Public Health England

Infection Inside International

Quarterly publication from PHE on public health in prisons and other places of detention with a global focus

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World AIDS Day – Friday, 1 December

UNODC working to improve the diagnosis, treatment and care of people living with HIV in prisons

Over ten million people are held in prison globally at any time and the number passing through prison systems annually is significantly higher due to rapid 'churn'. The prevalence of HIV, Hepatitis B and Hepatitis C viruses, sexually transmitted infections (STIs) and tuberculosis (both active and latent disease) among people in prisons is estimated to be two to ten times higher than in the general population. Often co-infection is seen due to overlapping risk factors, both biological and psycho-social, with can be exacerbated by the prison environment itself. This poses a significant risk not only to the health and wellbeing of people incarcerated in prison and the people working there but also the wider community.

In recent decades, huge advances in the diagnosis and treatment of HIV have been made which have saved and transformed lives globally. However, access to HIV prevention, treatment and care programmes is often lacking in prisons, and in many cases, these programmes are not equivalent to those provided in the community. To address this, **UNODC** have commissioned Prof. Heino Stover (University of Frankfurt) to write a Technical Guide to improve the diagnosis and treatment of HIV among people in prisons with specific focus on continuity of care from the community to custody, throughout the patient journey within the prison estate, and on release back to the community. A group of international experts was invited by UNODC to Vienna in October to review the draft and suggest improvements, especially linking to wider international guidance and supporting global impact. The experts included representatives from international public health organisations like WHO, the European Centre for Disease Surveillance and Control (**ECDC**) and the USA's Centre for Disease Control (**CDC**); international experts in infectious diseases and HIV; public health experts, and very significantly a range of NGOs working with people in prisons across the globe, including **Penal Reform International** and the **International Committee of the Red Cross**.

During the two day event, experts reviewed in detail all aspects of the guidance, with particular focus on the patient care pathway – optimising opportunities for diagnosis, access to antiretroviral treatment and retention in care, in custody and in the community. There were excellent examples of both great work and the scale of the current challenge from NGOs working in Kyrgyzstan, Zambia, Vietnam and Kenya as

well as CDC's **PEPFAR** programme which supports work in a range of low and middle income countries globally. There were suggestions on how to ensure this guidance also supports wider work on co-infections like Hepatitis B and C, STIs and TB given the risks of all infections in populations in prisons. There was also a specific focus on the issue of the management of drug dependence especially the risk of overdose following release and the role of naloxone programmes in preventing drug-related deaths in the community among recently released prisoners.

There is clearly a commitment at international level to ensure HIV prevention and treatment programmes 'leave no one behind' and a recognition of the importance of prisons as a setting and prison populations as a key population for interventions as part of wider control programmes. While much progress has been made, the full potential of improved diagnostic and therapeutic interventions for HIV among people in prison has yet to be realised and this risks not only failing to improve their health but also failing to tackle a global health problem with risks to all.

HIV testing in the English prison population

HIV testing is pivotal to reducing HIV transmission as it reduces the number of people unaware of their infection and provides the opportunity for prompt HIV treatment. The latest **PHE HIV testing report** was recently published and assesses the implementation of the **NICE recommendations** for increasing the uptake of HIV testing in the English population. NICE recommends that HIV testing in prisons is offered at all receptions where the individual has not been previously diagnosed with HIV. The HIV testing report presents Health and Justice Indicators of Performance (HJIPs) preliminary data for 2016/17; data was collected for 214,606 new receptions and transfers in the 112 English prisons. In total, 37,474 HIV tests took place (17.5% of new receptions and transfers) and 942 HIV infections were reported (HIV test positivity 2.5%). This positivity is higher than those seen in sexual health services (0.2%), general practice in high (0.5%) and extremely high (0.4%) diagnosed HIV prevalence areas or secondary care (0.6%), supporting the need for effective implementation and monitoring of HIV testing in prisons.

International engagement

PHE re-designated as a WHO Collaborating Centre for Health in Prison for next four years

PHE's National Health and Justice team have been formally re-designated as a WHO Collaborating Centre for the Health in Prisons Programme at WHO Europe until August 2021. WHO Europe's Regional Director, Zsuanna Jakab formally thanked Duncan Selbie, CEO of PHE, for the organisation's valuable contribution and welcomed the opportunity for continued successful collaboration. Dr Éamonn O'Moore will continue as Director of the Centre, supported by Sunita Stürup-Toft and the rest of the national Health and Justice team at PHE. As the only WHO Collaborating Centre to the WHO Health in Prisons Programme, the PHE team are working internationally with colleagues from China, Brazil, Australia, Canada, as well as nations in the WHO European Region.

