



Public Health
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Infection Inside

Quarterly publication from PHE on public health in
prisons and other places of detention

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UK Collaborating Centre for WHO Health in Prisons Programme (HIPP) (Europe)

WHO/PHE Conference in Bishkek, Kyrgyzstan
(October 2015)



World Health
Organization

REGIONAL OFFICE FOR

Europe

PHE's Health and Justice Team in their role as the UK Collaborating Centre to the WHO Health in Prison Programme (UKCC WHO HIPP) co-produced an international conference with the WHO Europe Regional Office in Bishkek, Kyrgyzstan during the last week in October. Click [here](#) for PHE's report on the proceedings of the event.

The programme included a tour of a 'TB prison colony' and a women's prison near the capital facilitated by the State Penitentiary Service of the Kyrgyz Republic (GSIN) which highlighted serious problems of TB and HIV infection and drug dependence but also innovative programmes to treat and prevent infection (including needle-and-syringe exchange programmes) and address substance misuse through opiate substitute therapy.

The second day of the programme included an international conference co-chaired by Dr. Éamonn O'Moore from PHE and Dr. Akylbek Asanov of GSIN which was attended by representatives from 25 countries and focussed on reducing harm from substance misuse in prisons including TB, HIV and blood-borne viruses. The conference included international experts Dr. George Ryan from PHE, Prof. Frederick Altice from Yale University, USA; Prof. Heino Stover from Germany; Jan Malinowski of the Council of Europe, Dr. Jose Manuel Arroyo Cobo from Spain and Dr. Linda Montanari from the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA).

The third day of the programme was a Regional Consultation Event chaired by Dr. O'Moore based on the theme of sharing good practice between Member States. The meeting launched the new WHO web-based platform for the Health in Prisons Programme. The platform hosts examples of good practice across the world on prison health as well as publications, resources, and statistics as well as news updates and press releases and can be found at <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health>

PHE's UK Collaborating Centre also launched the new WHO European Prison Health Research Network (WEPHReN) which will provide a means of disseminating important research findings across the Region and a vehicle to drive development of effective collaborative networks within and between Member States including academic institutions, policy makers, healthcare practitioners, public health organisations and prisoners themselves. Please contact health&justice@phe.gov.uk if you are interested in getting involved.

Summary of a recent tuberculosis outbreak in a Midlands prison

This report provides a summary of a recent tuberculosis (TB) outbreak at a Prison in the Midlands with capacity for more than 650 male prisoners housed across 9 wings.

Between October 2014 and July 2015 six prisoners developed TB, and all were known to have close and prolonged contact on the same wing (X wing). In late August 2015 a further prisoner with TB meningitis was diagnosed on a different wing (Y wing), although transmission links to the infectious index case on X wing could not be established.

The index case, diagnosed in October 2014, was very infectious with sputum smear positive for cavitory lung disease. He was symptomatic and infectious for weeks before diagnosis and starting treatment. Thirteen close contacts were identified and screening yielded unremarkable results and extended contact tracing was not indicated.

The subsequent five epidemiologically linked cases (March to July 2015) were detected early in their disease, all with close and prolonged contact with the infectious index case on the X wing. The close association of these five cases with the infectious index case was not known or volunteered at the time of investigating the index case. These five cases were not deemed to have significant infectivity due to the nature of their disease; all were sputum smear negative and two could not be microbiologically confirmed.

Response taken

Early interventions in response to X wing cases included:

- Raising awareness through training of health care and prison staff on early symptom recognition and assessment. A rapid referral pathway to the TB service was also established.
- Extensive screening on the affected wing (X) was undertaken in May/June 2015. This included all prisoners and staff who may have had exposure to the infectious case, and consisted of blood tests for latent infection and questioning regarding symptoms to detect those with possible active disease. No active TB cases were detected and a total of 167 prisoners and staff were tested for latent infection – 37 were positive and provided with prophylactic treatment.
- 78 prisoners who were on X wing when the index case was infectious, but were subsequently transferred or released, were followed up for testing at TB services near their new location across the country. Of these 61 could be contacted, 51 presented for testing, and 19 were positive for latent infection and offered treatment. Efforts to follow the remaining prisoners were meticulous with more than three reminders and follow up telephone calls.

