Public Health Department Tracking of High-Risk Drug Users

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Synopsis

The Multnomah County (OR) Health Department received a National Institute on Drug Abuse grant to develop effective interventions and education to reduce the spread among injecting drug users of the human immunodeficiency virus that causes AIDS.

One year into the project, new approaches were developed to locate the drug users for followup interviews. County data bases were accessed and arrangements were made to conduct interviews in jails and prisons. Similar techniques were employed to locate tuberculosis patients with positive results.

In 1988, Multnomah County Health Department was one of several entities awarded a National AIDS Demonstration Research (NADR) grant by the National Institute on Drug Abuse (NIDA). The goal of the NADR project was to develop effective education and intervention programs for reducing the spread among injecting drug users of the human immunodeficiency virus (HIV) that causes AIDS.

Each recipient of a NADR grant used standardized questionnaires at the beginning and at the end of their site-specific education and intervention projects. The followup questionnaire measured behavioral change as a key to the effectiveness of the interventions. It included extensive questions about sexual activity and drug use. Between April 1989 and December 1991, a total of 2,275 Multnomah County clients were interviewed.

As participants in the project, the clients were offered a number of services at no charge—education, behavior intervention, bleach and condoms, outpatient drug treatment coupons, health care for them and their family members, heptovax vaccinations, physical examinations needed to enter drug treatment, and HIV testing. Clients were paid $15 for each interview.

Self-reported locator information was obtained at the initial interview. Using this locator information exclusively, staff members were able to locate 40 percent of the participants for the followup interview. After 1 year, staff members felt that alternative methods should be developed to increase this followup rate.

NIDA recommended hiring a followup coordinator. An accredited record technician was hired. Because of the volume of information, a personal computer with Paradox 4.0 software (*A*) was purchased. Client locator information was entered and negotiations were initiated to access county data bases for health, vital statistics, corrections, and alcohol and drug use-mental health information. Arrangements were also made to perform followup interviews in jails and prisons.

Legal and Ethical Issues

Before county data bases could be accessed, legal and ethical issues had to be addressed. According to the county counsel, public agencies within a county can share client information under Oregon law. Beyond that, the county alcohol and drug agency was a co-grantee. Access to the data bases was restricted to the followup coordinator, who had a security clearance. She could not input data into alcohol and drug, mental health, or corrections data bases. The project had received a Certif-

icate of Confidentiality from the Department of Health and Human Services and approval from the Institutional Review Board.

Another issue was protecting the privacy of incarcerated clients when they were interviewed in followup. All interviewers received security clearances. When telephone interviews were necessary because the facility was outside a 50-mile radius of Portland, the followup coordinator told members of the facility's health staff that the inmate was a participant in a health study, and arrangements were made to conduct the interview at a convenient time in a confidential setting.

The third concern was the confidentiality of interviews with clients who were in drug treatment. We reached an agreement with managers of county-funded drug treatment centers who had data on the county computer. If the client was currently in treatment, the followup coordinator would send a reminder letter to the center to give to the client. The clients would then contact us if they chose to be interviewed. If they were no longer in treatment, the center would forward us their last known address. We did not have access to privately funded treatment centers' information. All identifying paper information was kept in a locked file and shredded after its stated use had been completed.

Date Bases Accessed

The county health data base includes diagnostic and procedural codes as well as demographics. The Multnomah County Health Department has 22 clinics; 11 are primary care clinics (4 of which are in drug treatment centers), 1 international health clinic, 1 TB clinic, 1 HIV clinic, 1 sexually transmitted disease clinic, and 7 school-based health centers. Also, field nursing teams are located throughout the county. Approximately 60 percent of participants in the NADR project had visited at least one of these clinics in the past 3 years. Addresses and phone numbers were updated at each client visit. Once a week the followup coordinator queried the mainframe computer for current addresses and entered reminders on the priority message system, which was designed to relay important messages to the client at the time of clinic check-in.

The names of missing clients were checked monthly in the county department of vital statistics death registry. Death certificates for any person dying from drug-related causes were automatically forwarded to us. Information from the death certificates was entered into the data base, and followup efforts were discontinued.

