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NICE Public Health Programme Guidance: Ways to Promote and Offer Testing for Blood-borne Viruses (BBVs) in Prisons

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Offender Health.

Brief for the presentation

- Current situation regarding testing for BBVs in English prisons;
- What from an organisational perspective are the barriers and facilitators to testing in prisons;
- Any interventions that you know of that have increased the promotion or offer of testing in prisons;
- An insight into treatment pathways for prisoners/ your view on appropriate management of HCV (or HBV) in prisoners;
- Any work you are aware of to increase the promotion or offer of testing in prisons;

Context

- Prisons are important settings for blood-borne virus (BBV) prevention and control because the prevalence of HCV and HBV is high among prisoners and risk behaviours associated with transmission are practised.
- In England and Wales, the prevalence of anti-HCV and anti-hepatitis B core antigen (HBc) among prisoners in the late 1990s was 7 and 8%, respectively (Weild et al, *Commun Dis Public Health 2000;3:121–26*).

Policy

- Active case finding among prisoners for BBV infection has been central to OH policy for many years now;
- For same reasons, Hep B vaccination of prisoners has long been recommended (JCVI) and this has been supported by both funding and policy from OH and partners in NOMS.

Prison Infection Prevention Team

- In **2002**, Offender Health commissioned the HPA to establish the PIP Team to **monitor hepatitis B vaccine delivery** in prisons in E&W.
- Responsibility for the Prison Hepatitis B Vaccination Monitoring Programme passed to the **NHS on April 1st 2010**.
- Current work focuses on coordinating the **surveillance of infectious diseases** affecting the prison population.

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PIP Team Current Objectives

- Objectives:
  - Provide monthly information to prison health care, HPA front-line and OH Public Health Staff on reported number of cases /incidents/outbreaks of infectious disease in prisons (Prison Log sheet).
  - Respond to telephone/e-mail enquiries re: prison infectious disease matters from prison health care staff, HPA front line staff and others.
  - Co-ordinate the rapid collection & dissemination of information to key partners when outbreaks/incidents occur in prisons.
  - Provide regular information to prison healthcare staff on infectious diseases affecting the prison population through the quarterly bulletin on infectious disease, 'Infection Inside'.
  - Improve reporting of reportable diseases in prisons.
  - Facilitate development of policy for infection prevention in prisons.
- http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PrisonInfectionPreventionTeam/

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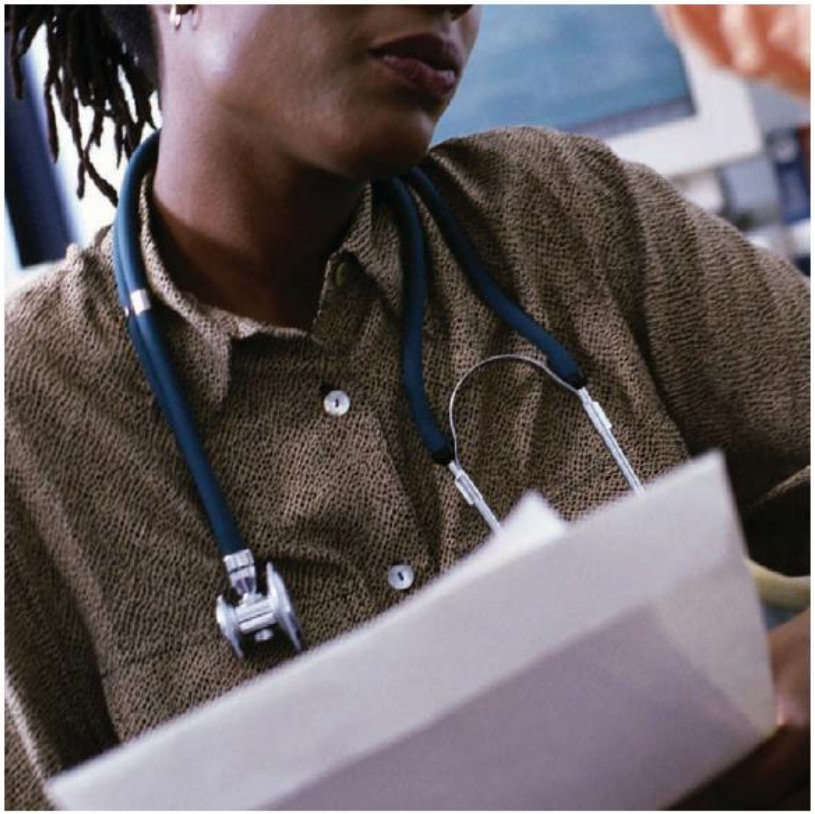
Health protection in prisons

2009-2010 report



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Sentinel Surveillance of Hepatitis Testing Prison Study 2009/10 Report

- Data on HBsAg, anti-HBc and anti-HCV testing in English prisons were obtained from the **Sentinel Surveillance of Hepatitis Testing study**, which collects data on hepatitis testing from sentinel laboratories in England.
- Data were available from **16 laboratories** performing testing for **39 prisons** (30% of the prison estate).
- **Between 2005 and 2008**, 10,723 people were tested for anti-HCV (n=9,965), anti-HBc (n=5,175) and HBsAg (n=8,416)

