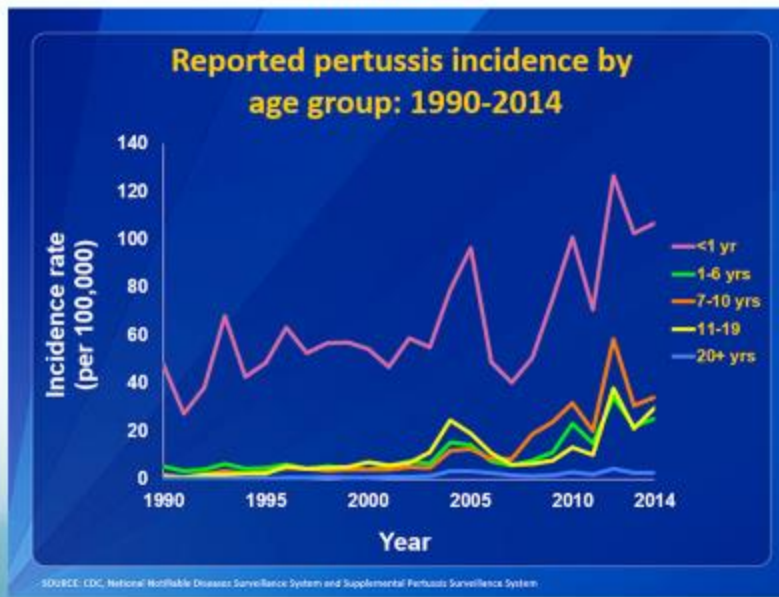
Enhancing Prenatal Care for Pregnant Inmates



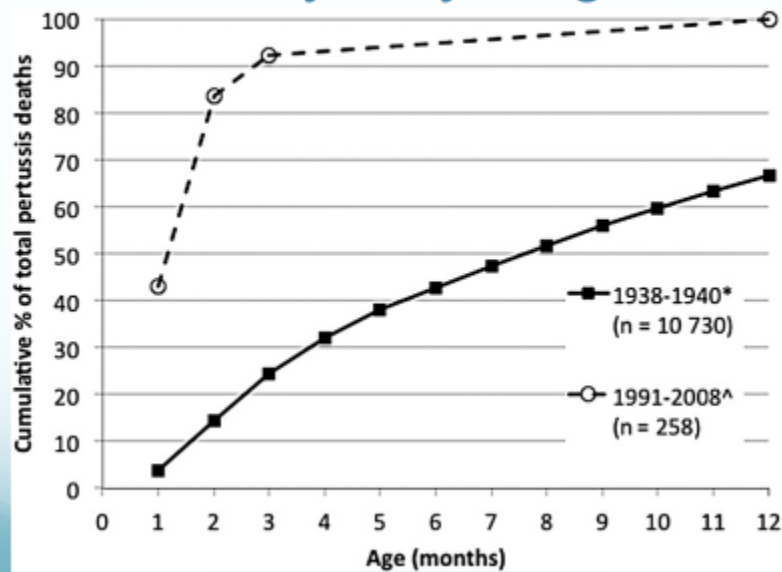
What is the Tdap Vaccine?

- Tdap stands for "Tetanus, diphtheria and acellular pertussis"
- The Tdap vaccine protects against all 3 of these diseases
- It's pertussis, or whooping cough, that's worrisome
 - Tetanus and diphtheria both rare in the United States today;
 - Pertussis cases are starting to reach levels of concern.
 - Infants are MOST vulnerable to pertussis

Highest number of cases in infants



Most deadly for youngest infants



Chow et al
CID 2016



What are the symptoms?

- Pertussis is a respiratory infection that causes a thick, grayish mucus.
- Symptoms can initially look like a cold:
 - Mild coughing, sneezing, runny nose and low fever
- After 1-2 weeks, the cough worsens and can lead to dramatic coughing spells
- During a coughing spell, children cough nonstop and then struggle with breathing.
 - Creates the characteristic "whoop" sound as kids gasp for air

Why is it so much worse for babies?