- In order to limit the possibility of undetected cases at the prison, the entire prisoner population were offered a mobile chest x-ray in June 2015, resulting in an uptake of 550 prisoners. Two cases were detected early in their disease (sputum smear negative), and both were already under investigation as part of the cluster of 6 linked cases in prisoners on X wing.

The seventh case was detected in late August 2015, and presented with meningitis and subsequently confirmed as TB meningitis. This case had normal chest x-ray and was not infectious to others, and epidemiological links to the index case (X wing) could not be confirmed. Only limited location overlap was confirmed with two of the other X wing cases (who were both considered to be of low infectiousness). In November 2015 all prisoners and staff (142) who were on Y wing during the same time as the seventh case were offered screening and 6 (4%) were positive for latent infection. Screening was concluded at that stage as there is no indication of ongoing transmission.

Of the seven cases in this outbreak, five could be microbiologically confirmed and were found to have indistinguishable strain types – confirming likely transmission from the index case during his extended symptomatic period before diagnosis. This strain type occurs across the country, and is strongly associated with multiple risk factors including prison history.

In summary, all cases are fully treated and no longer infectious. The extensive screening of all prisoners and staff contacts on the affected wings, together with the mobile x-ray of the majority of prisons at the prison, gives assurance of no ongoing transmission or undetected cases at the prison. Ongoing vigilance continues with a focus on early detection of and referral if those with likely symptoms.

Learning points

A number of learning points have been identified, and are being shared with partners. Some important aspects include:

- The importance of ongoing symptom awareness raising in staff and prisoners (including at reception) to ensure early case detection and investigation into the future.
- Because contact histories are often unreliable, ensuring extended early contact screening is an important consideration at an early stage.
- The wider follow up of potentially exposed transferred /released prisoners is labour intensive but was productive and has provided a measure of assurance.

For the future the importance of ‘turning off the tap’ of infectious cases remains a priority in prisons, and chest x-ray at reception has been shown to hold significant advantages. In addition, the NICE guidance on regular testing of at risk prisoners for latent TB infection would clearly play a significant role in reducing longer term disease occurrence.

New NICE guidance on tuberculosis: implications for the custodial setting

NICE

In January 2016, the National Institute for Health and Care Excellence (NICE) released guidance on the prevention, identification and management of latent and active tuberculosis (TB) in children, young people and adults: *NG33 Tuberculosis: prevention, diagnosis, management and service organisation*. This guidance updates and replaces previous NICE clinical guidelines on the diagnosis and treatment of the disease published in 2011 (CG117) as well as NICE public health guidelines on the identification and management of TB among hard-to-reach groups, published in 2012 (PH37).

General recommendations include:

- the establishment by health professionals of multidisciplinary TB teams to support education programmes and promote disease prevention, treatment and management in the general public and especially in at-risk groups
- raising the upper age-limit for latent TB testing from 35 years of age to 65 years of age. This recommendation is based on direct evidence of the benefits and reduced costs of treating latent TB as opposed to treatment of active disease.

Included in the new recommendations are minor amendments that are notable from the Health and Justice perspective. Firstly, previous NICE recommendations on the identification and management of active TB in high-risk establishments explicitly made reference only to prisons and immigration removal centres (IRC). Within this context, the current guidelines also explicitly refer to custody suites in addition to the former two establishments. Secondly, earlier guidance recommended directly observed therapy as part of enhanced TB case management in prisoners or in people who have *previously been in prison*. The current guidance specifies a timeframe of five years following release from prison within which directly observed therapy is recommended. Lastly, stemming from the recommendation to increase latent TB testing in individuals up to 65 years of age, prison health services should be prepared to offer interferon-gamma release assay testing to a potentially larger proportion of their prison population than previously done. Notably, these tests should be done concomitantly with blood borne virus testing as previously recommended.

An amendment to the terminology used to describe socially deprived populations most vulnerable to contracting TB infection has also been introduced in the new guidance. These populations are referred to as “under-served” rather than “hard-to-reach” as was previously done in PH37. Under-served individuals are specifically defined as people who are homeless, people who misuse substances, prisoners and vulnerable migrants. As a result of their social circumstances, language, culture or lifestyle, these individuals experience difficulty in recognising the clinical onset of TB, accessing diagnostic and treatment services, self-administering treatment and attending regular appointments for clinical follow-up. The Health & Justice team welcomes the adoption of this new terminology which is more representative of these at-risk populations.

