

Management of outbreaks and incidents in prisons and places of detention (PPDs)

National webinar

Health and Justice Team, UKHSA

Multi-agency outbreak guidance

- To support health and justice (H&J) partners to work together in the management of health protection incidents and outbreaks in prison and places of detention (PPD)
- Guidance published by UKHSA but developed in collaboration with both healthcare and ministry of justice partners
- Provides overarching information on outbreak management, not specific disease guidance
- Designed to be applicable to different secure and detained settings and cover both staff and residents
- Describes specific considerations of different groups e.g. children

Definition of an outbreak

An outbreak is defined as:

- an incident in which 2 or more people affected by the same infectious disease are linked by time, place, or common exposure
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

Guidance can also be applied to support management of microbial contamination of food/water, single cases of a rare disease or clusters.

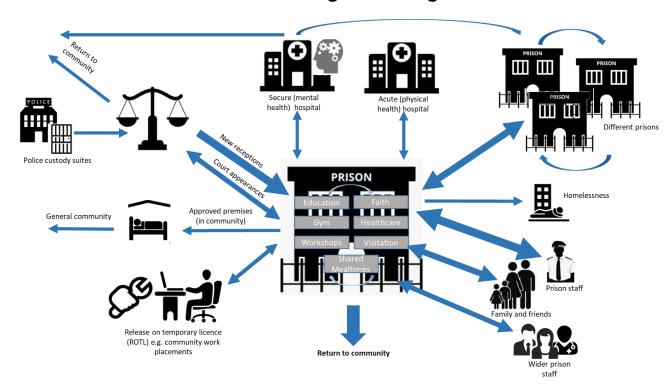
Why do we see outbreaks in PPDs?

PPD residents tend to experience higher burdens of disease

- Poorer access to healthcare in the community
- Engagement in high-risk behaviours e.g. injecting drug use
- Social risk factors e.g. history of homelessness
- Lower uptake of preventative measures such as vaccination

PPD settings exacerbate risk of transmission

Communal, crowded settings with high levels of movement



Health protection in England

UKHSA national teams

UKHSA national teams provide national specialist advice and guidance on different health protection issues and populations, including health and justice.





Regional HPTs lead the UK Health Security Agency (UKHSA)'s response to all healthrelated incidents in their region. They provide specialist support to prevent and reduce the impact of:

- infectious diseases
- chemical and radiation hazards
- major emergencies

15 regional UKHSA Health Protection Teams (HPTs)





Key points described in the guidance

Sections in the guidance

- Roles and responsibilities of partner agencies
- Specific considerations for certain groups e.g. children
- Prevention and infection prevention and control (IPC)
- Outbreak definitions
- Required actions for different partner agencies
- Establishment, membership and role of the incident management team
- Population management
- Communication, reporting and data sharing
- 8 Annexes e.g. outbreak management plan agreement, notification algorithm,

Notification

- How to notify the health protection system and the importance of doing this quickly
- Describing who has a role in notification
- Notifications may include:
 - A case of a notifiable disease e.g. measles
 - A suspected or confirmed outbreak
 - · Seemingly high/increasing cases of people with similar symptoms/infection
 - More than one infection circulating within the same group of people e.g. Covid-19 and flu

The incident management team (IMT)

 The guidance describes the multi-agency forum which is established to make decisions and support management of an outbreak including:

- Members of the IMT
- Roles and responsibilities of the different members
- Governance processes for making and recording decisions

Population management

- Describes the communication processes and channels to convey IMT recommendations on population management and support implementation
- Acknowledges operational pressures can make implementation of these recommendations difficult
- Describes specific considerations for certain groups such as children

Role of the incident management team (IMT)



Establish whether an outbreak or incident really exists, agree case definition and monitor epidemiological data



Public health risk Assessment – including residents, staff and visitors



Decide on public health actions required and seek resources and operational support to implement



Agree on declaring outbreak closure



Act on lessons learnt, outbreak reports

Describes the process of public health risk assessment

- Considers epidemiological data e.g. number and timing of cases
- Considers the vulnerability of the setting and people living and working within it e.g. age, pregnancy
- Considers potential exposure and transmission opportunities
- Assesses severity/potential severity e.g. is anyone hospitalised, is there a high risk of death

Public health advice

- Must be mindful and try to balance harms, operational impacts and risks
- Recommendations for implementation could include:

Isolation Cohorting

Reducing opportunities for mixing Testing

Provision of antivirals Vaccination

Gathering info on vaccination status Stopping visits

Restricting transfers in/out Enhanced cleaning

Personal protective equipment Contact tracing

 PPDs should be aware of these potential for these recommendations and have plans in place that allow them to support e.g. contact tracing people who may have since left the PPD

Specific considerations for the CYPSE



CYPSE settings vary greatly in size, population density, staffing ratios and building design so have differing risks of large outbreaks and associated harms



Each of the settings in the CYPSF has different governance arrangements for population management



Previously healthy CYP are at much lower risk of harm from many infectious diseases than older adults with underlying conditions in prisons



CYP may be particularly vulnerable to harms associated with isolation (e.g self-harm and violence), so IMTs will ensure that health protection measures are proportionate to the settingspecific risk, including individualised risk assessment if required

Agreed and documented plan – supported by other guidance



Multi-agency plan for the management of incidents and outbreaks of communicable disease in secure settings in England: Third Edition, 2024

Outbreak Management Plan Agreement

Document to be signed by partners responsible for the management of outbreaks and health protection incidents in secure settings.

