PRISON | LUXEMBOURG

A COMPREHENSIVE PRISON VIRAL HEPATITIS PREVENTION AND CONTROL PROGRAMME

WHY DID WE ESTABLISH THIS MODEL?

The high documented prevalence of hepatitis C virus (HCV) infection amongst people in prison provided a strong public health rationale to target this population.

Since 2003, a high uptake of testing and treating prompted the prison health services to launch a tailored prevention programme for blood-borne viruses (BBVs) in prison settings.

Since 2005, the Ministry of Justice has delivered a comprehensive programme in prison to provide diagnosis, linkage to care, treatment and immunisation for BBVs. HCV treatment was later added to this programme.

WHO ACCESSES OUR SERVICE?

UP TO **50** CLIENTS PER MONTH

- Universal access to the viral hepatitis elimination programme is granted for all individuals entering prison.
- This includes people with substance use disorders.
- A total of 6 572 individuals were screened through the programme between 2012 and 2022.

HOW IS IT FUNDED?

Healthcare services in the prison are funded by the Ministry of Justice with partial financial support from the Ministry of Health through the National Service of Infectious Diseases.

A strength of the programme is the active and free participation of the prisoners and the close relationship with our specialist in infectious diseases. The willingness of the Ministry of Justice to establish and finance this service is a big asset.

DR PHILIPPE POOS
MÉDECIN CHEF DE SERVICE, CENTRE PÉNITENTIAIRE DE LUXEMBOURG À SCHRASSIG

WHAT IS THE MODEL?

SCREENING AT ADMISSION

All newly admitted individuals are offered comprehensive screening for HIV, hepatitis A virus (HAV), hepatitis B virus (HBV), HCV, TB and syphilis during a consultation with a doctor within 24 hours of arrival in prison, on a voluntary basis.

HCV SEROLOGICAL TESTING

For HCV screening, reflexive testing is used (i.e. HCV antibody test via venipuncture followed by a HCV RNA test, if positive).

LIVER DISEASE ASSESSMENT

After a positive screening test for HCV, individuals are linked to the specific diagnostic pathway with ultrasonography/ultrasound and blood examinations for liver disease assessment.

TREATMENT PLAN DEVELOPMENT

The visit with the infectious diseases specialist follows within two to six weeks after the diagnostic tests, during which the most suitable and effective treatment plan is discussed with the patient on the basis of their needs and clinical situation.

IMMUNISATION

The treatment plan discussed may include immunisation for HAV and HBV as relevant or if clinically indicated.

WHO DELIVERS OUR SERVICES?

4
MEDICAL DOCTORS (PART TIME)

1
INFECTIOUS DISEASE SPECIALIST

2
INFECTIOUS DISEASE NURSES

2
HEALTH EDUCATORS

3
PSYCHIATRIC MEDICAL DOCTORS (PART TIME)

HARM REDUCTION SERVICES

- Opioid Agonist Treatment (OAT): Methadone, buprenorphine and naloxone are available to registered patients and administered as directly observed therapy.
- A prison needle and syringe programme (PNSP) was introduced in 2005.
- An estimated 16 530 syringes have been distributed by the PNSP since 2006.
- A safe tattooing programme has been active since 2017.
- Condoms are readily available at different locations in communal areas.

ADDITIONAL SERVICES DURING INCARCERATION AND POST-RELEASE

- An NGO provides educational programmes to people living in prison on many topics, including BBVs.
- Preparation before release is provided by a team of social workers and counsellors including prison healthcare staff and NGO staff.
- There is an existing collaboration between prison healthcare services and drug treatment services in the community.

In the future, we hope to include extension and reinforcement of the package after prison release.

CAROLE DEVAUX, PHD
PRESIDENT OF THE NATIONAL AIDS AND HEPATITIS COMMITTEE

WHAT ARE THE OUTCOMES?

