Syphilis Testing in Correctional Facilities Reduces Infection Rates

Sexually transmitted infection (STI) rates in correctional facilities remain high, reflecting a broader increase in STIs across the country. These facilities, which include both jails and prisons, are recognized as key intervention points for STI testing and treatment, especially **syphilis**.

In 2011, correctional facilities accounted for about <u>6% of reported syphilis cases nationwide</u>. Increased testing for syphilis in correctional facilities is proven to significantly reduce infection rates. In addition, according to a <u>systematic review</u> investigating STI prevalence and management in correctional settings, facilities that implemented opt-out screening improved syphilis case detection and treatment rates compared to opt-in screening.

Organizations Implementing Widespread Testing

The following organizations recognize the role that correctional facilities can play in addressing public health challenges, especially for vulnerable populations. They encourage the implementation of widespread testing to reduce transmission of STIs and syphilis.

National Commission on Correctional Health Care (NCCHC)

NCCHC has issued a policy statement recommending comprehensive STI testing in correctional facilities. Their position stresses the importance of screening at intake to reduce transmission within facilities and the community as well as providing timely treatment to prevent complications. Correctional facilities should assess syphilis prevalence in their institution and community to determine if screening at intake is necessary. Universal screening should be based on local and institutional rates of early infectious syphilis, with regular updates as prevalence changes. All pregnant women must be screened for syphilis.

American Public Health Association (APHA)

<u>APHA has called for increased STI and HIV testing in jails and prisons</u>, recognizing that these settings are critical for addressing the spread of communicable diseases. They advocate for policies that ensure routine testing and treatment are part of standard health care services offered to incarcerated individuals, particularly in regions with high infection rates.

National Association of County and City Health Officials (NACCHO)

NACCHO calls for increased funding to support and strengthen public health efforts surrounding sexual health, including providing/supporting primary prevention interventions such as health education and condom distribution, immunizations, testing, and treatment in settings that allow access to individuals at high-risk for STIs (e.g., jails and juvenile detention facilities).

Centers for Disease Control and Prevention (CDC)

<u>CDC provides specific screening recommendations</u> in correctional settings, particularly for syphilis. It supports universal syphilis screening in areas with high infection rates and advocates for comprehensive STI testing in correctional facilities to reduce the transmission of infections and improve public health outcomes.

World Health Organization (WHO)

WHO released "A recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for people in prisons and other closed settings," a policy brief which includes a specific call-out about preventing the vertical transmission of syphilis.

Effective Syphilis Testing Models

In addition to the aforementioned organizations that advocate for implementing testing in correctional facilities, a few jurisdictions have implemented models for syphilis testing:

- Integration of opt-out syphilis testing upon intake: According to CDC, detecting and treating syphilis early on in correctional facilities may affect rates of transmission and prevent congenital syphilis.
 - To address rising syphilis rates, Palm Beach County designed and implemented an <u>opt-out testing pilot program</u> to screen all women entering the Main Detention Center within 48 hours of their intake. The pilot program highlighted the impact of early detection and intervention to reduce risks of transmission, including congenital syphilis in pregnant people in the justice system.
 - o In 2017, <u>84% of all individuals entering the state prison system</u> in California were screened for syphilis, with 5% positive screenings among women. In response, jails have integrated routine, opt-out syphilis testing into intake procedures, which has led to early detection and treatment, especially among women.
 - O In collaboration with the state health department, Nassau County Jail made a positive impact on syphilis morbidity in the community. The jail <u>implemented rapid syphilis screening and treatment of inmates upon intake</u> for those with positive tests and no record of prior treatment.
- Participation in the 340B drug pricing program: Many correctional facilities partner
 with local health departments to implement syphilis testing and treatment programs.
 These partnerships often include access to federal funding through the 340B Drug
 Pricing Program, which helps reduce testing and treatment costs.