Our county mental health and alcohol and drug treatment data base includes admission or discharge dates, or both, to any government-funded mental health facility or alcohol and drug treatment center. In all, 64 percent of our clients had been in this system at some time in the past. The data base included a 10-year history of outpatient treatment. Because the system depended on busy staff members from another agency, the results were not as successful as directly accessing the corrections data base.

Twice a week the corrections data base was queried to locate clients past due for followup. The most valuable data fields included aliases, current address, phone number, date of birth, date and location of last booking, and release status (including transfers to other institutions). Fifty-one percent of our NADR clients were located in this system.

Interviews Conducted in Jail

If clients were found in one of the local jails, the interviewer visited the inmates immediately and conducted a confidential interview on site. These visits were made several times a week. Followup for inmates incarcerated in a State prison was arranged so that normally one interviewer completed four or five interviews in 1 day, and these visits occurred every 3 to 4 weeks. Payments were made to the inmate's trust account or if he or she preferred, to a family member on the outside. More than 19 percent of our followups were performed while clients were incarcerated. This was definitely our most successful approach.

Tuberculosis Application

As we progressed in our data collection, we noted a significant trend. More than 20 percent of our NADR clients were also clients of the tuberculosis clinic. When this information was shared with the manager of the TB clinic, he expressed interest in using the same tracking methods to locate noncompliant people with active TB. We now routinely query the corrections data base for these people. When a client is located, the TB manager is notified.

We also assist members of the tuberculosis field staff. TB information was downloaded from the mainframe computer to our personal computer. Paradox 4.0 was used to sort by address. This

turned up many clients who resided in several low-income subsidized hotels. When TB field staff members visit these hotels, they now have the names of noncompliant people with active TB, results of recent TB tests, and their INH isoniazid therapy status.

Targeting Resources

We purchased MapInfo software (*B*) to assist in targeting outreach to the drug using population. The fire department's first response teams provided us with addresses of people who had emergencies related to illicit drug use. The County Department of Vital Statistics gave us addresses of mothers with drug affected infants. The communicable disease section of the county health department provided us with demographics on injecting drug users with hepatitis, and our health clinic data had addresses by drug abuse codes. This information, combined with our NADR data bank, provided us with a composite picture of areas in the county where we should expend our efforts in the prevention of HIV disease related to injecting drug use. A computerized map divided the county into quarter mile sections. When the predetermined occurrences were entered, the resulting distribution defined areas of need into workable focused boundaries. This mapping approach is also being used to study factors related to tuberculosis control and prevention.

Conclusions

Our experience in developing ways and means to track injecting drug users at risk of HIV led us to the following conclusions:

1. Direct access to a corrections data base and the ability to conduct interviews in the facilities assist in locating injecting drug users.
2. 200 of our NIDA clients were also clients at our tuberculosis clinic. Techniques developed during the NADR project were successfully applied to tuberculosis followup.
3. Although we are unable to say conclusively the improvement in our cumulative followup rate (from 40 percent to 76 percent) was attributable to data base accessing and corrections visits, we can say that more than 19 percent of our followups were performed while clients were incarcerated.

Equipment

A. Paradox Relational Database Software, Borland International, 1800 Green Hills Rd., Scotts Valley, CA 95067-0001.
B. MapInfo Software, 200 Broadway, Troy, NY 12180.

Self-reported Illness Among Travelers to the Russian Far East

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Synopsis

This study evaluated the risk of travelers to the Russian Far East developing acute gastrointestinal or respiratory symptoms. Passengers and crew on 10 commercial airline flights from the Russian Far East to the United States were asked to complete a health questionnaire that asked age, sex, country of residence, length of stay, foods and beverages consumed, and about gastrointestinal or "flu" symptoms. Questionnaires were returned by 353 of 662 persons (53.3 percent).

The most frequently reported symptoms were diarrhea (N=18; 5.1 percent) and "flu" symptoms (N=15; 4.2 percent). Among those people who reported symptoms, most were sick for 3 days or less, although 10 (27.0 percent) were still sick at the time that they entered the United States. Age and sex were not associated with symptoms. Persons who drank untreated tap water were more likely to have gastrointestinal symptoms (relative risk = 2.7; 95 percent confidence interval = 1.2, 5.9) while those who drank bottled or canned fruit juice were protected (relative risk = 0.4; 95 percent confidence interval = 0.2, 0.8).

The incidence of "flu" symptoms was similar to the rate for the general population of the United