Infection Inside

The Prison Infectious Disease Quarterly

HPA Prison Infection Prevention Team

July 2011 Volume 7, Issue 2

World Hepatitis Day – 28 July, 2011

We have decided to dedicate most of this issue's articles to prison related issues and hepatitis to mark World Hepatitis Day. The day provides a good opportunity to organise activities and raise awareness throughout prisons about the virus and there are various agencies that can provide you with ideas and literature to help get the message across (see 'useful contacts' section below). Hepatitis B and C affects a large percentage of the prison population. In 2010-11 the PIP team received 32 reports of chronic hepatitis B and 1 acute report. For the same time period the team received 175 reports of positive antibody hepatitis C tests. However, these figures are massively under-represented as many regions do not report chronic hepatitis cases to the PIP team. The HPA Sentinel Surveillance of Hepatitis Testing collects data from 18 laboratories performing testing for 39 prisons (30% of the prison estate). Between 2005 and 2009, 9,977 people were tested for anti-HCV of which 2,060 (20.6%) tested positive. In the same time period 8,385 people were tested for HBsAg, of which 135 (1.6%) tested positive. Whilst tests have increased over time there is still a substantial proportion of prisoners not being tested, even those who do test positive are not always been referred for treatment. Hepatitis C treatment has improved substantially over recent years and it is crucial that we maximise the opportunity prisons provide to test those at risk and provide them with, what is now an extremely effective treatment.

National Liver Strategy - Dr Martin Lombard, DH National Clinical Director for Liver Disease

The number of deaths due to liver disease, and the burden of non-fatal liver disease in the healthcare system, has been increasing significantly for the past thirty years in the UK. Mostly, this is due to the adverse lifestyle effects of alcohol and obesity, but hepatitis B and C viruses have also been implicated. Though the root causes and behaviours related to these conditions are very different, their ultimate effects on the liver, how those present clinically and are managed by the healthcare system, and which health professionals and expertise are required to deal with them, have thrown a spotlight on liver disease and emphasised the need for a strategy to deal with this emerging problem.

During the course of developing a strategy for liver disease, it has become apparent that a significant proportion of people in correctional institutions may be unaware that they are at risk of developing liver disease. Alcohol is a problem for a significant number of those entering prison. A study conducted by the Office for National Statistics reported that 63% of sentenced males and 39% of sentenced females were classed as hazardous drinkers in the year before coming into prison. They may be unaware of the risks they are taking with their health but educational opportunities can be employed to improve this. Likewise, data from a variety of developed countries (including England, Scotland and Ireland) shows overall HCV seroprevalence rates in correctional facilities ranging from 20-40%, with much higher rates in those prisoners with a history of IDU: data compiled by the HPA indicate that approximately 26% of prisoners were tested in 2009 and 22% of those were positive.

Like most of the population infected by hepatitis C, many prisoners will be unaware of their hepatitis C infection, and even those who have been tested will often not have sought medical advice. A sizeable proportion may have not taken drugs in the recent past but may have been exposed in the distant past and still warrant consideration for testing. Prison therefore offers a route to make contact with a high proportion of HCV-positive IDUs, in an environment where they may be more receptive to health interventions than when at liberty.

Screening for HCV in prisons is not without difficulties but we would like to see more prisoners offered testing for hepatitis C. However, when commissioning for this, it is important to ensure that testing systems are efficient and appropriate (e.g. labs automatically arrange PCR on the same sample if antibody screening test is positive therefore only reporting on infection status) and trained & supervised personnel are available to ensure that test results are informed and there is a pathway to arrange treatment for the prisoners, most likely upon release if that is within a short time period but if not then in prison. Most importantly, we need to be able to ensure that offender health pathways are joined up across the communities or institutions where prisoners reside and that outcomes of interventions are appropriately recorded to ensure that our endeavours are effective.

The National Liver Strategy is due to be released in the Autumn, 2011.

Prevention of infection and communicable disease control in prisons and places of detention – A manual for healthcare workers

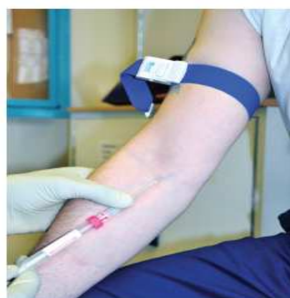
Prevention and control of infection in prisons is difficult due to the large population, with a high turnover, living in close quarters in often overcrowded conditions with limited isolation, diagnostic and therapeutic resources. Infections with blood borne viruses, respiratory infections (including TB) and high-risk behaviours increases the risk of transmission of infection.

To assist with addressing these difficulties, the Health Protection Services Prison Leads Network in partnership with Offender Health has developed a resource: Prevention of Infection and Communicable Disease Control in Prisons and Places of Detention. This e-publication will be accessed online at www.hpa.org.uk and the Department of Health website www.dh.org.uk and provides authoritative, evidence-based guidance on the control of communicable diseases, infection prevention, outbreak management and vaccination for prisoners and staff and will act as a reference guide for healthcare staff and those with responsibility for prison health.

The manual will be available on the PIP page of the HPA website from the middle of July 2011: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PrisonInfectionPreventionTeam/.

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

A manual for healthcare workers



Prison reporting of hepatitis vaccination coverage and hepatitis C screening

Whilst the percentage of prisons now reporting hepatitis vaccination coverage and hepatitis C screening has improved from quarter 3 2010-11 to quarter 4 2010-11, there are still some regions where reporting is inadequate (see below). However, this is not to say that prisons are not effectively vaccinating and testing prisoners because many are but this activity can only be reflected accurately if prisons report via performance leads in PCTs and SHAs to the DH PHPQI reporting centre, currently run by the NHS South West performance team (contact John.Hastings@southwest.nhs.uk).