Dr Lars Møller from the WHO presented Dr Éamonn O'Moore with the WHO flag, in recognition for PHE's work as a WHO Collaborating Centre.

The renewed activity plan for the next 4 years includes strengthening the co-ordination of global health activities on prison health including those on infectious disease, healthcare systems and health improvement by developing and delivering an annual prison health Steering Group meeting; supporting leadership, capacity and expertise in prison health through an annual meeting of national focal points for prison and health; overseeing, coordinating and delivering high quality professional input, technical support and advice to the WHO HIPP and European partners on a range of health and social care issues on prison health, including support in developing a minimum public health dataset for prisons; and, developing the evidence base on prison health and reducing inequalities in research capacity and resource through the delivery of the Worldwide Prison Health Research and Engagement Network (**WEPHREN**).

Five Nations' Health and Justice Collaboration

The Five Nations' Collaboration allows a coherent and authoritative voice across the five nations making up the UK and the Republic of Ireland on health and wellbeing and health and social care of people in contact with the criminal justice system. The Five Nations' Health met in Copenhagen, Dublin, Cardiff and Glasgow over the last year.

In November's (2016) meeting in Copenhagen, the group met to discuss the theme of deaths in custody ahead of the WHO/PHE Health in Prisons Conference in Copenhagen of the same theme. Deaths in custody have been increasing over the five nations and this is a particular theme that the Collaboration would like to see further analysis and work on. The developing 5 Nations Research and Evidence Special

Interest Group will be taking some work forward on a 5 Nations perspective on deaths in custody.

In March's (2017) meeting in Dublin, the group considered approaches to reducing reoffending and supporting reintegration into the community after release. PHE's work with Revolving Doors on a document 'Rebalancing Act' was used as a platform for discussion http://www.revolving-doors.org.uk/blog/rebalancing-act as well as examples of joint working across prison, probation and community to reduce reoffending from the Republic of Ireland. Members will be presenting on a 5 Nations' approach to reducing reoffending at the International Corrections and Prisons Association conference in London, October 2017, more information at https://icpa.ca/london2017/

In July's (2017) meeting in Cardiff, the Five Nations shared current activity on developing data and intelligence systems on prison health. The meeting enabled participants to examine the challenges and need for robust data and intelligence to inform service commissioning and delivery, taking into consideration what intelligence nations currently collect, how its currently used it, as well as its source and strengths and weaknesses. The Five Nations Health and Justice Collaboration will be writing a paper on this theme, more information to follow.

At the time of going to press the Collaboration will be meeting in November (2017) in Glasgow to consider the drivers for improving healthcare in prisons. There will be discussion on the new community justice strategy in Scotland as well as the renewed partnership agreement between health and justice agencies in England.

Health Protection

Audit on the prevention, identification and management of TB in London prisons and immigration removal centres (IRCs)

PHE Centre London recently conducted an audit to establish whether TB standards as set out in national **NICE** and **PHE** guidance were being met by detention centres in London. The audit also provided an opportunity to gain a better understanding of some of the challenges of providing TB treatment and care in detention settings in that region. The audit followed on from a similar exercise carried out in 2014, with some adaptations to the tool. The results of the 2014 audit showed that the establishments varied in their delivery of TB services; last year's audit showed similar results with some improvements as well as ongoing challenges.

Methodology

Face-to-face-interviews were conducted with Heads of Healthcare in eight prisons and two IRCs. TB nursing teams were also consulted. There were four domains to the audit tool:

- **organisational factors**, which considered policies and guidance, care pathways, investigations and follow-up, training and education, and health promotion for prisoners/detainees
- **screening**, which asked about policies and guidance, IGRA screening for substance misusers and the digital x-ray programme
- **case management**, which included medication issues, notification, provision of risk assessment information and notification of suspected TB to TB team and HPT
- **discharge planning,** including multidisciplinary planning and continuity of care

Results

A summary of the responses obtained, by establishment, for each of the questions included in the TB audit can be found in **Table 1**, next page.

Discussion

The eight prisons included in the audit varied in their response to TB management but there were some clear examples of positive developments since the last audit, in addition to some continuing challenges. Most establishments have a TB policy, all screen for TB within 24 hours of arrival, manage TB medication well and place prisoners suspected of having TB on medical hold if they are due for immediate transfer. However, some prisons still do not have a named TB lead, do not offer TB management training for staff or, at the time of the audit, have an efficient working digital X-ray (DXR) programme. Moreover, none of the establishments screen for latent TB infection (LTBI).