8 381
SCREENINGS FOR INFECTIOUS DISEASES BETWEEN 2012-2022

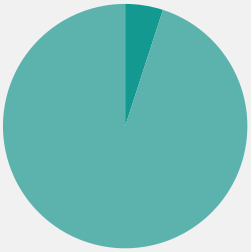
5 838
VACCINATIONS FOR HAV AND HBV BETWEEN 2012 AND 2022

795
TESTS PERFORMED IN 2022

95%
ADHERENCE TO TEST AND TREAT PROGRAMME

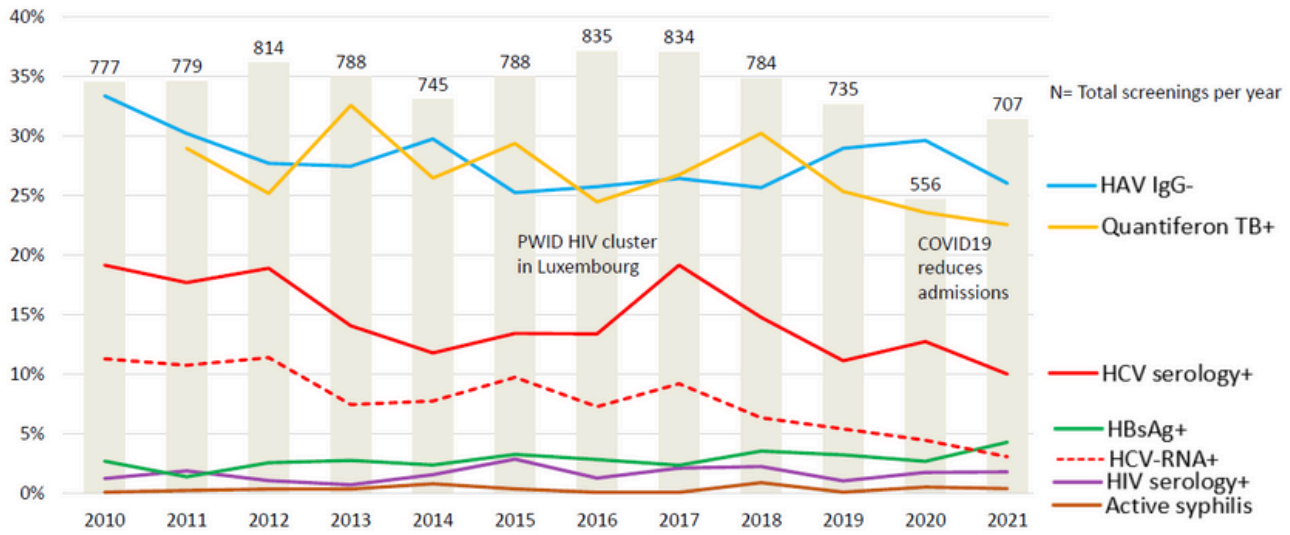
75-90%
OF INDIVIDUALS COMPLETED HBV VACCINATION SCHEDULE

178
TREATMENT INITIATIONS FOR HCV FROM 2012-2022



<5%
DROP OUT RATE WHEN TREATMENT FOR HCV COMPLETED IN PRISON

DECREASE IN HCV-RNA UPON ENTRANCE TO PRISON RESULTING FROM THIS PROGRAMME AND ITS CONTINUITY IN THE COMMUNITY OUTSIDE OF PRISON



Interventions for controlling hepatitis C and other infectious diseases in a Luxembourg prison : a 12 year retrospective study (2010 2021), Braquet P et al, 34th European Congress of Clinical Microbiology and Infectious Diseases, Spain, 2024.

IMPLEMENTATION BARRIERS AND SOLUTIONS

BARRIERS

A high rate of DAA treatment drop out has been registered among individuals released before completing the treatment course.

The most important barrier remains linkage to care and transfer of health data after release, especially for those individuals without secure housing and employment. A process to transfer health data by the national service of infectious diseases should be implemented so as not to disclose the prison and avoid further discrimination.

SOLUTIONS

Before leaving the prison the individual receives instructions on how to access DAA treatment or OAT, in case of release prior to the end of treatment.

A new housing service is planned for post-release, to ensure secure housing (particularly for people who use drugs) to facilitate linkage to community services and social reintegration.

TOP TIPS FOR IMPLEMENTATION

1.

Foster collaboration between different institutions, notably Ministry of Justice and Ministry of Health, and services inside and outside prison.

2.

Develop and implement a comprehensive package of interventions, including medical and psychosocial services that are universally and actively offered to all individuals entering prison.

3.

Harness intersectoral collaboration to address challenges, including continuity of care and social reintegration.

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