

SARS-COV2 VACCINATION ROLL-OUT IN EUROPEAN PRISONS

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Rationale for COVID-19 vaccination in prison



Why people living and working in detention facilities should be included in national COVID-19 vaccination plans
ADVOCACY BRIEF

World Health Organization
Regional Office for Europe

Key messages
The evidence shows that the rate of transmission of SARS-CoV-2 is much higher in prisons and other closed settings and that people living in such settings have proportionately a higher burden of comorbidity compared to the outside community, thereby increasing their chances of suffering severe outcomes. Therefore:

- 1 People living in prison should be included in national COVID-19 vaccination plans on the basis of their increased vulnerability, the principle of equivalence, and the duty of governments to protect those deprived of their liberty, leading to one health.
- 2 People living in prison should have a guaranteed right to be informed about how to protect themselves from COVID-19 by vaccination and other public health measures.
- 3 If health-care workers (anyone included) is not possible, vulnerable groups in detention settings should be prioritised.

Prison health-care staff in direct contact with COVID-19 cases are at high risk of becoming infected as their health-care colleagues in the community, indeed, given that limited resources in prison may hinder such identification of asymptomatic individuals and initiation of preventive measures, health-care staff in detention settings are even at higher risk. The mobility of prison staff between prisons and surrounding communities, coupled with the constant flow of people in prison between prison and detention centres and between prison facilities, increases the risk of SARS-CoV-2 entering prisons and spreading from there to the outside community. As such:

- 4 The prison workforce (health-care workers and prison staff) should be prioritised for vaccination as health-care workers and at personnel at higher risk.



Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

journal homepage: www.elsevier.com/lanep

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Commentary

Prisons need to be included in global and national vaccinations effort against COVID-19

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the**bmj**opinion Latest Authors

Equitable and tailored access to covid-19 vaccine for people in prison

March 17, 2021

For many reasons—including limited hygiene resources, overcrowding and inability to keep social distancing, poor ventilation, and lack of access to quality healthcare services—the

Vaccination strategies in prison settings



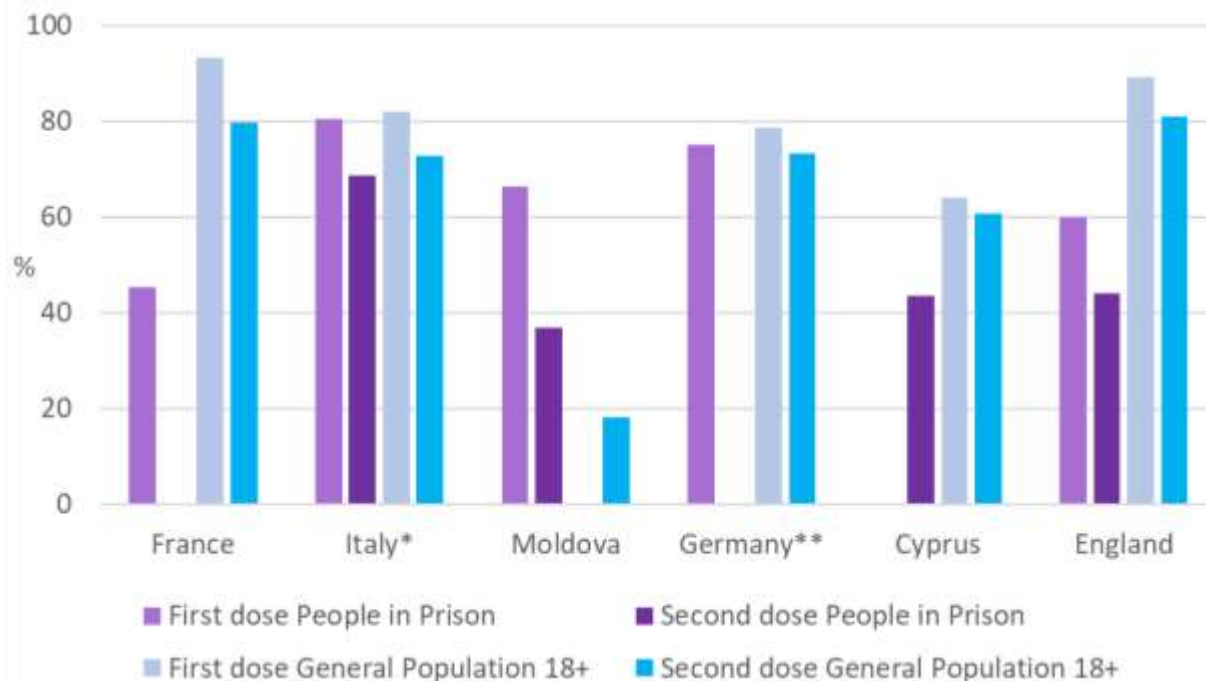
*“Current published literature indicate that **prison inmates are under-immunized**, particularly against HBV, influenza, MMR, and pneumococci. Strengthen immunization programs specifically for this population at risk and **improvement of data record systems** may contribute to better health care in prisoners.”*