Unfortunately the responses from the TB nursing teams and anecdotal evidence from Health Protection Teams (HPT) did not always harmonise with those reported by the prisons. TB teams felt that access to the prisons was difficult, that discharge planning was minimal and continuity of care could be improved. In addition, HPTs reported delayed TB notification from detention facilities and difficulty in obtaining cell contact information of cases. These discrepancies merit further investigation.

Recommendations

Recommendations include updating and recirculating prison guidance and care pathways relating to infection control advice, investigating the possibility of testing for LTBI, and the development of TB in-reach services and staff training initiatives. Individual prison-based action plans will serve to improve services where they fall below the expected standard. For further information about the audit or to request the audit tool, contact **magdelene.mbanefo@phe.gov.uk**.

Table 1: Scores received by London prisons (A-H) and immigration removal centres (IRC) for each criterion evaluated in the

TB Audit Domains	TB Audit question	Prison A	Prison B	Prison C	Prison D	Prison E	Prison F	Prison G	Prison H	IRCs
Organisational factors	Named TB lead									
	TB policy or guidance									
	Infection Control Guidance									
	Agreed care pathway									
	Investigations and follow-up within establishment									
	Training/education on TB for healthcare staff									
	TB health promotion campaigns for prisoners/detainees									
	Pre- and on-employment TB screening for prison officers									
	Screening within 48hours									
Screening	Screening policy for latent TB									
	IGRA testing for substance misusers									
	IGRA positive substance misusers referred to local TB teams for further investigations									
	DXR machine installed									
	Fully working DXR machine									
	Locally agreed DXR pathway									
Case management	Directly Observed Therapy									
	Medication (one week supply) on leaving for court / transfer									
	Difficulties ordering or obtaining TB drugs									
	Prisoners in isolation placed on medical hold									
	Local TB team/HPT informed within one working day									
	Information about contacts provided within 72 hours									
	Case manager									
Discharge planning	Comprehensive discharge plan with TB nurse									
	Handover arrangements on transfer or release continuity of care									
	Discharge planned with community TB nurse									
	Discharge letter on release									

London TB Audit. *Green: criteria fully met; red: criteria not met; grey: insufficient data/unknown; white: no information obtained*.

DXR: digital X-ray; IGRA: interferon gamma release assay.

Health Improvement

The Physical Health Checks Programme

In the community, the **NHS Health Checks** programme is used as a risk assessment and management tool for targeting the seven main causes of premature mortality, including cardiovascular disease (CVD) and Type II diabetes. NHS Health Checks incorporates current **NICE guidance** and is aimed at 40 to 74 year olds. The programme was previously introduced in prisons and targeted the same age group. However, an audit in 2014 highlighted that there were issues with the implementation of the programme in the prison setting.

A task and finish group which included members from NHS England, HM Prison and Probation Service (HMPPS) and PHE, was set up to evaluate how the programme could be delivered more effectively in prisons. Based on the higher levels of need and a higher premature mortality rate in the prison population, the age criterion was widened to include 35 -74 year olds. A new criterion was also introduced limiting eligibility to those likely to be incarcerated for two years or more. Those incarcerated for less than two years would be registered on release from prison with a GP, thereby allowing them to be picked up in the equivalent community programme.

The Physical Health Checks programme will assess risk of death associated with age, gender, ethnicity, smoking status, family history of coronary heart disease, physical activity and body mass index (BMI), and will also include a pulse check to detect atrial fibrillation, blood pressure measurement (systolic and diastolic), an initial alcohol screening test, measurement of non-fasting total cholesterol and HDL and a cardiovascular risk score to predict a patient's likelihood of suffering a cardiovascular event in the next ten years.

While it is hoped that the Physical Health Checks programme will positively impact on mortality rates in the prison estate, challenges remain in its implementation. Among them, the provision of uniform high quality programme delivery, continuity of care after release and GP registration, as well as provision of healthy dietary choices in prison along with opportunities for physical activity. For more information about the programme contact **jo.peden@phe.gov.uk** and also see the **webinar presentation** on the topic.

NICE guidance on the physical and mental health of people in prison and in contact with the criminal justice system

In 2017, the National Institute for Health and Care Excellence (NICE) published guidance on the assessment, diagnosis and management of mental health problems in adults in contact with the criminal justice system (CJS). This guidance follows the release, in 2016, of NICE guidance focussing on the physical health of people in prison (both adults and young offenders). Guidance was compiled by systematic review of existing guidelines (or expert opinion where this was not available) with cost-effectiveness in mind. Together, these guidance documents provide health and justice commissioners and professionals, prison and community healthcare practitioners and patients in contact with the CJS a timely resource for identifying and managing healthcare needs both within and beyond the 'prison walls'.

