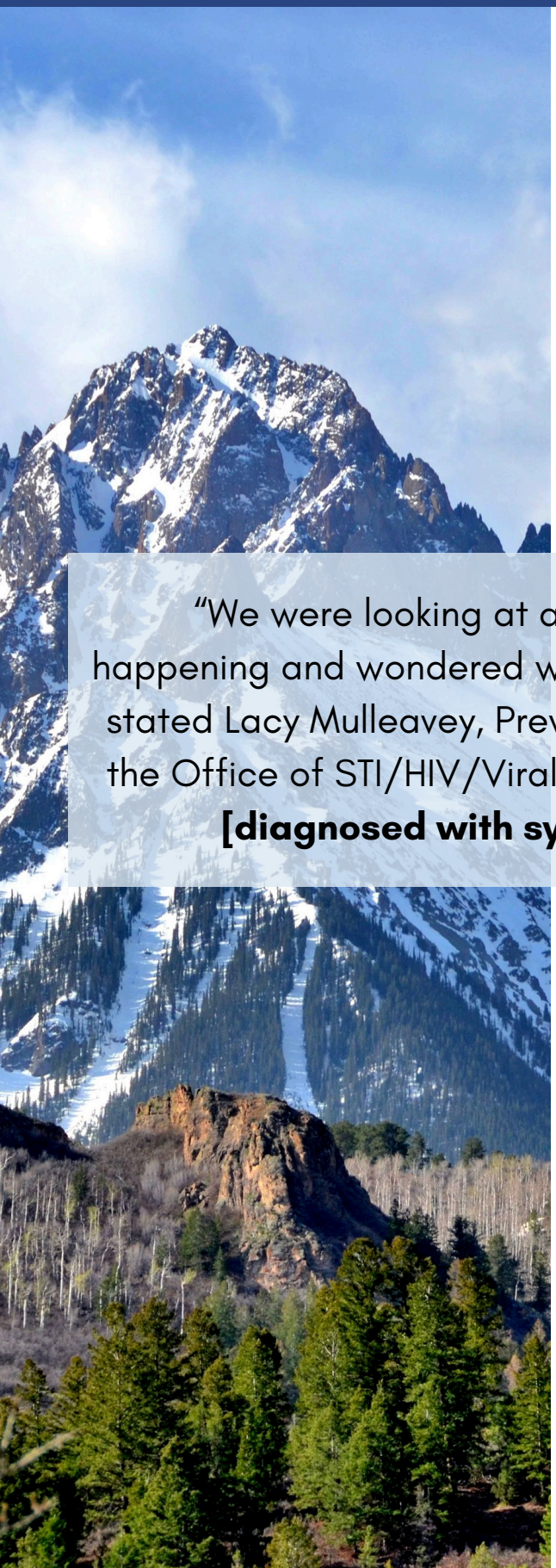
SYPHILIS TESTING IN DETENTION CENTERS:
A PARTNERSHIP SUCCESS STORY IN COLORADO

POLICY SUCCESS STORIES



BACKGROUND

In 2021, the Colorado Department of Public Health and Environment (CDPHE) wanted to support innovative strategies to help mitigate a public health crisis that has continued to climb nationally: congenital syphilis, the bacterial STI passed from a pregnant person to the fetus.

"We were looking at a lot of the congenital syphilis cases that were happening and wondered where the missed opportunities for care were," stated Lacy Mulleavey, Prevention & Field Services Program Manager for the Office of STI/HIV/Viral Hepatitis. "**We noticed many of the women [diagnosed with syphilis] had been previously incarcerated**."

They checked to see if the women previously incarcerated had been screened for syphilis, and for the most part, they had not. CDPHE reached out to the Pueblo Department of Public Health and Environment (PDPHE), a county health agency with a disproportionate syphilis burden, and together they applied for the Catalyzing Congenital Syphilis Prevention project under the Center for Disease Control and Prevention's (CDC) Epidemiology and Laboratory Capacity (ELC) grant.

National Coalition of STD Directors

WHAT WAS THE PROGRAM AND HOW DID IT START?

Once awarded, CDPHE and PDPHE launched a syphilis testing program in the Pueblo County Jail and Detention Center. They also hired Corrie Westwood, a public health nurse, who indicated the program started from a blank slate. "Ultimately, we had to put together our own protocol and hit the ground running," Westwood stated as she reflected on the beginning stages.

Westwood and her colleagues met with detention center staff, including their medical team, and examined existing protocols. They determined there were two places at which they could test people at higher risk for syphilis: at intake and within the detention center itself.

PDPHE started by integrating CDC-recommended screening guidelines with the detention center's general intake process. "We were able to add our own [screening questions] for people who met the criteria," Westwood said. They also decided to implement rapid syphilis testing, and if positive, take blood draws and send them to the state lab for confirmatory results.

WHAT WERE SOME OF THE BARRIERS?

"When we first started, the deputy would ask the person, 'The health department is here, do you want to see them?'," Westwood stated. "Well, that really did not help."

The team recognized that warden staff vaguely referring to "the health department" inadvertently discouraged uptake of testing and intervention during the intake process. Instead, the team pivoted to an opt-out model in which the person going through intake would meet the testing team in person (rather than being asked about "the health department") and have the choice to decline testing; this intentional reframe worked.

"We saw a huge change in our refusal rate," Westwood noted. "If they talked to us in-person first, they would feel more comfortable. And they would tell other people in the cell there was a free service."

This community buy-in contributed to the department's reputability, helped lower the refusal rate, and reflected the success of the intervention.

WHAT WERE THE RESULTS OF THE PROGRAM?

Since February 2022, PDPHE has screened 634 unduplicated incarcerated clients, of whom, 175 have tested positive for syphilis (27.6% positivity rate). This has also included 27 pregnant individuals, six of whom were newly diagnosed and treated for syphilis.

These numbers also speak to lessons learned from the partnership on how to improve treatment strategies. "We learned to successfully treat folks before they are released," Mulleavey mentioned. "Initiating treatment immediately after a reactive POC rather than waiting for a confirmation ensured we got at least one [treatment injection] in and could discontinue if it were negative."

WHAT ARE SOME KEY LESSONS LEARNED?

Utilize each health department's skillset.

One way CDPHE leveraged its expertise included helping the detention center enroll with 340B, a federal program that mandates pharmaceutical manufacturers provide low-cost prescription drugs to qualified covered entities to stretch scare federal dollars for vulnerable populations. This further motivated the detention center because through 340B savings, they could expand services to key populations not covered by the current grant (such as men who have sex with men) and increase the testing program's sustainability. Check out NCSD's Injectable Syphilis Delivery 340B toolkit for more information.

Build relationships with detention center personnel.

Westwood emphasized it is important to be direct and thoughtful with personnel when setting up agreements. "Tell them, this is what this is going to do for you," she stated. Westwood also highlighted that making this a mutually beneficial partnership between the detention center systems and the public health department is key to longevity.

Remember each partnership is unique.

"Every county health department is completely different, including important things like their medical vendors" Mulleavey emphasized, "so allowing the local health department and local detention centers to take the lead and have the state health department there as support is exactly what's needed."

Consider ways to replicate success.

CDPHE has already partnered with another large county in southern Colorado—El Paso, home to Colorado Springs—and is in the early stages of duplicating and adapting the protocol.