

The importance of vaccination in the prison population

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Prison inmates run a higher risk of acquiring communicable diseases than the general public, due to the characteristics of the prison population, rotation of inmates, social differences in the population, the large number of individuals with behaviours that lead to a high risk of acquiring certain infections and the high prevalence of communicable diseases amongst inmates. The structural and logistical problems of prisons, which include overcrowding, increased physical contact in confined spaces, lack of ventilation and light, and short periods spent in the open air, likewise favour the propagation of diseases, mainly infectious and parasitic illnesses¹.

At the same time, prisons also offer an opportunity to implement vaccination programmes designed for accessible populations, with the twofold objective of completing a recommended vaccination schedule for adults² and commencing vaccinations associated with the intrinsic risks to be found in a prison¹.

According to penitentiary data released in December 2023, there were 56,698 persons incarcerated under different judicial processes, the majority of whom were men (92.9%)³.

Demographic changes in society such as aging and immigration are reflected in the prison population. Spain has an aging population both inside and outside prison. In 2022, about 6% of inmates were over 60 years of age (the Spanish Constitution establishes no age limit to prison sentencing)³.

Persons over 60 years of age in prison are twice as vulnerable because of their age and their condition as inmates, since the aging process is accelerated in prison: chronic diseases and disabilities develop 10 to 15 years earlier in this group than they do amongst the

general public. Immigrants make up 30% of the prison population.

Although only 7% of prison inmates are women, more than 70% of them are of childbearing age, which makes it important to provide vaccination programmes that guarantee effective protection against vaccine-preventable diseases in the event of pregnancy. Vaccines to protect expectant mothers and their future offspring should also be made available. Spanish legislation also establishes the right of mothers to keep their children with them while they serve their sentence until the child reaches 3 years of age. To date, approximately 100 infants live with their mothers in prison, and such cases should be provided with vaccination in line with the official recommendations.

Therefore, we must take into account the main reasons that justify the importance of vaccination in penitentiary institutions⁴:

DISEASE PREVENTION

Vaccination helps to prevent the transmission of infectious diseases in prisons, reducing the risk of outbreaks and protecting the health of inmates and the professionals who work there.

INMATES' HEALTH

Vaccines are an essential part of preventive medicine, and administering vaccines to inmates helps to maintain their health.

Persons living in prisons are disproportionately affected by blood-borne viruses, caused by beha-

viours such as intravenous drug use, tattooing and high-risk sexual activities. All previously unvaccinated persons who enter prison should be offered vaccination against hepatitis B virus, without the need to check their serological status before vaccination if hepatitis B infection is not suspected.

Other vaccines for diseases such as tetanus and diphtheria are also recommended, as is the MMR (against measles, mumps and rubella) and hepatitis A vaccine for vulnerable individuals. Yearly vaccination against seasonal flu and COVID 19 should also be carried out, in line with current recommendations. Pneumococcal, meningococcal and shingles vaccines should also be administered to inmates in cases where comorbidity or age makes this preventive treatment recommendable^{1,2,5,6}.

ACCESS TO VULNERABLE SOCIAL GROUPS

The majority of the prison population is made up of young men with low educational levels and from disadvantaged social groups. Marginalised populations are often over-represented. The global mobility that we see today has increased the number of foreign inmates. Depending on their background, immigrants may have different health needs from those of Spanish inmates, including types of vaccination.

As commented above, the proportion of inmates over 60 years of age has progressively increased, with corresponding implications for policies regarding vaccination against diseases such as influenza, pneumococcus, COVID-19 or shingles.

PROTECTION OF PRISON STAFF

Professionals who work in prisons come into close contact with inmates and may be exposed to infectious diseases. Vaccination of prison staff not only protects their health, but also helps to prevent the transmission of diseases amongst staff, inmates and the communities in which they live.

PUBLIC HEALTH

Although prisons are closed institutions, inmates frequently come into contact with members of the community during prison visits or special leave. Vaccinating professionals and inmates is a contribution to public health, since it minimises the risk of transmission of diseases to the community.

Imprisonment is an opportunity to improve inmates' health if adequate vaccination programmes are used, based on recommendations according to age, gender and other risk factors that can help to reduce the risk of catching vaccine-preventable diseases and provide adequate social rehabilitation and reinsertion for inmates^{1,2,5}.

Providing inmates with vaccines is a question of equality and human rights. Healthy adults should be guaranteed the right to vaccination and the administration of vaccines according to their individual conditions of risk, in line with official recommendations. There is also an evident need to adequately vaccinate children who live with their mothers in prison^{1,2}.

An inmate's access to vaccination should be a simple process. They are a clearly identified and registered group, and this should ensure a high vaccination coverage, with satisfactory medical results for prison centres. Inmates can complete a vaccination programme that commenced in the community, or start one in prison and complete it after being released. Coordination between prisons and public health will facilitate adequate compliance with the vaccination schedules.

Peer educators can play a vital role in educating other inmates about accepting vaccination, although the main barrier to achieving a complete vaccination schedule is not reluctance on the inmate's part to vaccination, but rather high rotation levels of inmates. Another major limitation is lack of access to community vaccination records⁷.

Access to medical care, which includes vaccination, is a basic human right, regardless of a person's legal status, and symbolises a commitment to inmates' welfare and dignity. Evaluating the quality and impact of current vaccination strategies is essential.

To conclude, vaccination in prisons is essential for preventing disease, protecting the health of inmates and prison staff, safeguarding public health, promoting equality and human rights, and for supporting successful social rehabilitation and reinsertion. It is an important element in guaranteeing the wellbeing of inmates and the general public.

Health prisons lead to healthier communities and vaccinations are an essential tool for making this aim a reality.

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