Conférence des médecins pénitentiaires suisses (CMPS)
Konferenz Schweizerischer Gefängnisärzte (KSG)
Conference of Swiss Prison Doctors (CSPD)
Conferenza dei medici penitenziari svizzeri (CMPS)

Pflege im Strafvollzug PiS

Multiresistente Keime, Pandemie & Co - Übertragbare Krankheiten im Strafvollzug

Dre Anne Iten

Kultur- und Kongresszentrum Bärenmatte in Suhr / Aarau

07. November 2023 im

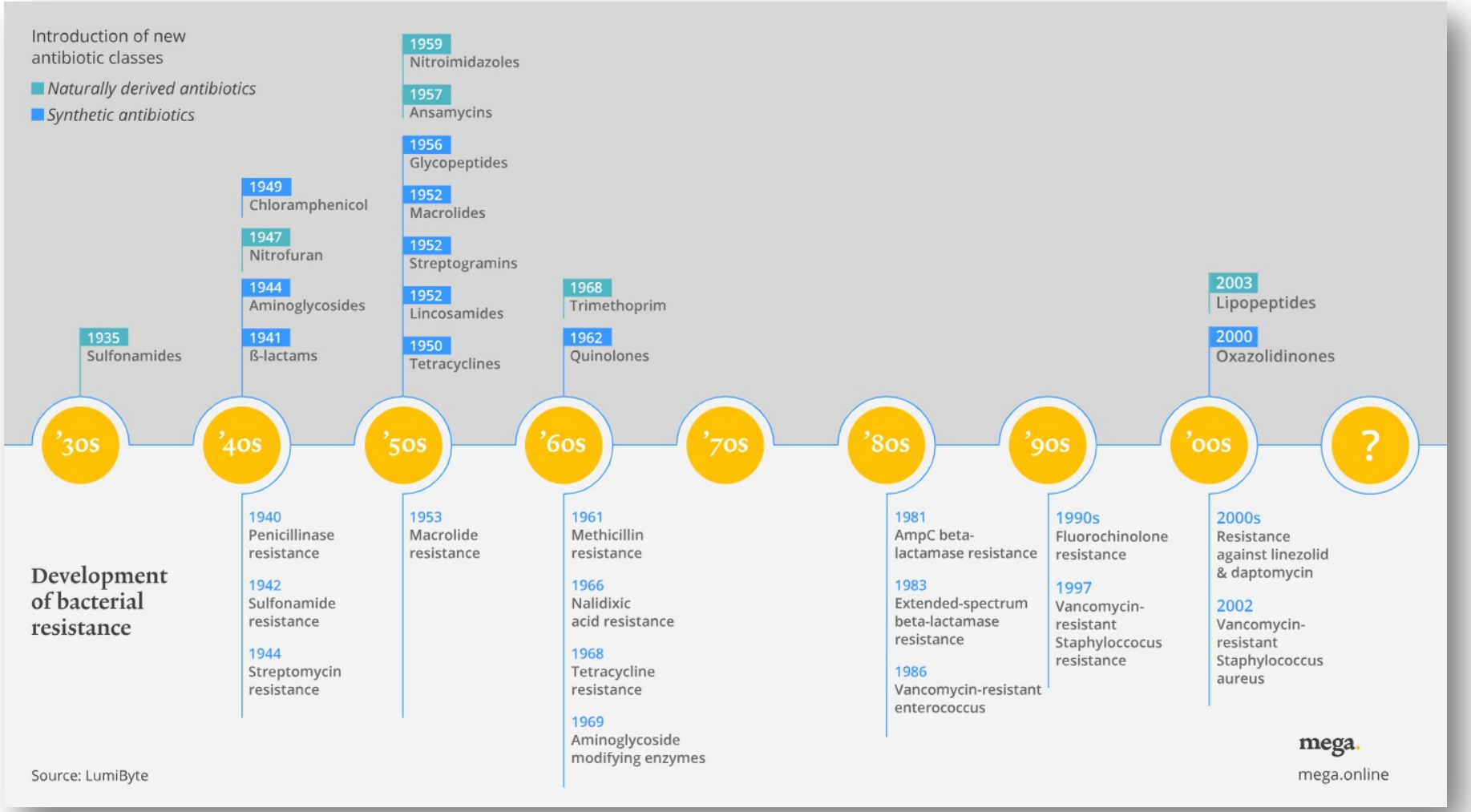
Presentation plan

1-Multidrug-resistant bacteria

2-Pandemics

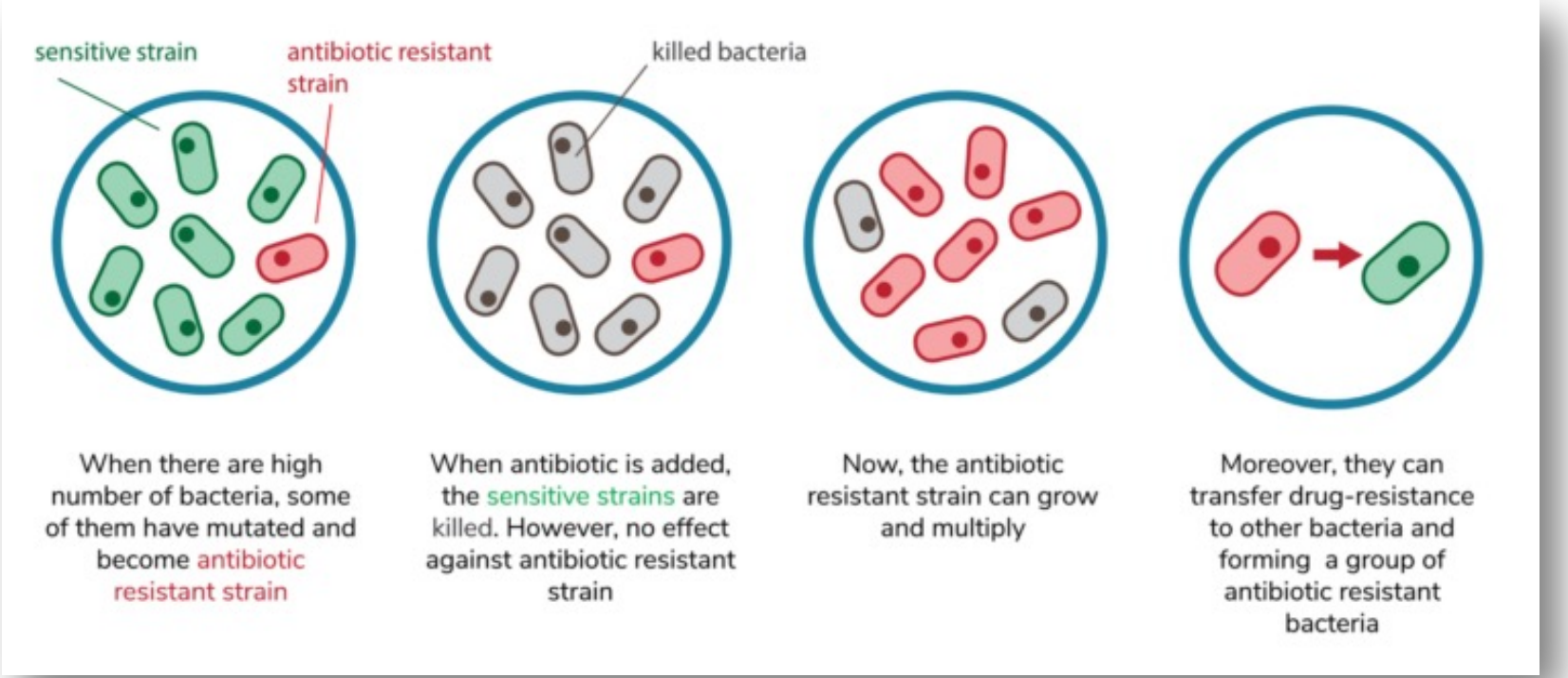
3-And Co

Timeline of development of new anbiotic classes vs. resistance



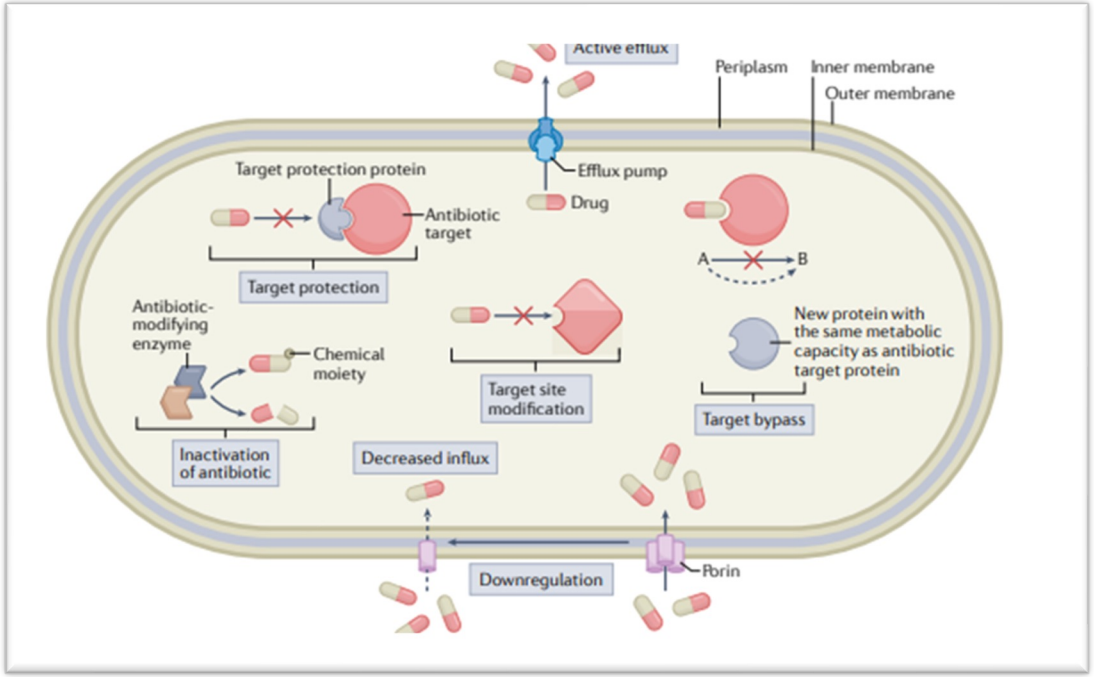
Drug resistant bacteria

How does it happen ?



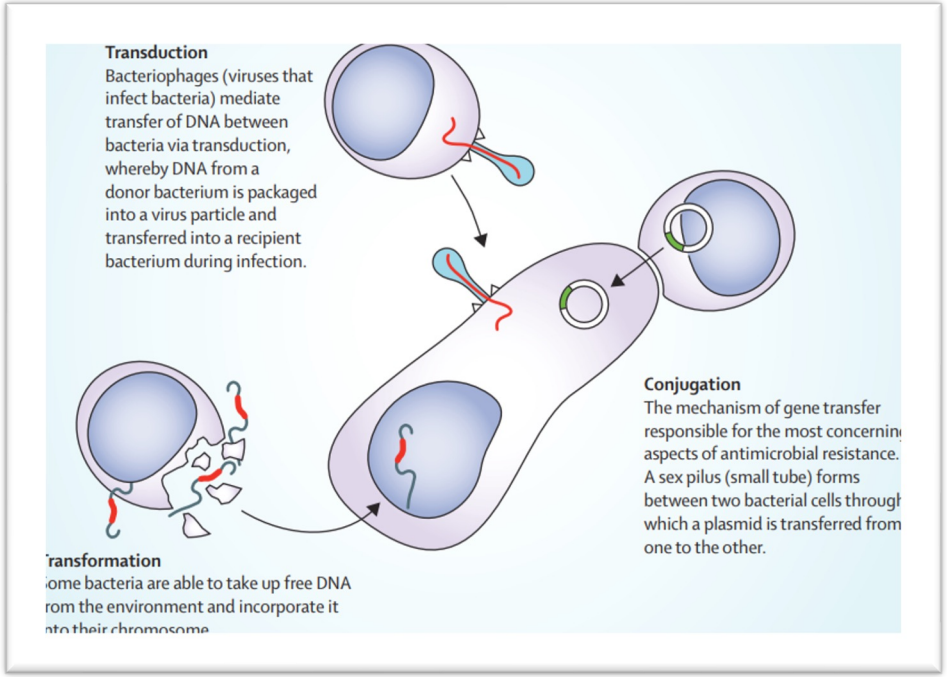
Antibiotic resistance

Overview of the molecular mechnisms



Nature Reviews Microbiology | Volume 21 | May 2023 | 280–295

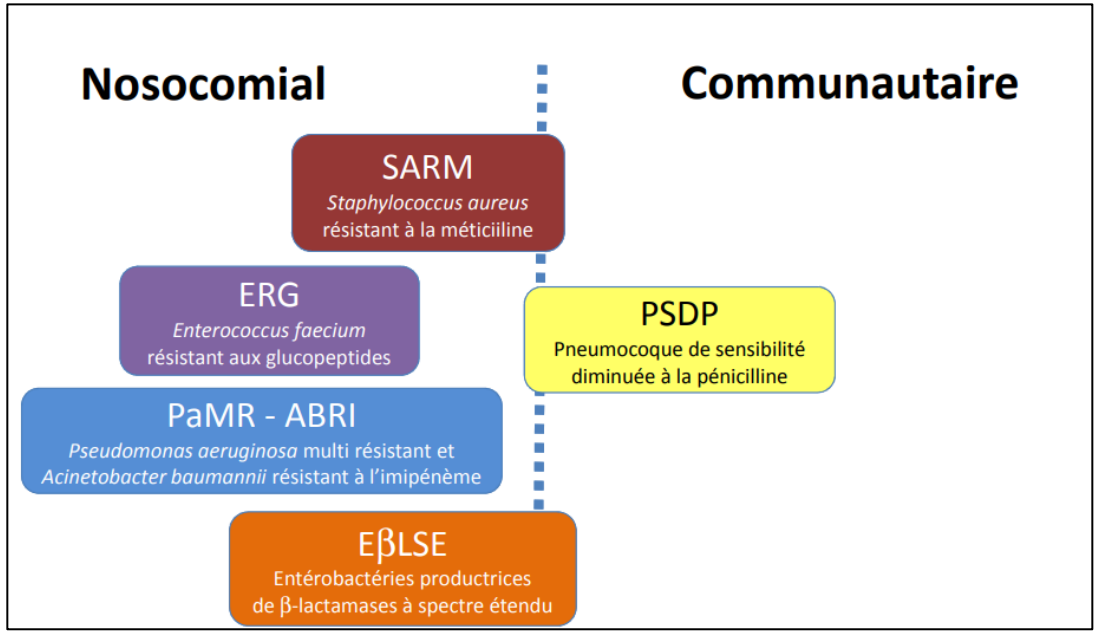
Mechanisms



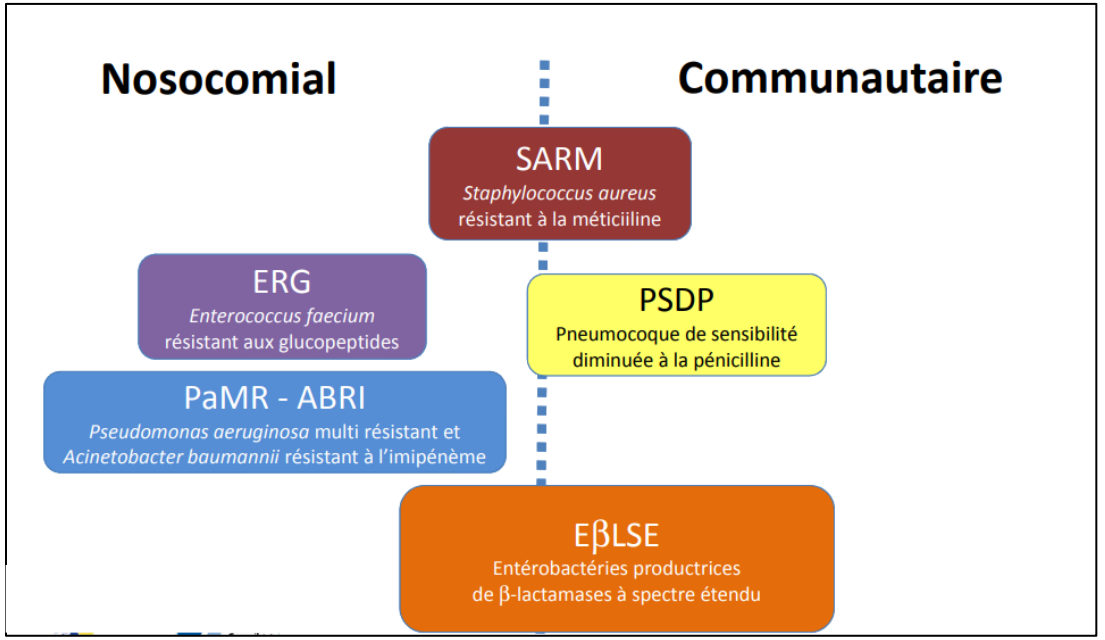
www.thelancet.com Vol 387 January 9, 2016

Antibioresistance

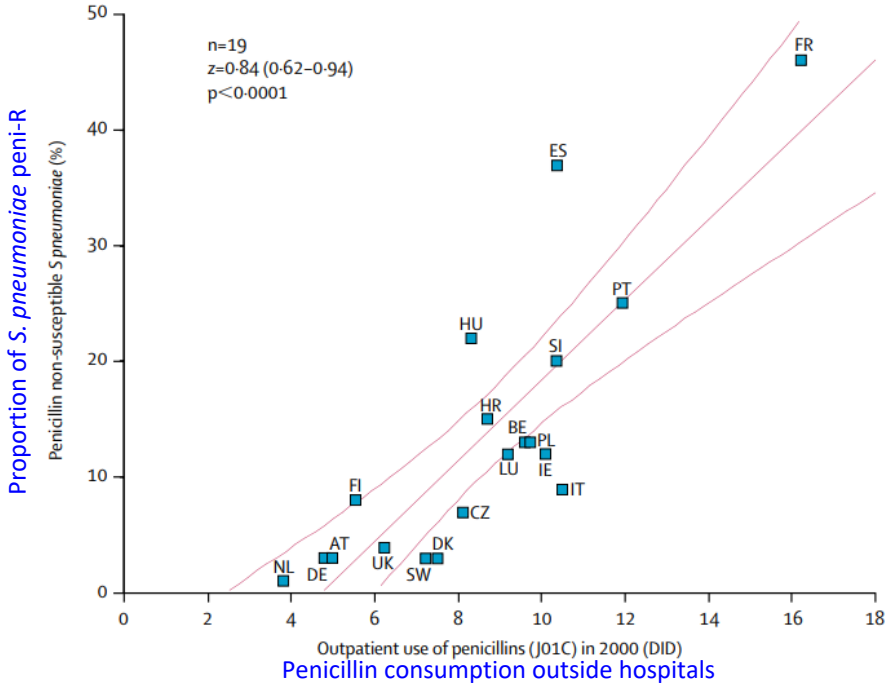
Yesterday ….