- Infants, especially those younger than 2 – 3 months old, don't have the strength to cough through the mucus
 - May gasp for air with a reddened face
 - Turn blue while coughing from lack of oxygen
- Infants are especially vulnerable to complications from pertussis, such as pneumonia, brain damage and even death
- **Greatest risk: babies stop breathing altogether**

Role of maternal pertussis vaccination

- Childhood vaccinations don't start until 2 months old
 - Recommended pediatric dosing schedule:
 - 2 mo, 4 mo, 6 mo, 15 mo; last at 4-6 years.
 - Babies' own immune systems aren't developed enough before 2 months to get the first dose
- **Solution: vaccinate the moms during pregnancy**

How does vaccination during pregnancy help?

- A woman's immune system produces protective antibodies after vaccination
- These antibodies can pass through the placenta to the fetus
 - Confers some protection before birth
- These maternal antibodies then protect the baby during the critical first 2 months of life when:
 - They are most vulnerable to infection
 - Before they get vaccinated themselves

Current Recommendation

- Established in 2012
- **Every pregnant women should receive a Tdap vaccine during every single pregnancy**
 - Ideally, give between the 27th and 36th week of pregnancy.
 - This timeframe maximizes the number of antibodies the baby receives right before birth.
- This recommendation is endorsed by:
 - The Centers for Disease Control and Prevention (CDC)
 - The American Congress of Obstetricians and Gynecologists (ACOG)
 - The American College of Nurse-Midwives (ACNM)
 - The Advisory Committee on Immunization Practices (ACIP)

Implications for Correctional Healthcare

- Women detained in correctional facilities are at risk for experiencing lapses in prenatal care
- The care they get during time at a jail may be the only prenatal care they receive
- Correctional healthcare providers should vaccinate pregnant women with Tdap
 - Ideal to give during third trimester, but OK to give before 27 weeks if obvious the woman likely will not have consistent prenatal care following jail time

What You Can Do

- **Be in touch with your local health department if you encounter a pregnant woman.** They can:
 - Search her record in the state immunization record (GRITS) to see if she has been vaccinated already
 - Provide you with a Tdap vaccine if you do not have one on site
 - For the purposes of this demonstration project with Emory University, we are assisting your county health department with acquiring extra Tdap doses for you to use

Key contacts at your county health department

- Main health department phone number:
- Immunization program direct number:
- Contact information for current immunization program contact or head nurse:

TAKE HOME MESSAGES:

1. Tdap vaccination during pregnancy is ultimately to protect the baby against pertussis (i.e. whooping cough).
2. A Tdap vaccine should be administered to every pregnant woman during every pregnancy.
3. Pregnant women in jails should not be forgotten. Time in jail poses an ideal time to educate and vaccinate these women with Tdap.

IF YOU SEE A PREGNANT WOMAN AT INTAKE, THINK TDAP !

For More Information

ACOG Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis

Vaccination http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Obstetric_Practice/Update_on_Immunization_and_Pregnancy_Tetanus_Diphtheria_and_Pertussis_Vaccination

ACNM Position Statement on Immunization in Pregnancy and Postpartum http://midwifery.org/ACNM/Files/ACNM_Library/Data/UPLOAD/FILENAME/00000000289/immunization-in-Pregnancy-and-Postpartum-May-2014.pdf

ACIP Recommendations for Tdap in Pregnancy

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>

CDC: Pregnancy and Whooping Cough <http://www.cdc.gov/pertussis/pregnant/index.html>

How to Navigate the Jail System

HOW TO NAVIGATE THE JAIL SYSTEM: INFORMATION FOR THE HEALTH DEPARTMENT

CULTURE: HEALTH DEPARTMENT

Priority: Health & Well-Being

- The WHO (World Health Organization) defines health as: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This is the Health Department's main priority when attempting to treat patients who reside inside of correctional facilities.
- Health Department workers are willing to help in any way that they can, and follow a specific set of rules when it comes to research and/or treatment.
- The culture of the Health Department is not as strict as the culture in most jails. However, there are rules to follow.
- Public health does not usually provide patient care, but there are exceptions, such as the treatment of tuberculosis in jails.



CULTURE: JAIL SYSTEM

Priority: SECURITY & SAFETY

- The correctional system prioritizes order to maintain security and safety. Facilities are very rule-centered.
- Correctional facilities have a strict dress code for outsiders. It is uniform and conservative.
- Security concerns make it difficult for correctional facilities to partner with outside entities.