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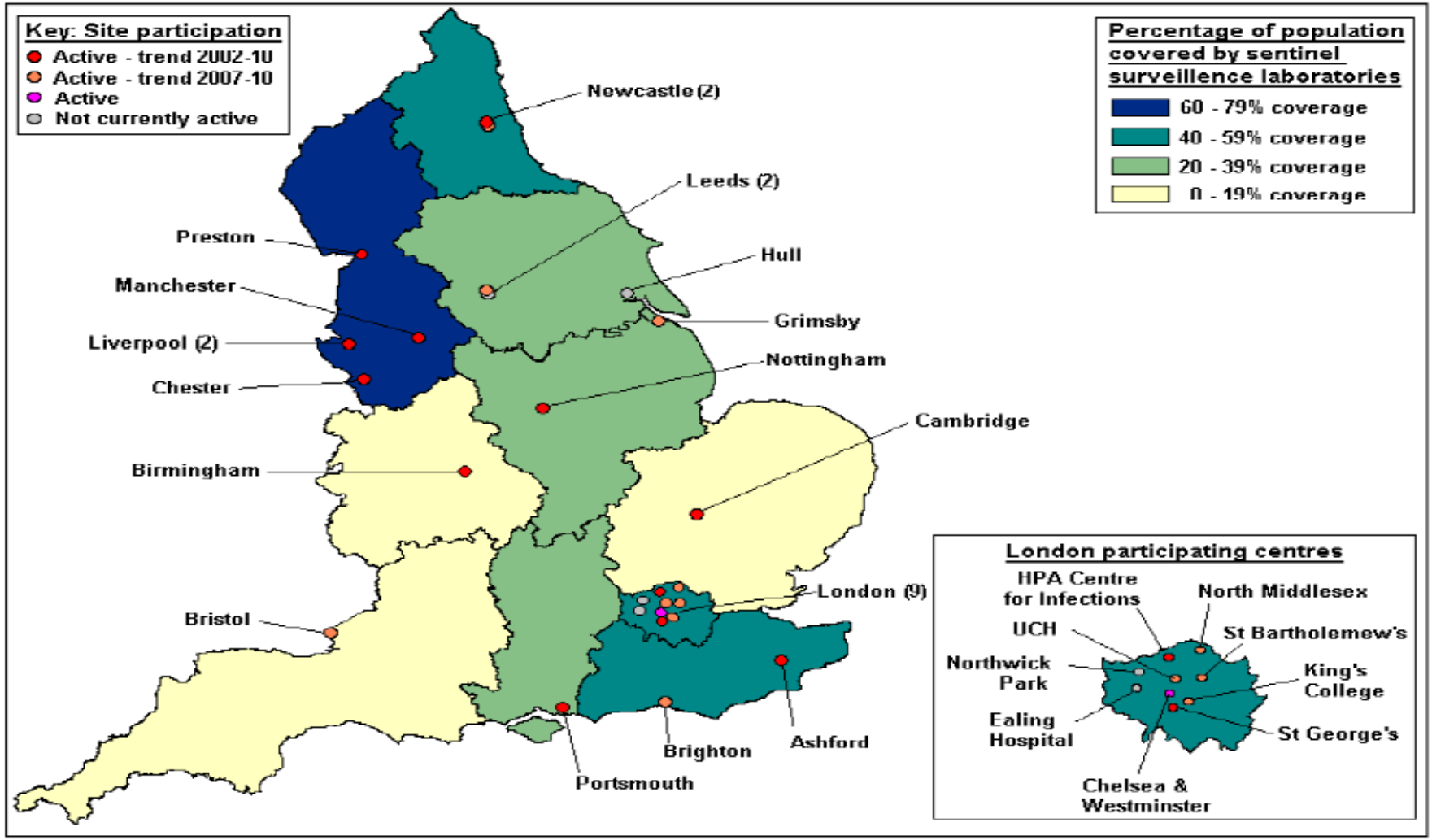
Figure 2: Geographic distribution of centres who have participated in the Sentinel Surveillance of Hepatitis Testing