Adapted for secure setting: [insert name of secure setting here]

Agreed and signed off by:

- Governor/Executive Governor/Registered Manager/Centre manager/Director/Responsible Individual:
- UKHSA HPT Deputy Director:
- NHS England Health and Justice Commissioner.

Accessed on:



Mpox (monkeypox): prisons and places of detention

Public health advice for prisons and other prescribed of detention.

From: UK Health Security Agency

Published 31 May 2022

Last updated 19 April 2023 - See all updates



Guidance

Managing flu, COVID-19 and other acute respiratory infections (ARI) in prisons and other prescribed places of detention (PPDs)

Updated 25 March 2024

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Guidance

Preventing and managing cases and outbreaks of acute respiratory infection (ARI) in the Children and Young People Secure Estate (CYPSE)

Updated 25 March 2024

National measles guidelines July 2024

Annexe 4. Management of measles in prisons and other places of detention (PPD)

Please note that the text with blue font in this document within brackets refer to the main guidance.

This guidance provides operational recommendations to assist staff, local UK Health Security Agency (UKHSA) health protection teams (HPTs) and other stakeholders if an incident or outbreak of measles is reported in a prison or other place of detention (PPD). Operational practice may vary due to setting specific considerations.

The following establishments in England are included within the definition of PPDs used in this guidance:

- prisons (both public and privately managed)
- Immigration Removal Centres (IRC)
- Young Offender Institutions (YOI)
- Secure Children's Homes (SCH)
- Secure Training Centres (STC)
- Secure Schools (SS)

MANAGEMENT OF COMMUNICABLE
DISEASE IN PRISON:
THE CASE OF COVID 19 IN THE
PRISON OF VILLENEUVE LES
MAGUELONE,
IN FRANCE

Dr BALLESTER Camille
SSMP Villeneuve Les Maguelone
CHU Montpellier



The Covid19 pandemic linked to SARS-CoV2

SARS-Cov2:

the pandemic began in China in 2019 and reached France in January 2020 On March 14, France reached phase 3 of the epidemic threshold

containment measures

were implemented on March 17 containment measures were lifted on May 11, 2020

People were confined to their homes, public places are closed (like the whole whord)





Covid 19 in prison in France

As of 03/10/2020 in France, 606,625 cases have been confirmed by RT-PCR and 32,198 deaths linked to SARS-CoV2 have been recorded.

Precise data are **not available** concerning cases of contamination in prisons, but as of June 2020, 376 PLP were or had been infected with SARS-Cov2. (1)

No data about deaths in prison related to Covid 19





Covid 19: a challenge for prisons

People living in prison and in other places of detention live in **closed and overcrowded conditions**, factors that facilitate the transmission of diseases.

The prison population is a **precarious** one, with **more co-morbidities** than in the general population



People living in prison:

a population more vulnerable to infectious diseases



Need to **adapt** to cope with this pandemic



National guidelines

from March 2020: guidelines issued by the **Ministry of Health** on:

Prisons: organisation of the health response by prison health units in collaboration with prison services.



Need to edit new protocols on case identification, hygiene, case detection and casecontact, isolation time.... were regularly published

https://oip.org/wp-content/uploads/2021/10/minsante-actualisation-doctrine-sanitaire-sept2021.pdf https://sante.gouv.fr/IMG/pdf/covid-19 mesures detention deconfinement.pdf

guide_methodologique_covid-19-2.pdf (sante.gouv.fr)

Santé, Protection sociale, Solidarité - N° 11 du 15 décembre 2020 (sante.gouv.fr)

20200229-covid19-fichesoignants29fev.pdf (infectiologie.com)

Réponses rapides dans le cadre du COVID-19 - Prise en charge des patients COVID-19, sans indication d'hospitalisation, isolés et surveillés à domicile (has-sante.fr)

For the medical department

creation of a **special wing** for patients infected by Covid 19 : 2 visits a day by a nurse, one of which is attended by a doctor

systematic quarantine of all new arrivals for 14 days : monitoring for the appearance of suspicious symptoms and screening as soon as a symptom

regular screening of **all** contact cases of an infected patient (in line with national recommendations published by the Ministry of Health)

internal communication via a prisoner newspaper, with information on the disease, barrier measures and changes introduced by the health unit