Today ….

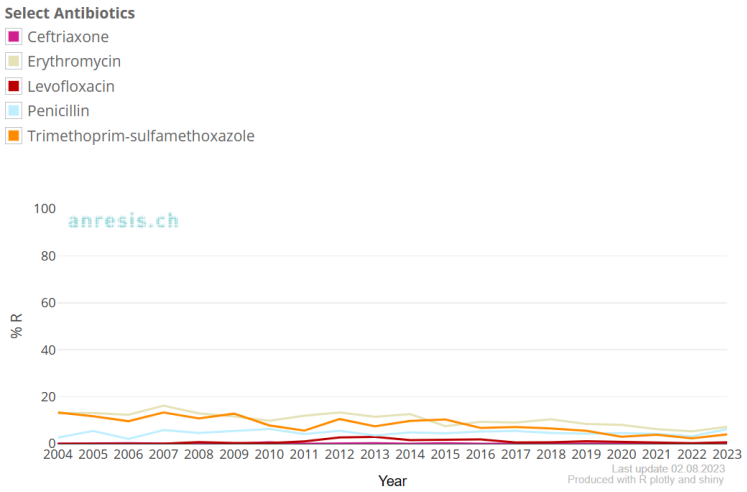


Streptococcus pneumoniae

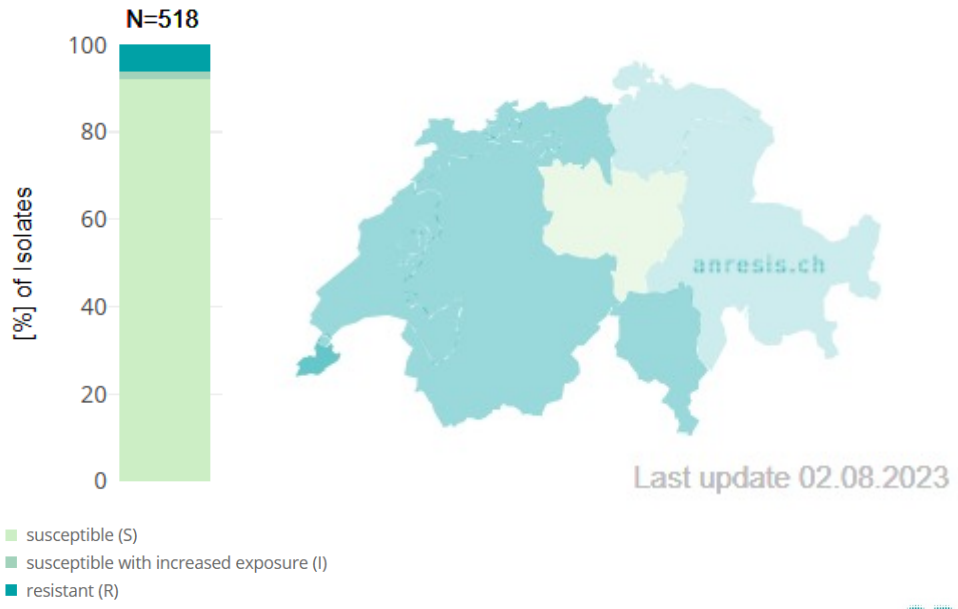


Goossens H. Lancet 2005;365(3459):579-87

Antibiotic resistance



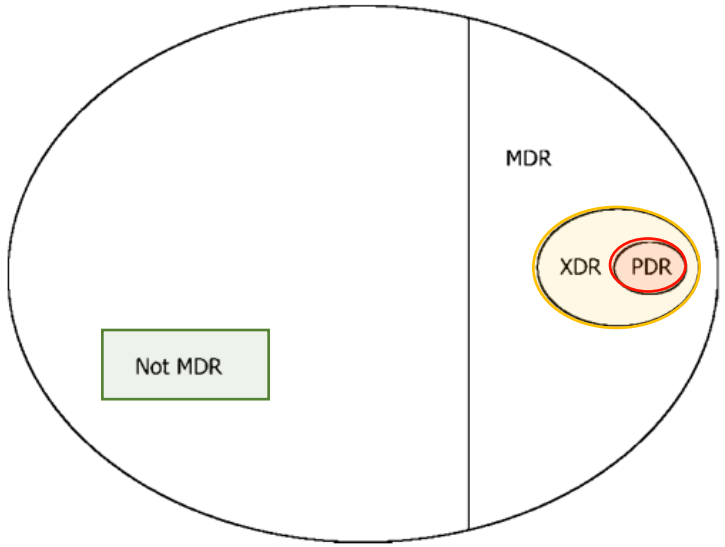
Penicillin resistance



What are multi-resistant bacteria?

Multidrug-resistant, extensively drug-resistant and pandrug-resistant bacteria: an international expert proposal for interim standard definitions for acquired resistance

A.-P. Magiorakos[1], A. Srinivasan[2], R. B. Carey[2], Y. Carmeli[3], M. E. Falagas[4,5], C. G. Giske[6], S. Harbarth[7], J. F. Hindler[8], G. Kahlmeter[9], B. Olsson-Liljequist[10], D. L. Paterson[11], L. B. Rice[12], J. Stelling[13], M. J. Struelens[1], A. Vatopoulos[14], J. T. Weber[2] and D. L. Monnet[1]



MDR At least 1 resistance in at least 3 different antibiotic families

XDR Acquired resistance for a molecule in all but 1 or 2 antibiotic families

PDR Acquired resistance in all antibiotic families

Article published online: 7 May 2011
Clin Microbiol Infect 2012; **18:** 268–281
10.1111/j.1469-0691.2011.03570.x

Multidrug-resistant, extensively drug-resistant and pandrug-resistant bacteria: an international expert proposal for interim standard definitions for acquired resistance

A.-P. Magiorakos[1], A. Srinivasan[2], R. B. Carey[2], Y. Carmeli[3], M. E. Falagas[4,5], C. G. Giske[6], S. Harbarth[7], J. F. Hindler[8], G. Kahlmeter[9], B. Olsson-Liljequist[10], D. L. Paterson[11], L. B. Rice[12], J. Stelling[13], M. J. Struelens[1], A. Vatopoulos[14], J. T. Weber[2] and D. L. Monnet[1]

THEORY	
MDR	At least 1 resistance in at least 3 different antibiotic families
XDR	Acquired resistance for a molecule in all but 1 or 2 antibiotic families
PDR	Acquired resistance in all antibiotic families

PRACTICE

Staphylococcus aureus

- methicillin-resistant (MRSA) = MDR
- resistance to methicillin and glycopeptides (vancomycin, etc.) = XDR

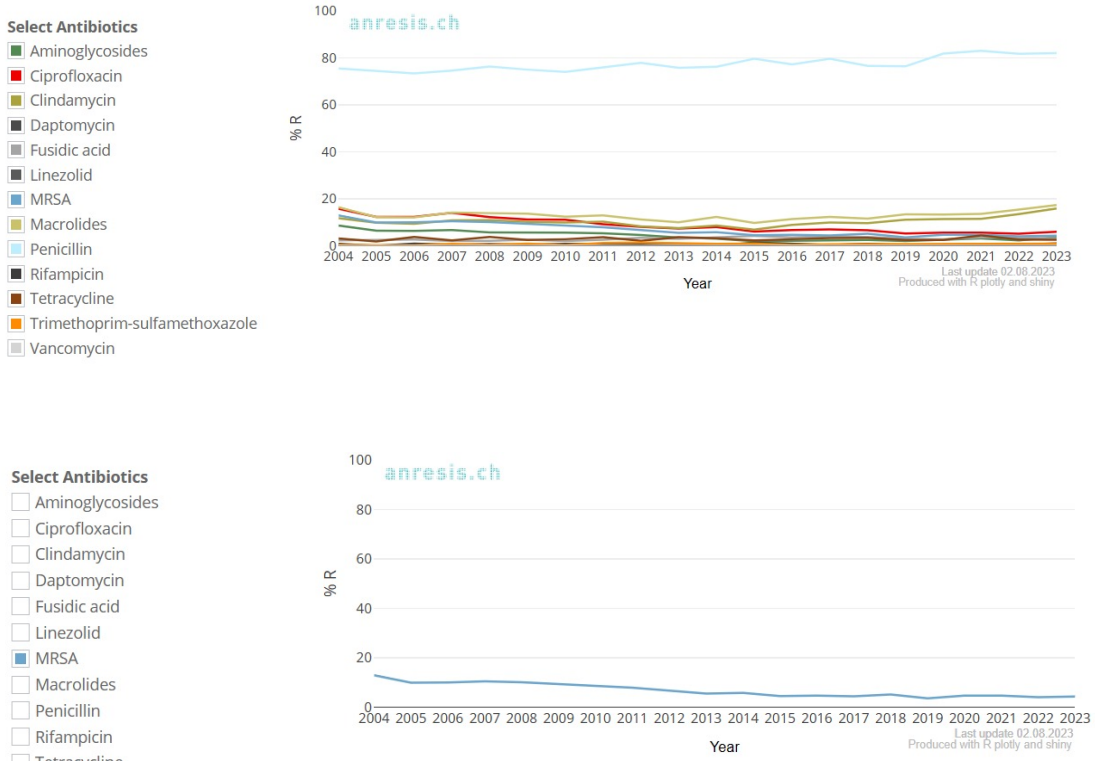
Enterobacteriaceae (*E. coli, K. pneumoniae*, etc.)

- production of an extended-spectrum betalactam (ESBL) = MDR
- production of a carbapenemase (CPE) = XDR

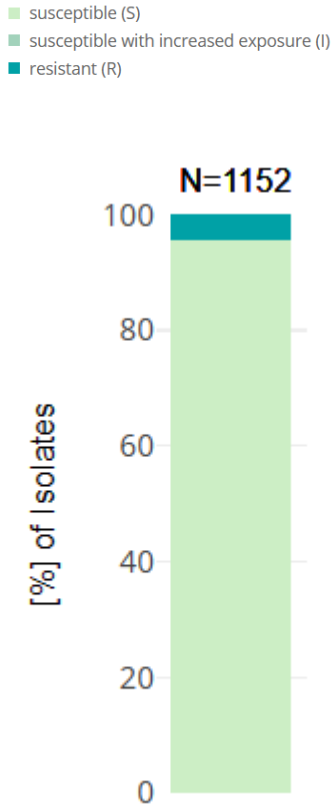
Article published online: 7 May 2011
Clin Microbiol Infect 2012; **18:** 268–281
10.1111/j.1469-0691.2011.03570.x

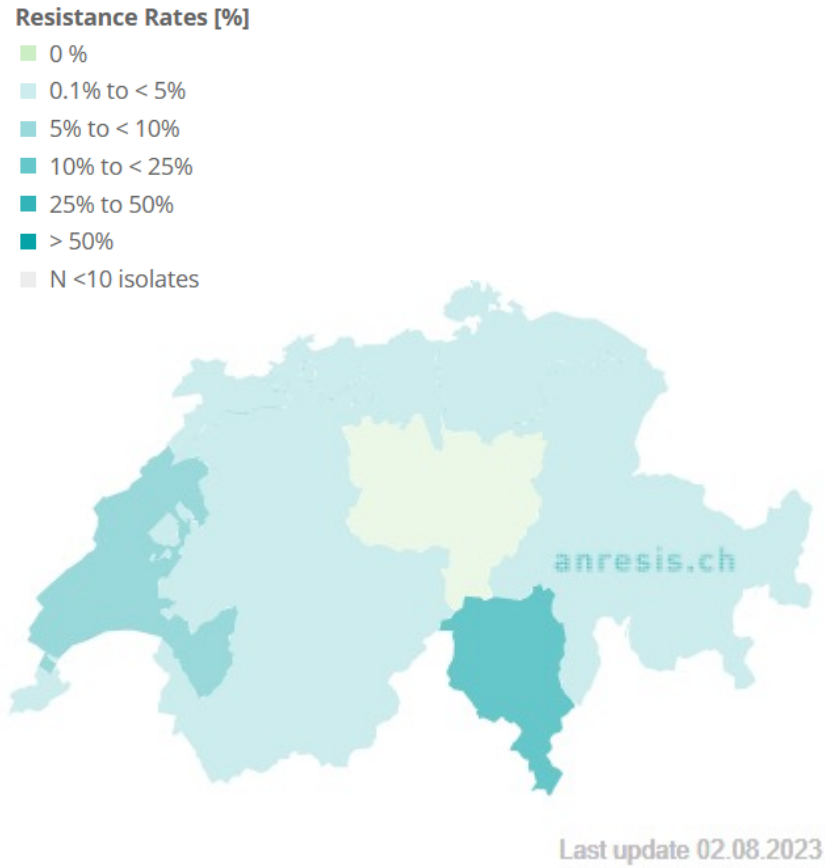
Staphylococcus aureus

Antibiotic resistance



Methicillin resistance





Multiresistance….

Emergence of a new antibiotic resistance mechanism in India, Pakistan, and the UK: a molecular, biological, and epidemiological study

Karthikeyan K Kumarasamy, Mark A Toleman, Timothy R Walsh, Jay Bagaria, Fafhana Butt, Ravikumar Balakrishnan, Uma Chaudhary, Michel Doumith, Christian G Giske, Seema Irfan, Padma Krishnan, Anil V Kumar, Sunil Maharjan, Shazad Mushtaq, Tabassum Noorie, David L Paterson, Andrew Pearson, Claire Perry, Rachel Pike, Bhargavi Rao, Ujjwayini Ray, Jayanta B Sarma, Madhu Sharma, Elizabeth Sheridan, Mandayam A Thirunarayan, Jane Turton, Supriya Upadhyay, Marina Warner, William Welfare, David M Livermore, Neil Woodford

Summary

Background Gram-negative Enterobacteriaceae with resistance to carbapenem conferred by New Delhi metallo-β lactamase 1 (NDM-1) are potentially a major global health problem. We investigated the prevalence of NDM-1, ir

ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Nov. 2010, p. 4914–4916 Vol. 54, No. 11
0066-4804/10/$12.00 doi:10.1128/AAC.00878-10

Emergence of Metallo-β-Lactamase NDM-1-Producing Multidrug-Resistant *Escherichia coli* in Australia▽

Laurent Poirel,[1] Emilie Lagrutta,[1] Peter Taylor,[2] Jeanette Pham,[2] and Patrice Nordmann[1]*

Service de Bactériologie-Virologie, INSERM U914 "Emerging Resistance to Antibiotics," Hôpital de Bicêtre, Assistance Publique/Hôpitaux de Paris, Faculté de Médecine et Université Paris-Sud, K.-Bicêtre, France,[1] and Department of Microbiology, South Eastern Area Laboratory Services, Prince of Wales Hospital, Sydney, Australia[2]

Received 28 June 2010/Returned for modification 13 August 2010/Accepted 27 August 2010

A multidrug-resistant *Escherichia coli* isolate recovered in Australia produced a carbapenem-hydrolyzing β-lactamase. Molecular investigations revealed the first identification of the bla_{NDM-1} metallo-β-lactamase gene in that country. In addition, this *E. coli* isolate expressed the extended-spectrum β-lactamase CTX-M-15, together with two 16S rRNA methylases, namely, ArmA and RmtB, conferring a high level of resistance to

MMWR Morbidity and Mortality Weekly Report

Detection of *Enterobacteriaceae* Isolates Carrying Metallo-Beta-Lactamase — United States, 2010

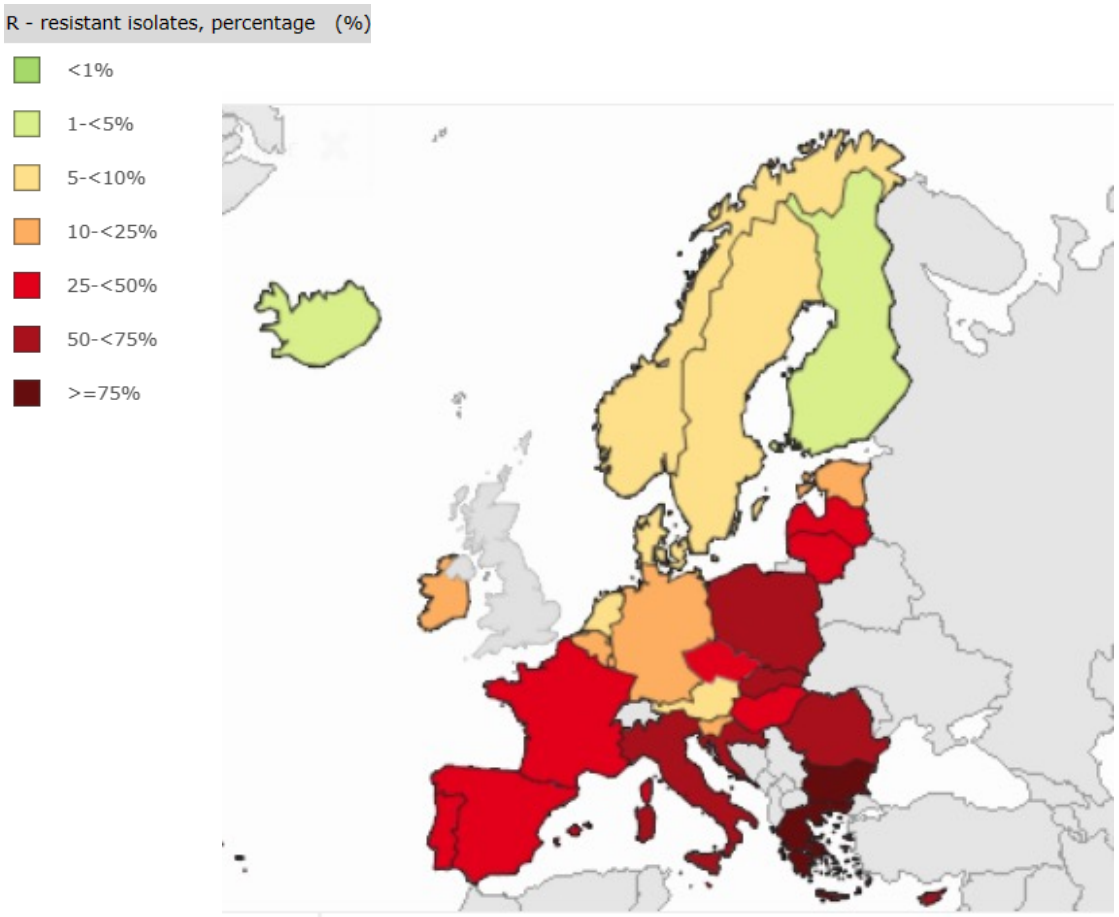
During January–June 2010, three *Enterobacteriaceae* isolates carrying a newly described resistance mechanism, the New Delhi metallo-beta-lactamase

Clinicians should be aware of the possibility of NDM-1–producing *Enterobacteriaceae* in patients who have received medical care in India and Pakistan,

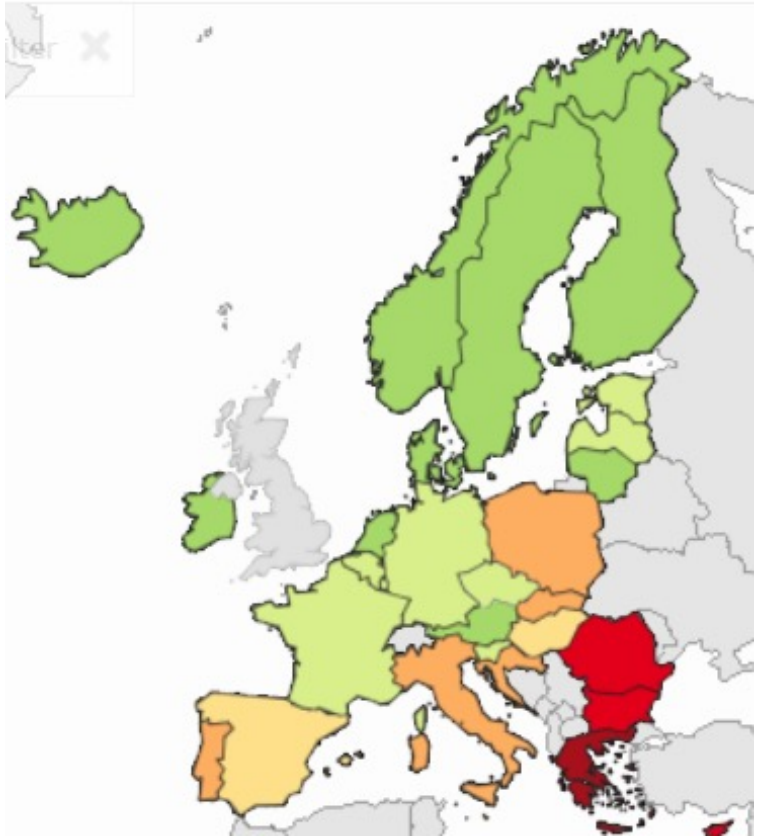
….

