Better Health for All



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January 15, 2020 DATE:

TO: Honorable Members of the Board of Supervisors

Jeffrey V. Smith, M.D., J.D., County Executive

René G. Santiago, Deputy County Executive and FROM:

Director, County of Santa Clara Health System

- A968A3B7E216400. Sara H. Cody, MD, Health Officer and Public Health Director

René G. Santiago

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SUBJECT: Follow Up to Report on Sexually Transmitted Infections and Screenings

At the October 30, 2019 Health and Hospital Committee meeting, a report on STIs, Syphilis and Congenital Syphilis in Santa Clara County was presented at the request of Supervisors Simitian and Ellenberg. An off-agenda report was requested with information related to screening of inmates in Santa Clara County jails, as well as an analysis of the condom distribution pilot in Los Angeles County. This report provides that information.

What are the barriers to screening inmates and how can those barriers be addressed and overcome?

The two major barriers to screening inmates for STIs are timing and stigma. Regarding timing, inmates currently are offered screening between three and seven days after booking; however, roughly sixty percent of inmates are released within 72 hours of booking, before screening has occurred. One way to address this would be to offer screening during the booking process. This would require at least five FTE Phlebotomists to staff the booking area. The cost, including staff and laboratory tests, is estimated to be roughly \$1M. If the program were able to achieve the same acceptance of screening offers at booking and we assume equal rates of infection as those currently tested, increased screening would yield roughly 460 additional positive tests per year, but the vast majority of tests would be from inmates who are released within 72 hours, before diagnosis and treatment have occurred. Public Health would need at least two additional Communicable Disease Investigator positions to investigate additional cases, ensure treatment of inmates after release, and follow up with their partners to recommend testing and treatment. The cost for these staff is estimated to be roughly \$240,000 per year.

Secondly, some inmates may feel stigmatized by peers and/or jail staff for accepting STI screening. Others have cited fears that blood samples could be used for legal proceedings or unauthorized testing despite assurances to the contrary. While STI screening is voluntary inmates cannot be compelled to submit to screening—normalization of screening by making it a routine component of booking may partially decrease one or both of these barriers.

Will incentivizing inmates to take screening be effective and compel more to be screened?

Incentivizing screening – such as providing additional funds on the inmate's commissary account or offering additional food/snacks – has been suggested. County Counsel has advised that offering funds on commissary is not an option. However, an incentive such as snacks (i.e. crackers or granola bars) or an extra stamped envelope has proven effective in the past.

What are legal ramifications and medical ethics issues, if any, to provide incentives for inmates to take STI screening?

This question will be addressed in a separate off agenda report from County Counsel.

Can an inmate, once diagnosed with an STI, legally be compelled to follow a course of treatment?

Neither inmates nor a person in the general public can be compelled to be treated for an STI without their consent. Fortunately, Public Health data show very high acceptance rates of treatment when offered in a culturally sensitive, private, inexpensive manner. The major barrier to completion of treatment for incarcerated persons is release prior to completion of treatment.

Provide an analysis of the condom distribution program in Los Angeles County jails.

Los Angeles County provides condoms and sexual lubricant to inmates, utilizing two structural differences that facilitate its distribution program: First, condoms and lubricant are provided in a specific wing of the jail that houses only inmates who identify as gay or male-to-female transgender. Second, the Los Angeles County Public Health Department is resourced to operate an STI testing and treatment site in the jail where they handle the distribution and disposal of the condoms and lubricant. Condoms and lubricant are distributed weekly by Public Health Staff, with a limit of three of each per person; additional condoms and lubricant are offered as an incentive to receive STI testing. No health education is offered at the time of distribution. The Los Angeles County condom distribution program and related published research support the ideas that condom distribution in California jails is logistically feasible, acceptable to inmates, highly utilized when offered, and not documented to increase sexual conduct, injury, or transportation of contraband.

A follow up report on the proposed condom distribution pilot in Santa Clara County will be provided at the January Health and Hospital Committee as requested.