The prison guidance recommends that people in prison should be provided with a first reception screening that focuses on their acute healthcare needs including their general physical health, any current or previous substance misuse issues and mental health and include a medicines reconciliation process. This is to be followed within seven days by a second reception screening where a more detailed medical history is taken with specific management advice offered to patients by healthcare staff as required.

While an analogous screening process to that found in prison is not in place for people in contact with the CJS and living in the community, healthcare assessment for this 'underserved' population should be clearly communicated through an appropriate care plan. For people transitioning from prison into the community, a particularly turbulent time for many former prisoners, a pre-release health assessment is recommended that can inform a post-release action plan which the patient is provided with and understands. In this way, together with effective communication between custodial and community healthcare teams, treatment started in prison can be continued or completed in the community with minimal disruption.

Physical health of people in prison [NG57]: **www.nice.org.uk/guidance/ng57**
Mental health of adults in contact with the criminal justice system [NG66]: **https://www.nice.org.uk/guidance/ng66**

Publications

Seasonal flu in prisons and detention centres in England: guidance for prison staff and healthcare professionals

These guidelines detail how to respond to individual cases or outbreaks of seasonal flu, including vaccination, recommendations, and managing outbreaks in secure settings. Similar guidance relating to the Children's and Young People's Estate will be published imminently and linked to the link provided below:
https://www.gov.uk/government/publications/seasonal-flu-in-prisons-and-

detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals

PHE Multi-agency contingency plan for disease outbreaks in prisons 2017: Guidelines to managing outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England – update for 2017. **https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons**

Research

WorldwidE Prison Health Research and Engagement Network (WEPHREN)

WEPHREN is hosted by PHE's UK Collaborating Centre (UKCC) with the WHO Health in Prisons Programme. In November at the WHO/PHE Health in Prisons Conference, Dr Emma Plugge from the University of Oxford and Dr Éamonn O'Moore, formally launched WEPHREN and the new webplatform launched in the summer of 2017, now available at **www.wephren.org** WEPHREN is a network which brings together academic researchers, policy makers, prison healthcare staff and prisoners to develop the international research strategy for Health and Justice as well as identifying and supporting professional development needs in the field. Themed collections of resources and articles are available on the website and you can learn more by signing up as a member on the **website**. The current theme is HIV in prisons to mark World AIDS Day, please visit the site to find international resources and articles on this topic.

Results of an international survey of WEPHREN members on their research and professional development priorities will be published in 2018 which Infection Inside International will report on in a future edition.

Five Nations Health and Justice Research and Evidence Special Interest Group (RESIG)

Dr Lesley Graham (**Figure** 3) from NHS Scotland has been nominated by the Five Nations Health and Justice Collaboration as the chair of a UK and Ireland research group on health and justice, supported by the WHO HIPP UK Collaborating Centre. The Five Nations Health and Justice Collaboration has always expressed a strong interest in developing its functions to promote and facilitate work on the evidence base available for health and justice. There is potential to extend the evidence base and collaborate on

projects across the borders of the five nations, enabling learning and the development of robust research which would inform policy and practice.

Dr Graham said, “With the development of WEPHREN this appeared to be an ideal opportunity to develop a Five Nations’ Special Interest Group on research and evidence to complement WEPHREN’s work, enabling a quick channel of communication across the five nations with WEPHREN, as well as meeting its own aims to develop the evidence base across the UK and Ireland.”

The Five Nations Health and Justice RESIG will promote the evidence base, encourage and facilitate collaboration and provide a forum for sharing learning and best practice in the field. For more information, please contact **Health-Justice@phe.gov.uk**

Events (upcoming)

WHO/PHE Health and Justice Conference – 11 and 12 December 2017, Lisbon

World Health Organization
REGIONAL OFFICE FOR Europe

The next WHO Health in Prisons Conference, organised with PHE, is now set to draw people from across the globe to discuss current challenges and share good practice on health and justice in the offices of the **European Monitoring of Drugs and Drug Crime in Lisbon, Portugal** on December 11 and 12. The theme and agenda is drugs and drug related harms, HIV will be strongly featured during the conference which has a history of showcasing innovative practice.Look out for information on **http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health** as well as reports of the event on **www.wephern.org**

Thank you to all those who contributed to this issue: Sophie Nash and Jane DeBurgh (Public Health England)

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Website pages: https://www.gov.uk/government/collections/public-health-in-prisons

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