TWO MISSIONS, ALIGNED

Public Health IS Public Safety

- The goal is to get the partnering correctional facilities to understand that public health is another form of public safety.
- Health efforts such as health education, preventative screening, and treatment helps to contribute to the facility's mission of safety.

Handout for Jail to Give Health Department


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HOW TO NAVIGATE THE JAIL SYSTEM: INFORMATION FOR THE HEALTH DEPARTMENT

RULES FOR VISITORS

Being a Guest in a Correctional Facility


- Individual facilities may vary in terms of specific rules, but generally remembering to behave like a guest is a good first rule.
- No contraband. For example, cell phones or medications that have not been approved prior to the visit.
- Get permission for everything. If it is something that has not specifically been stated or requested, ask permission to be sure.
- Dress conservatively – as though you were going to church or to visit your grandparents.
- Be respectful to both employees and inmates.



WHAT TO DO

Navigating Behavior & Relationships

- Understand the facility's hierarchy. Know who the warden is, the person at the front desk, the medical staff, etc.
- Establish relationships with the authorities. Make an effort to be friendly with employees and authority figures.
- Ask very specific questions. For example: "What are types of screenings and treatment is your facility lacking? Is there anything specific you'd like us to provide?"
- Be as flexible as possible, but also be deliberate. Be sure and keep both the goals of the Health Department and the correctional facility in mind.



