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File

Assistant Director for Medical Science, DVD

Draft 12/6/85: HTLV-III/LAV Precautions in Correctional Care Facilities

Assistant Director for Medical Science, CID

I have just read the above draft and find it difficult to comment on a paragraph by paragraph basis. The reason for this is that I do not find that the overall compilation results in a clear statement of objectives, quantitative determination of risk, or a clear formulation of recommendations that can be easily used by prison managerial authorities to implement policy. The document quotes extensively from other CDC publications, particularly the 15 November 85 MMWR on AIDS in the health care workplace. In so far as prisons contain specific health care environments, I believe that the previous CDC publications provide sufficient guidance for these circumstances.

The draft seems (although not very clearly) to imply that HTLV-III screening will somehow assist in AIDS control under certain prison circumstances. I believe that for the vast majority of prisons in this country (including short term custodial facilities such as city or county jails) nothing could be further from the truth. In order for screening to serve a public health purpose which significantly outweighs the possible danger that knowledge of prisoner serologic status could pose to the very life of the prisoner himself, the results of such screening should regularly result in policy implementation that protects both the positive prisoners and susceptible contacts.

Nothing short of establishment of totally separate facilities for positive individuals, including cells, dining halls, as well as indoor and outdoor recreational facilities could, however, accomplish this end. The vast majority of correctional institutions in this country are overcrowded and would, I suspect, have extreme difficulty to effect the kind of segregation required. Even assuming a capability to segregate, which CCW's would care to work in the segregated facility? It should be noted that CCW's differ in educational and social awareness levels from most HCW's, and might not exhibit the degree of commitment or compassion often shown by HCW's. For these reasons, I do not believe that routine screening would result in any effective disease control but, on the contrary, could have adverse effects on inmate or CCW safety, since confidentiality of test results could not, in most circumstances, be maintained in the prison environment.

I believe this document should state clearly and precisely the following:

1. HTLV-III/LAV infection is not transmitted by:
 - a. casual contact
 - b. food or water
 - c. airborne routes

2. HTLV-III/LAV infection could be transmitted in correctional care institutions by:

- a. IV drug abuse
- b. male homosexual activity

3. Routine serologic screening of inmates or CCW's is not recommended because:

- a. such screening would not be expected to result in effective disease control policy in most instances.
- b. Such screening could have an adverse effect on the safety of those screened positive.

4. Control of HTLV-III/LAV transmission in correctional care institutions is best provided by:

- a. Increase in security control to reduce illegal IV drug abuse and homosexual activity.
- b. Appropriate education of CCW's and inmates regarding how HTLV-III/LAV infection is and is not transmitted
- c. Adherence to already published CDC recommendations regarding control of infection in health care environments within and tangential to correctional facilities.

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cc: Dr. Murphy
~~Dr. Curran~~

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