COVID-19 vaccination in prison (Sept 2021)



All RISE-Vac countries started COVID-19 vaccination programmes in prison between March-May 2021:

- Healthcare staff working in prison
- Custodial staff
- People living in prison



*Prison data from Milan only

**Prison data from selected lander

<https://coronavirus.data.gov.uk/details/vaccinations>

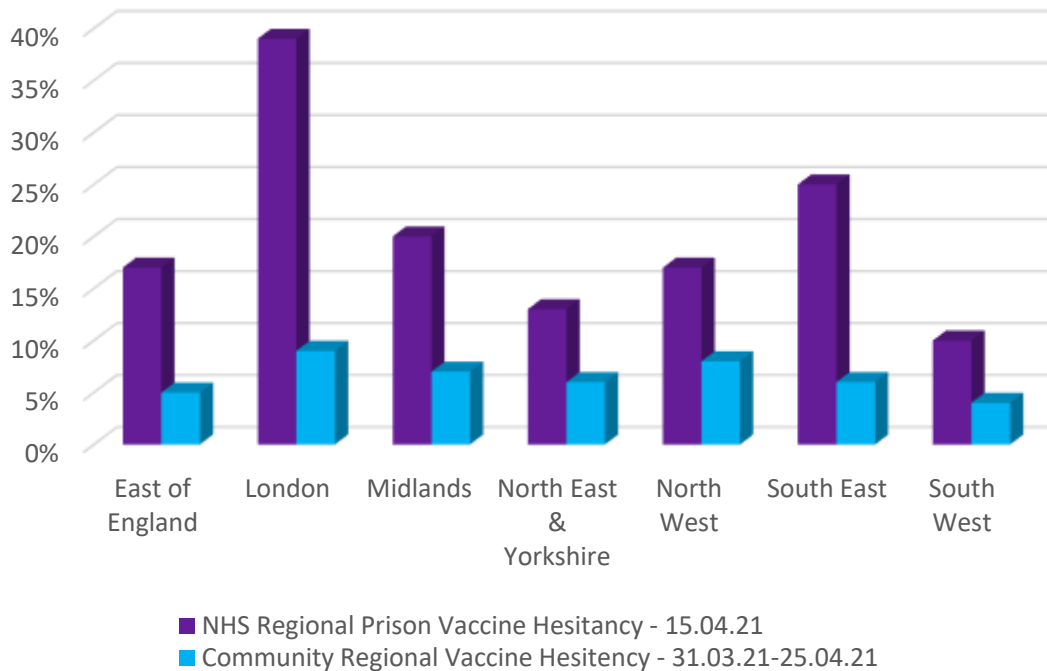
<https://vaccinetracker.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab>

<https://covid19.who.int/region/euro/country/md>

Vaccine hesitancy



Community and Prison Vaccine Hesitancy by Region, England



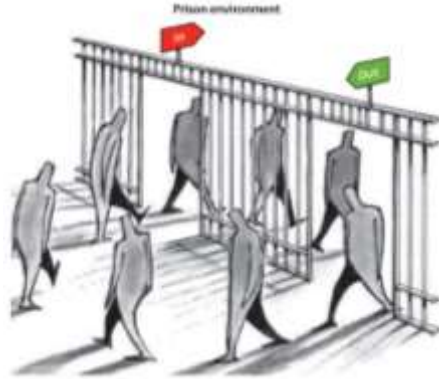
“A big challenge is reluctance, failure to effectively promote the vaccination, insufficiently motivated medical personnel and the need for more informational materials adapted for the prison context (Moldova)”

Organisational issues

- Purchase of necessary equipment
- Training of staff (HCWs and custodial staff)
- Designation of suitable areas for vaccination services
- Access to Immunization Information System