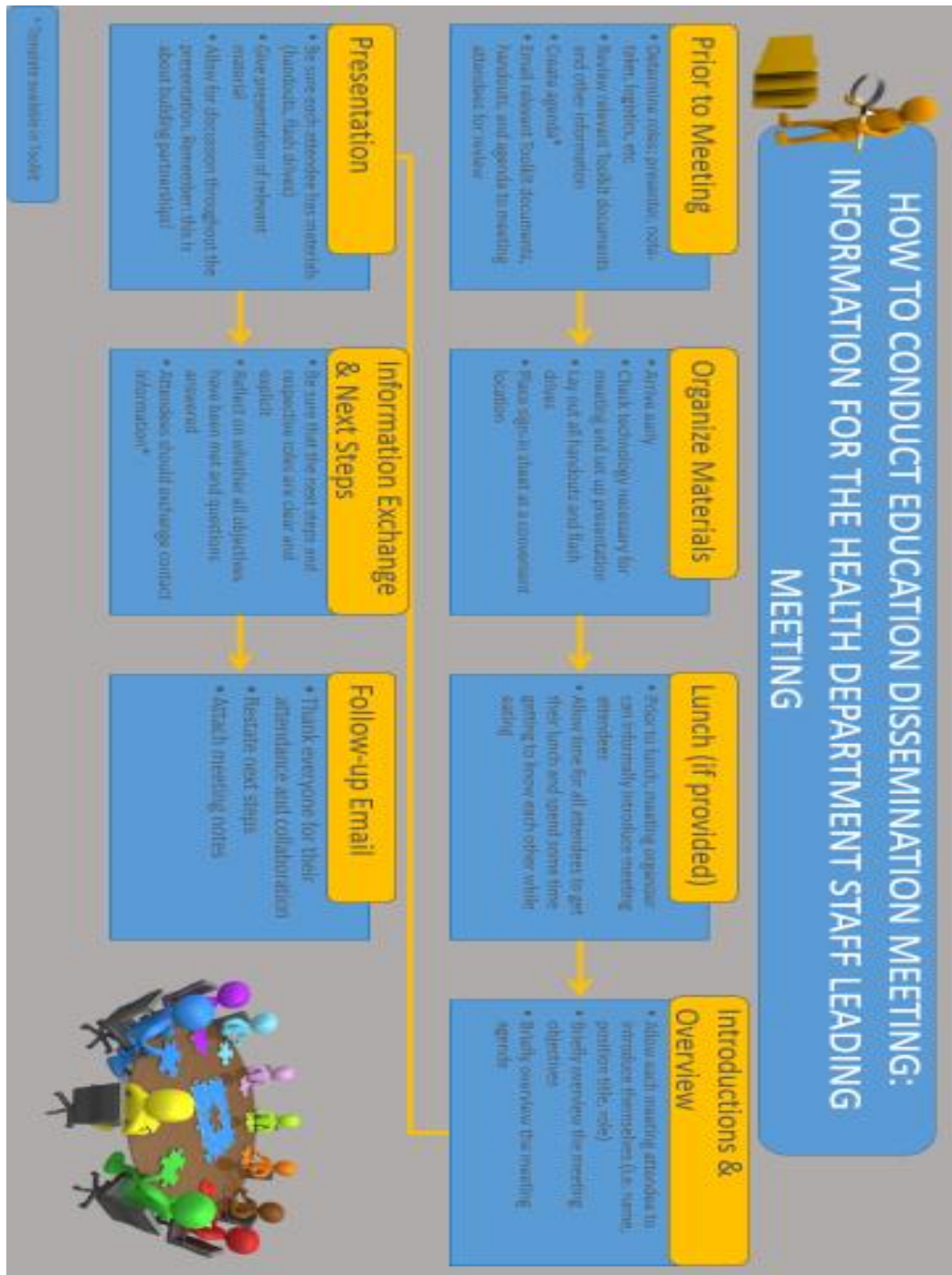
CONTACT INFORMATION

[FACILITY NAME]
ADDRESS
CITY, STATE, ZIP
PHONE #
CONTACT NAME

Handout for Jail to Give Health Department

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How to Conduct Education Dissemination Meetings



*JAIL CONTACT LIST FOR THE HEALTH
DEPARTMENT*

*Medical Services Personnel at {insert jail
name here}*

TITLE	CONTACT'S NAME	OFFICE NUMBER	EMAIL ADDRESS

WHAT TO GIVE TO LOCAL JAIL PERSONNEL

TDAP VACCINE PRESENTATION – FOR PERSONS WHO ARE DETAINED

Tdap: The Whooping Cough Vaccine

What Every Mother-to-be Needs to Know

What is Whooping Cough?

- Whooping cough, also called pertussis, is an illness that can cause your child to have a terrible cough.
- In some cases, it can even cause babies to stop breathing.



Photo credit: <http://iStock.com/baby-coughing-at-night-during-sleep>

Traditional Signs of Whooping Cough

- Whooping cough seems like a cold at first. Your child can experience coughing, sneezing, runny nose and a low fever.
- Children will cough nonstop and have trouble breathing
- For kids, the cough often has a “whoop” sound:



Photo Credit: <http://www.ryens.com/stock-photos-coughing-children>

But whooping cough in babies is different and more dangerous



- Babies also show cold symptoms but they might not cough; they can simply stop breathing.
- Tiny babies aren't strong enough to cough through the mucus
- They can turn blue from lack of air

Photo credit: <http://www.seashoreella.com/2014/04/whooping-cough-preventing-pertussis>

How bad is it for babies?

- Babies less than one year old are at greatest risk of dying
- About half of babies younger than one year old who get whooping cough have to go to the hospital, and 10-20 babies die from it every year.
- Infants are more likely to have other complications from whooping cough, such as brain damage

Why is Whooping Cough a Problem?

- Whooping cough is becoming more common in
- This makes it more likely that you or your baby could catch the illness.
- What can you do?

6

Preventing Whooping Cough

- Vaccinations against whooping cough are the best way to protect yourself
- What is a vaccine?
 - A vaccine is a shot that helps the body prevent sickness
 - You must get a vaccine BEFORE you get sick



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Preventing Whooping Cough

- Babies should get their first shot for whooping cough when they are 2 months old.
- Before 2 months, they are very vulnerable but still too young to get shots.



Preventing Whooping Cough

- You can protect your baby during the first 2 months by getting the whooping cough shot while you are pregnant.
- Your body's response to the vaccine helps protect your fetus.



How vaccines during pregnancy work

- When you get a shot during pregnancy, your body makes antibodies to protect you from getting the actual disease
- These antibodies pass to your baby in your belly and they last long enough to protect your baby until he or she can get a shot

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About the Tdap Vaccine

- The shot that prevents whooping cough in adults is called Tdap. Tdap stands for Tetanus, Diphtheria, and Pertussis, which are the three diseases that the shot protects against.
- It is important to get the Tdap shot during your last three months of pregnancy: this will make sure that your baby gets the most benefit from it.
- The vaccine doesn't protect you for that long, so you should get one during every pregnancy even if you've had it before.