For the medical department

Introduction of barrier procedures

Limited travel for consultations within the medical department : to limit the risk of contagion

Provision of **masks** for people living in prison and penitenciary staff

hygiene when managing a patient infected with covid 19

Creation of **protocols for isolating** infected patients and/or contact cases



Protocols that are regularly amended in line with national recommendations from the Ministry of Health



For the medical department

example of our dressing protocol:

when caring for a patient infected with covid 19: chirurgical **mask**, protective **apron**

in the event of prolonged care: addition of **protective goggles**, **FFP2 mask**, **gloves**, **overshoes**, **cap**...



PROTOCOLE HABILLAGE/DESHABILLAGE
DANS CADRE PANDEMIE COVID-19

HABILLAGE POUR PRISE DES TEMPERATURES :

- Masque chirurgical
- Tablier plastique
- Gants non stériles

NB: les patients covid avérés seront vus en dernier

B- Soins avec contact prolongé (prélèvement nasopharyngé, prise de sang, pansement,...)

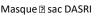
HABILLAGE AVANT CONTACT:

SHA Veste à usage unique + tablier

- plastique Masque FFP2 : vérifier étanchéité par test d'ajustement
- Lunettes de protection Charlotte
 Surchaussures SHA Gants non
- stériles
- _
- -

DESHABILLAGE APRES CONTACT:

- Avant de sortir de la cellule, retirer
 - o Gants non stériles
 - o Veste à usage unique +
 - o Charlotte o
 - Surchaussures
- Sortir dans le couloir, retirer o Lunettes 2 décontamination o

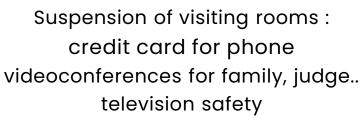




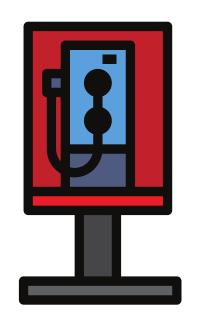
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For prison service

No movement within the prison : school closure sports activities stopped ...







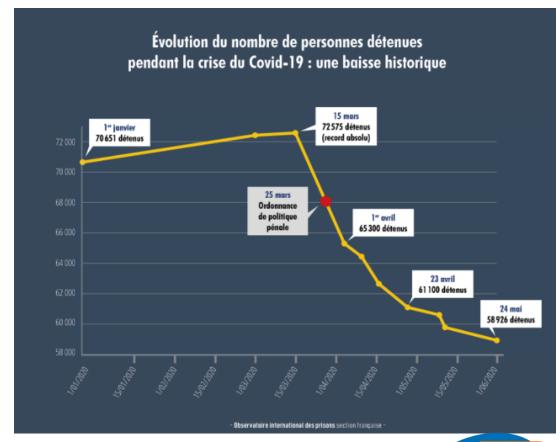


For prison service

need to reduce prison occupancy rates



Several releases during this period of confinement: between mid-March and the end of May 2020, the prison population fell by 13,600, from 72,575 (figure as at 15 March) to 58,926 (figure as at 24 May)



Vaccination against Covid 19 in prison

In line with the recommendations of the Ministry of Health
At the prison of Villeneuve Les Maguelone : a team with a generalist practionner,
a pharmacist and a nurse



First:

for patients at risk of severe covid 19:

over 75s

immunocompromised patients:
immunosuppressive therapy or cancer
obese patients
patients with heart or respiratory diseases
liver disease...

Start in february 2021 :
every sessions a week with about 10 patients, at
the medical department

Initially: the patient must be medically monitored 30 minutes after vaccination





Vaccination against Covid 19 in prison

Secondly

after vaccinating all high-risk individuals

Vaccine offered to all people living in prison

each week:

sessions with about 50 patients (with a team of a pharmacist, a nurse and a generalist practionner)

in a room loaned by the prison authorities



MONTPELLIE

All vaccines available to the general population :

- also available in prisons (equivalence of care)
 - · free of charge
- always in accordance with the Ministry of Health's vaccination recommendations

: regularly updated vaccination strategies

Management and conduct in the event of a health crisis

Ministry of Health: Directorate-General for

Health

National recommendations



Regional Health Agency

organisation of care at **regional** level



Prefecture

introduction of **prefectoral decrees** allowing the implementation of confinements, curfews, etc...



Management and conduct in the event of a health crisis

Report on forward thinking and points to watch in times of health crisisdrawn up by a cross-disciplinary working group at the request of the Directorate-General for Health published in June 2022

To anticipate these risks and prepare for them more effectively, the HCSP is proposing 5 **scenarios** for the 'Covid-19 crisis' 3-5 years ahead.

