ASHM COVID-19 Taskforce interim recommendations regarding people who are incarcerated in criminal justice settings during the COVID-19 pandemic including those who are living with HIV, hepatitis B and hepatitis C. *Prepared by members of the Justice Health Cluster Group and the Taskforce Chair, July 2020*

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Disclaimer: This ASHM document is designed to provide current and relevant information to clinicians and other healthcare providers to optimise the health and wellbeing of people who are incarcerated in criminal justice settings during the COVID-19 pandemic, including those who are living with HIV, hepatitis B, or hepatitis C. The recommendations provided are based on the opinions of the authors and are not intended as explicit guidelines for standard of care or practice. This document does not reflect a systematic review of the evidence, but will be revised to include relevant future systematic review findings of the National COVID-19 Clinical Evidence Taskforce(1) and other relevant information.

BACKGROUND

SARS-CoV-2 is spread via airborne droplets or via contact with contaminated surfaces and causes both asymptomatic infection(2, 3) and clinical illness(4). Prevention of infection with this virus requires the capacity to maintain physical distancing, perform regular hand hygiene, and the opportunity for suitable quarantining of people with proven, or suspected COVID-19 illness, or those who have come in contact with someone recently diagnosed with COVID-19. Given the confined physical environment and restrictions of the movement of individuals, and in the context that many prison systems are at, or beyond, capacity, prisons are highly likely to experience outbreaks of SARS-CoV-2, which have occurred already, as reported in many countries (5). As a result there have been calls for decarceration of prison populations (6), and for optimising infection control measures in prisons to prevent SARS-CoV-2 transmission (5-7).

In Australia, an open letter written by academics and lawyers was sent to Australian Governments addressing COVID-19 and the criminal justice system(8). The Chief Executive Officer of ASHM is a signatory to this letter.

The ASHM COVID-19 Taskforce endorses all recommendations of the recent open letter to Australian governments on COVID-19 and the criminal justice system (8).

In particular, as a result of the endorsement of this open letter, the ASHM COVID-19 Taskforce supports the following:

1. The early release (decarceration) of prisoners, including those living with HIV, hepatitis B or hepatitis C, who:
    - Are at higher risk of harm from COVID-19 because of age and/or co-morbidities or immunosuppression as a complication of HIV, hepatitis B or C (see below), or
    - Are children or young people, or

- Have been detained for summary offences (e.g., unlawful driving; public disorder; fine default); property crimes; non-violent drug offences; common assault; and breach of justice procedures, or
- Are likely to be released in the next six months

The ASHM COVID-19 Taskforce also supports the avoidance of people being remanded in custody as a mechanism to support decarceration. Where prisoners are remanded in custody, in the context of elevated community transmission in some parts of Australia, remandees should be tested for SARS-CoV-2 upon arrival and quarantined in remand centres for 14 days to avoid the potential for onward transmission across the prison system. Within the remand centres, quarantining by day of reception in sub-cohorts is recommended along with screening (either by thermal screening and clinical review, and or by testing on entry and exit is recommended. In addition, the movement of prisoners between detention facilities should be minimised.

The ASHM Taskforce acknowledges that the living and social circumstances of all people, including those living with HIV, hepatitis B or hepatitis C who are released from prison will be stressful and will include difficulties in adherence to physical distancing guidelines. This may be particularly the case for sudden and unexpected releases that may occur during the COVID-19 pandemic. The ASHM Taskforce therefore also calls for the strengthening of prison to community reintegration services to ensure people released from custody are housed, clothed, fed and given access to medications, including HIV, hepatitis B and hepatitis C antiviral therapy, to support their ability to physically distance and maintain personal health and well-being. In addition, in light of their over-representation in Australian prisons, strategies need to be developed to ensure Aboriginal and Torres Strait Islanders who are released from prison are supported in a culturally appropriate way to achieve these outcomes. Post-release support strategies also need to consider potentially reduced capacity within not-for-profit agencies that usually offer post-release services and consult with these agencies on the best ways to enhance their response capabilities.

The ASHM Taskforce also acknowledges the over-representation of people with injecting drug use histories in Australian prisons and that these individuals are at historically greater risk of acquiring HIV, hepatitis B or hepatitis C. Interruptions to the supply of drugs in prison and the community may therefore heighten health risks (e.g., overdose) for people released from prison. The ASHM Taskforce therefore calls for enhanced capacity to initiate and maintain prisoners and those released from prison on opioid substitution therapy (OST) and to strengthen or implement prison take-home naloxone programs and overdose prevention education programs (9).