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Common Questions

- How do I take the vaccine?
 - The shot is given as a single shot, usually into your upper arm muscle.
- Is the shot safe?
 - Yes! This shot has a great safety history. It has not been shown to cause any major problems for mothers or their babies. Some people may have a little redness or swelling after the injection, which will go away on its own.



Common Questions

- Is it ok to breastfeed after getting the shot?
 - Yes! Breastfeeding after the shot is completely safe, and can help protect your baby even more.
 - Antibodies can pass through breast milk too!
- Can I wait until after giving birth to get the shot?
 - It's important to get the shot while you're still pregnant. If you wait until after your baby is born to get it, the shot will protect you from whooping cough but it will not protect your baby.

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More Questions?

Ask your doctor if you have other questions or concerns! They can help you make the best decision for you and your baby

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“Do You Know” Interagency Fact Sheet

DO YOU KNOW...?

Your emergency preparedness contact at the local health department?

[Name]
[Position]
[Contact Information]

Your emergency preparedness point person within jail administration?

[Name]
[Contact Information]

Your emergency preparedness point person among healthcare staff?

[Name]
[Contact Information]
[Shifts, if needed]



STAY PREPARED

Having a practiced preparedness plan is essential during health emergencies, such as outbreaks of flu, norovirus or tuberculosis. These plans need to be able to inform all parties of what to do efficiently while describing clear steps that need to be taken in order to minimize transmission and to treat those who are infected.

Make sure to have a plan in conjunction with your local health department in order to keep yourself and others out of harm's way. Your local health department can help coordinate essential parts of preparedness, such as disease investigation and treatment.

In case of an emergency, there should be a preparedness plan .
Contact [number]

Health Department Contacts for the Jails

Local Health Department Staff

TITLE	CONTACT'S NAME	OFFICE NUMBER	EMAIL ADDRESS

HANDOUTS/FORMS

DO YOU KNOW...?

Your emergency preparedness
contact at the local health
department?

[Name]
[Position]
[Contact Information]

Your emergency preparedness
point person within jail
administration?

[Name]
[Contact Information]

Your emergency preparedness
point person among
healthcare staff?

[Name]
[Contact Information]
[Shifts, if needed]



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Contact [number]

*Medical Services Personnel at {insert jail
name here}*

TITLE	CONTACT'S NAME	OFFICE NUMBER	EMAIL ADDRESS

HOW TO NAVIGATE THE JAIL SYSTEM: INFORMATION FOR THE HEALTH DEPARTMENT

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- Health Department workers are willing to help in any way that they can, and follow a specific set of rules when it comes to research and/or treatment.
- The culture of the Health Department is not as strict as the culture in most jails. However, there are rules to follow.
- Public health does not usually provide patient care, but there are exceptions, such as the treatment of tuberculosis in jails.
- The correctional system prioritizes order to maintain security and safety. Facilities are very rule-centered.
- Correctional facilities have a strict dress code for outsiders. It is uniform and conservative.
- Security concerns make it difficult for correctional facilities to partner with outside entities.



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- Get permission for everything. If it is something that has not specifically been stated or requested, ask permission to be sure.
- Dress conservatively – as though you were going to church or to visit your grandparents.
- Be respectful to both employees and inmates.

WHAT TO DO

Navigating Behavior & Relationships

- Understand the facility's hierarchy. Know who the warden is, the person at the front desk, the medical staff, etc.
- Establish relationships with the authorities. Make an effort to be friendly with employees and authority figures.
- Ask very specific questions. For example: "What are types of screenings and treatment is your facility lacking? Is there anything specific you'd like us to provide?"
- Be as flexible as possible, but also be deliberate. Be sure and keep both the goals of the Health Department and the correctional facility in mind.




CONTACT INFORMATION
[FACILITY NAME]
ADDRESS
CITY, STATE, ZIP
PHONE #
CONTACT NAME



Local Health Department Staff




TITLE	CONTACT'S NAME	OFFICE NUMBER	EMAIL ADDRESS

Georgia EPIC




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In their Communities*

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Immunization

EPIC® Immunization Education Program provides an excellent overview of vaccine information. Our goal is to educate health care providers with the most current vaccine information available so that they can provide optimal care and prevent vaccine-preventable diseases.