Quarter 3 2010/11

Region	% prisons reporting
East Midlands	0
East of England	47
London	0
North East	75
North West	65
South Central	27
South East Coast	44
South West	100
West Midlands	92
Yorkshire and the Humber	75

Quarter 4 2010/11

Region	% prisons reporting
East Midlands	18
East of England	41
London	22
North East	100
North West	65
South Central	36
South East Coast	61
South West	100
West Midlands	69
Yorkshire and the Humber	75

Journal of Public Health, Vol. 33, June 2011

The current Journal of Public Health includes two articles on hepatitis. The first report highlights the importance of immunizing prisoners against hepatitis B and is titled 'Hepatitis B transmission event in an English prison and the importance of immunization'. The second looks the efficacy of two viral hepatitis B and C screening strategies among underprivileged people living in shelters in France and is titled 'A randomized trial of viral hepatitis prevention among underprivileged people in the Lyon area of France'. Both articles can be found at: http://jpubhealth.oxfordjournals.org/content/current

Hampshire and Isle of Wight report on hepatitis B and C services

HIOW Health Protection Unit (HPU) has carried out a review of hepatitis B and C services across the 5 HIOW prisons and 1 Immigration Removal Centre. Of the 5 prisons, most were consistently red or amber for both the hepatitis B coverage indicator and the hepatitis C indicator. This was mostly due to lack of reporting of coverage data, or less than 80% coverage if reported; and absence of a formal hepatitis C policy.

Issues highlighted:

- Problems with data extraction, collation and reporting of coverage;
- Difficulties in recruitment and retention of nursing staff, and use of bank staff who are not signed up to PGDs to vaccinate;
- Lack of information sharing between prison health staff from different prisons;
- The need for more joined-up working between primary care, CARATS and sexual health;
- Some suboptimal healthcare accommodation.

Examples of good practice:

- Good data reporting in one prison;
- In-reach hepatitis C service in another;
- Dedicated hepatitis B vaccination clinics;
- A hepatitis C survey of prisoners.

Recommendations:

- Formation of local prison health networks which would result in better sharing of knowledge and best practice as well as elements of CPD;
- Staff training and regular audit of hepatitis B vaccination;
- The provision of a joined up programme of harm minimisation across healthcare and prison services;
- The development of a hepatitis C policy and prison in-reach service as part of a wider blood-borne virus treatment pathway;
- Development of national minimum standards for healthcare accommodation;
- Development of a reporting template within SystmOne software supported by a national SOP.

To receive further information on the report contact HIOW HPU on 0845 0552022 or email the authors at AMD-Health-Public-Health-SO2@mod.uk / Girija.dabke@hpa.org.uk

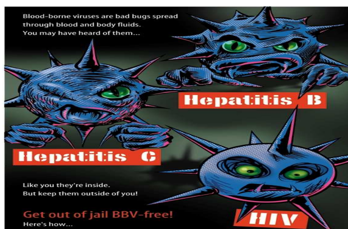
Hepatitis C in the UK 2011 report

This year's report details the action being taken at a local and national level to tackle hepatitis C across the United Kingdom (UK).

Since the Agency's first annual hepatitis C report for England, published in 2005, government action plans have been published in all countries of the UK. Each of the plans reflect the different priorities and concerns of that country, taking into consideration the differing systems for service delivery and the level of local accountability versus national coordination within each country. The countries are at different stages of implementation but all share common goals such as preventing new infections and increasing awareness, diagnosis, treatment and care.

This year the report will be released to coincide with World Hepatitis Day on 28th July 2011 and will be available on the HPA website (www.hpa.org.uk).

Useful contacts for awareness raising and campaign materials: The Hepatitis C Trust http://www.hepctrust.org.uk , Helpline – 0845 223 4424 / Office – 020 7089 6220; **DH Get Tested Get Treated** - http://www.nhs.uk/hepatitisc/Pages/default.aspx; **Mainliners Hep C Resource Centre -** http://www.mainliners.org.uk/pages/hepc.html; **World Hepatitis Alliance** - http://www.worldhepatitisalliance.org/Home.aspx; **Harm Reduction Works** - http://www.harmreductionworks.org.uk/harm_reduction_works.html; **British Liver Trust*** -http://www.britishlivertrust.org.uk, Helpline – 0800 652 7330 / Office – 01425 481320. **** Two specific blood borne virus leaflets aimed at prisoners are available from the British Liver Trust***



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Health Protection Agency Prison Infection Prevention Team Cathie Gillies Scientific Co-ordinator Cathie.gillies@hpa.org.uk E: prisonteam@hpa.org.uk W: www.hpa.org.uk M: 07785 950559 T: 01482 638635	Health Protection Agency London Regional Director and Health Protection Services Regional Director Prison Health Lead Brian McCloskey Brian.mccloskey@hpa.org.uk	Health Protection Agency Health Protection Services Dr. Autilia Newton Chair of Health Protection Services Prison Network Communicable Disease Control Consultant Autilia.Newton@hpa.org.uk	Department of Health Offender Health Dr. Eamonn O'Moore Consultant in Public Health and Health Protection Eamonn.O'Moore@dh.gsi.gov.uk Dr. Mary Piper Senior Public Health Consultant Mary.Piper@dh.gsi.gov.uk