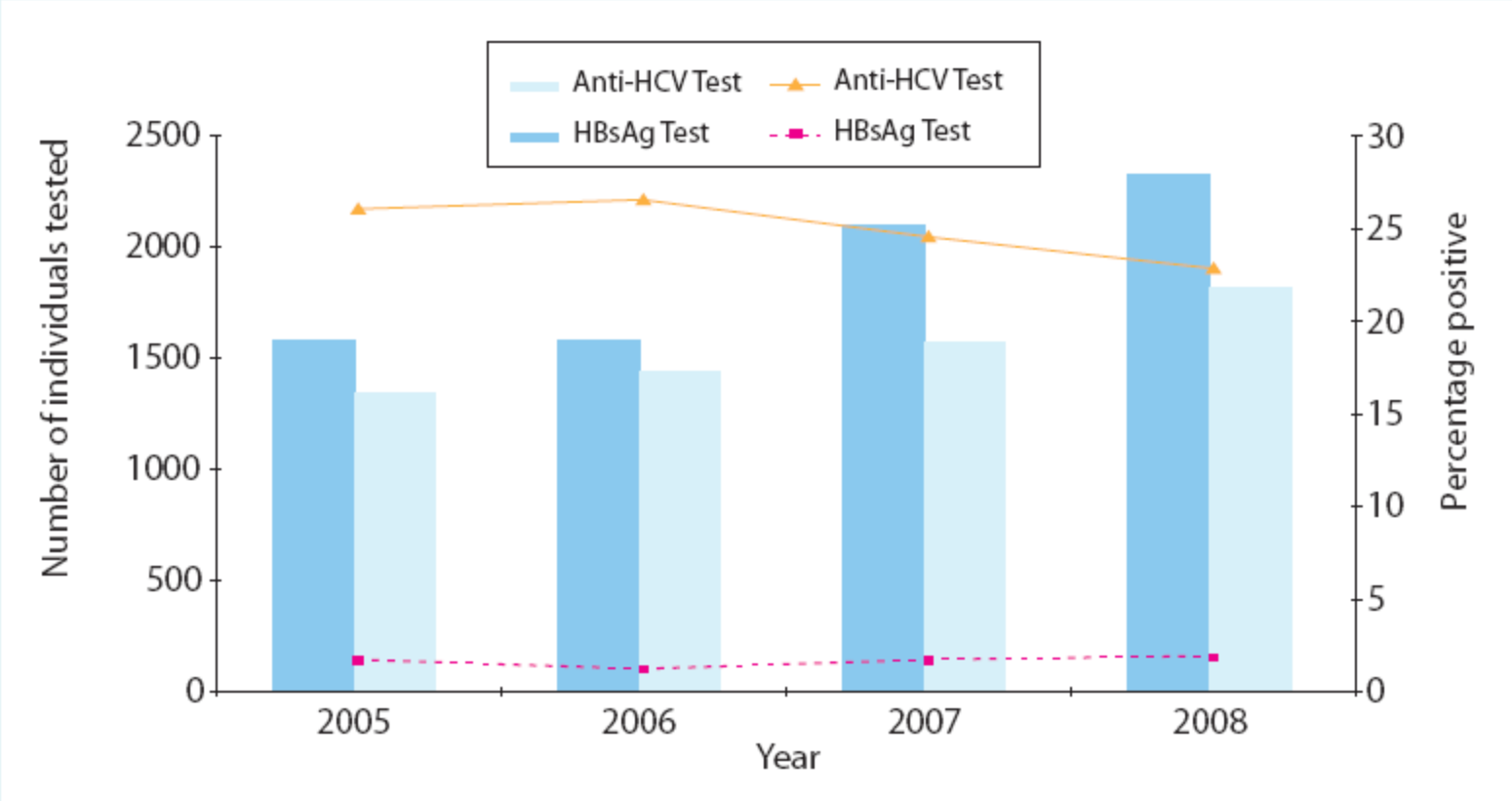


Results

- Between **2005 and 2008**, 2,413 (**24.2%**) people tested positive for **anti-HCV** and 714 (**13.9%**) for **anti-HBc.**
- Out of 5,151 people tested for anti-HBc, 4,433 were also tested for HBsAg; of these, 107 (**2.4%**) tested positive for HBsAg.
- Between 2005 and 2008, testing **increased 35% for HBsAg and 47% for anti-HCV.**
- The proportion testing positive for anti-HCV in prison decreased slightly, from 26% in 2005 to 23% in 2008, and there was no significant change in the proportion testing positive for HBsAg.
- **This suggests that people are increasingly accessing anti-HCV testing through prison services, and that testing may be being extended to individuals at relatively lower risk of infection.**

Figure 3

Number of individuals tested and positivity for HBsAg and anti-HCV: 2005-2008*



* Some individuals were tested for more than one infection marker.

Journal of Public Health, June 2011 Vol. 33, No. 2, pp. 197–204

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Update: Sentinel Surveillance on Hepatitis Testing in England : PIP Team Report Current Draft for 2011/12.

- There are **27 sentinel centres** nationally of which **21** submitted data to the survey.
- **19** of these laboratories perform testing for **45 prisons** compared to 16 laboratories testing for 39 prisons in 2009.
- **Only 2010 data** is available and this shows that 2,958 prisoners were tested for **hepatitis C** and 434 were found to be positive (**14.7%**). This represents the second highest proportion of positivity out of all service types with the exception of drug services which is slightly higher (17.7%).
- Cases found to be **hepatitis B positive** in prisons are far fewer than hepatitis C with only **0.9%** of case found to be positive during 2010 compared to the 1.6% national average across all service types.

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Number of individuals tested, and proportion positive, for anti-HCV by service type, trend centres 2009 to 2010

	2009		2010	
	No. tested	No. positive (%)	No. tested	No. positive (%)
Prison setting	3,241	547 (16.9)	2,958	434 (**14.7**)
Total tested	151,103	4,125 (2.7)	144,430	3,622 (2.5)

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Number and individuals tested, and percentage positive for HBsAg by service type, excluding antenatal testing, trend centres 2009 to 2010

	2009		2010	
	No. tested	No. positive (%)	No. tested	No. positive (%)
Prison setting	2,834	38 (1.3)	2,641	25 (0.9)
Total tested	178,597	2,692 (1.5)	171,840	2,740 (1.6)

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PIP Team Direct Reports from HPUs

Reports in 2010		Reports in 2011	
Hepatitis B acute	2	Hepatitis B acute	2
Hepatitis B chronic	23	Hepatitis B chronic	50
Hepatitis C	106	Hepatitis C acute	1
Hepatitis C (PCR)	9	Hepatitis C	289
Hepatitis E	1	Hepatitis C (PCR)	89
		Hepatitis E	0