Klebsiella pneumoniae **(EU)**

Antibiotic resistance to third generations cephalosporins



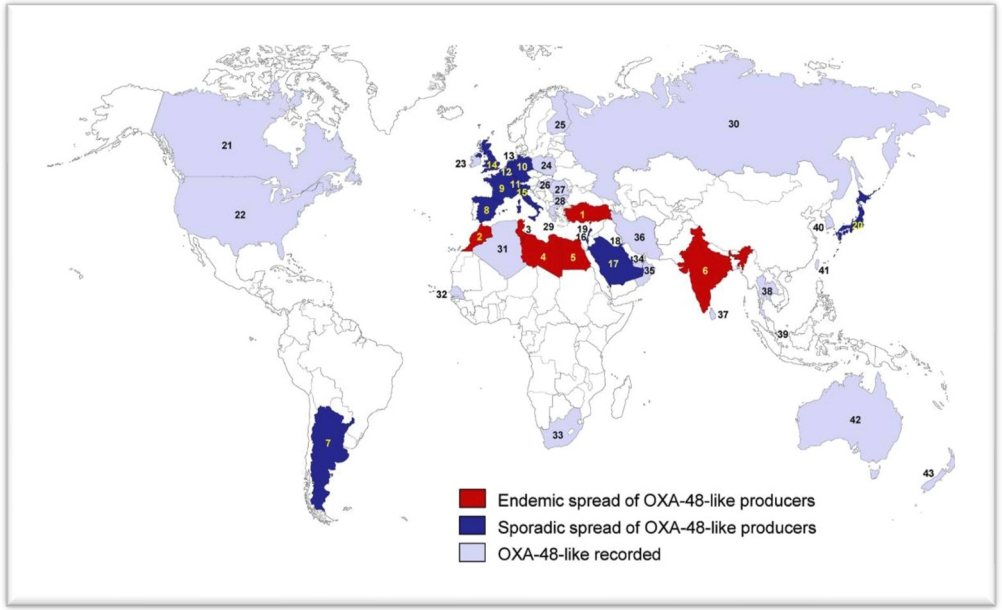
Antibiotic resistance to carbapenems



Surveillance Atlas of Infectious Diseases (europa.eu)

Klebsiella pneumoniae

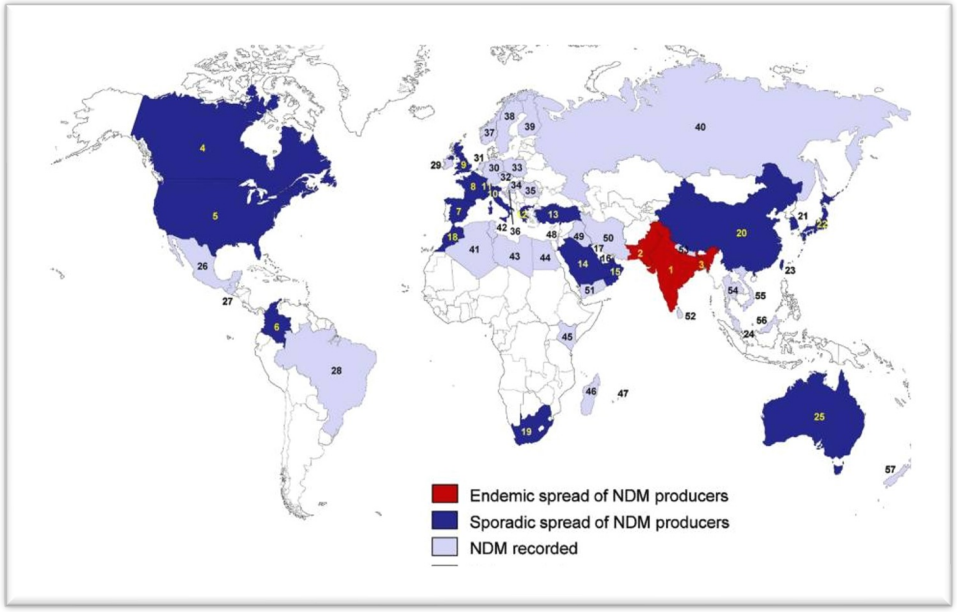
OXA-48 –like-producing *K. pneumoniae*



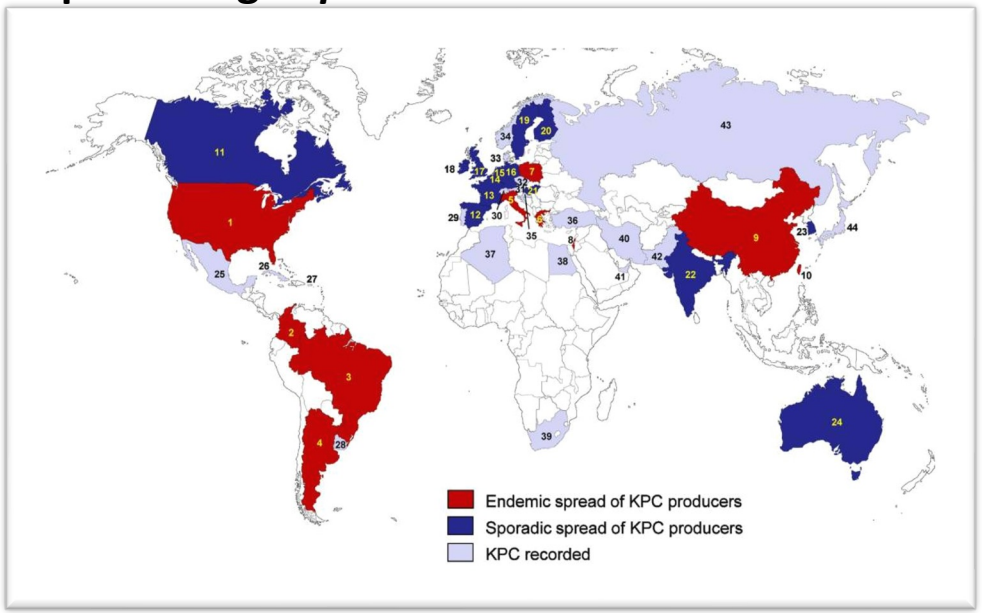
frontiers in Microbiology

Figure - PMC (nih.gov)

NDM-producing *K. pneumoniae*

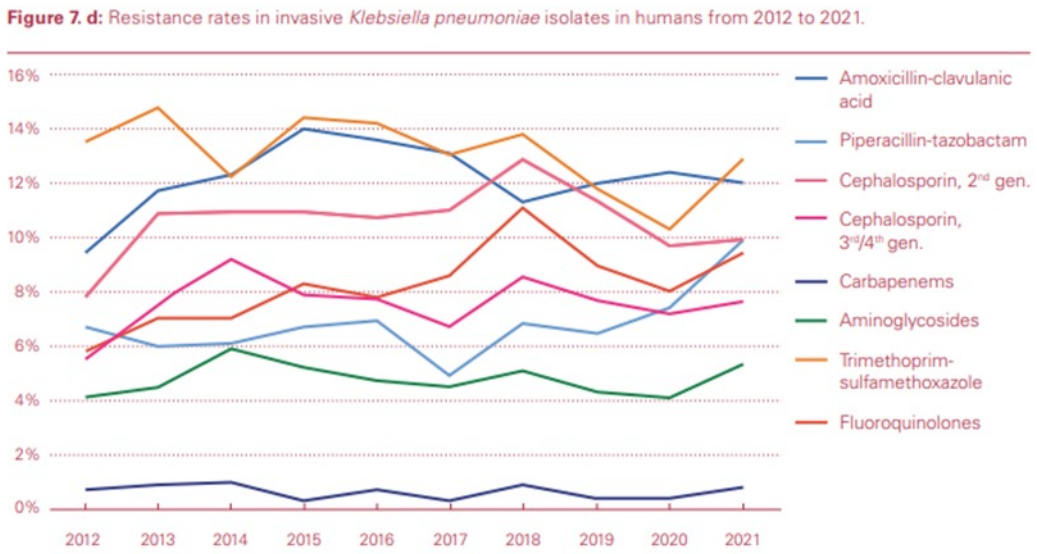


KPC-producing *K. pneumoniae*

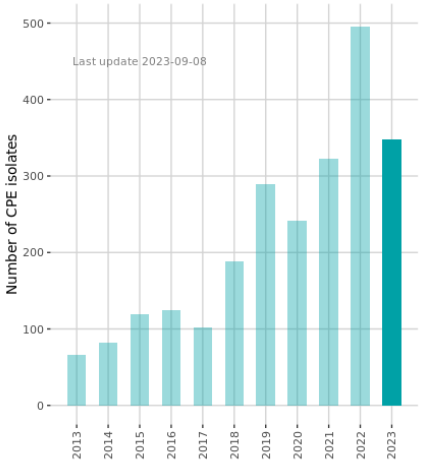


Carbapenem-resistant Enterobacterales

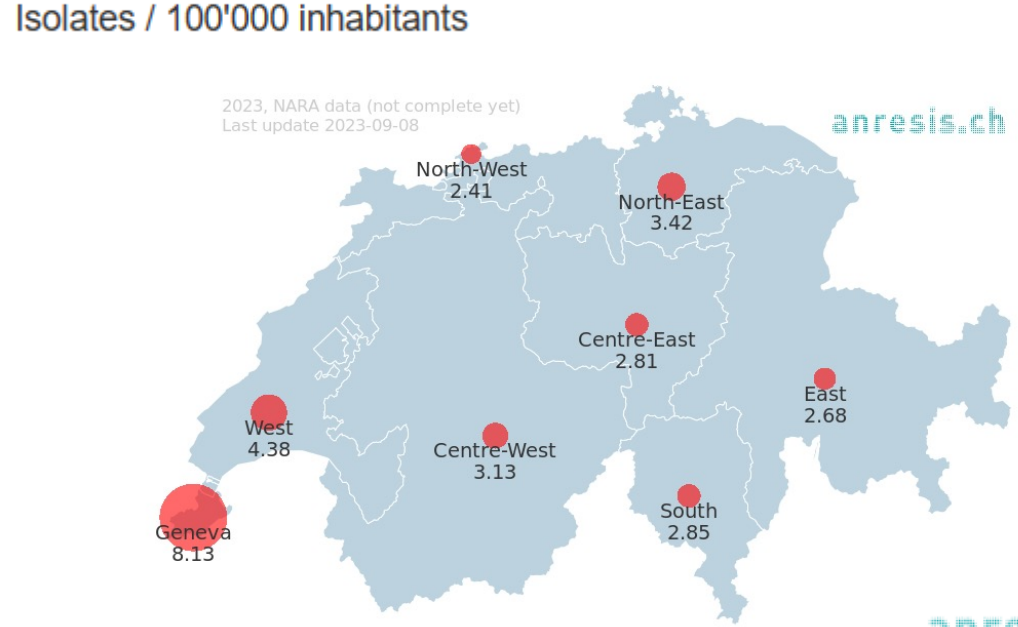
Evolution of *Kl. pneumoniae* resistance in Switzerland



Temporal course of CRE in Switzerland

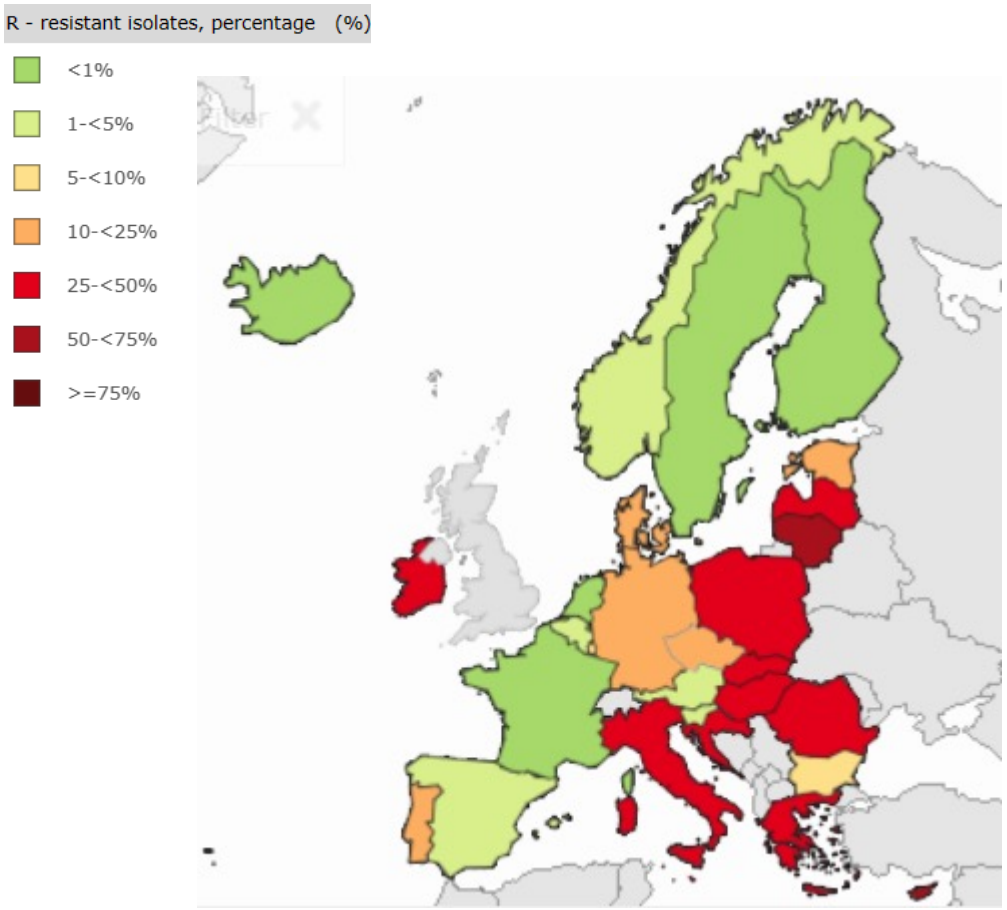


Regional distribution of CPE in Switzerland

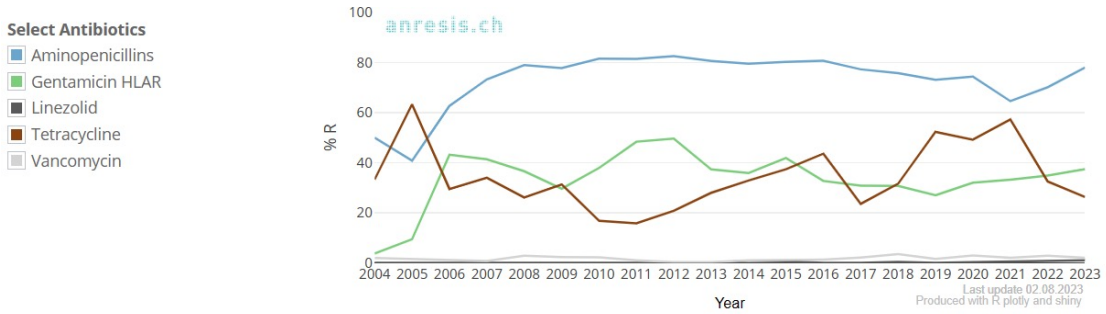


Enterococcus faecium

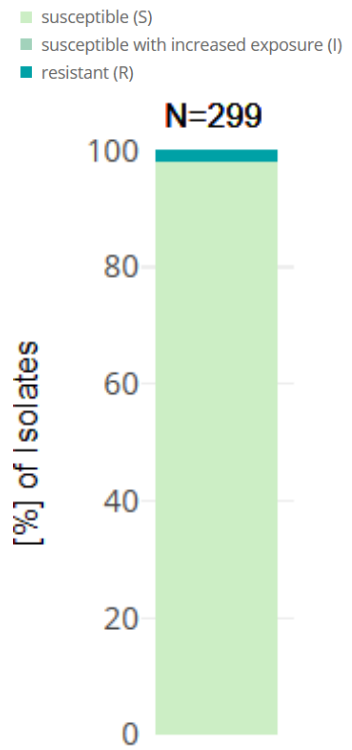
Antibiotic resistance in UE

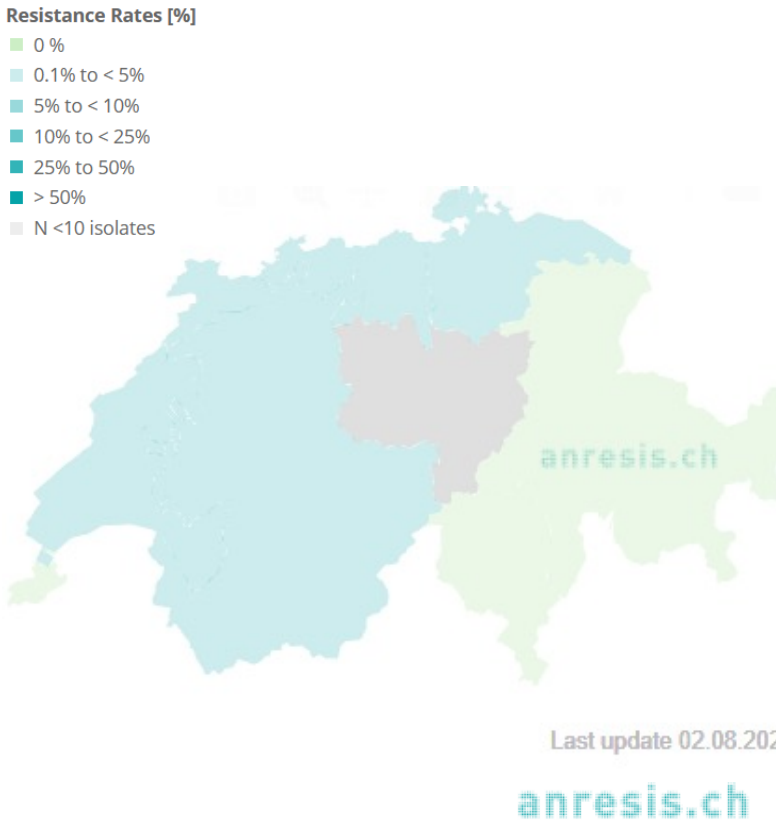


Evolution of antibiotic resistance in Switzerland



Vancomycin resistance in Switzerland





Enterococcus faecium

Outbreak in Switzerland

OUTBREAKS

Nosocomial outbreak of vancomycin-resistant *Enterococcus faecium* (VRE) ST796, Switzerland, 2017 to 2020