To schedule an EPIC® Immunization Program please complete our [REQUEST FORMS](#) and fax to Shanrita McClain at [\(404\) 249-9503](tel:(404)249-9503)

Available EPIC Immunization Programs

- **CHILDHOOD** (Birth - 18yrs.)
- **ADOLESCENT**
- **ADULT** (19yrs. - Senior)
- **COMBO** (Birth - Senior)
- **WOMEN'S HEALTH** (OB/GYN Practices)



Educating Physicians In their Communities (EPIC) provides physicians with free immunization education. Their mission is to improve health through community-based education to physicians as well as their medical personnel. Trained professionals will be sent to your location and participants will receive 1-2 continuing education credit hours.

NEXT STEPS

After the initial project on vaccinating mothers in prison, what happens next? Here are some recommendations:

- Agree upon short-term and long-term goals and priorities (this may be facilitated through the creation of a Memorandum of Understanding, but a formal document is not necessary)
 - Goals should be manageable and meaningful
- Agree upon the roles and responsibilities of jail and health department personnel
 - It is especially important to establish liaisons at each facility who will manage communication between each group. The responsibilities of these liaisons could include:
 - setting up conference calls and meeting dates
 - booking meeting locations
 - notifying other personnel of meeting details
- Agree upon and clearly define deliverables
- Agree upon a system for sharing information, including when and how that information will be shared
 - Jail personnel can share information related to
 - the implementation of health and educational interventions,
 - the burden of disease in the jails,
 - or other health-related concerns
 - Health department personnel can
 - share updates on guidelines, recommendations and health alerts
 - assist in reporting information to state and local legislators
 - ask questions for evaluation
 - share evaluation reports


The goal is that the plans made at the initial meetings between the jails and health departments can be modified to apply for any public health preparedness emergency. For example, another pressing public health issue for pregnant women may be the Zika virus. Presentations about Zika has been included in the Appendix. The health department would present this to the jails at a meeting, similar to the Tdap vaccine meeting. Then the same steps will be taken for Zika prevention – come up with a treatment plan for those detained, give the jail staff any necessary documents, give the treatment/vaccine (if there is one at the time) to the medical staff at the jail, allow them to treat the patients, follow up and evaluate. An alternative problem may be influenza.

There are several other areas in which health departments and jails can create operational protocols, including:

- Mental health, substance abuse, reproductive health screenings
- Education/prevention interventions for jail staff and those detained in jails
- Disease surveillance, especially STD, HIV
- Treatment services
- Diversion programs
- Quality assurance
- Discharge planning/transitional services
- Health education for those detained in jails

APPENDIX

ZIKA PRESENTATION – FOR HEALTHCARE WORKERS



The Zika Virus & Pregnancy

For the Healthcare Worker

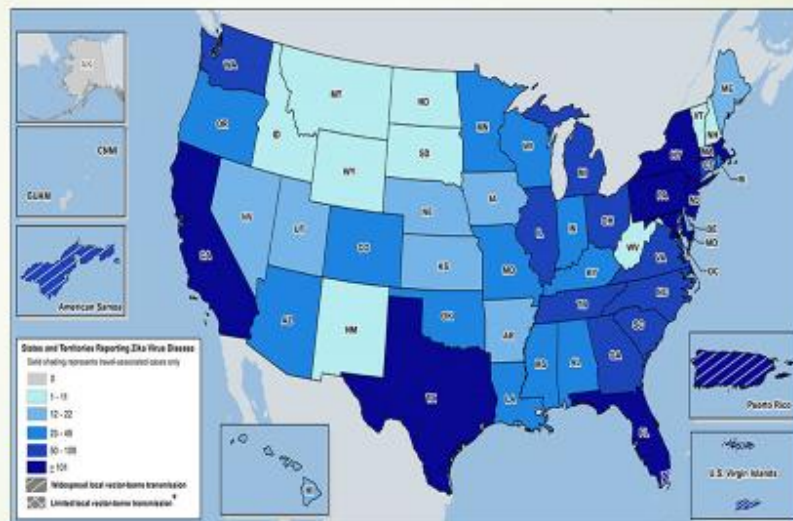


Outline

- Zika Overview
 - Spread
 - Symptoms & Diagnosis
 - Treatment
 - Adverse Outcomes
 - Prevention
- Implications for Correctional Healthcare
 - Overview
 - A Florida Jail Case Example
 - Federal Bureau of Prisons Guidelines