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Hepatitis C in the UK

2011 Report

Health Protection Scotland

GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales

HSC Public Health Agency

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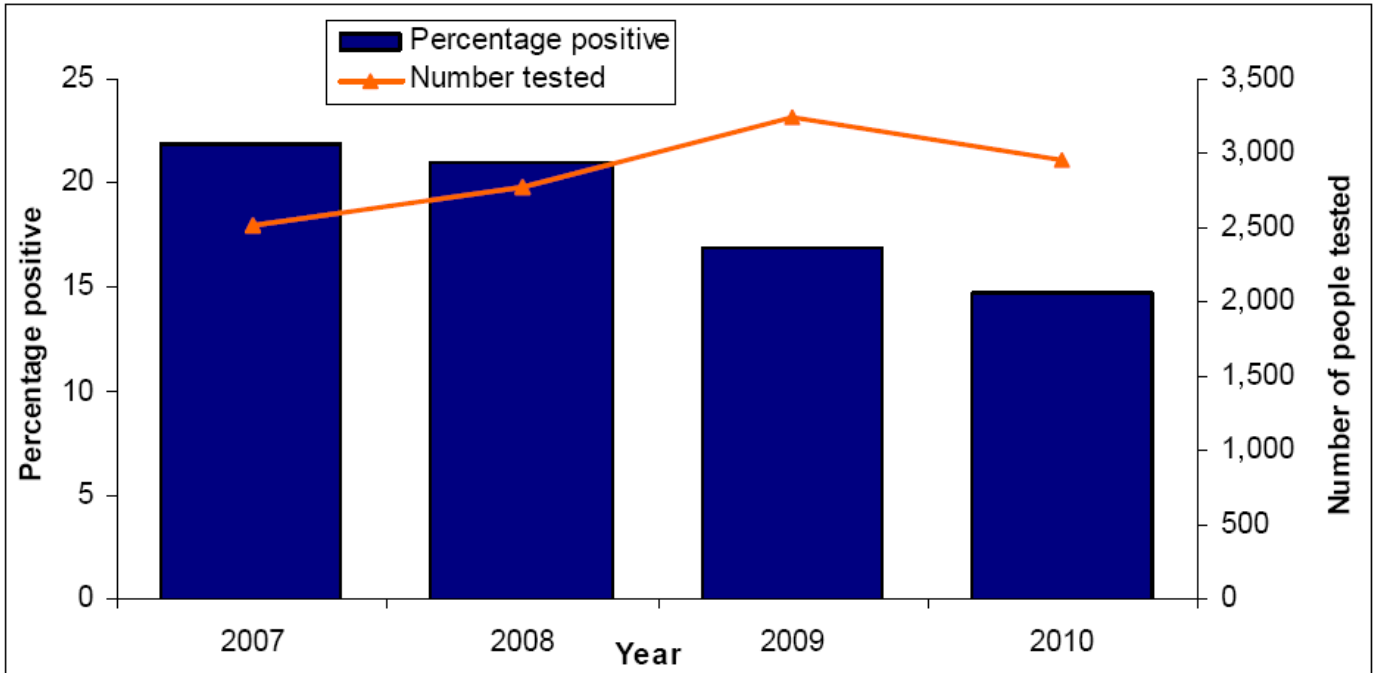
Figure 8: Number of people tested for anti-HCV by year, and proportion positive, via prison services in 21 sentinel laboratories: 2007- 2010



Notes: excludes testing from hospitals referring all samples, reference testing, and children aged <1 year.
Data source: Sentinel surveillance of hepatitis testing.

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Prison Health Performance and Quality Indicators

- Performance measures of delivery of high quality healthcare in prisons developed by Offender Health in 2007;
- Where possible, prison/PCT partnership board are asked tp provide evidence to support the data set using the emerging electronic information systems within prison healthcare units e.g. SystmOne.
- Data was provided directly to PIP Team re: Hepatitis B vaccine coverage until April 2010 when function taken over by NHS SW on behalf of Offender Health.

PHPQIs for PUBLIC HEALTH

1.33 Hepatitis B Vaccination of Prisoners

Green Indicator

- Hepatitis B quarterly reporting confirms that the prison achieves Hepatitis B vaccine coverage of 80% or more for all new prisoners received into the establishment in the three months prior to the reference date.

1.34 Hepatitis C

Green Indicator

The following are all evidenced:

1. Hepatitis C policy agreed by the PCT/Prison Partnership Board, including as a minimum, health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.
2. Access to information on harm minimisation, provided through both healthcare and education programmes
3. All those at risk are offered confidential screening for Hepatitis C: the numbers of tests performed should be recorded.

NHS South West PHPQIs Hepatitis B Vaccination Programme

Monthly Monitoring & Hepatitis C Screening

Prison	
PCT	

Quarter 2. **1st July to 30th September 2011**

		Hepatitis B vaccination								Hepatitis C screening	
MM/YY	**Total new receptions** (throughput)	**No. declining**	**No. Already Vaccinated**	**No. Vaccinated** (at least one dose - can be dose 1, 2, 3 or booster) within 31 days	**Total no. of doses** given in this month	**Vaccine Uptake** (%)	**Declined** (%)	**Already Vaccinated** (%)	**Vaccine coverage** (%)	**No. of Hep C tests performed within 31 days of reception**	**Hep C tests performed** (%)
Apr-11	100					0.0	0.0	0.0	0.0		0.0
May-11	100					0.0	0.0	0.0	0.0		0.0
Jun-11	100					0.0	0.0	0.0	0.0		0.0
Quarter 1.	300	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0