Scenario 1: Living with the virus

Scenario 2: The paediatric crisis

Scenario 3: 'The normality of the crisis

Scenario 4: Return to an epidemic situation similar to that of March 2020, but the population and infrastructures are exhausted by several years of tensions and restrictions'.

Scenario 5: 'Ultra-crisis'.



Management and conduct in the event of a health crisis

The High Council for Public Health put forward **28 recommendations** to prepare the French healthcare system and the general public to anticipate, limit or mitigate the impact of the risks identified in the various scenarios.



divided into 7 categories

Structure and organisation (R1 to R6)

Healthcare system (R7 to R9)

Population health (R10 and R11)

Education, research and development (R12 to R17)

Immunisation (R18 and R19)

Planning and modelling (R20 to R26)

Local initiatives (R27 and R28)







Haut Conseil de la santé publique

COMMUNIQUÉ DE PRESSE

Le HCSP propose des scénarios d'évolution à 3-5 ans et des recommandations d'anticipation de la « crise Covid-19 »

25 juillet 2022

La pandémie de Covid-19 pose la question de la stratégie à adopter, dans les mois et les années à venir, en cas de rebond de l'épidémie par émergence de nouveaux variants, du risque

d'échappement immunitaire ou vaccinal ou d'autres risques encore mal identifiés ou pris en compte dans une crise devenue syndémique et systémique. Afin d'anticiper ces éventuels sur-

risques et de préparer au mieux le système de santé français, le HCSP a été saisi par les pouvoirs publics pour permettre aux décideurs de se préparer aux différents événements qui pourraient survenir.

Le HCSP propose 5 scénarios prospectifs à 3-5 ans de la « crise du Covid-19 » et leurs impacts sur la qualité de vie et la santé des populations.

vaccination et traitements ont réduit le risque de formes sévères nécessitant une prise en charge hospitalière. Les symptômes sont banals, de type rhinite ... La gestion des risques repose sur la responsabilisation et les comportement individuels, malgré le risque persistant des personnes vulnérables, immunodéprimées et un impact de plus en plus important de la prise en charge des maladies chroniques sur le système de soin ...

Scénario 1: Vivre avec le virus: Scénario 2: La crise pediatrique: Un nouveau variant apparait, avec une transmissibilité faible en population générale, sensible à la vaccination mais avec une courte durée d'immunité. Cependant il provoque des formes graves chez les enfants de moins de 12 ans et sa transmissibilité dans cette population est importante du fait de la faible couverture vaccinale des enfants et d'un moindre respect des gestes barrières. Les formes sévères concernent les enfants qui ont des comorbidités et des pathologies chroniques mais également chez certains enfants en bonne santé: atteintes respiratoires sévères, formes neurologiques ...

Scénario 3 : La normalité de la crise : Après les grandes vagues épidémiques, le virus est endémique sur le territoire et susceptible de se réactiver occasionnellement (saisonnalité, souche mutante extraterritoriale). Comme pour la grippe, des campagnes de vaccination annuelles sont mises en place et protègent les populations les plus vulnérables. Vaccination et traitement précoce permettent d'éviter les formes graves et d'alléger les services hospitaliers.

Scénario 4 : Retour à une situation épidémique semblable à celle de mars 2020, mais la population et les infrastructures sont épuisées par plusieurs années de tensions et restrictions :

Le pays est confronté à plusieurs vagues successives de Covid-19 chaque année, avec des impacts et durées variables. Survient une forte vague, portée par un nouveau variant avec une transmissibilité moyenne, avec des mesures barrières mal respectées, une baisse de l'immunité vaccinale et de l'efficacité des traitements ; mais son impact est renforcé par la dégradation du système de soins (avec un pourcentage d'occupation des lits supérieur à 100% très rapidement après le début de la vaque)...



Scénario 5 : L'ultra-crise : Suite à plusieurs vagues successives la France fait face à un nouvelle vague épidémique liée à un variant ayant une transmissibilité forte et une sévérité majeure, touchant toutes les tranches d'âge de la population. Le vaccin et les traitements sont moins efficaces. L'impact de cette vague est amplifié par la déstructuration très importante du système de santé et un désengagement des personnels de santé. Le fonctionnement de l'hôpital et des établissements médico-sociaux est totalement bloqué par l'absentéisme touchant l'ensemble des personnels (administratifs, techniques, hôteliers, entretiens et soignants). Toutes les pathologies sont beaucoup moins bien prises en charge, Covid-19 comme non Covid-19, avec des choix difficiles à faire au sein des hôpitaux selon l'âge des patients, les comorbidités, et selon l'accessibilité aux plateaux techniques ...