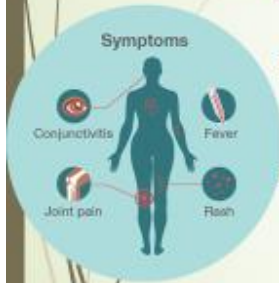
Zika Overview: Spread

- Zika is a viral disease
- Transmission
 - Mosquito bites
 - Aedes species mosquitoes bite during the day and night
 - From a pregnant woman to her fetus
 - Sex
- Travel-associated cases in all states other than Alaska
 - Locally-acquired cases in Florida



Source: <http://www.cdc.gov/dpdx/infectedmap-zika-us.html>

Zika Overview: Symptoms & Diagnosis



- Many people are asymptomatic or only have mild symptoms
- Some common symptoms: fever, rash, joint pain, conjunctivitis
 - Less common symptoms – muscle pain and headaches
- Diagnosis
 - Travel history
 - Symptoms (two or more)
 - Need a blood or urine test to confirm infection
- The following two slides can be printed out and used as a hand out for patients

Zika Overview: Treatment



- Treatment
 - Rest
 - Drink fluids to prevent dehydration
 - Take medicine to reduce fever and pain (i.e Tylenol)
 - Do not take aspirin or other NSAIDs
 - Research ongoing on the use of already developed medication
- Vaccination
 - There is no vaccine for Zika at the moment but NIH scientists are actively working on a vaccine

Zika Overview: Adverse Outcomes

- Serious birth defects (mother-to-child transmission)
 - Microcephaly and other severe fetal brain defects
 - Defects of the eye
 - Hearing deficits
 - Impaired growth
- Guillian-Barre syndrome
 - Affects men more than women



Zika Overview: Prevention

- Prevention
 - Long-sleeved shirts and long pants
 - Insect repellents
 - Mosquito-control
 - Air conditioning
 - Door screens
 - Mosquito nets
 - Remove standing water
 - Condom-use or abstinence



Implications for Correctional Healthcare: Overview

- Are correctional facility populations at risk?
 - Pregnant inmates are at risk for mosquito bites when outside
 - Male inmates with Zika can transmit if the same mosquito bites multiple inmates
- Consider the role of the facility in prevention, identification, and management
- Staff should be aware of ongoing updates to clinical guidelines

Implications for Correctional Healthcare: A Florida Jail Case Example

- Symptomatic entrant to the jail with confirmed Zika infection
- Florida jail maintained close relationship with the local health department



Implications for Correctional Healthcare: A Florida Jail Case Example

- Protocol for jail developed (with the help of local health department):
 - All patients asked about Zika exposure at entrance
 - Women of childbearing age asked about pregnancy
 - Those with two or more symptoms:
 - Pregnant patients taken to OB triage
 - Others taken to clinical evaluation and treatment center
 - Blood and urine samples collected and delivered to health department for confirmation of suspected cases
 - Standard infection control precautions used for suspected or confirmed cases

Implications for Correctional Healthcare: A Florida Jail Case Example

- Prevention and Control
 - Health department
 - Spray jail grounds with insecticides
 - Jail staff
 - Remove standing water
 - Pregnant inmates provided with
 - Long sleeve uniforms
 - Pants
 - Mosquito repellent
 - Education and counseling



Implications for Correctional Healthcare: Federal Bureau of Prisons Guidelines

- Can be found online:
https://www.bop.gov/resources/pdfs/zika_virus_2016.pdf
- Content overview
 - Testing preparation, screening, and treatment
 - Infection control
 - Shipping specimens
 - Exposure-risk questionnaire
 - Educational resources
 - Pregnant women-specific recommendations
- Recommend that facilities partner with local health department
 - Establish contact person
 - Identify local procedures for testing and treatment

Zika Exposure Risk Questionnaire

APPENDIX 1. PREGNANT FEMALE ZIKA EXPOSURE RISK QUESTIONNAIRE

SECTION 1. ZIKA EXPOSURE RISK QUESTIONS

Yes	No	?	Ask all newly identified pregnant females the following questions:
			1. While pregnant, have you lived in an area with active Zika virus transmission? For areas of active transmission see: http://www.cdc.gov/zika/geoactive-zika.html or http://www.cdc.gov/zika/geoactive-zika.html to find out if you are in an area with active Zika virus transmission. (When did you live there?)
			2. While pregnant, have you traveled to an area with active Zika virus transmission? (When, where?)
			3. While pregnant, have you had unprotected vaginal, anal, or oral sex with someone (with or without Zika symptoms) who traveled or lived in an area of ongoing Zika transmission? (When, where?)