Vaccine Uptake (%): this describes the % of eligible prisoners vaccinated (i.e. excluding those who refuse vaccine and those already vaccinated).	**Vaccine uptake (%) =** No. vaccinated (within 31 days of reception) / Throughput – no. of refusals – no. already vaccinated x 100
Declined (%): describes the percentage of eligible prisoners who decline the hepatitis B vaccine	**Declined (%) =** No. declined / Throughput – no. already vaccinated x 100
Already vaccinated (%): describes the percentage of prisoners who have already received three or more doses of hepatitis B vaccine on entering the prison establishement	**Already vaccinated (%) =** No. already vaccinated / Throughput x 100
Vaccine Coverage (%): describes the overall level of protection for prisoners passing through the system. This calculation has been chosen nationally to monitor prison performance in line with the PHPQIs. It All PCT/Prison Partnerships need to ensure that 80% or more is achieved for 'Green' status.	**Vaccine coverage (%) =** No. vaccinated (within 31 days) + no. already vaccinated / Throughput x 100
Hep C tests performed (%): number of Hep C test performed within 31 days of reception	**Hep C tests performed (%) =** No. of Hep C tests performed / Throughput x 100

	Name	Date	Signature
Prison healthcare manager			
PCT performance lead			

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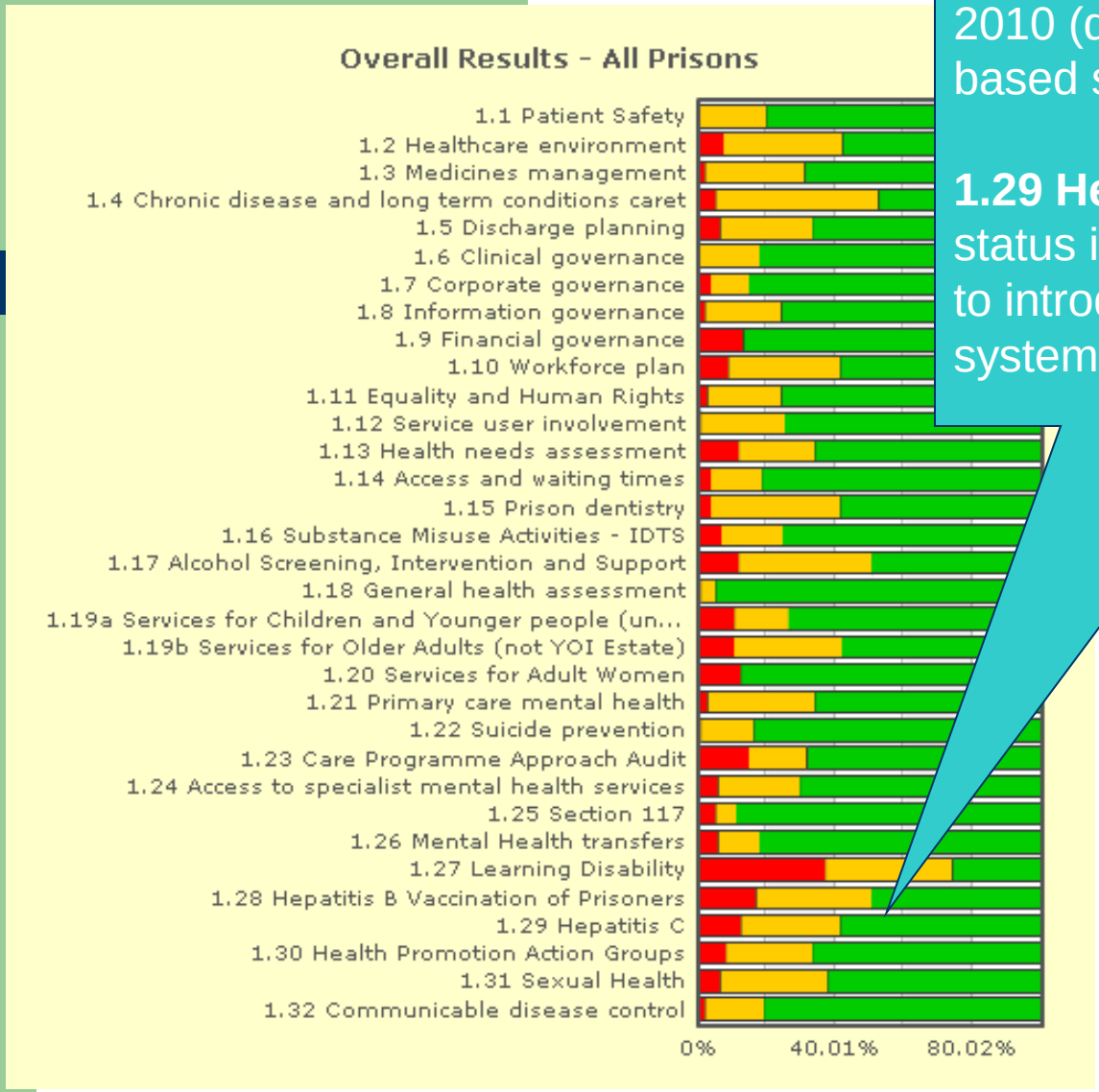
1.28 Hepatitis B vaccination – 49% green status in 2011, 36% in 2010 (due to introduction of web based system for reporting)

1.29 Hepatitis C – 59% green status in 2011, 32% in 2010 (due to introduction of web based system for reporting)



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National survey of hepatitis C services in prisons

- The PIP team, Offender Health and the National Liver Strategy Team undertook a survey between September and November 2011 to map existing provision regarding hepatitis C services in prisons across England.
- Out of **128 prisons** where information on hepatitis C services was requested, **110 responded (86%).**
- Data still being analysed, so these presented are **preliminary findings;**
- Testing going on **in all 110 prisons responding**. This is an improvement compared to the 66% of prisons which were testing for Hep C in 2007 (previous prisons survey through HPUs);

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Hep C Survey Preliminary Results

- The overwhelming majority of prisons (99%) reported using venous blood sampling for testing but only 40% of these have the local laboratory automatically testing for PCR.
- **74%** of those surveyed have a **written pathway in place** to describe what happens following a positive hepatitis C result.
- **41%** of detention centres **refer prisoners** to outpatient hospital appointments;
- **54%** of detention centres have an in reach service provided by the local hospital;
- **23%** of prisons **provide treatment in house** overseen by the prison doctor;
- The vast majority of prisons (**86%**) do **provide follow up for prisoners being discharged into the community** but this may simply involve giving a letter to the prisoner to give to their GP on release.

