

Key insights for policy and practice

European Toolkit for the Elimination of Viral Hepatitis in Prisons [EuroHePP: [add link](#)]

Viral hepatitis, specifically hepatitis B virus (HBV) and hepatitis C virus (HCV), causes inflammation of the liver which can lead to chronic liver disease, including cirrhosis and liver cancer, posing a significant health burden worldwide. These infections are typically transmitted through contact with infected blood or bodily fluids, such as during unprotected sex, unsafe tattooing or through sharing of contaminated injecting material.

People living in prison are a key population of concern in the context of viral hepatitis. There are high rates of incarceration amongst people who inject drugs (PWID), and given this group is at high risk of acquiring HCV through the sharing of injecting equipment before and during incarceration, the burden of HCV in the prison population is high. With high levels of risk factors for blood borne virus transmission among people in living prison, the burden of hepatitis B virus (HBV) infection is also often high among people living in prison.

The European Toolkit for the Elimination of Viral Hepatitis in Prisons has been developed to support the implementation and scale up of hepatitis B and C prevention and care in prisons across Europe. The final purpose is to eliminate viral hepatitis in those settings.

The toolkit is divided in four sections: background information, strategy development, strategy implementation, monitoring and evaluation. It also includes practical and interactive tools to assess individual service and create a plan to drive forward the elimination in prison settings. The toolkit is designed for all individuals living in prison, with particular attention to the needs of people who inject drugs (PWID), recognizing them as a key population of concern.



Key data (2024 or latest):

- On any given day, there were an estimated 856,000 people living in prison in the EU/EEA, corresponding to 142 people per 100,000 inhabitants.
- An estimated 5.4 million people are living with hepatitis B and/or hepatitis C in EU/EEA
- Of the estimated 1.8 million people who live with chronic HCV infection in EU/EEA 12% are attributable to recent injecting drug use (last 12 months)
- Around half a million people inject drugs in EU/EEA, and more than half of them reported ever being incarcerated
- People living in prison report high levels of lifetime substance use, and injection compared with the general population.

Why is Eliminating Viral Hepatitis in Prisons Important?

There is a high prevalence of viral hepatitis in prisons

Hepatitis B and C infections are more prevalent among people living in prison than among the general population for various reasons including higher levels of injecting drug use and sharing injecting equipment.

Prison health is public health

Many people are in prison with short sentences, and the rates of recidivism (repeated incarcerations) are high. Fluidity between the prison and the general population can increase the risk of HBV and HCV transmission for both groups. Prisons can be the settings where health problems can be tackled in a way that can deliver benefits to all, including the people and places they return to - this is known as the community dividend.

To ensure a human rights approach - leave no one behind and reduce health inequalities

The availability and access to services for the prevention and control of hepatitis B and C in prisons in EU/EEA countries varies and, in most countries, is suboptimal. Indeed, provision of healthcare services in prisons should be equivalent to those available to the broader community, as outlined by the United Nations (UN) Standard Minimum Rules for the Treatment of Prisoners (known as “the Nelson Mandela Rules”), adopted by the UN General Assembly in 2015.

To meet the United Nations Sustainable Development Goals (SDG)

All UN Member states have adopted to eliminate viral hepatitis as a public health threat by 2030. In many EU/EEA countries, there is still a long way to go before targets are achieved and scaling up elimination efforts among key populations and in key settings, such as prisons, is critical to the success of any strategy.

To maximise the public health benefits of key interventions

Effective measures are available, including therapies for lifelong management of hepatitis B, vaccination against HBV, curative HCV treatment, and harm reduction interventions for the prevention of blood-borne infections transmitted through sharing of injecting equipment. Prisons in Europe can provide a setting for screening and treating large numbers of people infected with HBV or HCV, who may not access mainstream health services in the community. These key interventions can improve individual health outcomes, prevent high treatment costs of cirrhosis and liver cancer and loss of future productivity, and reduce the risk of transmission within prison populations and local communities after release from prison.

To use resources efficiently

Scaling-up prevention and control services in prisons is cost-effective and can have a major impact on the epidemiological situation, supporting broad treatment scale-up for people living in prison.

Best Practices – options for response

Prevention

- Implement comprehensive infection prevention and control measures in prison settings to prevent healthcare-associated infections among people living in prison.
- Provide free vaccination against hepatitis B for individuals who are susceptible to infection.
- Provide condoms together with health promotion information and promote peer-driven interventions.
- Refer people to primary care or sexual health services when needed.

Harm reduction

- Provide opioid agonist treatment (OAT) to address the needs of people living in prison with opioid related problems.
- Set up needle and syringe programs (NSP) to prevent the risk spread of infectious diseases through the sharing of unsterile injecting equipment.
- Introduce other harm reduction measures, such as overdose prevention and naloxone distribution.

Testing

- Provide opt-out screening for HBV and HCV for all people living in prison (all people are offered a test with the option to decline), irrespective of their reported risk factors.
- Provide education to people living in prison using appropriate language, tone, and literacy level to encourage uptake of testing.
- Develop strategies to increase knowledge and awareness about the importance of testing for viral hepatitis, including peer-driven interventions.
- For HCV, instigate reflex HCV RNA testing (automatic testing of the sample after detection of antibodies) to reduce the need for a second blood sample.

Treatment initiation and continuity

- For HCV, initiate treatment using direct-acting antivirals (DAAs) regardless of the length of sentence.
- For HBV, continue treatment without interruption with a careful plan for close follow-up, including release back into the community.
- Establish protocols for the continuity of care between prison and community, both at prison entry and on release.
- Provide gender responsive interventions (e.g. multisectoral approach to gynaecological services) and adopt an approach that looks at gender and sex in combination with other personal characteristics, such as age, ethnicity, social background, and others.

Key messages for policy and practice

1

Include prison settings in national plans for hepatitis elimination, and hepatitis elimination to be included in prison health care services.

2

Integrate viral hepatitis prevention, testing, treatment into prison health care services including linkage to community services.

3

Ensure provision for offering HBV vaccination on reception to prison to all individuals with no/unknown vaccination history and/or negative serology.

4

Allocate additional resources to the elimination of hepatitis in the prison setting. Including resources for the employment of, and training of, dedicated health care prison staff.

5

Prioritise operational support from prison management teams to accommodate increased access to healthcare facilities within daily prison routines to ensure testing and treatment can be provided.

6

Increase access to harm reduction services, including needle and syringe programs and opioid agonist treatment in prisons.

7

Reduce stigma and discrimination towards people who use drugs

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