Vanja Piezzi[1], Nasstasja Wassilew[1], Andrew Atkinson[1], Stéphanie D'Incau[2], Tanja Kaspar[1], Helena MB Seth-Smith[3,4], Carlo Casanova[5], Pascal Bittel[5], Philipp Jent[1], Rami Sommerstein[1,6], Niccolò Buetti[7,8], Jonas Marschall[1,9]

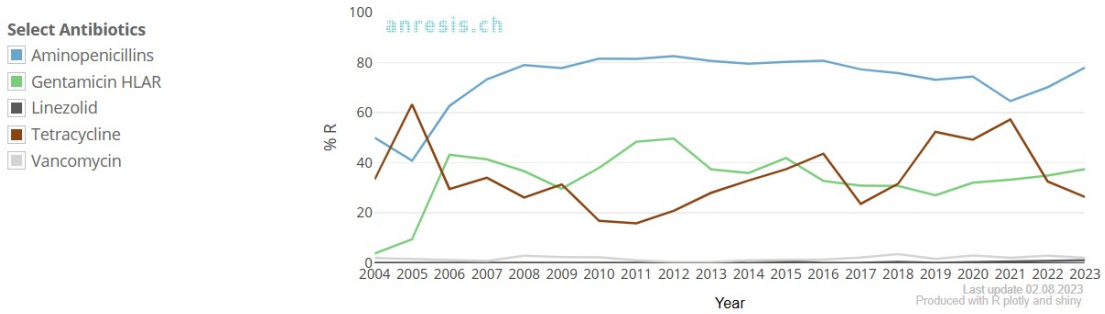
1. Department of Infectious Diseases, University Hospital Bern, University of Bern, Bern, Switzerland
2. Department of Infectious Diseases, Lucerne Cantonal Hospital, Lucerne, Switzerland
3. Division of Clinical Bacteriology and Mycology, University Hospital Basel, Basel, Switzerland and Applied Microbiology Research, Department of Biomedicine, University of Basel, Basel, Switzerland
4. Institute of Medical Microbiology, University of Zurich, Zurich, Switzerland
5. Institute for Infectious Diseases, University of Bern, Bern, Switzerland
6. Department Health Sciences and Medicine, Clinic St. Anna, University of Lucerne, Lucerne, Switzerland
7. Infection Control Programme, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland
8. INSERM, IAME, Université Paris-Cité, Paris, France
9. Division of Infectious Diseases, Department of Internal Medicine, Washington University School of Medicine, St. Louis, MO, United States

Correspondence: Vanja Piezzi (vanja.piezzi@insel.ch)

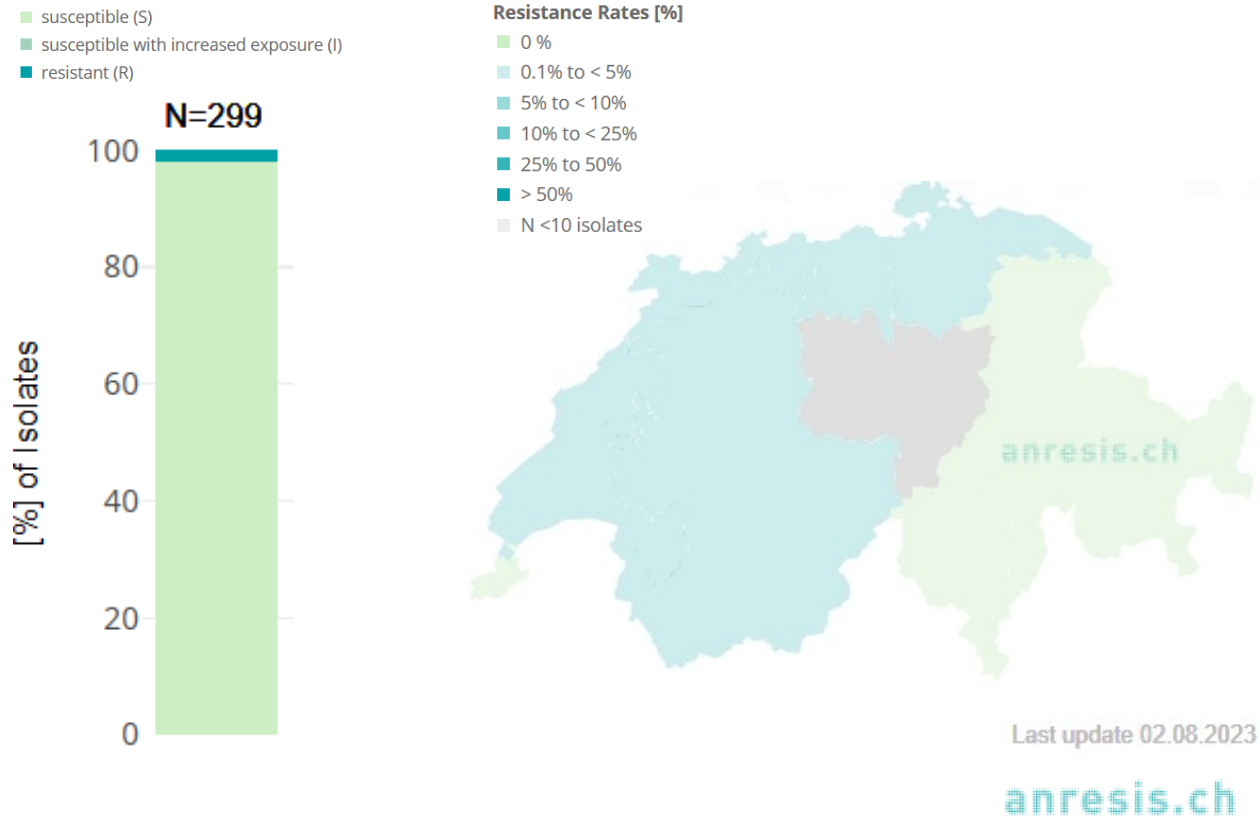
Citation style for this article:
Piezzi Vanja, Wassilew Nasstasja, Atkinson Andrew, D'Incau Stéphanie, Kaspar Tanja, Seth-Smith Helena MB, Casanova Carlo, Bittel Pascal, Jent Philipp, Sommerstein Rami, Buetti Niccolò, Marschall Jonas. Nosocomial outbreak of vancomycin-resistant Enterococcus faecium (VRE) ST796, Switzerland, 2017 to 2020. Euro Surveill. 2022;27(48):pii=2200285. https://doi.org/10.2807/1560-7917.ES.2022.27.48.2200285

Article submitted on 29 Mar 2022 / accepted on 11 Aug 2022 / published on 01 Dec 2022

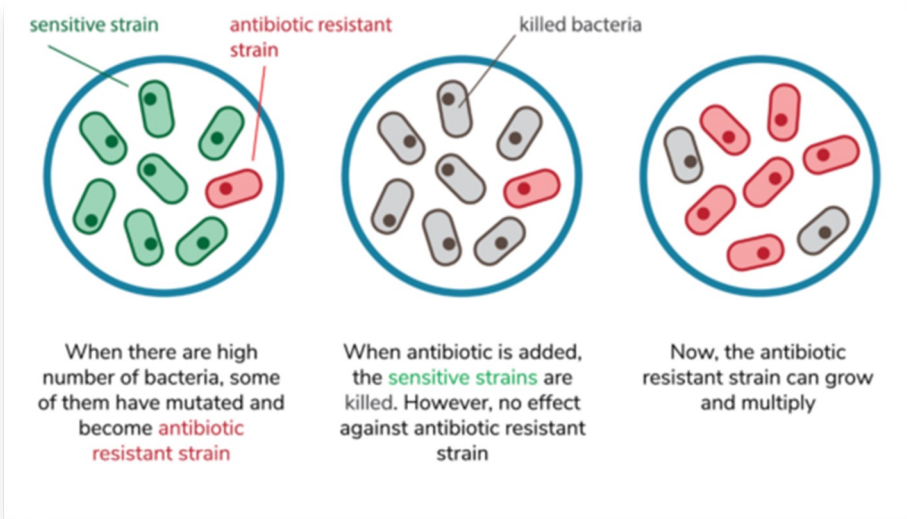
Evolution of antibiotic resistance in Switzerland

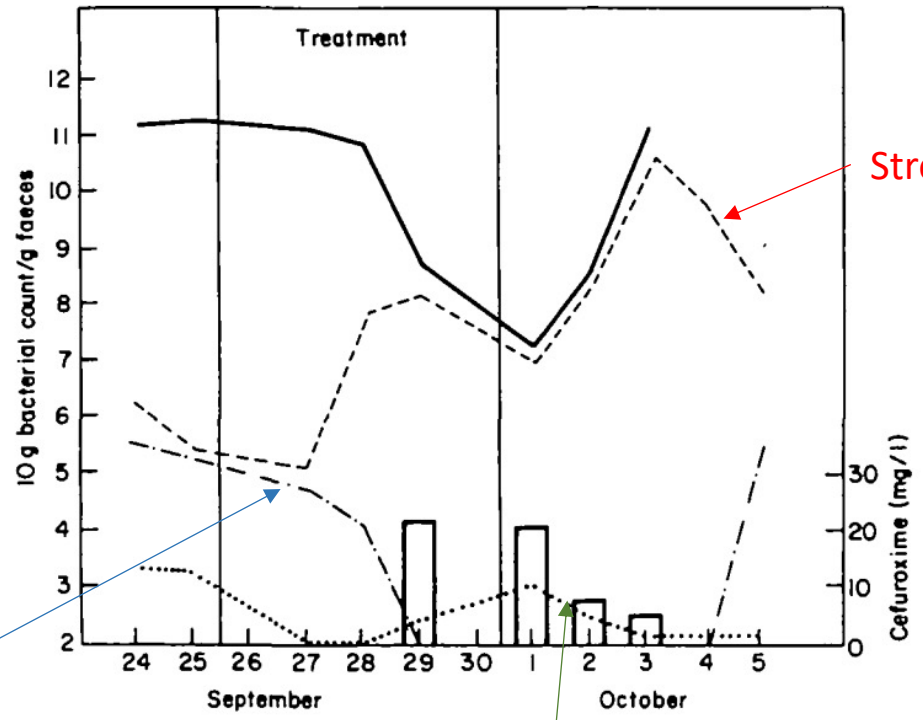


Vancomycin resistance in Switzerland



Antibiotic selection pressure





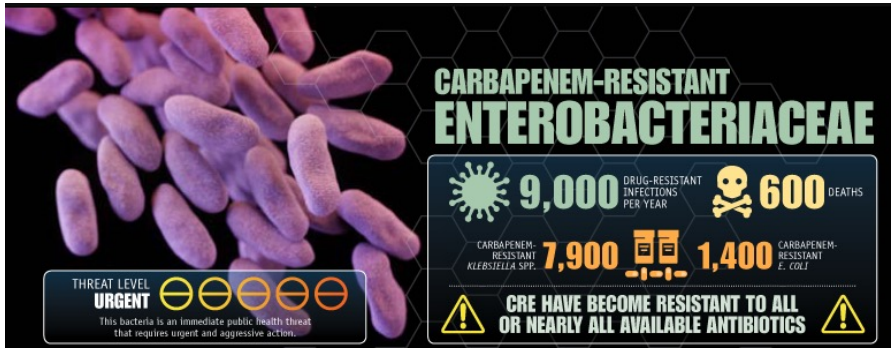
Journal of Antimicrobial Chemotherapy (1990) **26**, 261–268

Burden of antibiotic therapy

How can we measure the burden of antibiotic resistance?

- Incidence in relation to the population
- Prevalence: proportion of R in the species
- Mortality, lethality
- Potential years of life lost = DALY (disability-adjusted life years)

Multiresistant bacteria - Death



The Guardian

Antimicrobial resistance now a leading cause of death worldwide, study finds

Lancet analysis highlights need for urgent action to address antibiotic-resistant bacterial infections

A researcher holds up two culture plates growing bacteria in the presence of discs containing various antibiotics. The one on the right has a strain that is resistant to all antibiotics tested. Photograph: Science History Images/Alamy

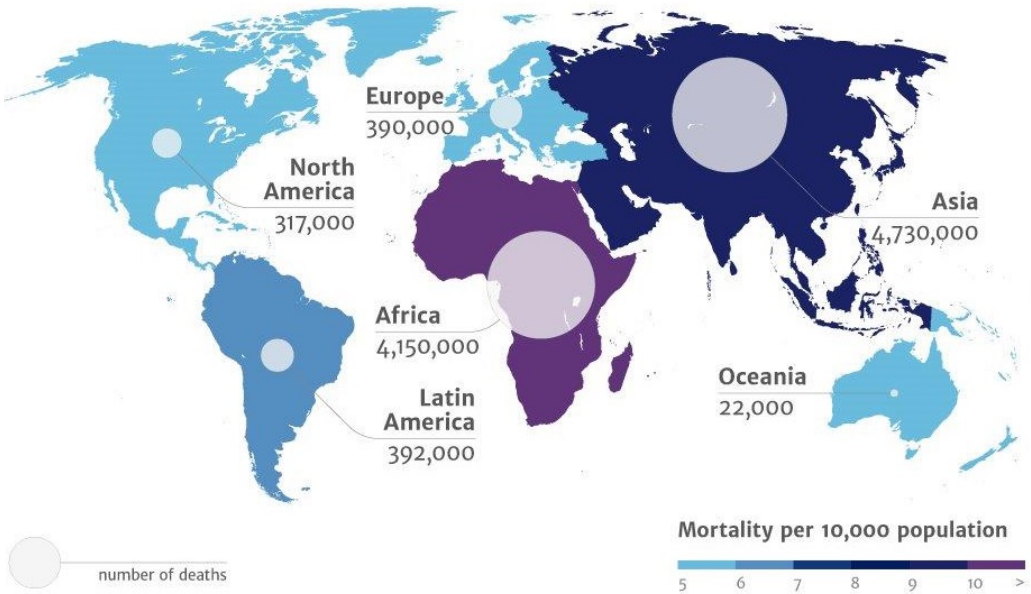
Review on Antimicrobial Resistance

Tackling drug-resistant infections globally

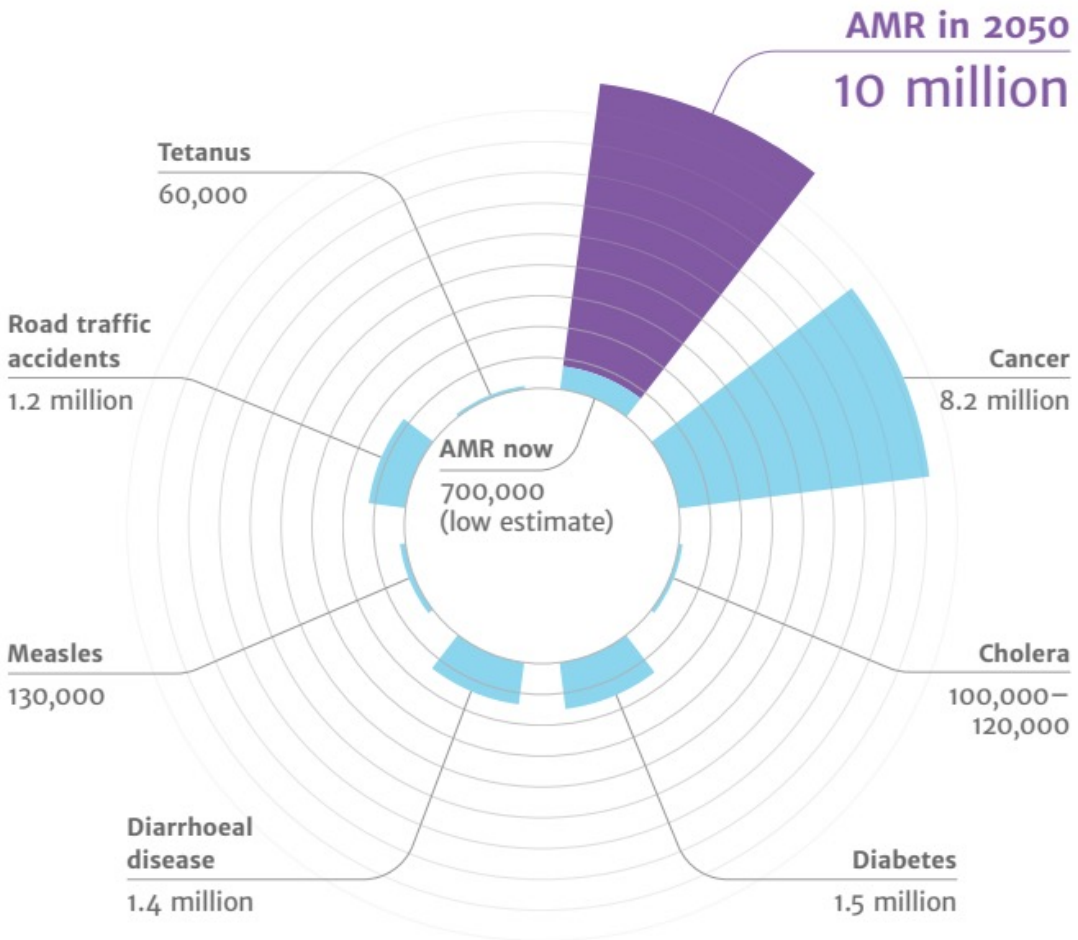
TACKLING DRUG-RESISTANT INFECTIONS GLOBALLY:
FINAL REPORT AND RECOMMENDATIONS

THE REVIEW ON ANTIMICROBIAL RESISTANCE
CHAIRED BY JIM O'NEILL

MAY 2016



DEATHS ATTRIBUTABLE TO AMR EVERY YEAR



Attributable deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU and the European Economic Area in 2015: a population-level modelling analysis