Hep C Prison Survey Results cont'd

- **949** Hepatitis C positive prisoners were referred for assessment by specialist NHS providers in 2010;
- **252/949 (27%)** were **put on treatment** in 2010;
- For ongoing care and treatment, **41%** of the 110 prisons responding use **out-patients services in community based NHS providers;**
- **54%** use in-reach services (some through GUM clinics)
- Usually **medical hold** is put in place when patient under treatment but there is some informal evidence of cases where problems with continuity of treatment when prisons transfer.

Total prisons surveyed	**128**	
Number responded	110	86%
No. testing via DBST	11	10%
No. testing via venous blood	109	99%
No. testing via oral	2	2%
No. automatic PCR testing	44	40%
No. with written pathway in place	82	74%
No. treating via hospital outpatient	45	41%
No. treating via hospital in reach	59	54%
No. treating via prison doctor	23	21%

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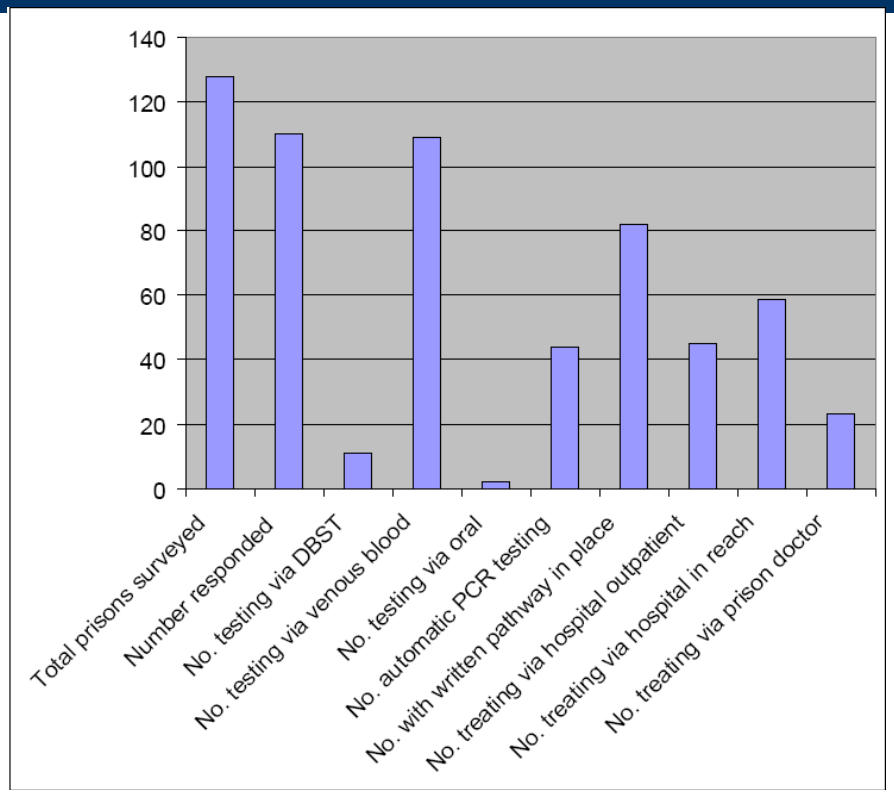
Results of national survey on Hepatitis C service provision in prisons in England in 2011.



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Health Promotion Materials

FOR HELP AND INFORMATION

GUM clinic, your GP or hospital

Chemist or Pharmacy

Needle Exchange

British Liver Trust
2 Southampton Road
Ringwood BH24 1HY

Free helpline:
0800 652 7330

BRITISH LIVER TRUST

www.britishlivertrust.org.uk

supported by

Health Protection Agency

NHS

© British Liver Trust 2009
Registered Charity: 298858

WTB/01/09

GET VACCINATED AGAINST HEPATITIS B

- you will need all your jabs to be fully protected

Insert the date you have each jab below. Your doctor may suggest a different timetable if you are at lower risk.