Ces scénarios visent à proposer un ensemble de futurs possibles, cohérents, pertinents et vraisemblables qui par leur variété doivent permettre aux décideurs de se préparer aux différents événements susceptibles de survenir et d'anticiper des risques majeurs et réalistes. C'est pourquoi le HCSP associe à ces scénarios 28 recommandations d'ordre général pour préparer le système de soin français et la population de manière à anticiper, limiter ou mitiger l'impact des risques identifiés dans les différents scénarios. Ces recommandations portent sur les organisations, le système de soins, la santé des populations, l'éducation, la recherche et développement, la vaccination, la planification et modélisation, et les initiatives locales.

Fort d'une expérience de 150 saisines et 200 avis/rapports produits en un peu plus de deux ans de crise pandémique, le HCSP a créé un groupe de travail « Evaluation, Stratégie, Prospective » dès mars 2021 pour répondre aux enjeux à venir de la crise. Ce groupe multidisciplinaire est constitué d'experts de différentes compétences (anthropologie, gestion des risques, santé publique, sciences politiques, sciences du droit, prévention du risque infectieux, infectiologie, virologie ...) et a vocation à évoluer dans le futur en une instance d'anticipation des crises et de prospective de manière à alimenter les réflexions et les prises de décisions lors de prochaines crises et cela quelle qu'en soit leur nature : infectieuse, environnementale, nucléaire...

Contact : Didier LEPELLETIER didier.lepelletier@sante.gouv.fr ; tel : 07.64 61 35 99

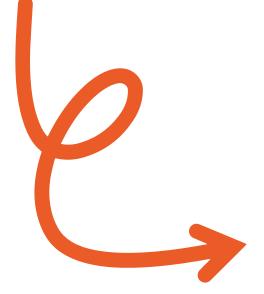
Haut Conseil de la santé publique

14 avenue Duquesne 75350 Paris

07 SP www.hcsp.fr

Le Haut Conseil de la santé publique est une instance d'expertise pour l'aide à la décision, qui a notamment pour mission de fournir aux pouvoirs publics, en liaison avec les agences sanitaires, l'expertise nécessaire à la gestion des risques sanitaires ainsi qu'à la conception et à l'évaluation des politiques et stratégies de prévention et de sécurité sanitaire.







Prisons and epidemics

There can be epidemics in prison



need to adapt and implement strategies

This Covid 19 pandemic and the work carried out with Rise Vac :

improved **vaccine strategies** for people living in prison and better vaccination of people living in prisons

patient isolation and hygiene protocols are already in place

THANK YOU FOR YOUR ATTENTION







Management of Outbreaks In Custodial Settings



New South Wales, Australia

Camilla Lobo
Program Manager Population Health

Overview



Our Setting

Our Population

Outbreak Management

Case Study



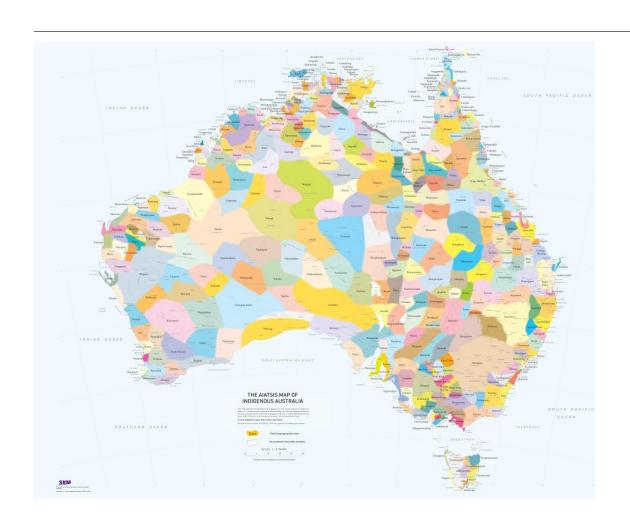


Our Setting

Public Health in Custodial Setting, New South Wales, Australia

Australian Public Health





Department of Health and Aged Care:

- National Office of Health Protection and Response
- National Incident Centre
- Communicable Diseases Network Australia
- The National Notifiable Diseases Surveillance System

New South Wales (NSW) Public Health



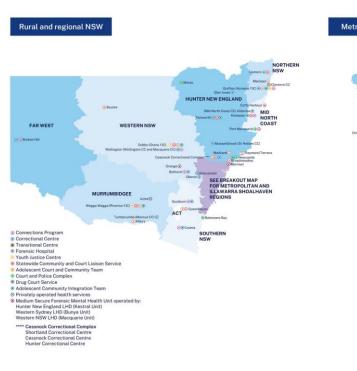


NSW Ministry of Health

- Health Protection, Clinical Excellence Commission
- Public Health Units
- Local Health Districts and Specialty Networks

Justice Health NSW Public Health







Population Health Unit

Public Health specific to the NSW custodial environment with services including:

- Health protection
- Disease prevention
- Surveillance
- Infection control
- Immunisation
- Communicable diseases outbreak management
- Environmental health.