*Alessandro Cassini, Liselotte Diaz Högberg, Diamantis Plachouras, Annalisa Quattrocchi, Ana Hoxha, Gunnar Skov Simonsen, Mélanie Colomb-Cotinat, Mirjam E Kretzschmar, Brecht Devleesschauwer, Michele Cecchini, Driss Ait Ouakrim, Tiago Cravo Oliveira, Marc J Struelens, Carl Suetens, Dominique L Monnet, and the Burden of AMR Collaborative Group**

Lancet Infect Dis 2019; 19: 56-66

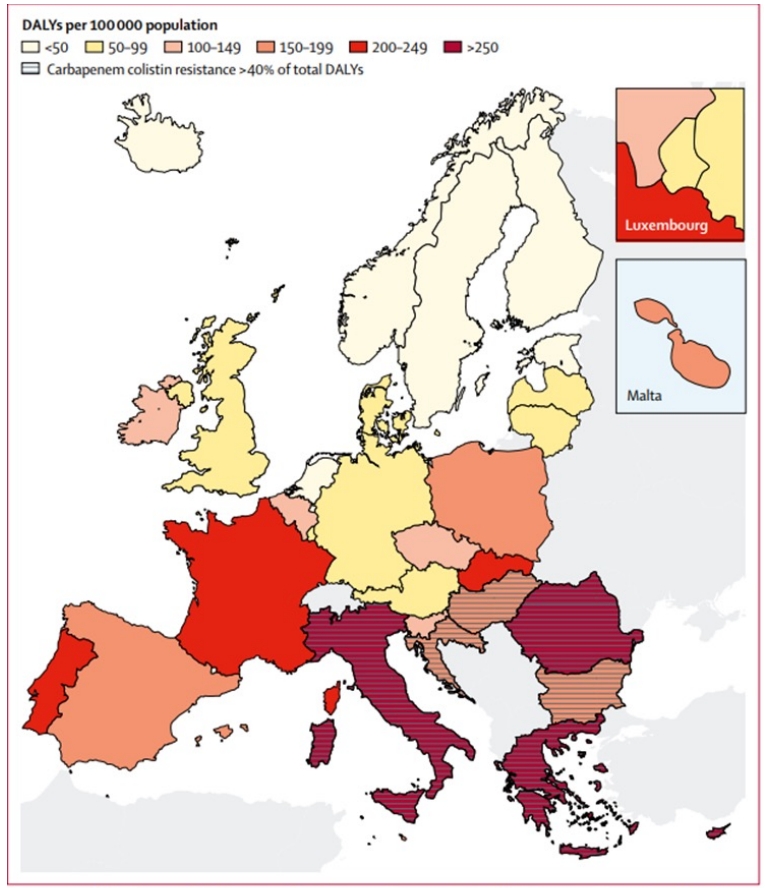
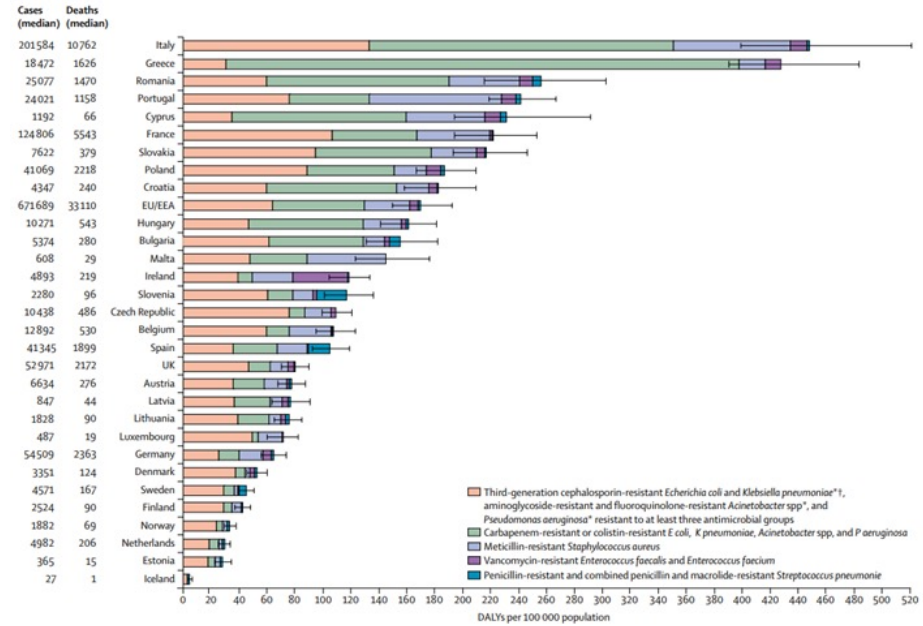
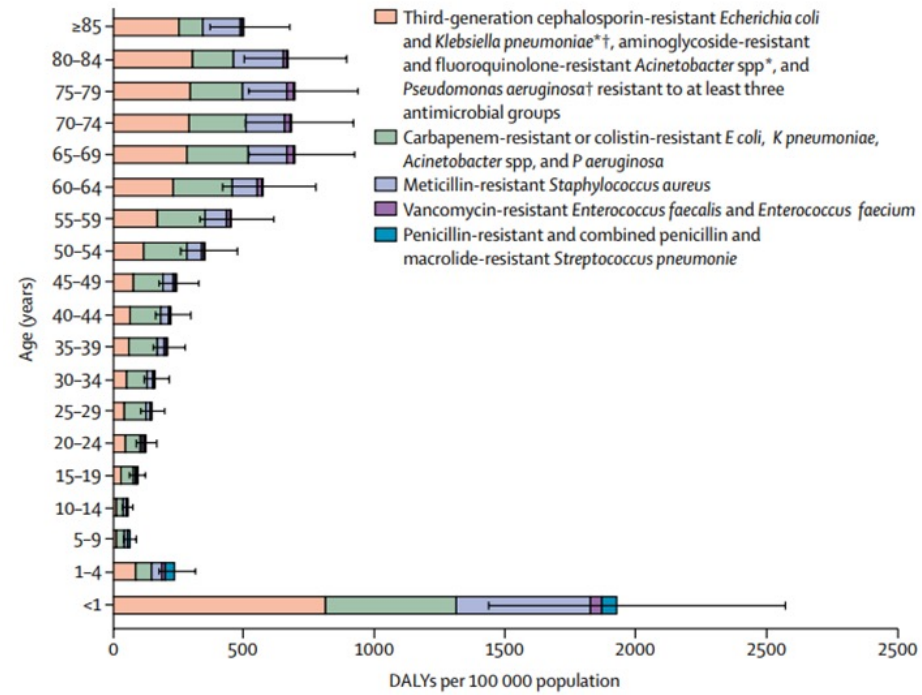


Figure 4: **Model estimates of the burden of infections with selected antibiotic-resistant bacteria of public health importance in DALYs per 100 000 population, EU and European Economic Area, 2015**
Greece did not report data on *S pneumoniae* isolates to the European Antimicrobial Resistance Surveillance Network in 2015. DALYs=disability-adjusted life-years.





Associated deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in Switzerland, 2010 to 2019

Michael Gasser[1] , Alessandro Cassini[2,3] , Danilo Lo Fo Wong[4] , Marcello Gelormini[4] , Saskia Andrea Nahrgang[4] , Walter Zingg[5] , Andreas Oskar Kronenberg[1]

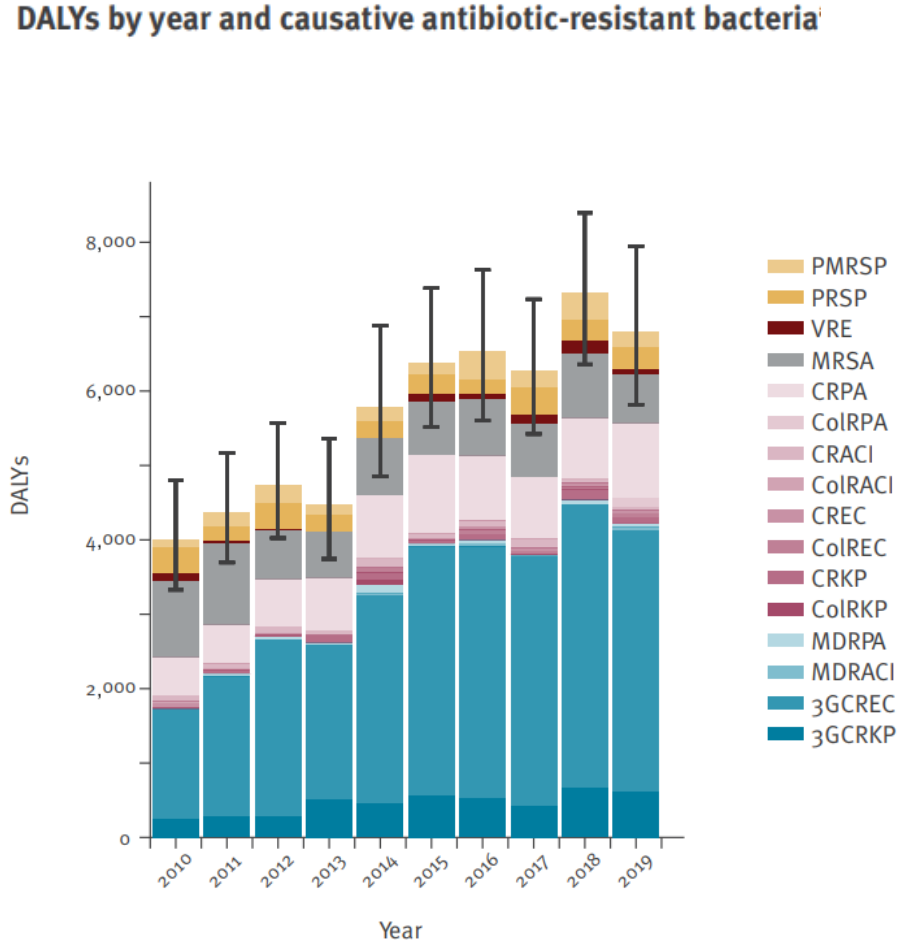
1. Swiss Centre for Antibiotic Resistance (ANRESIS), Institute for Infectious Diseases, University of Bern, Bern, Switzerland
2. Deputy Cantonal Doctor, Public Health Department, Canton of Vaud, Lausanne, Switzerland
3. Infection Prevention and Control Unit, Infectious Diseases Service, Lausanne University Hospital, Lausanne, Switzerland
4. Control of Antimicrobial Resistance Programme, World Health Organization Regional Office for Europe, Copenhagen, Denmark
5. Division of Infectious Diseases and Hospital Epidemiology, University Hospital Zurich, Zurich, Switzerland

Correspondence: Michael Gasseri (michael.gasser@ifik.unibe.ch)

Citation style for this article:
Gasser Michael, Cassini Alessandro, Lo Fo Wong Danilo, Gelormini Marcello, Nahrgang Saskia Andrea, Zingg Walter, Kronenberg Andreas Oskar. Associated deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in Switzerland, 2010 to 2019. Euro Surveill. 2023;28(20):pii=2200532. https://doi.org/10.2807/1560-7917.ES.2023.28.20.2200532

Article submitted on 01 Jul 2022 / accepted on 21 Nov 2022 / published on 18 May 2023

2010-2019	
Infection	+104%
DALYs	+70%
Death	+111%



Cost of antibiotic resistance

Comparison of *Staphylococcus aureus* Infections Due to Susceptible and Resistant Pathogens (14 Matched Pairs)

	Methicillin-Susceptible	Methicillin-Resistant	P
Median age, y	68	67	
Median hospital days preinfection	3	3	
Median hospital days postinfection	14	18	.04

Comparison of *Klebsiella pneumoniae* Infections Due to Susceptible and Resistant Pathogens (9 Matched Pairs)

	ESβL-Negative	ESβL-Positive	P
Median age, y	77	83	
Median hospital days preinfection	35	9	.02
Median hospital days postinfection	11	29	.03

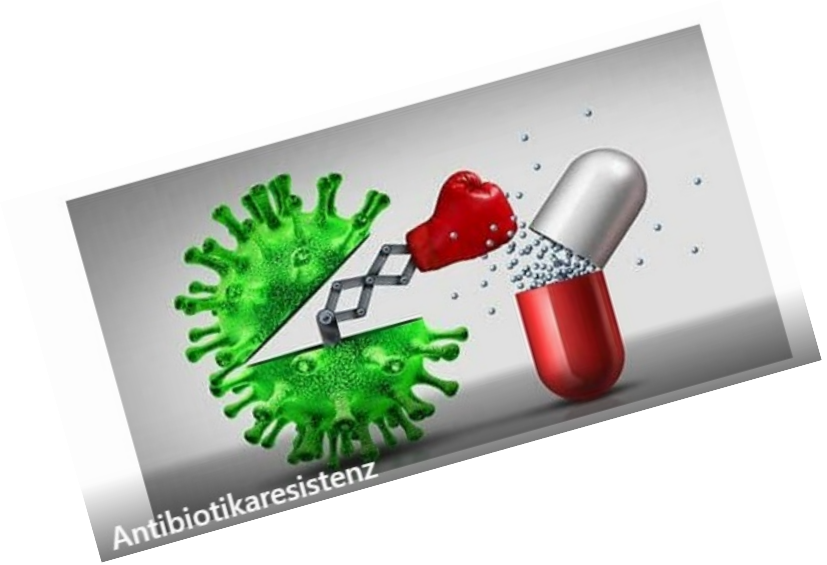
Comparison of *Pseudomonas aeruginosa* Infections Due to Susceptible and Resistant Pathogens (10 Matched Pairs)

	Carbapenem-Susceptible	Carbapenem-Resistant	P
Median age, y	65	67	
Median hospital days preinfection	15	12	.004
Median hospital days postinfection	20	33.5	.002

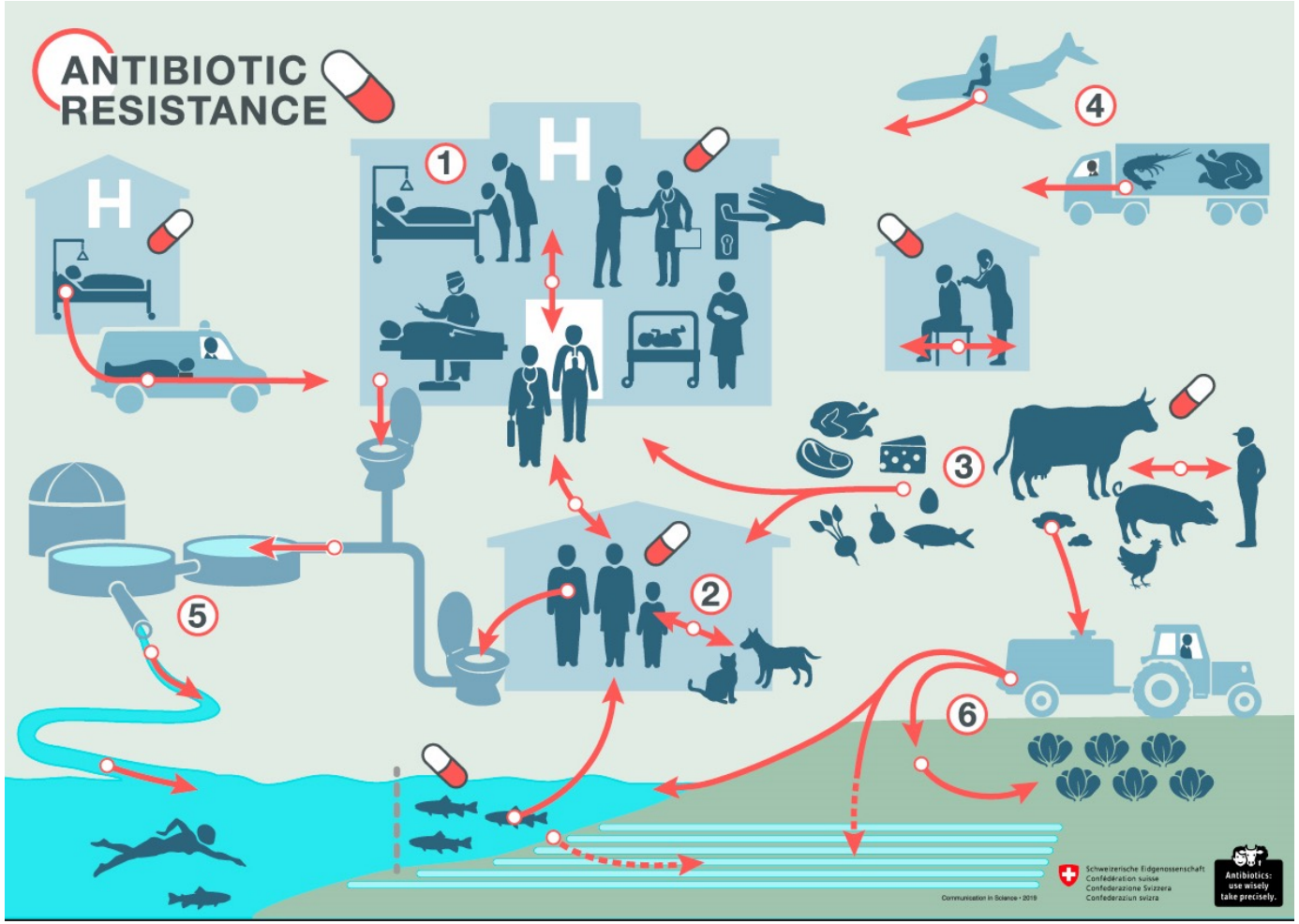
Comparison of *Acinetobacter baumanii* Infections Due to Susceptible and Resistant Pathogens (10 Matched Pairs)

