



Brief for Chief Executive

TITLE

Information for CSNSW regarding inmates with significant viruses..

PURPOSE

To provide the Chief Executive (CE) with information that can be used in replying to a request for information from CSNSW.

RECOMMENDATIONS

That the CE notes the information contained within this brief.

IMPACT OF RECOMMENDATIONS

- On Patients: N/A
- On Regional NSW: N/A
- On Finances: N/A

KEY ISSUES

- The CE received a request from CSNSW to provide information on the number of inmates at reception with blood borne viruses and the numbers on release.
- This information is required by CSNSW to respond to a request made during a public hearing regarding the Inquiry into Drug and Alcohol Treatment.

The following information should assist the CE in providing a response to CSNSW and/or the Inquiry into Drug and Alcohol Treatment.

Testing for blood borne viruses:

- All patients entering custody have a comprehensive reception assessment screening.
- Testing for blood borne viruses is not compulsory on entering custody.
- All patients that have been identified during the reception assessment as engaging in 'at risk' activities, or who are considered to be at risk of acquiring a blood borne virus are offered additional enhanced screening known as the Early Detection Program (EDP).
- Patients arriving into custody have the right to refuse screening and/or to participate in the EDP in part or in whole – i.e. some patients may refuse certain testing included in the EDP such as HIV or hepatitis C testing.
- On average JH&FMHN test approximately 3000 people as part of the EDP each year. Of this number tested approximately 282 people return a positive hepatitis C test.
- Patients are not tested for blood borne viruses when they are being released from custody. However, there is a research project that studies the transmission of hepatitis C in custody. The data from this study indicates that there is approximately a 13% transmission rate in custody compared to 10% in the community.

Harm Minimisation:

- All patients are provided with harm minimisation information and strategies as part of the reception screening process.
- Any patient who is identified as engaging in potentially 'at risk' behaviour is encouraged to use the harm reduction strategies available – such as use of sterilising solution for cleaning injecting paraphernalia and tattooing equipment.
- Corrective Services NSW also provides harm minimisation education and services such as providing the sterilising solution for injecting equipment and the provision of condoms and dental dams in adult correctional centres.
- JH&FMHN have worked with CSNSW in developing safe barbering protocols that are used when training inmates in barbering.

¹ Briefs should be managed in accordance with [Work Instruction #20](#). Questions, contact RMU on 02 9700 3576.

Blood Borne Viruses in custody:

The following information is from the 2009 Inmate Health Survey determining prevalence of blood borne viruses upon reception into prison –

- HIV – only one participant tested positive during this study. On average there are only approximately 40 people with HIV in custody at any given time.
- Hepatitis C – 28% of men and 45.4% of women tested positive for Hepatitis C. This is down from 40.1% of men and 63.6% of women in the 2001 Inmate Health Survey
- Hepatitis B – 23.2% of men and 33.1% of women tested positive to current or past infection.
- In 2009 the Hepatitis Incidence & Transmission Study (HITS) research project identified an approximate 30% transmission rate for hepatitis C in custody. Recent data (2013) shows this has fallen to approximately 13% per annum transmission rate.

Management of Blood Borne Viruses in Custody

- Approximately 120 patients are commenced on hepatitis C treatment per year. This is the highest treatment commencement rate for any health service in NSW.
- Over 3000 people are tested as part of the early detection program for blood borne viruses each year
- Over 80% of patients commenced on hepatitis B vaccination complete the three dose course while in custody.

CONSULTATION

Professor Andrew Lloyd – HITS research UNSW


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Approved by:

1. **Executive Director** Gary Forrest, Clinical Operations (Custodial Health) **Date:**

2. **Chief Executive**

3. **Return to Author**



Date: 18.06.13
Date:

NB: The *Executive Director Governance & Commercial Services* must sign off the brief if there are funding implications.

Limit to essential sign-off. Include the name and position of key people who need to approve or act on information in the Brief. If there are others you want to make aware of the Brief, circulate approved copies rather than including them in the sign-off process.

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