

1115 North Imperial Avenue  
El Centro, CA 92243  
(760) 336-4644

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To: Timothy Shack, M.D.  
Medical Director  
Division of Immigration Health Services

From: CDR Carlos Duchesne, M.D.  
Clinical Director  
El Centro Medical Referral Center

Re: Detainee Victor Alfonso Arellano

This is a case summary of the death of detainee Victor Alfonso Arellano # 077991267.

## Division of Immigration Health Services

*El Centro ICE Medical Facility*

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### Off the record observations and recommendations.

1. The clinical staff at all levels fails to recognize early signs and symptoms of meningitis. In an advanced AIDS patient with CD4 counts of less than 100 and without proper prophylaxis treatment a severe headache associated with nausea and vomiting must raise the suspicion of a CNS toxoplasmosis or a Cryptococcal meningoencephalitis. Pt was evaluated multiple times and an effort to rule out those infections was not even mentioned.
2. It was brought to my attention by the San Pedro HSA and some staff members that the Clinical Director mandated all providers to hold lab work to all new detainees. They are only allowed to order labs if the detainee is in the institution for more than 30 days. I am sure that there must be a reason why this was mandated but that practice is particularly dangerous with many chronic care cases and specially HIV/AIDS patients. Labs for AIDS patients (CD4 count and HIV RNA by PCR) must be performed ASAP to know their immune status and were you are standing in reference to disease control and meds. In this particular case it took them 22 days to perform the lab work.
3. Failure to address alternative prophylaxis medications to avoid opportunistic infections. There was no real evidence of allergic reaction to bactrim, azythromycin or dapsone as the patient claimed. Allergy testing and possible desensitization was very important in a case like this. Medications like fluconazole and itraconazole could have prevented infection with Cryptococcus. Use of atovaquon or pentamidine is useful for PCP prevention. There was no documentation (provided) that prophylaxis was necessary.
4. Inappropriate use of Cipro with incorrect dosing. Cipro was ordered by the physician for the treatment of URI. The dose was ordered as 500 mg po stat then 250 mg daily for the next 4 days. Resistance to Cipro by many organisms is well documented. In an immuno-suppressed AIDS patient this antibiotic for treatment of URI is completely useless.