	Carbapenem-Susceptible	Carbapenem-Resistant	P
Median age, y	83	76.5	
Median hospital days preinfection	12.5	9.5	.004
Median hospital days postinfection	13	31.5	.02

Campaign to raise awareness of the correct use of antibiotics



“One health" global approach



Presentation plan

1-Multidrug-resistant bacteria

2-Pandemics

3-And Co

Influenza-Pandemie Plan Schweiz

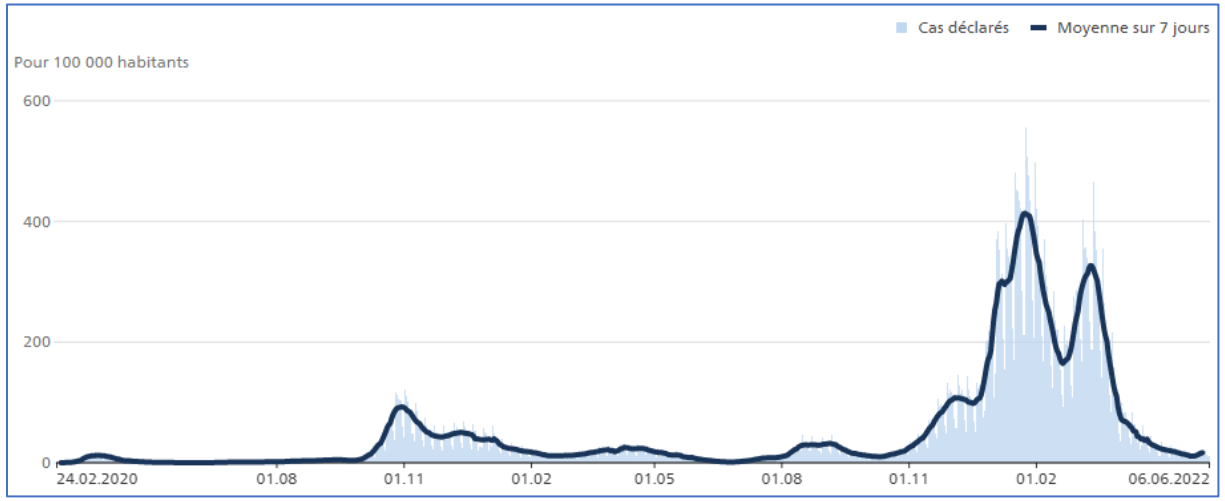
- The central ethical values in the fight against a pandemic are **the protection of life, fairness, freedom, responsibility and solidarity**
- In the event of a crisis, appropriate measures should be taken to **prevent disunity**
- **Distributive justice** is a principle that must be respected. By this we mean the justice of the rules of distribution and their results
- **Every human being has the same value** when it comes to life and health
- **The life of every person**, young or old, man or woman, rich or marginalised, etc..... **has the same value.**

Pandemic distribution principles

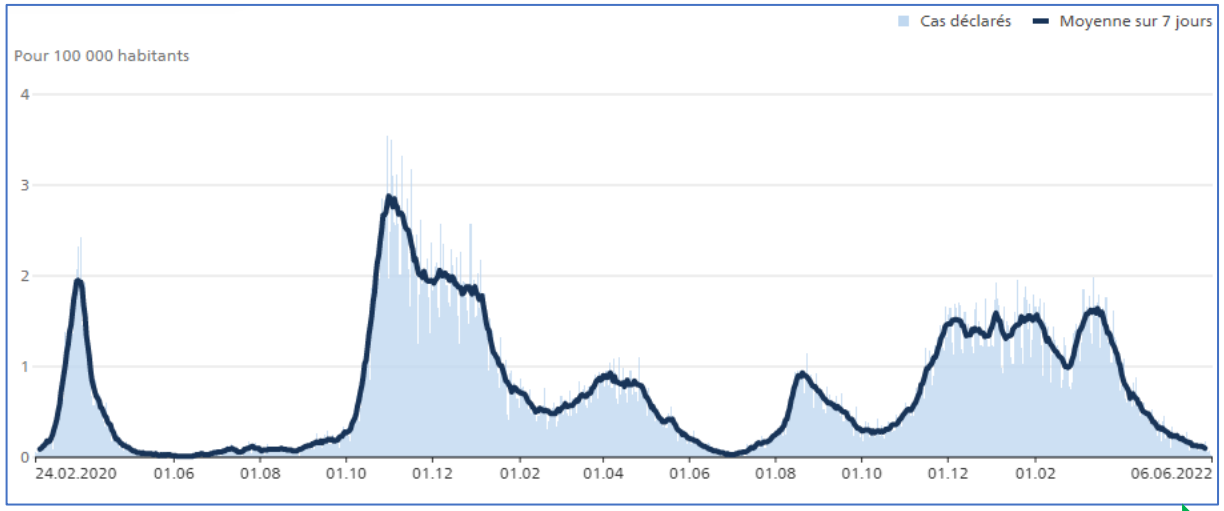
Phase	Behandlungsmöglichkeit	Zu behandelnde Personen	Grundregel der Verteilung
1. Phase	Behandlungsmöglichkeit > Behandlungsnachfrage	Alle Bedürftigen	In der Reihenfolge der Anfragen
2. Phase	Behandlungsmöglichkeit < Behandlungsnachfrage	Unmittelbar gefährdete Menschen	Nach Massgabe des Zustandes, der Bedrohung oder Gefährdung
3. Phase	Behandlungsmöglichkeit < dringender Behandlungsbedarf	Nur lebensbedrohlich Erkrankte	Nach Massgabe zunehmender Überlebenschance (vgl. Triage der Katastrophenmedizin)

Evolution of the COVID-19 pandemic, Switzerland and Liechstentein

Laboratory-confirmed cases



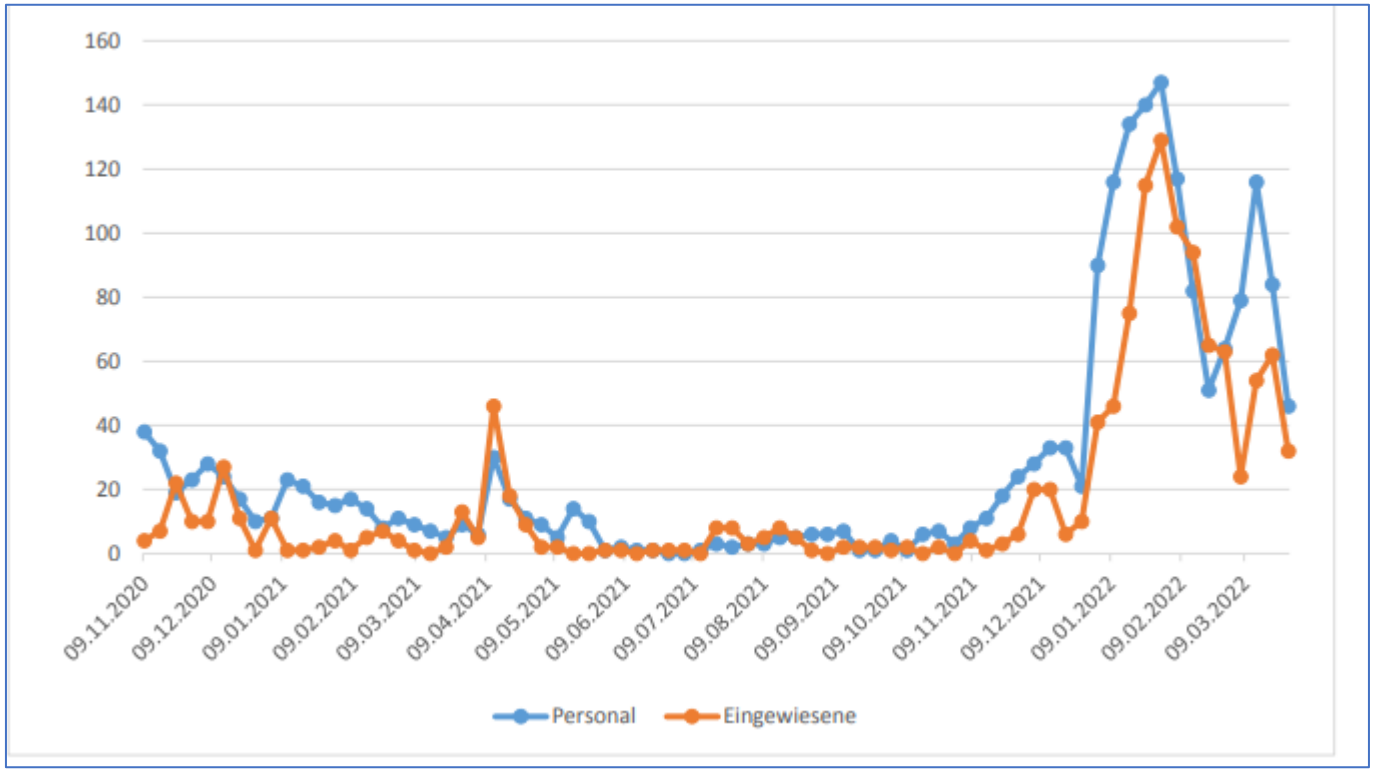
Cases hospitalised laboratory confirmed



Vaccination

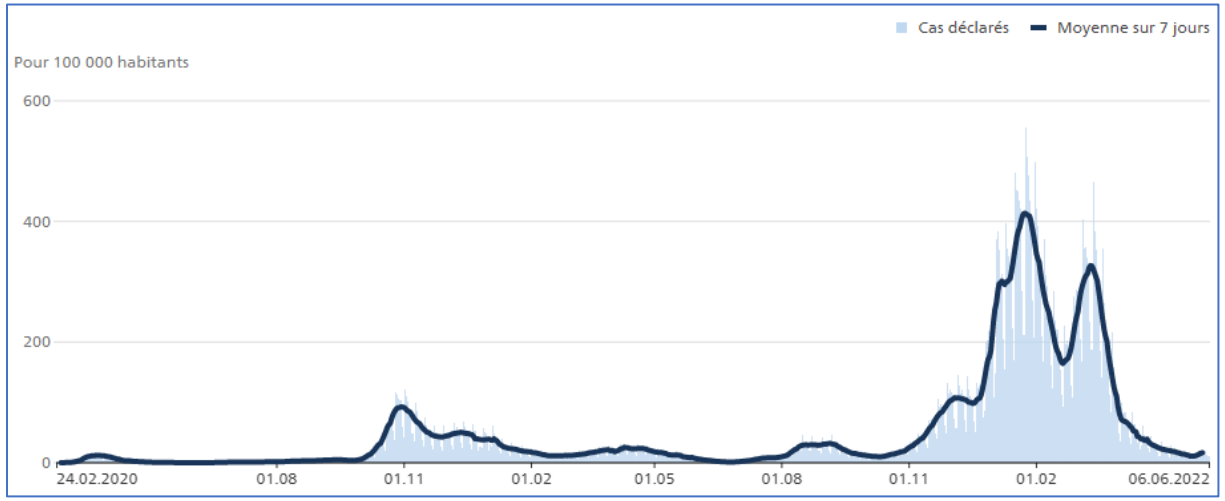
Evolution of the COVID-19 pandemic, Switzerland