Covering:

- 36 Correctional Centres
- 7 Police Cell Complexes
- 6 Youth Justice Centres
- 37 Local and Children's Courts





Our Population

Public Prisons in New South Wales, Australia

Custodial Adult Profile



Aboriginal

of people in custody

identify as Aboriginal

compared with 3% of people in the wider

NSW community.

identity*

Substance use#



70% of prison entrants reported smoking tobacco

of prison entrants used drugs in the 4 weeks before custody. Of these, 55% used methamphetamine during this period.

27%

of prison entrants consumed alcohol in the 4 weeks before entering custody. Of these, 36% reported consuming alcohol daily or almost daily during this period.

Gender split*

Top 5 health

Opioid dependence

conditions"

Depression

Hypertension

Mild Asthma

Anxiety Disorder



Age*

18-24

25 - 34

35 - 44

10%

32%

30%

Country of birth*

45 - 54

55 and over





47%

mental health problems

reported self-harm

Mental health#

of prison entrants have received treatment for

of prison entrants reported suicide attempts

16%

12%

^{13%} of prison entrants

^{**}Justice Health NSW JHeHS Reporting Portal - Health Conditions, Allergies and Adverse Drug Reactions 30 June 2024. #2022 People in Public Prisons Report

^{*}The data shown only represents Adults who were in Adult Correctional Centres managed by Justice Health NSW at 12pm 30/6/24. It does not include patients in Private Centres (Junee, Clarence or Parklea), police cells or transitional centres.

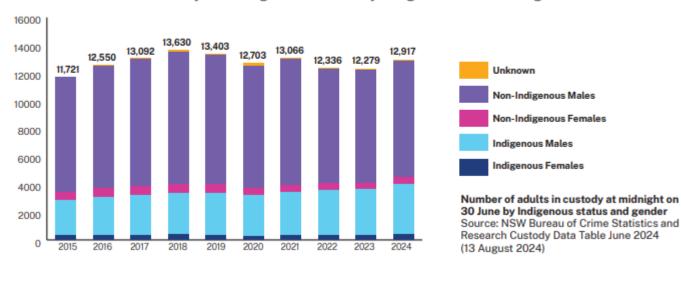
^{*}Justice Health NSW PAS Activity data from 30 June 2024.

Population: Increased Vulnerability to Disease



Adults in custody in NSW

Number of adults in custody at midnight on 30 June by Indigenous status and gender



Factors leading to greater concentrations of people with communicable disease, including:

Prevalence of co-morbidity

Aging population

First Nations People over-represented.

Social determinants- many unstably housed with substance use and mental health problems.



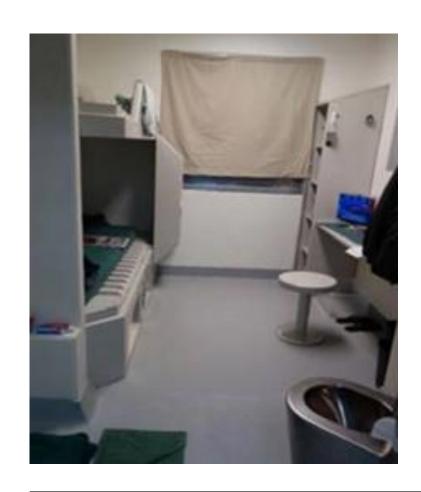


Outbreak Management

Public Prisons in New South Wales, Australia

NSW Prison Environment and Public Health





Close contact in overcrowded, poorly ventilated, buildings.

Movement of population between custodial & community setting & between centres across NSW.

Outbreaks have the potential to spread between communities & custodial setting.

Outbreaks have potential to overwhelm prison and community health-care services.

Prisons are a vector for community transmission that will disproportionately impact marginalised communities.

Balancing security and public health concerns.

Communicable Disease Management Challenges



Complex operational environment

Shared airspaces

Barriers to symptom reporting

Social distancing challenging

Built environment

Prevention education and options

Outbreak Management Procedures and Tools



Prevention and Preparedness

Identification of an Outbreak

Notification

Response:

Management of cases and contacts - including staff.

Redeploy at risk staff.

Enhanced transmission prevention- vaccination, PPE, infection control, movement restriction.

Surveillance screening & testing.

Plan for at risk population- targeted surveillance & enhanced transmission prevention.

Communication.

Consumables including laboratory considerations.