The guidance document in its entirety along with a summary of amendments can be found on the NICE website at <http://www.nice.org.uk/guidance/ng33>



National Prison Radio campaign to improve flu vaccine uptake in prisons

The Health & Justice Team commissioned the Prison Radio Association to create and broadcast an impactful month-long campaign in January on National Prison Radio to encourage at risk groups to request and receive the flu vaccine. “The Flu Fighters” was an on-air campaign designed to encourage uptake of the flu vaccine by educating the audience about the incredible life of the flu virus.

Key aims of the on-air campaign:

- To increase uptake of the flu vaccine in prisons (amongst high-risk groups).
- To explain to prisoners that the flu vaccine is currently available to high-risk groups, and that if you’re in a high-risk group you can contact the healthcare department and request a flu jab.
- To raise awareness of the dangers flu can pose if you are in a high-risk group (for example if individuals with chronic liver disease contract flu, there is a 40% risk of death).
- To raise awareness of risk factors – anyone with an underlying chronic condition like cardiac disease, liver disease, auto-immune disease, pregnant women and prisoners aged 65 and above are considered high risk. These groups are disproportionately represented in prison, hence the focus. There are also concerns for those with asthma and those who smoke.

The campaign comprised:

1. 5 x 60-second adverts (broadcast on rotation 50 x per week, for one month, weighted for broadcast during peak listening hours). The adverts provided the following information:
 - Who is at risk;
 - The dangers posed by flu to those at risk;
 - Encouraging those who are at risk to receive the flu vaccine;
 - How to get the flu vaccine in prison.
2. 6 x 2-minute features explaining why the flu virus is surprisingly interesting. Each feature closed with a simple call to action encouraging at risk groups to request the flu vaccine. The features were broadcast in the top-of-hour sequence, every day, for one month. This particularly prominent spot in the schedule sits alongside Prison News, proven to be one of the most impactful slots in the schedule.

3. 1 x 10-minute report produced by the Naked Scientists. The Naked Scientists are a team of scientists, doctors and communicators whose passion is to help the general public to understand and engage with the worlds of science, technology and medicine. The Naked Scientists podcast is one of the world's most popular science shows, achieving over 40 million programme downloads in the last five years.
4. The campaign culminated with a 50-minute Check Up special, co-presented by Dr Chris Smith (of The Naked Scientists), Consultant Virologist, Cambridge University and Julia, one of our former presenters from HMP Styal. Check Up is the weekly health and wellbeing show and this special episode featured the 10-minute report from The Naked Scientists, an interview with a representative from Public Health England and information about accessing the flu vaccine in prison.

The Health and Justice Team used the most recent data collected from ImmForm on flu vaccine uptake to determine whether the radio campaign made an impact on vaccine uptake in prisons. Mean flu vaccine uptake in the periods before and during the broadcast did not vary significantly ($p=0.2$), and a trend analysis did not suggest an increase in flu vaccine uptake for the period during which the broadcast was aired. These results appear to suggest that the radio campaign had a negligible impact on flu vaccine uptake within the facilities. However, it is important to note that the campaign was aired mid-way into the 2015-2016 flu season and just before the Christmas Holiday period. A campaign aired earlier in the flu season and well before the Holiday period could garner a greater audience and potentially make a greater impact on vaccine uptake in at-risk groups.

News

Health and Justice Team move to new Division from January 1, 2016

The national Health & Justice Team became part of the Health Equity & Mental Health Division on 1 January 2016 with the dissolution of the Population Healthcare Division in the Health & Wellbeing Directorate at PHE. The Team website with updated contact information can be found at the following link:

<https://www.gov.uk/government/publications/public-health-in-prisons-and-other-secure-settings-contact-phe-specialist-leads/contact-details-for-national-and-local-public-health-england-health-and-justice-specialists>