New COVID infections in Swiss prisons

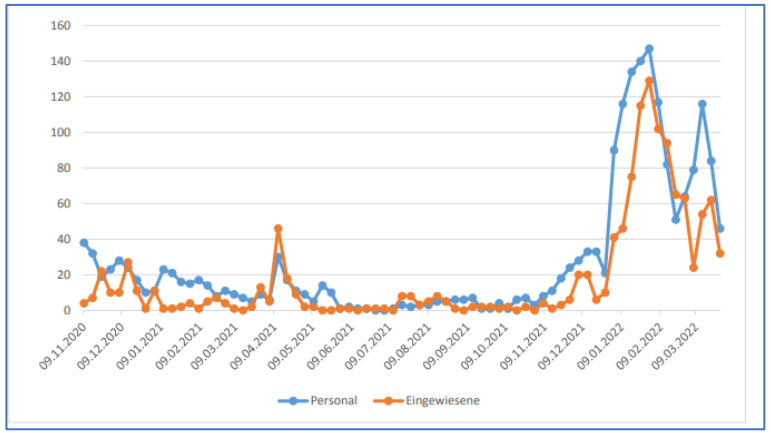


Evolution de la pandémie COVID-19, Suisse et Liechstentein

Laboratory-confirmed cases

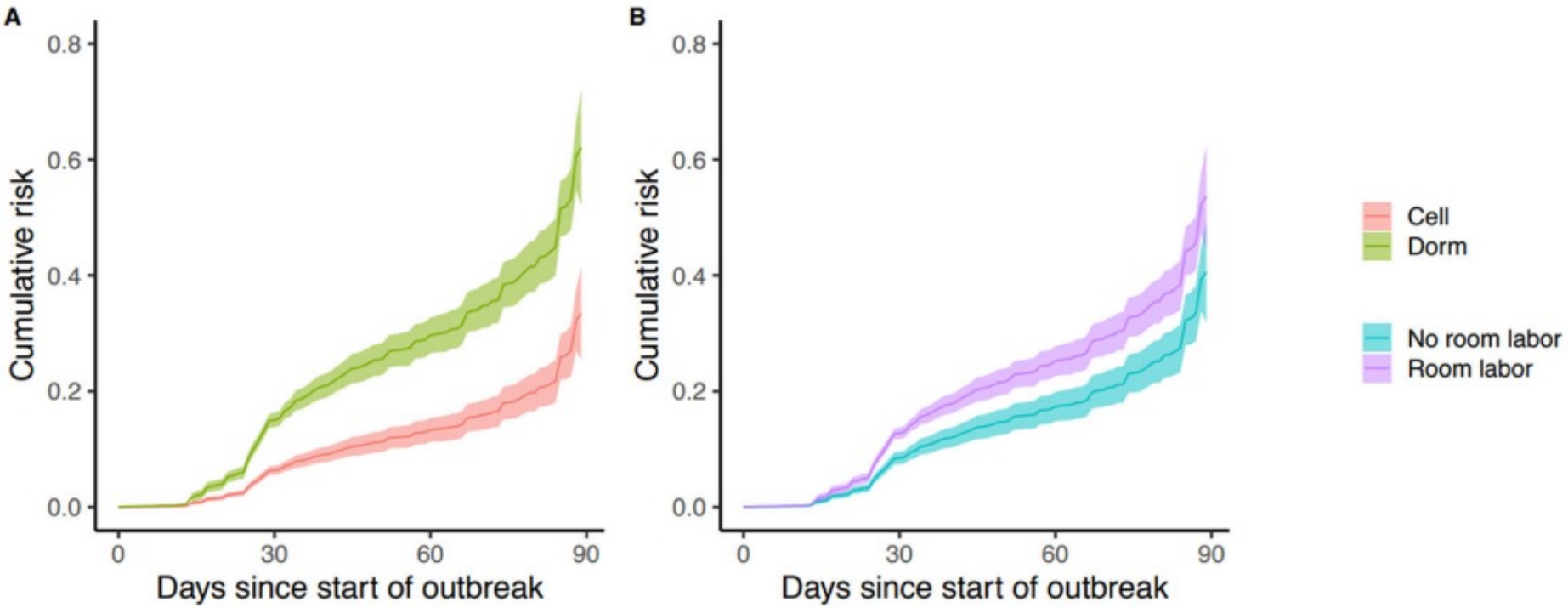


New COVID infections in Swiss prisons



Vaccination

Adjusted cumulative risk of COVID-19 infection in the event of a prison outbreak



J Gen Intern Med 36(10):3096–102
DOI: 10.1007/s11606-021-07022-x

Transfers of prisoners and COVID-19 cases to a detention centre

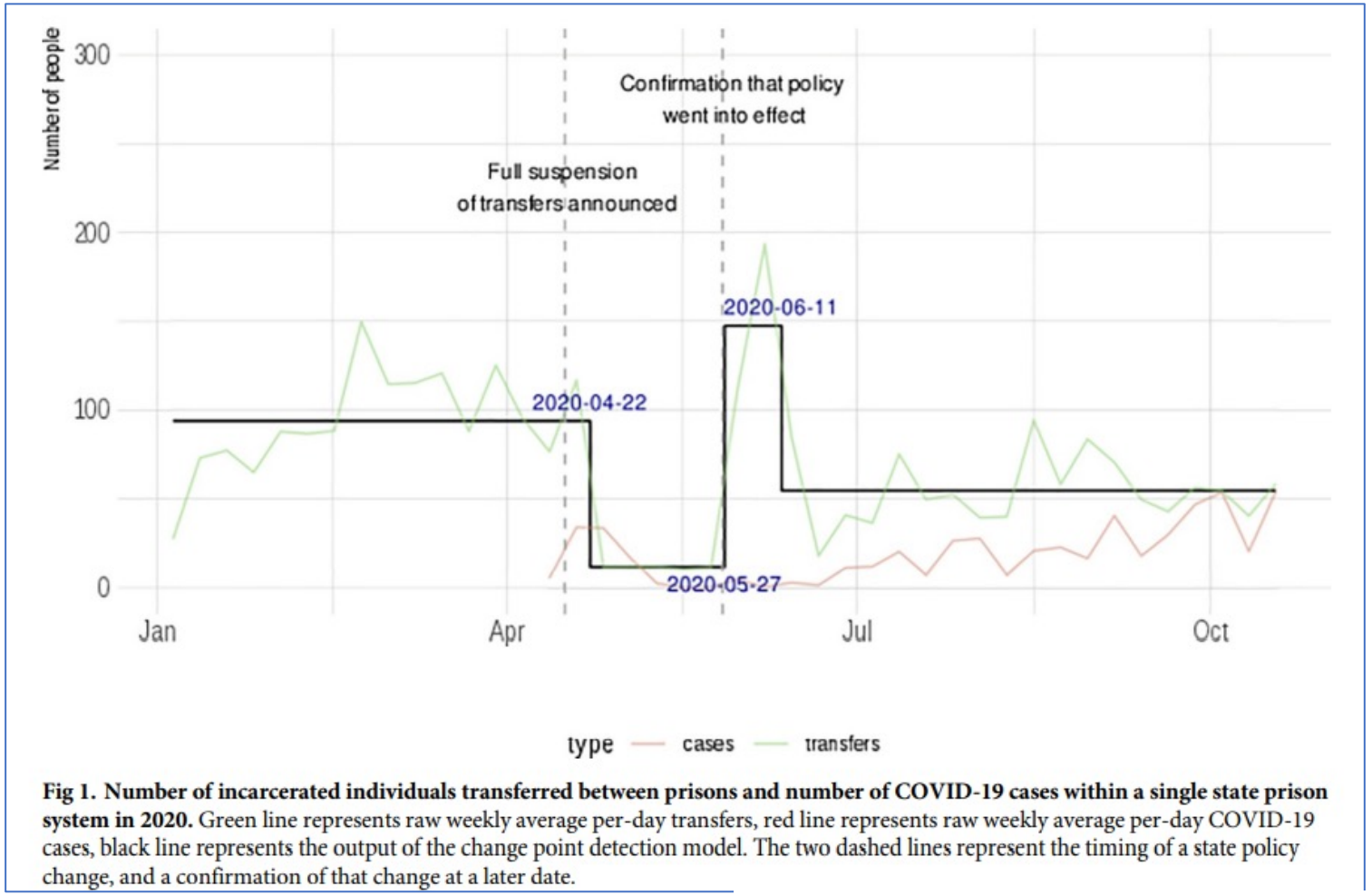
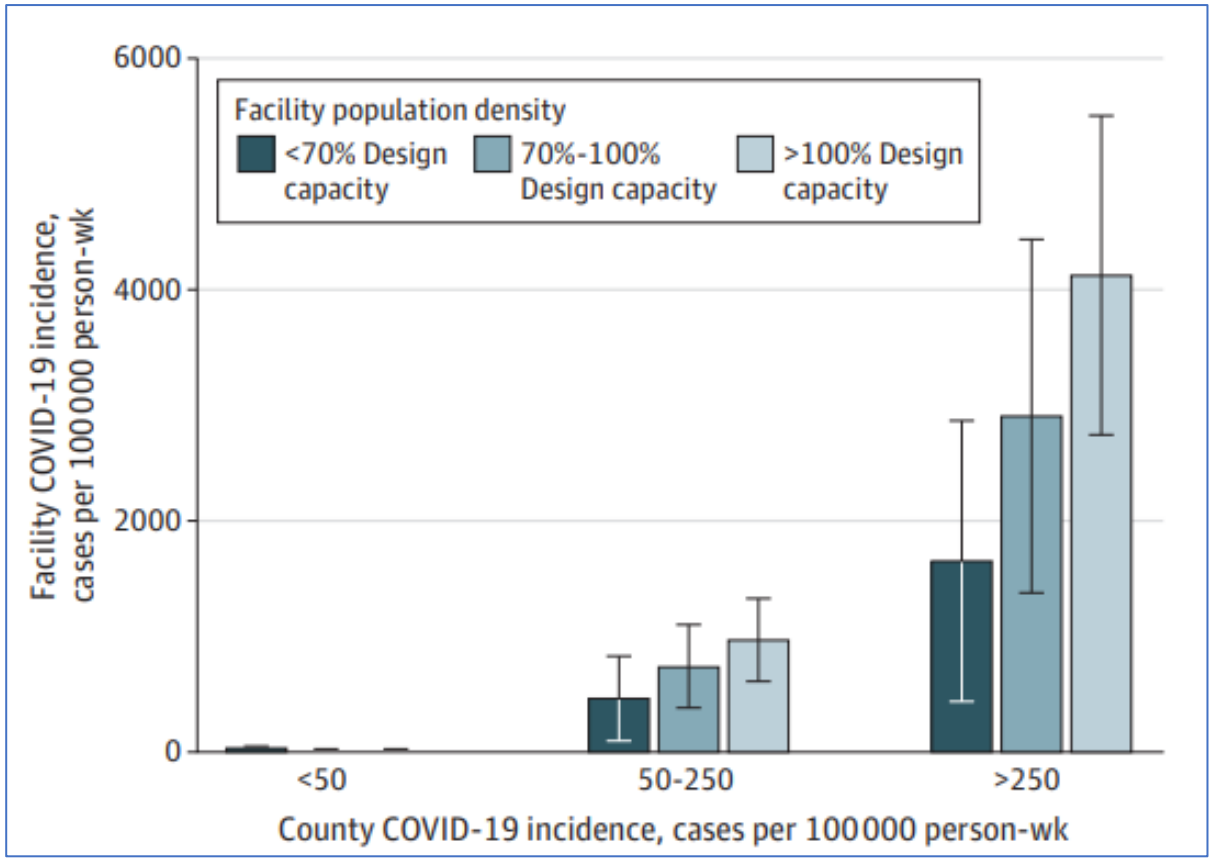


Fig 1. Number of incarcerated individuals transferred between prisons and number of COVID-19 cases within a single state prison system in 2020. Green line represents raw weekly average per-day transfers, red line represents raw weekly average per-day COVID-19 cases, black line represents the output of the change point detection model. The two dashed lines represent the timing of a state policy change, and a confirmation of that change at a later date.

PLOS ONE | https://doi.org/10.1371/journal.pone.0256185 August 12, 2021

Association between incarcerated population density, COVID-19 incidence in the general population and COVID-19 incidence in Massachusetts prisons

21 April 2020 -11 January 2021

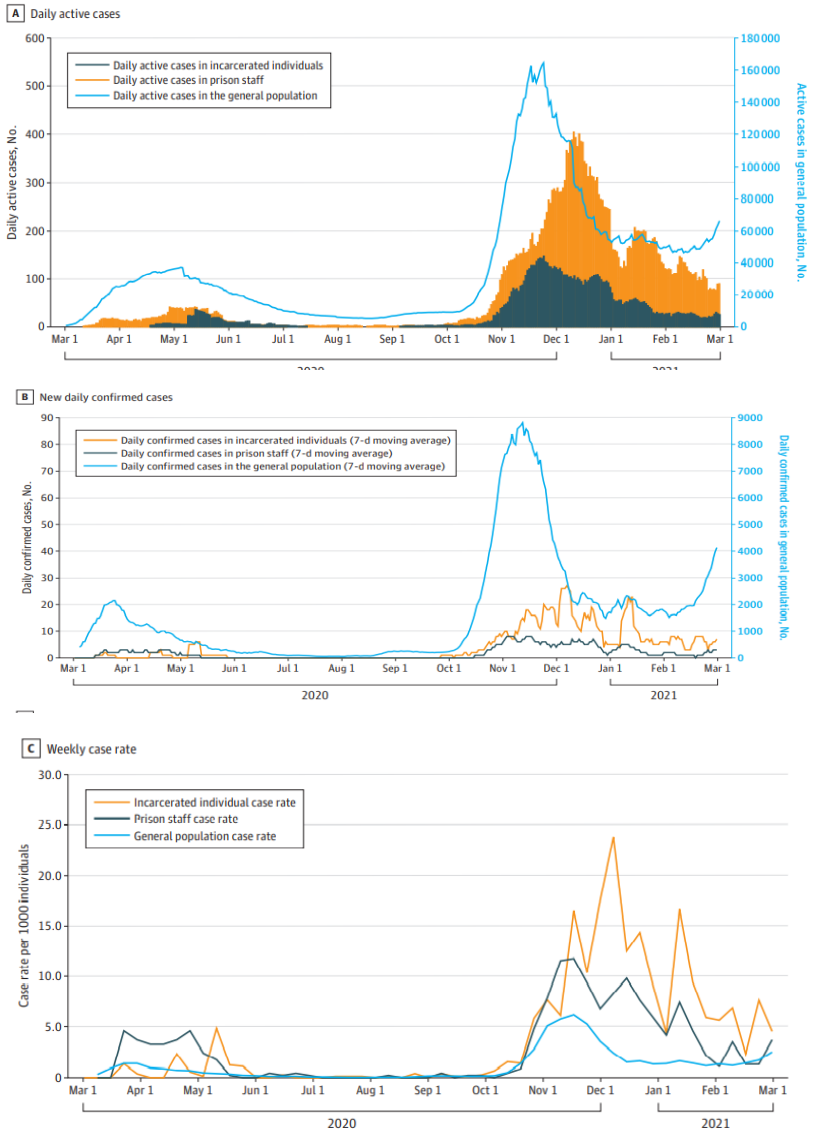


JAMA Intern Med. 2021;181(10):1315-1321. doi:10.1001/jamainternmed.2021.4392
Published online August 9, 2021.

COVID-19 infections in a Lombardy prison

March 2020 - February 2021

- In the general population
- Among prison staff
- Among prisoners



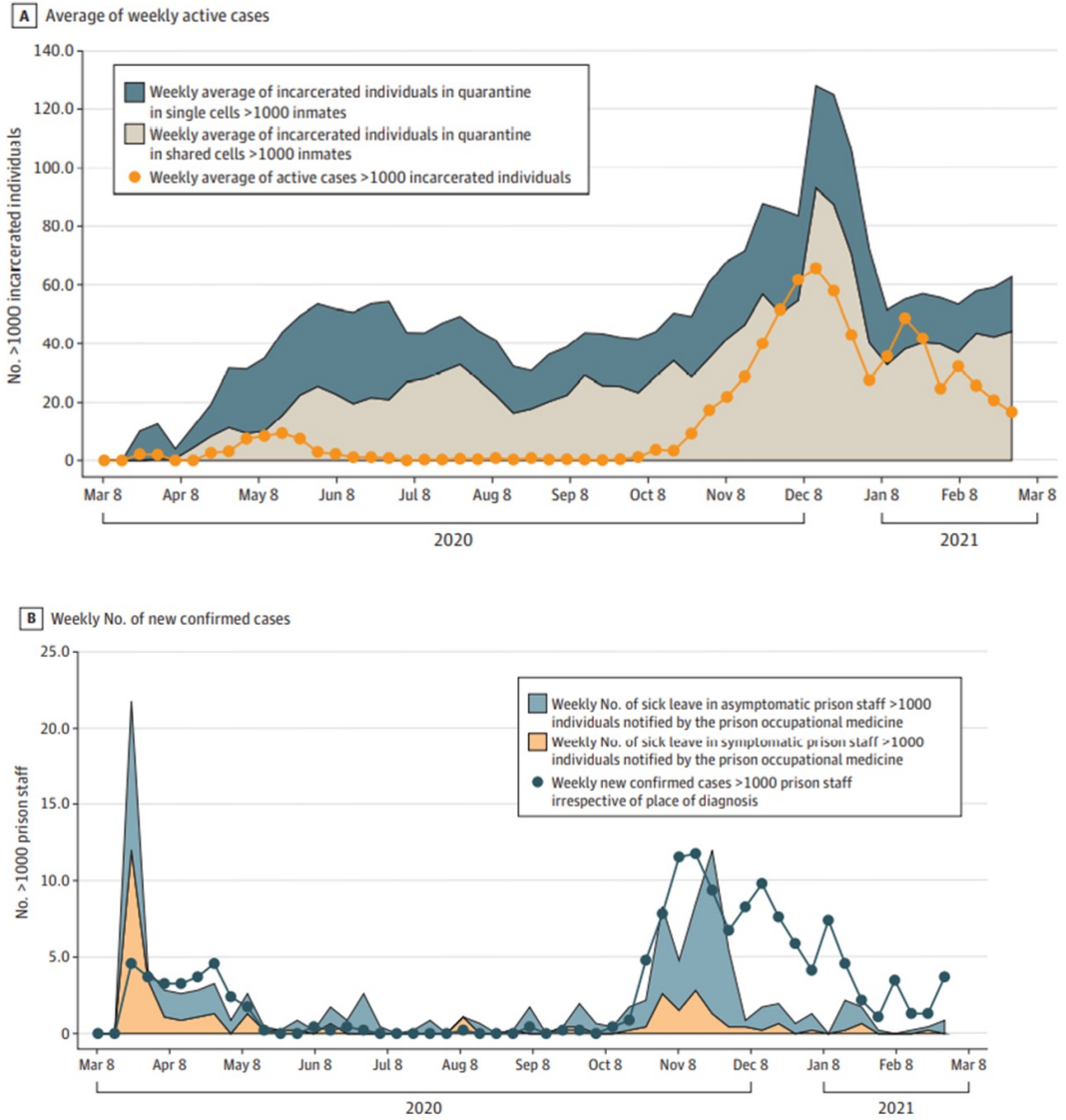
Trends from March 1, 2020, to February 28, 2021, in daily active cases (A), new daily confirmed cases (B), and weekly case rates (C).

JAMA Network Open. 2022;5(3):e224862. doi:10.1001/jamanetworkopen.2022.4862

COVID-19 infections in a Lombardy prison
March 2020 - February 2021

Containment measures

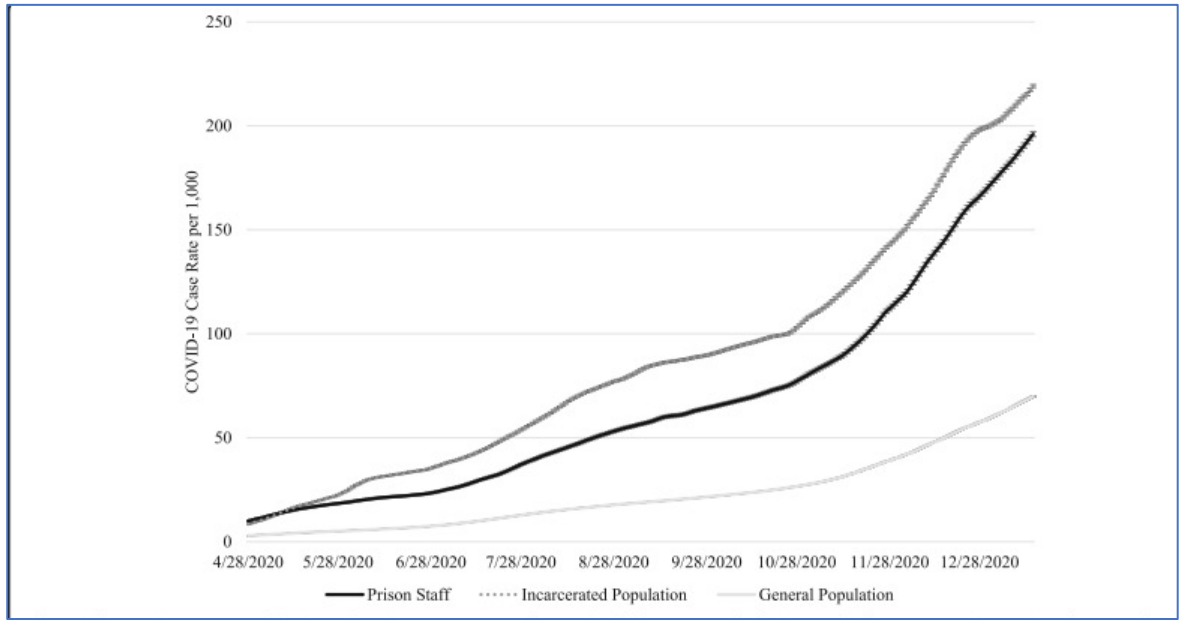
- Among prison staff
- Among prisoners

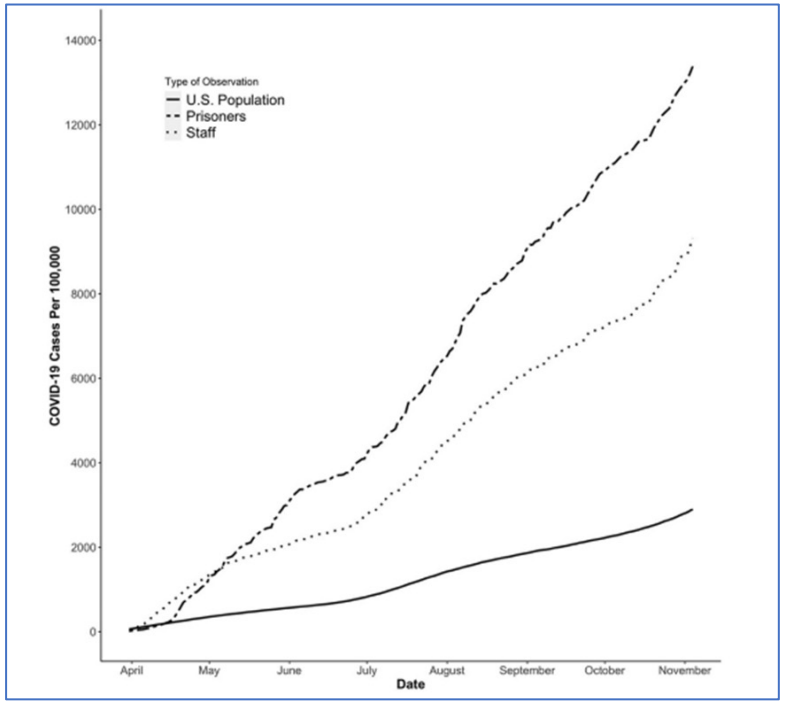


Trends from March 1, 2020, to February 28, 2021, in incarcerated individuals in shared cells vs solitary confinement (A) and new confirmed cases by sick leave among asymptomatic and symptomatic prison staff (B).