Recovery



GENERIC LINE LISTING- PA	TIENTS																		
acility Details			The CDNA N	ational Guidel	ines define a	n acute respi	ratory	outbre	ak as e	either.									
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acility name			'Please fill in d	stalls for staff in	the next tab														
Contact person & title																			
mail			'Return com	pleted line list	to Population	Health initia	lly and	d then o	nly wi	hen y	ou have	e a ne	w cas	e iden	tified,	hos	italis	ation(s) or deal	th(s) to CNC3 Infection Prevention & Commu
hone number																			
Total number of patients (in vings/pods/units)			Instructions	for Epi Curve	Chart/Table														
otal number of health staff			Do not enter d	ites or any othe	r data directly	into the epi cur	ve tab	le											
Oate Population Health team was notified, or residents up to date with COVID	d		The data in the	ine lists will au	tomatically pop	ulate into the e	pi curv	re table											
and Flu vaccination (for KWU and																			
for many wings/pods/units within the acility																			
fow many wings/pods/units affected																			
				394	carren olagin	nen Diagnosis					(type)	Yes;	N=No				ı		
	Single (type S), Multi (type M) or Open plan dorm (II) room occusancy	Bate of onset of symptoms (ddimm/yyy y)	Date isolation started (ddimm/yyy y)	Date positive test performed (ddlmm/yyy y) (for ARI collect RAT + Triplex PCR)	Result date received (dd/mm/yyy y)	Test type / result (e.g. PCR positive)				Runny nose	Headaches	Shortness of breath	Nausea/Vominting	Loss of appetite	Loss of smell or taste	Diarrhoea	foint/Muscle Aches	Date of illness resolution / de-isolated (dd/mm/yyy)	
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Case Study

Hepatitis C Outbreak

Hepatitis C Outbreak Prevention & Preparedness





Harm Reduction: Disinfectants, Opioid Agonist Therapy.

Education and health promotion: people in prison, health and custodial staff.

Hepatitis C screening on entry, testing via routine pathways and innovative point of care testing & high intensity testing campaigns (HITCs).

Treatment access statewide via Nurse Led Model.

HCV Outbreak Identification & Notification



Wellington Correctional Centre HITC

- 4 day event supported by strong partnerships with Corrective Services NSW, Non-Government Organisations and Universities.
- Harm reduction education provided.
- Around 95% of population tested for hepatitis C using Point of Care testing.
- Around 10 % required hepatitis C management- most were acute infections.



HCV Outbreak Response & Recovery



All cases managed- concurrent treatment commencement in custody.

Ongoing testing and treatment via routine pathways.

Repeat HITC planned for 2025.

Continue harm reduction education- destigmatising hepatitis C testing and treatment.

Leveraging off custodial constraints- opportunity reach marginalised populations.





Tuberculosis in prisons and places of detention

Dr Claire Ferraro Public Health Speciality Registrar, Health & Justice Team

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Tuberculosis in PPD – epidemiology

- Overall rates of TB incidence are increasing in England in recent years
- In 2023, 111 people with notified TB (2.2% of all TB notifications) reported current or recent imprisonment.

	Rates per 100,000	95% Confidence Interval
All England and Wales: All TB	8.2	8.0 - 8.4
Prison history at the time of notification	17.8	10.5 - 28.1
Prison history within last 5 years at time of notification	32.6	26.8 - 39.2

<u>Tuberculosis incidence and epidemiology, England, 2023 - GOV.UK</u>

Tuberculosis outbreaks/clusters in PPD

- Review TB outbreak reports, published by UKHSA and Public Health Wales to identify:
 - risk factors associated with TB transmission
 - key challenges and barriers, and enabling factors to managing outbreaks
 - common recommendations

Six reports collated:

	Year of report	Type of Report	Type of Prison
А	2017	TB outbreak report	Trainer & Resettlement (Cat C)
В	2018	TB outbreak report	Reception, Trainer & Resettlement (Cat B or lower)
С	2018	TB outbreak report	Trainer Youth Offender Institute (Cat C or lower)
D	2019	TB outbreak report & epidemiological analysis	Reception, Trainer & Resettlement (Cat B or lower)
E	2020	TB cluster report & epidemiological analysis	Trainer & Resettlement (Cat C)
F	2024	TB outbreak debrief report	Trainer & Resettlement (Cat C)

Example: TB outbreak

Index case:

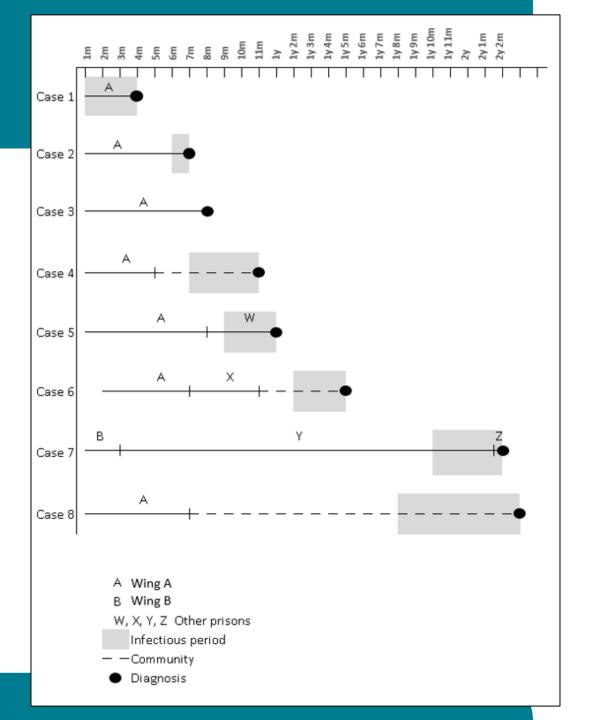
- Infectious pulmonary TB disease
- Diagnosed after 4 months of symptoms
- Incident Management Team Meeting