PM Speech on prison reform

On Monday February 8, Rt Hon David Cameron MP, Prime Minister, made a landmark speech on prison reform which included a statement about new reform prisons and new ways of co-commissioning health services in these prisons which would see a much more direct role for the Governor especially in the areas of drugs & alcohol and mental health but including all aspects of healthcare in prisons. The speech also described prison reform as a great progressive cause in British politics and supported the idea of rehabilitation and supporting people in prison to 'turn themselves around'. There were further commitments to improve transparency and accountability including publishing

prison performance league tables based on metrics included in the HJIPs- there will be a specific role for PHE in supporting this work and PHE Health & Justice have been invited to join a Task Force established by MoJ with DH, NHS England and NOMS to work through the implications of the announcement including delivery of the vision of change in the reform prisons which will influence legislation which will be put before Parliament this year. <https://www.gov.uk/government/speeches/prison-reform-prime-ministers-speech>

Five Nations Health & Justice Collaboration Meeting

The next Five Nations Health & Justice Collaboration Meeting will be hosted by Northern Ireland. The meeting will be held in Belfast on March 11 at Hydebank Wood College. The college has a focus on education, learning and employment accommodates young people between the ages of 18 and 21. It also accommodates female remand and sentenced prisoners. The agenda will address a range of topics including: an overview of Northern Ireland Joint Healthcare & Criminal Justice Strategy; the development of a Peer Health Support Project with the Red Cross at Magilligan Prison; providing Maternity Services in a secure environment; a report from the Novel Psychoactive Drugs Sub-Group; Smoke Free Prisons; Brain Injury and Offending and a range of updates from colleagues in all five jurisdictions. More information about the Five Nations collaboration can be found at the following link: <https://www.gov.uk/government/publications/five-nations-health-and-justice-collaboration-terms-of-reference>

Workshop in support of BBV opt out testing roll out in London prisons

On Wednesday 20 January, Maggie Mbanefo (Health and Justice Lead for London) ran a BBV opt out testing workshop for prisons in London. It was designed to familiarise prison healthcare providers with key information and signpost them to existing resources as plans are made to implement opt out testing in all London prisons. The workshop was well attended and was supported by Emma Dapaah from Health Protection. It also provided the opportunity to share early learning from HMP Pentonville which started opt out testing in December. The prison, which sees about 550 new receptions each month, will routinely offer Dry Blood Spot Tests (DBST) for HIV, Hepatitis B and Hepatitis C to everyone coming into the prison whose status is unknown. In the six weeks since the launch of opt out testing, HMP Pentonville has recorded a 59% uptake rate - a huge gain compared to the last reported rate of about 27% prior to opt out implementation. For further information please contact Magdalene Mbanefo via this e-mail address: Magdalene.Mbanefo@phe.gov.uk

Health & Justice Research highlighted in winter edition of PHE News

Our research programme, national and international, has been highlighted in the latest edition of PHE News on pg. 15 at <http://phenet.phe.gov.uk/Our-Organisation/Documents/PHE%20News%20-%20winter%202015.pdf>

Publications

Blood-borne viruses: quarterly report on opt-out testing in prisons

This quarter's issue of the bulletin is now available via:

<https://www.gov.uk/government/collections/public-health-in-prisons#improving-testing-and-treatment-rates-for-bloodborne-viruses>

Safety in Custody statistics England and Wales: Deaths in Prison Custody to December 2015, Assaults and Self-harm to September 2015

This report was published by the MoJ and the Office for National Statistics on January 28, 2016. The report shows that in the 12 months to December 2015, there were 257 deaths in prison custody, an increase of 14 compared to the 12 months ending December 2014. These deaths comprise of:

- 89 apparent self-inflicted deaths, no change on the same period in 2014.
- 146 deaths due to natural causes, consistent with 145 on the same period in 2014.
- 8 apparent homicides, up from 3 on the same period in 2014. Homicides are relatively rare, accounting for 3% of all deaths in the most recent period, and 1% over the last ten years.
- 14 other deaths, 7 of which remain classified as 'awaiting further information'.

The full report can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495665/safety-in-custody-statistics-september-2015.pdf

Guidelines for condom distribution within adult prisons in Wales

The guidelines have been produced by Public Health Wales to guide healthcare professionals working in prisons and were developed in consultation with the National Offender Management Service (NOMS).

As the title suggests, they offer advice on how to make condoms safely available to adult prisoners in Wales. This is an important health protection strategy for any prison in order to prevent onward transmission of blood borne viruses and sexually transmitted infections. Safe and effective distribution of condoms within the prisons, and upon release, will offer health protection to the prison population, and their families. The guidelines seek to ensure condom availability across the prison as a routine component of prison health provision, contributing towards services equivalent to the community.