1. Day 0
2. Day 7
3. Day 21
4. 1 Year

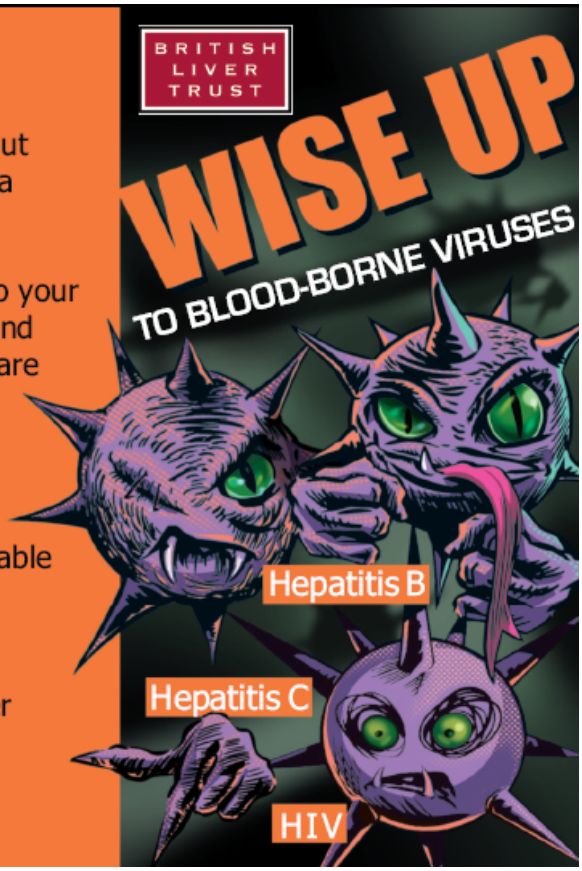
- get a booster after 5 years
- still use a condom and don't share equipment – don't let other BBVs in

GET TESTED

- if you think you've put yourself at risk, get a blood test
- don't spread BBVs to your family, your mates and other people you share space with

GET TREATED

- treatments are available for all BBVs
- the sooner you get treatment, the better
- don't ignore them, take control



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BRITISH LIVER TRUST

HEPATITIS B, HEPATITIS C & HIV

spread through infected blood and body fluids

PLAY SAFE

- Always use a condom
- Use plenty of lube

KEEP IT CLEAN

- Use **sterile** equipment
- Bleach or disinfectant tablets can help if you have to reuse – clean before **and** after

DON'T SHARE

- Needles or works
- Piercing or tattoo equipment
- Razors, clippers, even toothbrushes

GET TESTED AND GET YOUR HEP B JABS – ASK A NURSE TODAY

For help and information

GUM clinic, your GP or hospital

Chemist or Pharmacy

Needle Exchange

British Liver Trust free helpline: **0800 652 7330** **www.britishlivertrust.org.uk**

2 Southampton Road Ringwood BH24 1HY

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BRITISH LIVER TRUST

HEPATITIS B

WANTS TO DO YOU DAMAGE

It spreads through infected blood and body fluids and attacks your liver

TAKE CONTROL, GET VACCINATED

1st JAB DAY 0 ▶ 2nd JAB DAY 7 ▶ 3rd JAB DAY 21 ▶ 4th JAB 1 YEAR

You'll need:

- ALL your jabs to be fully protected
- a top up at 5 years

If you think you have put yourself at risk, get tested

Talk to your doctor or nurse today

For help and information

GUM clinic, your GP or hospital

Chemist or Pharmacy

Needle Exchange

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Health Promotion Literature/Media in Prisons

Organisation	Resource Type	Health Promotion Message	Contact/Website
British Liver Trust	Leaflet	Wise up to BBVs	http://www.britishlivertrust.org.uk/home/order-resources/blood-borne-virus-awareness-series.aspx;
	Poster	Hep B, Hep C & HIV	
	Poster	Hepatitis B – Wants to do you damage	
HIT Organisation	Leaflet	A New Direction' (Health promotion for prisoners on release)	http://www.hit.org.uk/publicationsBySubject.asp?subject=Sexual-Health&sub=19
Are you Prejudice?	Leaflet	HIV and hepatitis in UK prisons	http://www.areyouhivprejudiced.org/Information-and-Resources/Prisons.aspx
	Leaflet	Tackling Blood Borne Viruses in Prison	http://www.areyouhivprejudiced.org/Information-and-Resources/Prisons.aspx
Terrence Higgins Trust	Leaflet	HIV & AIDS (A booklet for prisoners)	http://www.tht.org.uk
NHS Argyll & Clyde	Leaflet	ABC of HIV A guide for prisoners written by a prisoner	http://www.achb.scot.nhs.uk
Scottish Prison Service	Leaflet	Stay Clean and Stay Safe! (Using sterilising tablets)	http://www.sps.gov.uk
Shropshire & Staffordshire NHS	Leaflet	Hep C – What's it all about? Guide for prisoners	http://www.southstaffshealthcare.nhs.uk
Lifeline	Leaflet	The viruses – Those microscopic menaces of the human bodies – A rather rude guide for drug injectors. HIV, HEP C & HEP B	http://www.lifeline.org.uk/help_BBVs.php
National Treatment Trust	Leaflet	Various information/booklets on harm reduction	http://www.nta.nhs.uk/publications
NHS UK	DVD	Inside & Out	www.hepc.nhs.uk
DOH/Offender Health	Leaflet/Playing Cards	Get out of Jail BBV Free	Being distributed to all prisons by the end of March 09 – Contact Rachael Hunter & Paul Hayton for details Paul.Hayton@dh.gsi.gov.uk or Rachael.Hunter@dh.gsi.gov.uk
	Leaflet	BBVs are bad company – Stay BBV Free!	http://www.dh.gov.uk/en/Healthcare/Offenderhealth/index.htm
Prison Infection Prevention Team	Various	Various Prison Health Information	http://www.hpa.gov.uk/prison team

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Prevention of infection and communicable disease control in prisons and places of detention