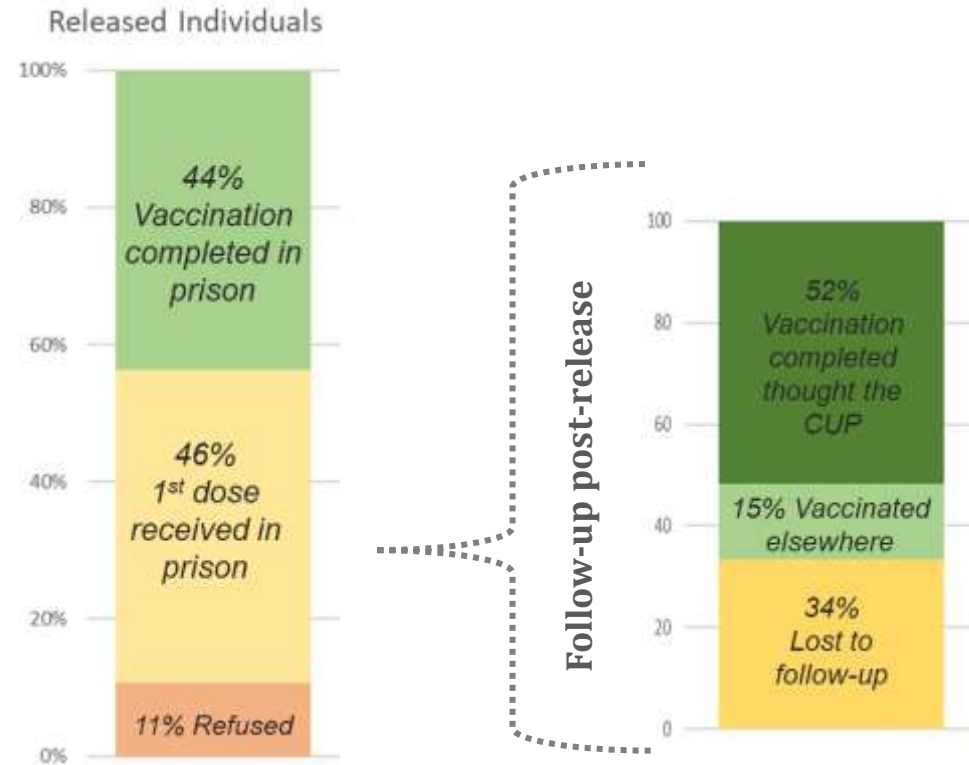
Turn-over and vaccination schedule



International and inter-prison transfer resulted in challenges to complete the vaccination schedule using the **same vaccine product** (Moldova)

Milan prison post-release vaccination programme (CUP)

March-September 2021, n=373

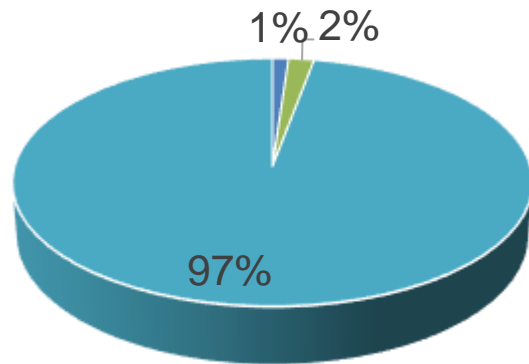


Reaching the hard to reach



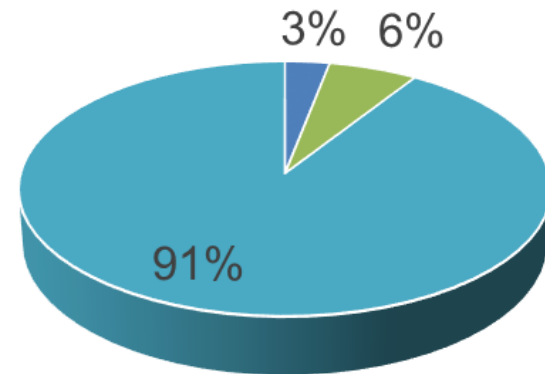
Vaccination status at prison admission, Milan prison, n=892

March-September 2021



- Previous incarceration
- Community services
- Not vaccinated

August-September 2021



Future perspectives and opportunities



1. Expand COVID-19 vaccination coverage among people living in prison to tackle inequalities in access, while ensuring **appropriate monitoring of impact**

2. From emergency response into routine practice

Translate COVID-19 vaccination programme into **routine vaccination services**

Continuous implementation of **vaccine literacy interventions among prison population and prison staff**

3. Increase community vaccination coverage (community dividend) not only for COVID-19 but for the whole life-course vaccination approach

RISE-Vac Consortium



CYPRUS NATIONAL
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Sistema Socio Sanitario



ASST Santi Paolo e Carlo





Vaccinating adolescents in juvenile prisons



Main challenges include:

- (i) lack of attention paid to adolescents in detention
- (ii) low perception of health risk and correct assessment of individual risk/benefit balance
- (iii) obtaining consent for vaccination

Country	Consent for adolescents < 16 express by	Consent for adolescents ≥ 16 express by	COVID-19 campaign status
Italy	Director of the penitentiary	Adolescents themselves	Started and ongoing
France	Both parents. In adolescents with very high-risk conditions, consent by one of the two parents is sufficient.	Both parents. In adolescents with very high-risk conditions, consent by one of the two parents is sufficient.	Started but waiting for parental authorisation.
Germany	Legal guardian (at the municipal unit of social affairs)	Adolescents themselves	Started and ongoing
England	Legal guardian or adolescents themselves if deemed 'Gillick competent'	Adolescents themselves	Ongoing for clinically vulnerable for >16 years and for all >18 years
Cyprus	Adolescents <16 not present	Adolescents themselves	Started and ongoing
Moldova	Persons under 18 are not subject to the vaccination process	Persons under 18 are not subject to the vaccination process	Started and ongoing for all those > 18 years