Whilst aimed at healthcare professionals, the guidelines have been copied to Governors/Directors of prisons in Wales for information. The guidelines are clear that condom distribution schemes must be planned and delivered in the context of local partnership working with prison operators – not least to ensure an informed approach to security within the prison.

The guidelines are not currently available online but any questions can be directed to Dr. Stephanie Perrett at Public Health Wales: stephanie.perrett@wales.nhs.uk

Research

December issue of the European Public Health Association

The EUPHA seasonal newsletter included an update on articles recently published in the European Journal of Public Health including *Routine testing for blood-borne viruses in prisons: a systematic review* by Caroline Rumble, David J Pevalin and Éamonn O'Moore. The article was published on-line in the journal in July and will now be highlighted to thousands of readers across Europe. The abstract is available at <http://eurpub.oxfordjournals.org/content/25/6/1078.abstract?etoc>

Events (upcoming)

Addressing tuberculosis in Health and Justice Settings Event

This event will be an important opportunity to share good practice and learning from TB work in London and other areas of the country. There will also be a workshop focusing on TB identification, management and continuity of care:

- to understand the epidemiology of TB in underserved populations particularly people with social risk factors (history of homelessness, imprisonment or alcohol and drug misuse)
- to share good practice good practice and learning from TB work in London and other areas of the country
- to be updated on new developments in TB workstream
- to improve capability to identify and manage TB in secure settings
- to meet, network and share learning and expertise across all areas

The event will take place on Thursday 24 March at Skills for Care, Lynton House, 4th Floor, 7-12 Tavistock Square, London WC1H 9LT. Registration and coffee will be from 09:30 to 09:55 and the event will run from 10:00 to 15:35. To see full details about the programme and to book your place, please visit the www.phe-events.org.uk/TB16

PHE London Prison Outbreak Workshop

The PHE London Prison Outbreak Exercise is designed to test the resilience of the prison estate and stakeholders in dealing with a large respiratory outbreak; highlight the threat and consequences of outbreaks within the prison establishment and the wider community, and to outline associated roles and responsibilities of stakeholders in managing outbreaks. The exercise is intended to provide a generic format in managing outbreaks. It has been developed in partnership with prison healthcare providers.

The workshop will take place on Tuesday 8 March 2016 at Coin Street Neighbourhood Centre, 108 Stamford Street, South Bank, London SE1 9NH. Registration and coffee will be from 09:00 to 09:40 and the workshop will run from 09:45 to 16:45. To see full details about the programme and to book your place, please visit www.phe-events.org.uk/lpo16

Applied Epidemiology Scientific Conference 2016: Application of scientific methods to improve and protect health

The purpose of this conference is to support high quality and innovative science through the sharing of good practice including the work of the National Institute for Health Research (NIHR) Health Protection Research Units. The conference will be a mix of plenary sessions, posters and parallel sessions.

The Conference will be held on Tuesday 22 and Wednesday 23 March in the Ramphal Building at the University of Warwick. A full programme and further details about the event can be found at <https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=208402&eventID=535&traceRedir=4&eventID=535>

Symposium considering the methodological and ethical dimensions of conducting health focused social science research through and beyond prison settings

May 18 and 19 - Social and Public Health Sciences Unit, University of Glasgow and HMP Barlinnie, Glasgow.

Abstracts should be sent to matthew.maycock@glasgow.ac.uk by 29 February 2016. More information can be found at <http://www.sphsu.mrc.ac.uk/events/prison-health-symposium/>

Training Days on New Psychoactive Substances (NPS) for those Working in Prisons

8 – 10 March, Oxford Place Centre, Oxford Place, Leeds, LS1 3AX

16 March, The Durham Centre, Belmont Industrial Estate, Durham DH1 1TN

17 March, Mercure Nottingham city centre, 2 George Street, Lace Market, Nottingham

Time: 9.30am to 13.30pm

These will be informative training sessions provided by leading UK experts in the field. For more information please contact Linda Mensah Linda.Mensah@phe.gov.uk

Thank you to all those who contributed to this issue: Dr Nic Coetzee (PHE), Dr Stephanie Perrett (Public Health Wales)

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