A manual for healthcare workers

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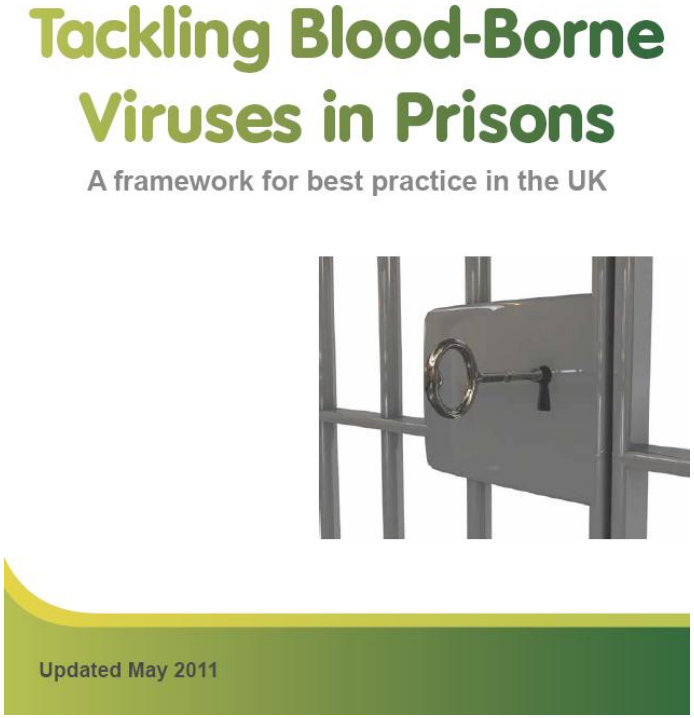
http://www.nat.org.uk/Information-and-Resources/Prisons.aspx

Tackling Blood-Borne Viruses in Prisons



- **National AIDS Trust (NAT)** recently released a 2011 update, in consultation with an expert advisory group, which included experts in prison health, communicable diseases and genito-urinary medicine, as well as prison governors and organisations who provide support to people living with HIV in prisons.
- Worked closely with **Offender Health,** who fully support the framework and its goals.
- This practical guide is a useful tool for those who have responsibilities for the health and well being of prisoners and prison staff in the UK and gives clear direction and examples of what needs to be done to improve the UK's response to blood-borne viruses in prisons, setting out best practice from the moment a prisoner enters the system until after their release.

The Prison Pathway

Phase One (custody period = one month or less)	
AIMS	ACTIONS
• Continue HBV vaccination programme • Initiate follow-up of prisoners at risk • Avoid disruption to treatment and care • Provide access to sexual health services and BBV testing and/or treatment. For detailed information about Phase One see page 17.	Continue: • HBV vaccination schedule • Awareness-raising about BBVs and BBV testing. All prisoners: • With a BBV are under specialist care where appropriate • Who need it are under clinical substance misuse care and CARATS support • Who need them are given regular access to condoms and/or disinfecting tablets. Prisoners with a positive result: • Quickly linked into relevant care and referral to other specialists as appropriate.

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Phase Two (custody period = two – five months)	
AIMS	ACTIONS
• Enable prisoner to make informed appraisal of risk • Enable prisoner to access voluntary BBV testing • Establish secondary care treatment pathways where required • Enable prisoners to practice ongoing risk reduction • Provide access to sexual health services and BBV testing and/or treatment. For detailed information about Phase Two see page 17.	Prisoners provided with: • Opportunity for individual discussion with healthcare professional on personal BBV risk • Offer of voluntary BBV testing • Ongoing access to condoms and disinfecting tablets. Prisoners with a positive result: • Quickly linked into relevant care and referral to other specialists as appropriate.

Phase Three (custody period = six months or more)	
AIMS	ACTIONS
• Ongoing medical treatment and care for those living with BBVs • Ongoing risk reduction for all • Provide access to sexual health services and BBV testing and/or treatment. For detailed information about Phase Three see page 18.	Prisoners with BBVs have: • Stable treatment relationships established with secondary care services • Access to psychological/social support. All prisoners have: • Ongoing access to condoms and disinfecting tablets • Ongoing access to information and advice on personal risk reduction (including HBV vaccination for those not previously covered by super-accelerated programme).

Transfer

AIMS	ACTIONS
• Continuity of care for those in HBV vaccination programme or with outstanding test results • Continuity of care for those on BBV treatment. For more detailed information about Transfer see page 19.	Ensure that: • System One medical records are up to date. Flag up to the new prison about any prisoners who: • Need to complete HBV vaccination programme • Have outstanding BBV test results • Are on BBV treatment (this is particularly important for those with HIV where treatment adherence is essential).

Resettlement

AIMS	ACTIONS
• Integration of BBV-related issues into resettlement planning. For more detailed information about Resettlement see page 19.	For prisoners with BBVs ensure: • Awareness of BBV-related needs into planning for accommodation, employment, training/education, family/ social support • Liaison with secondary care providers in advance where possible • Links made with a GP in the community • Adequate supplies of medication to cover transitional arrangements • Sign-posting to local and national BBV-related support services. For all prisoners ensure: • Prisoners are informed about identifying and registering with a GP in the community • CARATS referral to community substance misuse services where necessary.

Conclusions

- Prevention, detection and management of infection with BBVs is a key policy priority for OH;
- Evidence suggests offer and uptake of testing in prisons has increased significantly in recent years;
- Partnership work with a range of other stakeholders has improved quantity and quality of health promotion resources available to both staff and prisoners;
- We must resist urge to call such activities ‘screening’ when more properly described as ‘active case finding’.
- More work needed, especially on continuity of care and provision of care in community settings for people diagnosed in prisons.