Outbreak:

- 7 active TB cases among prisoners
- Whole-genome sequencing very similar to index case (suggestive of transmission)
- No staff cases

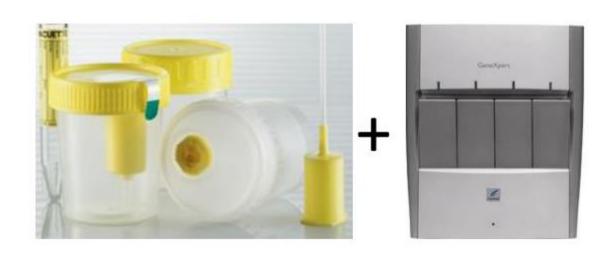
Contact tracing:

- Initial contact tracing (x3 individuals)
- Then whole-wing contact tracing (20/46 43% Latent TB)
- Plus 53 dispersed contacts (1 active TB, 11 Latent TB, 20 loss to follow-up)



Reception Screening on arrival in prisons

- Currently:
 - Verbal symptom screen and TB history asked on arrival in prison
 - Poor sensitivity and specificity
- New proposal (2 stages):
 - Symptom screen on arrival and check TB meds
 - Repeated within 2-7 days, plus TB history
- Other options:
 - TB Sputum Point of Care tests as per WHO recommendations
 - Latent TB testing
 - Chest radiography (in-reach)



Latent TB infection (LTBI) testing

Latent TB infection prevalence in the recent cross-sectional survey (2023/24) in 8 prisons and 2 Immigration Removal Centres (2739 participants): 2% to 14% in prisons and 17% to 19% in IRCs

- WHO¹ and NICE² (UK) recommends LTBI testing in prisoners
- Recent (2024, unpublished) cost-effective modelling in England suggests universal LTBI testing in prisons would <u>not</u> be cost-effective
- Targeted LTBI testing in prisoners in England who were born in high/medium countries of TB prevalence would be <u>cost-saving</u>
- 1) <u>9789241550239-eng.pdf</u>
- 2) https://www.nice.org.uk/guidance/NG33/chapter/Recommendations#latent-tb

Contact Tracing

- Currently:
 - Stone in the pond approach
 - Warn & inform information
 - Offer TB screen for close contacts (CXR/Sputum if symptomatic, IGRA if asymptomatic)

This often fails to accurately identify close contacts, takes long time, and high churn in system means many contacts are transferred/released before.

- Proposed:
 - Consider wider ripple of screening (whole wing or whole prison)
 - Prompt in-prison screening initiatives including mobile chest radiography and latent TB testing



Increasing diagnosis within the prison estate

- Prison regimes, staff shortages, lockdowns etc. often result in missed appointments
 - 43% and 48% in males and females respectively, in 2024¹
- Significant costs associated with transfer of prisoners to hospital
 - £3,454 (\$4,389) per day for prison officer escorts
- For prisoners, off-site health appointments are stigmatising²
- Reduces risk of transmission to staff

- 1) Healthcare provision in prisons: continuity of care
- 2) <u>Secondary care clinicians and staff have a key role in delivering equivalence of care for prisoners: A qualitative study of prisoners' experiences ScienceDirect</u>

Risk Communication

- Clear communication alleviates anxiety and builds credibility to manage the situation effectively
- Risk assess infectiousness of index case and offer infection prevention & control (IPC) advice re respiratory isolation and personal protection equipment (PPE)
- Confidentiality of unwell prisoner and staff must always be protected
- Multiple routes of communication required:
 - HPT Warn & Inform letters
 - Governor's messages
 - Verbal handovers should supplement written communication
- Information provided in pictures or video format may be more accessible to prisoners with low level of literacy

Tuberculosis in secure settings

- Clinical Reference Group task & finish group re TB in secure settings reviewing evidence and building expertconsensus recommendations:
 - Reception Screening
 - Latent TB infection testing
 - Increasing TB diagnosis within prison estate
- Updated national guidance is in development (due 2025)



Management of Tuberculosis in secure settings in England

Guidance for custodial and healthcare teams in secure settings, community TB services and UKHSA Health Protection Teams