2. The maintenance and/or implementation of systems that allow staff and all prisoners, including those living with HIV, hepatitis B or hepatitis C, to adopt best practice infection control procedures including the wearing of masks (where appropriate), hand sanitation, physical distancing (supported by a

reduction in exposure risk via decreasing prison population), and quarantine measures. More specifically, the ASHM Taskforce endorses:

- The maintenance and/or implementation of best practice procedures for the prevention and management of COVID-19 outbreaks in Correctional and Detention Facilities provided by the Australian Communicable Disease Network Australia (CDNA)(10).
- Clinicians caring for all people who are incarcerated, including those living with HIV, hepatitis B or hepatitis C, ensuring the correctional facility housing their patients maintains these CDNA guidelines and advocating for the suitable isolation for all prisoners with suspected or proven COVID-19 illness.
- The mandatory wearing of masks by all correctional, health and programs staff that have direct and sustained contact with prisoners while they are working in proximity to prisoners.
- Hand sanitizer being made available for all staff and prisoners in locations that are accessible throughout Correctional and Detention Facilities.
- The implementation of regular SARS-CoV-2 testing for all staff working in prisons located in parts of Australia that have elevated levels of community transmission.
- Adherence with current guidelines recommending prison staff do not attend work if they are experiencing COVID-19 symptoms.
- Maintaining procedures where people entering prison from the community are quarantined for 14 days upon reception and the testing and isolation of suspected cases.
- Maintaining strong contact tracing and testing capacity if an outbreak occurs.
- Maintaining referral pathways with local hospital services for prisoners with moderate to severe illness.

The ASHM Taskforce also calls for careful consideration of the conditions under which affected prisoners are isolated in light of prisoners' mental health and/or previous experiences of solitary confinement in prison. Of note, mental health issues are prevalent in populations living with HIV and hepatitis C. Physical distancing and quarantine practices should take account of human rights principles and avoid, as much as possible, conditions that place prisoners in sustained isolation akin to solitary confinement. These considerations should particularly apply to prisoners, including those living with HIV, hepatitis B or hepatitis C, with histories of mental illness. Where possible, opportunities for contactless social engagement and periods spent outdoors with appropriate physical distancing needs to be integrated into COVID-19 quarantining practices in prisons, especially for prisoners with histories of mental illness. In addition, where restrictions on visitations have been enacted, increased access to contactless communication with family and loved ones, such as free and more frequent phone calls and communication via digital platforms, need to be implemented.

3. Bail and non-custodial penalties for all defendants, including those living with HIV, hepatitis B or hepatitis C, who are not classified as *very high risk* or deemed as being unable to be appropriately managed in the community

Recommendations on optimising the health of older people and/or those with comorbidities and who are living with HIV, hepatitis B or hepatitis C who are incarcerated in Criminal Justice settings
In the general community, people over 60 years of age and people with co-morbidities including hypertension, cardiovascular disease, lung disease, cancer, diabetes and chronic liver disease are at greater risk of poorer outcomes with COVID-19 illness(4, 11-14). In addition, the Australian Government Department of Health has advised that Aboriginal and Torres Strait Islander people 50 years and older, with one or more chronic medical conditions, may be at greater risk of serious COVID-19 illness. Some people with HIV, hepatitis B or hepatitis C may have a greater level of immunosuppression and/or experience other related co-morbidities, making them more vulnerable to infection with SARS-CoV-2 and more severe COVID-19 illness. **Hence the responses recommended above should be emphasised when responding to the needs of older prisoners and/or those with comorbidities living with HIV, hepatitis B or hepatitis C who are likely to be at greater risk of poorer outcomes from the COVID-19 illness**.

Measures to optimise these patients' health should include maintaining smoke-free environments in prison and continuing to support smoking cessation, encouraging appropriate exercise, and optimising diabetic and blood pressure control. **We currently recommend not ceasing or switching away from ACE inhibitors or angiotensin receptor blocker medications:** there is not enough evidence that these agents increase the risk of worse outcomes of COVID-19 illness(15) and ceasing or switching these agents may cause harm to otherwise stable patients. Implementing new and expanding existing telehealth capacity (be that via telephone or video consultations) in prisons will be needed, alongside systems to maintain prisoner appointments and actively referring and encouraging patients to attend Telehealth appointments with medical and allied health specialists. Clinicians should encourage patients to consider Advance Care Planning, as discussed in a recent paper on the clinical presentation and management of COVID-19(16).

More detail on specific issues related to people living with HIV, hepatitis B and hepatitis C during the COVID-19 pandemic can be found in the ASHM COVID-19 Taskforce Guidance documents for people living with HIV, hepatitis B or hepatitis C. These include

- The streamlining of care
- Supporting health maintenance
- Health and wellbeing issues may worsen, or emerge during the COVID-19 pandemic
- Current concerns of people living with these blood borne viruses about the COVID-19 pandemic

- The role antiretrovirals used to treat HIV, hepatitis B and hepatitis C in the treatment and prevention of SARS-CoV-2 infection
- HIV, hepatitis B and hepatitis C infection and the risk of SARS-CoV-2 infection and severe COVID-19 illness
- Defining some sub-groups of people living with HIV, hepatitis B and hepatitis C infection who may be more immunosuppressed than others living with these blood borne viruses
- COVID-19 illness, pregnancy and HIV, hepatitis B and hepatitis C
- Approach to the management of COVID-19 illness in people living with HIV, hepatitis B and hepatitis C infection

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