➔ If answers to all 3 questions are "No", Stop. Save below and file. Save the document into the BOPIS Document Manager.

➔ If the answer to any question above is "Yes" or "Unsure" (U), Continue to Section 2 and Section 3 below. Once all sections are complete, sign and scan the document into the BOPIS Document Manager. Contact the local or state health department and Regional Quality Improvement Coordinator to report the information on this document and seek direction regarding screening Zika testing.

SECTION 2. ZIKA SYMPTOMS

4. Have you had any of the following symptoms while pregnant?

☐ Rash ☐ Fever ☐ Muscle or joint pain ☐ Headache ☐ Conjunctivitis ☐ Swollen lymph nodes

Date symptoms began? _____

How long did the symptoms last? _____

Did you see a health care provider for these symptoms? ☐ Yes ☐ No

SECTION 3. Based on answers to questions 1-4 above, check appropriate boxes indicating Zika exposure risk history.

☐ No Zika symptoms: while pregnant & lived in an area with active Zika virus transmission during her pregnancy.

☐ No Zika symptoms: while pregnant & did not live in an area with active Zika virus transmission & had potential Zika exposure via travel or unprotected sex with someone who lived in or traveled to Zika transmission area.

☐ It is less than 2 weeks since possible exposure.

☐ It is 2-12 weeks since possible exposure.

☐ It is greater than 12 weeks since possible exposure.

☐ She has experienced Zika symptoms while pregnant and:

☐ Symptoms started less than 2 weeks ago.

☐ Symptoms started 2-12 weeks ago.

☐ Symptoms started greater than 12 weeks ago.

Estimated Delivery Date: ____/____/____ Gestational age (in weeks): _____


Provider Name (Print): _____

Provider Signature: _____ Date: ____/____/____

Sample Name: _____

Registration #: _____

DOC: ____/____/____ Institution: _____



Sources

- <https://www.cdc.gov/ncbddd/birthdefects/microcephaly.html>
- <https://www.cdc.gov/zika/about/overview.html>
- <https://www.cdc.gov/zika/symptoms/index.html>
- <https://www.nih.gov/news-events/news-releases/nih-begins-testing-investigational-zika-vaccine-humans>

ZIKA PRESENTATION – FOR THOSE WHO ARE DETAINED

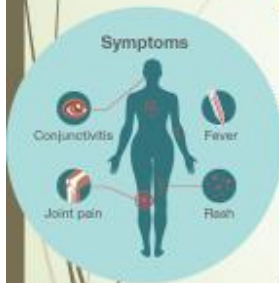
The Zika Virus & Pregnancy

The Zika Virus

- Zika is a virus that you can get in three ways:
 - Mosquito bites
 - From a pregnant woman to her baby
 - Sex
- There have been cases in all state except Alaska



Zika Virus: Symptoms



- Many people don't have symptoms or have mild symptoms
- Some common symptoms: fever, rash, joint pain, conjunctivitis
 - Less common symptoms – muscle pain and headaches
- You need a blood test or urine test to confirm if you have the virus

The Zika Virus: Treatment

■ Treatment

- Rest
- Drink fluids
- Medicine for fever and pain
- There is no vaccine for Zika yet but scientists are working on it



Why Zika Can be Dangerous


- Can be given to the fetus
 - Can cause the baby's head to be smaller than normal
 - Problems of the brain and eyes
 - Hearing problems
 - Issues with growth



Zika Overview: Prevention

- Prevention
 - Long-sleeved shirts and long pants
 - Insect repellents
 - Mosquito-control
 - Air conditioning
 - Door screens
 - Mosquito nets
 - Remove standing water
 - Condom-use or abstinence





Sources

- <https://www.cdc.gov/ncbddd/birthdefects/microcephaly.html>
- <https://www.cdc.gov/zika/about/overview.html>
- <https://www.cdc.gov/zika/symptoms/index.html>
- <https://www.nih.gov/news-events/news-releases/nih-begins-testing-investigational-zika-vaccine-humans>