

HAV AND HBV VACCINATION FOR PEOPLE IN PRISON AND PRISON STAFF

In 1992 the health unit at the San Vittore prison in Milan put in place a universal hepatitis A virus (HAV) and hepatitis B virus (HBV) catch-up vaccination strategy free of charge for all people living in prison and prison staff.

WHY DID WE ESTABLISH THIS MODEL?



The prevalence of active HBV among people in prison in Milan was 33% in 1992.



HBV vaccination in the first year of life was introduced in Italy in 1991. Population groups who did not receive vaccination are over-represented in San Vittore prison.



HAV vaccination is recommended in Italy for certain risk groups including prison staff and people in prison.

WHO ACCESSES OUR SERVICE?



APPROXIMATELY
20-30 CLIENTS
PER WEEK*

- All individuals admitted to San Vittore prison have access to the vaccination programme, irrespective of length of stay (average length of stay = 90 days).
- Prison staff are also eligible to receive vaccination.
- The programme is voluntary and free of charge.

*Including the integrated infectious diseases screening which is offered to all newcomers

HOW IS IT FUNDED?



NATIONAL MINISTRY OF HEALTH
AND REGIONAL HEALTH SERVICES
OF LOMBARDY

The infectious disease clinic is made up of an infectious disease specialist and a nurse, and one of the main objectives is to share the importance of taking care of these pathologies through adequate counselling.

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WHAT IS THE MODEL?

MEDICAL CHECK-UP ON ENTRY



All individuals entering the prison are informed of the option of receiving anti-HAV and anti-HBV vaccine during their medical check-up on entry. A health professional explains the benefits and the vaccination process, including the need to perform a serological test for HBV first to define the immunisation status.



POINT-OF-CARE ANTIBODY TEST



During the check-up, and after obtaining informed consent, a nurse performs a rapid antibody test. Patients are linked to further diagnostic tests and treatment if needed



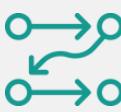
FIRST DOSE OF HBV/HAV VACCINATION



If results indicate the person is susceptible to HBV infection, they are given a first dose of HBV vaccination. HAV vaccine is given at the same time by the nurse if appropriate.



SECOND DOSE OF HBV VACCINATION



The nurse plans an appointment for the second dose of HBV vaccine. If the person is expected to be released before the recommended time lag between two doses (six months), then a rapid schedule is applied with a time lag of at least 28 days after the first injection.



VACCINATION REGISTRATION



The administration of the vaccine dose is registered in the regional health information system, and accessible to healthcare staff operating within the regional healthcare services in the region.

WHAT WERE THE RESULTS?

2018



2 369

PEOPLE LIVING
IN PRISON



96.4%

MALE



87.8%

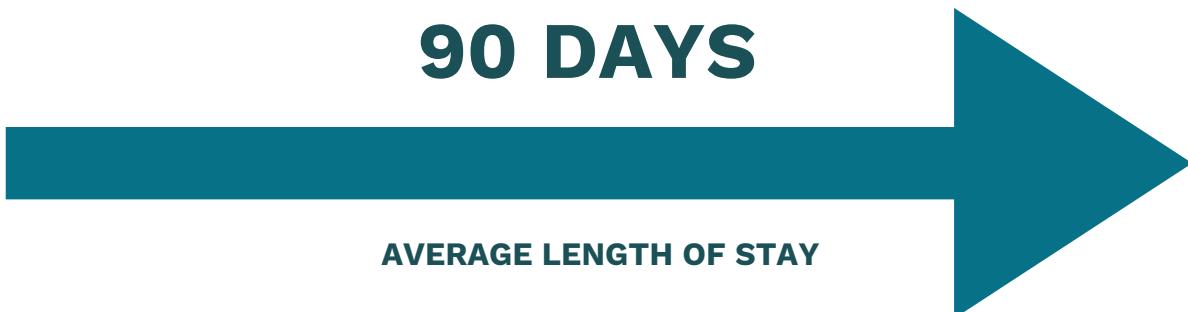
PRE-TRIAL



35%

RECIDIVISM RATE

90 DAYS



AVERAGE LENGTH OF STAY

WHAT ARE THE OUTCOMES/IMPACT?



- Systematic recording of immunisation performed in prison was only recently introduced during the COVID-19 pandemic.
- Longitudinal data to monitor impact are currently not available.

WHO DELIVERS OUR SERVICES?



PSYCHOLOGISTS



NURSING STAFF



CUSTODIAL STAFF
(SUPPORTING)



COUNSELLORS



SOCIAL WORKERS



CULTURAL MEDIATORS

ADDITIONAL SERVICES: TESTING AND TREATMENT FOR HEPATITIS C

Hepatitis C testing and treatment is also offered in the prisons. The impact of an intervention for hepatitis C testing and treatment was assessed over two years in a jail (San Vittore) and a prison for sentenced individuals (Opera).

2017

79%

OF HCV ANTIBODY
POSITIVE INDIVIDUALS
WERE TESTED FOR
HCV-RNA (N=65)

25

INDIVIDUALS
INITIATED DIRECT
ACTING ANTIVIRAL
(DAA) TREATMENT
WHILE IN PRISON

2018

98%

OF HCV ANTIBODY
POSITIVE INDIVIDUALS
WERE TESTED FOR
HCV-RNA (N=65)

37

INDIVIDUALS
INITIATED DIRECT
ACTING ANTIVIRAL
(DAA) TREATMENT
WHILE IN PRISON

Increase in HCV-RNA testing rate (+24%) and increase in DAA initiation (+23%)¹.

An important commitment is to guarantee continuity of care through the construction and strengthening of a network with local and community services as well as an effective referral system.

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¹Although improving, the sub-optimal testing rate and DAA initiation can be explained by the high turnover of detained individuals. The latest change in DAAs access requirement, coupled with shorter treatment course availability, may contribute to further fast-tracking treatment initiation and increasing completion rate also among highly mobile prison population groups.

IMPLEMENTATION BARRIERS AND SOLUTIONS

BARRIERS



Healthcare staff were sceptical of introducing vaccination for HBV due to the multiple doses schedule and concern about completion of vaccination course.



SOLUTIONS

Person-centred care initiatives enabled the introduction of routine HBV/HAV vaccination services.



Suboptimal linkage to care for released individuals who did not complete HBV vaccination schedule.



Prison staff were reluctant to be vaccinated in the same setting and same sessions as people living in prison.



The introduction of a flexible schedule for HBV vaccination was helpful in increasing the proportion of fully-vaccinated individuals before release.

Dedicated spaces within prison premises were set up to provide vaccinations to prison staff (e.g. structures in the prison garden on dedicated immunization days).

CONSIDERATIONS FOR IMPLEMENTATION

1.

Engagement and training of custodial staff has proven highly effective in improving quality of vaccination services and encouraging a culture of health promotion in the prison setting.

2.

Custodial staff were offered training to overcome cultural barriers and improve understanding of the prison population, as well as specific training on hepatitis and addiction by prison healthcare staff (nurse and psychologist).

3.

The involvement of non-medical prison staff in the healthcare service delivery increased awareness and acceptability.

With acknowledgements and thanks to the Prison Coordination of the ASST Santi Paolo e Carlo of Milan, Director Dr Roberto Ranieri.