JAMA Network Open. 2022;5(3):e224862. doi:10.1001/jamanetworkopen.2022.4862

COVID-19 infections in prisons: Inmates and prison staff



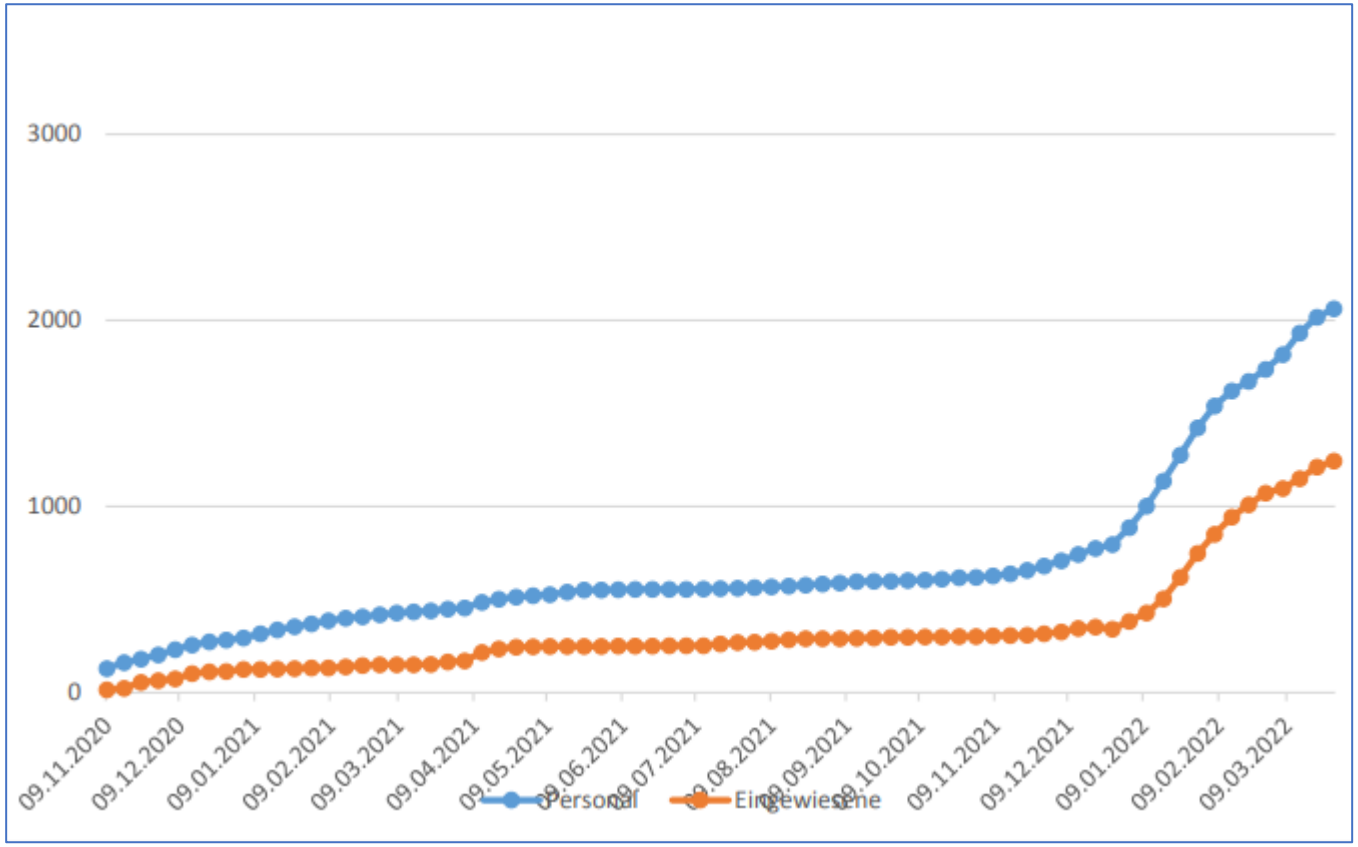


Nowotny *et al. BMC Public Health* (2021) 21:1036

Ward et al / Am J Prev Med 2021;60(6):840–844

COVID-19 infections in prisons: Inmates and prison staff

Swiss data



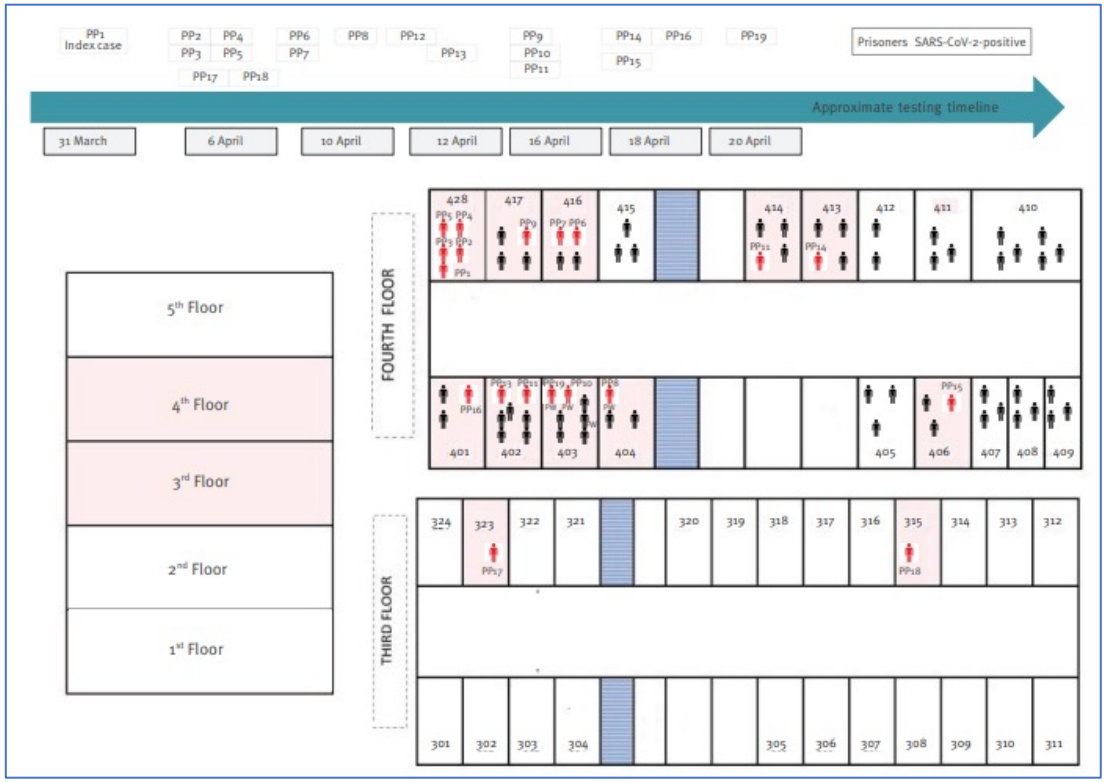
Outbreak of COVID-19 in a Milanese prison

20 February – 30 April 2020

n=123

Epidemic curve

Location



R. Giuliani, Eurosurveillance 2021: 26(38)

Outbreak of COVID-19 in a Milanese prison

20 February – 30 April 2020

n=123

Multimodal initiatives

	Measures	Impact
Preparedness	Create task force including key officers among HCW and CS; identify dedicated areas for triage, quarantine and isolation of COVID-19 confirmed cases; identify most at-risk procedures and dynamics in the prison: develop protocols for active case finding, contact tracing, infection control procedures; staff contingency planning.	Fast decision process and implementation
Limitation of number of possible contacts	Limit movements of people in prison between cells and blocks and access of essential and dedicated staff (CS/HCW) to each block: daily triage for those entering dedicated working area, with symptoms and temperature check; replace family visits and meetings with legal representatives by phone and video calls; restrict staff to certain areas and reduce transfers of people in prison to other cells; movements out of prison allowed only for medical urgency.	Reduce/delay the probability of introducing the virus in the prison
Active case finding	Triage for newly admitted prisoners, with PCR test and isolation for 14 days if PCR test is negative; identify probable cases by syndromic screening and segregate them from their inmates; monitor epidemics among prison staff and ensure contact tracing among prison population and staff.	Rapid identification of cases and prompt isolation
Contact tracing	Identification, isolation and screening of all contacts of confirmed cases among prison population and prison staff.	Contain outbreak spread
Availability of IPC	Ensure supply distribution and proper use of face masks for all prison staff and prisoners; provide alcohol-based hand-rub dispensers on prison premises where appropriate; ensure distance from the cells by using visual signs; develop sanitisation procedure, provide practical training in sanitisation; promote hygiene inside cells and distribute hygiene materials.	Minimise risk for personnel
Communication and coordination	Share information updates with prison staff and people in prison on the state of the epidemic and preparedness plan	Reduce frustration and fear among prison staff and people in prison
Training and education	Train staff in use of PPE, hygiene and preventive measures, environmental sanitisation and cleaning measures, social distancing. Educate people in prison on personal preventive measures (social distancing, hand hygiene, cough etiquette, room cleanliness, use of mask, discouraging exchange of goods and cigarettes).	Reduce risk of transmission

COVID-19: coronavirus disease; CS: custodial staff; HCW: health workers; IPC: infection prevention and control; PCR: polymerase chain reaction; PPE: personal protective equipment.

R. Giuliani, Eurosurveillance 2021: 26(38)

Managing outbreaks of highly contagious diseases in prisons : a systematic review

Table 2 Summary of recommendations for managing infectious outbreaks in prison

Recommendation	TB	Influenza	Measles, mumps, varicella	Adenovirus	COVID-19 (hypothetical impact)
Interagency collaboration	++	*	*	*	++
Health communication	++	*	*	*	++
Screening for contagious diseases					
Symptoms	+	+	–	+	+ (Marginal)
Diagnostic	+	+	+	*	+
Immune status	–	–	++	–	Unclear
Restrictions, isolation and quarantine	++	+	++	+	++
Contact tracing	++	–	+	+	++
Immunisation programmes	–	+	++	–	–
Epidemiological surveillance	++	++	++	–	++
Prison-specific guidelines	+	+	+	+	+
Appropriate treatment	++	+/-	–	–	–

Beaudry G, *et al. BMJ Global Health* 2020;**5**:e003201. doi:10.1136/bmjgh-2020-003201

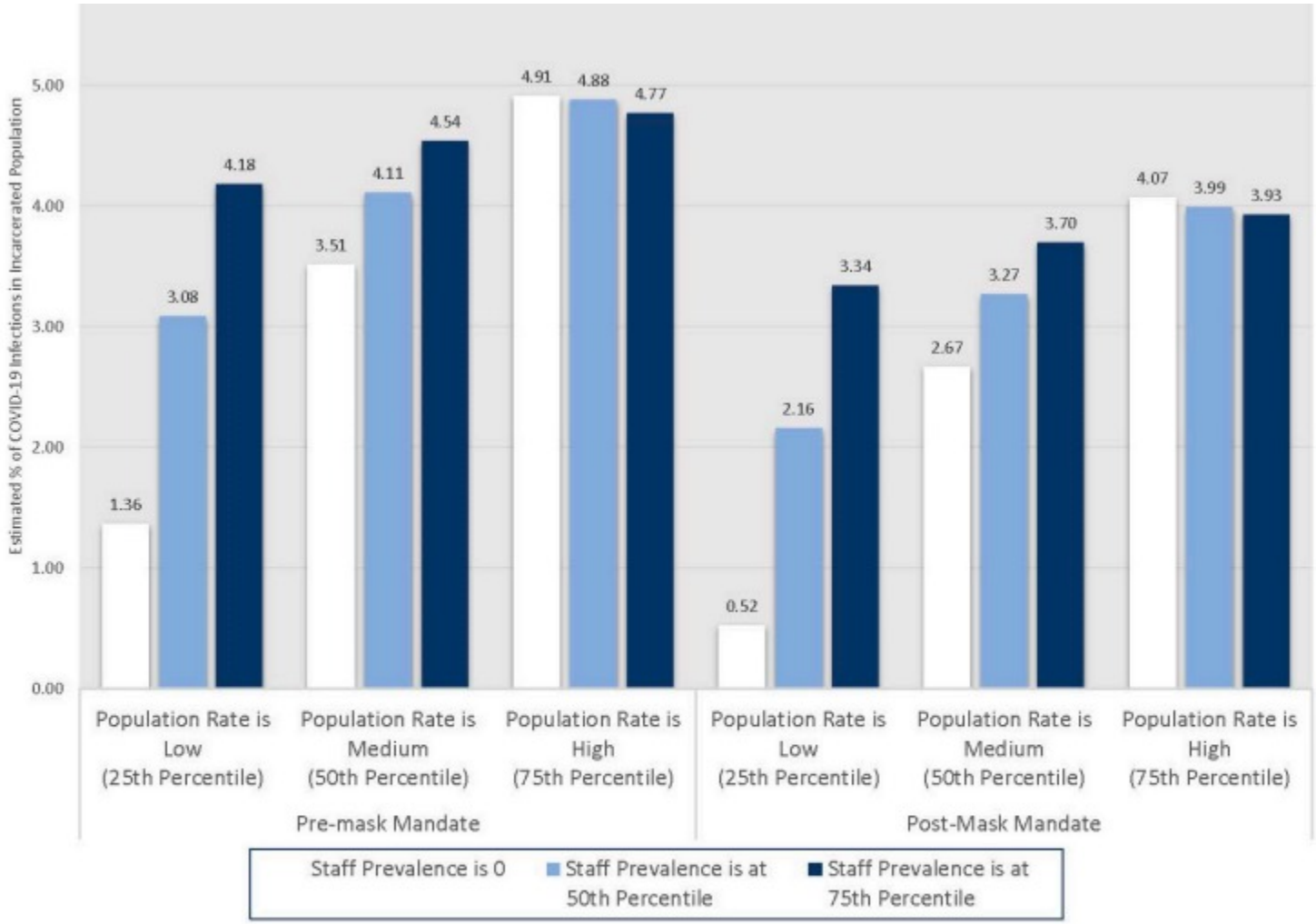


Figure 2. Point estimates for active cases of COVID-19 among incarcerated persons at the twenty-fifth, fiftieth, and seventy-fifth percentiles of the lagged and logged staff prevalence and county incidence of COVID-19 for pre- and post-mask mandate periods.

Don't overlook the psychological consequences of a pandemic in prisons

Psychiatry Research 303 (2021) 114107

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

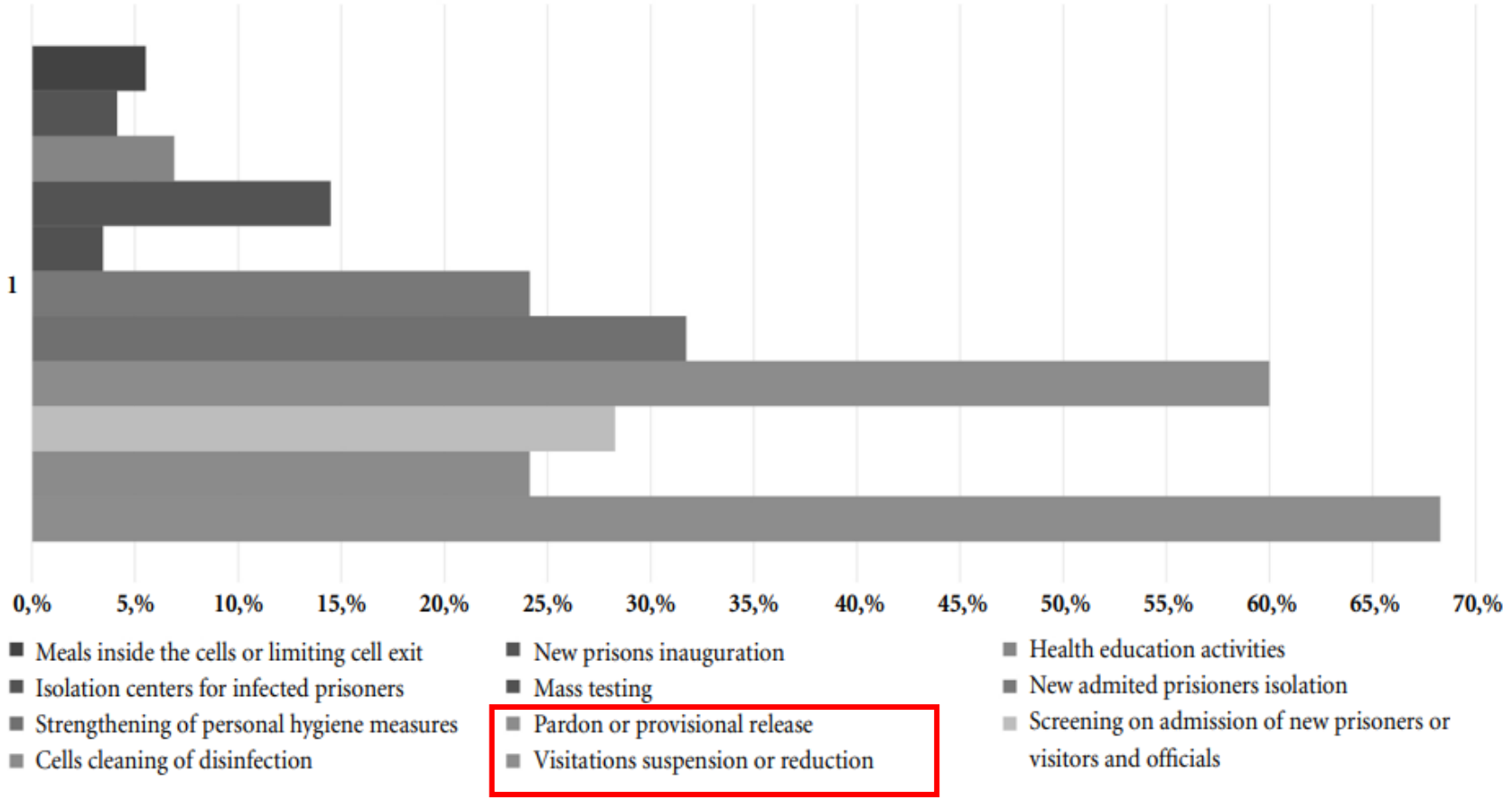
Suicide attempts and Covid-19 in prison: Empirical findings from 2016 to 2020 in a Swiss prison

Laurent Gétaz [a,b], Hans Wolff [a], Diane Golay [a], Patrick Heller [a], Stéphanie Baggio [a,c,*]

Severe suicide attempts and other types of self-harm events among people living in detention in Champ-Dollon prison, Geneva, Switzerland, 2016–2020.

	Risk in 2020	Risk in 2016-2019	Relative risk (95% confidence interval)
Severe suicide attempts (self-strangulation/hanging and/or massive medicine ingestion)	6.97/100 PLD/year	4.43/100 PLD/ year	1.57 (1.10; 2.04) $p < .001$
Other types of self-harm events (cuts/scarifications and/or ingested blunt items)	12.50/ 100 PLD/ year	7.94/100 PLD/ year	1.57 (1.23; 1.92) $p < .001$

Measures taken to prevent the occurrence of COVID-19 cases in prisons



Cien Saude Colet. 2020 Sep;25(9):3493-3502. doi: 10.1590/1413-81232020259.15682020. Epub 2020 Aug 28.

Release and re-entry into the community

Decarceration and community re-entry in the COVID-19 era

Carlos Franco-Paredes, Nazgol Ghandnoosh*, Hassan Latif, Martin Krsak, Andres F Henao-Martinez, Megan Robins, Lilian Vargas Barahona, Eric M Poeschla*

***Panel:* Community re-entry and reintegration policies in the COVID-19 era**

Enhancing public health

- Re-entry support approaches that involve less person-to-person contact
- Avoidance of group activities
- Education of preventive interventions
- Hygiene and disinfection strategies
- Viral screening and instituting quarantine and isolation protocols when indicated, particularly at halfway houses or other dormitory-style living environments

Removing structural vulnerabilities

- Stable housing
- Food security
- Access to other public services
- Expanding job opportunities
- High-quality early education
- Enhancing residential mobility

Reducing health inequities

- Access to quality medical care
- Enrolment (or re-enrolment) in Medicaid, including individuals with pre-existing conditions
- Increase access to mental health services
- Effective treatment for substance use disorder

Permanent reductions in jail and prison populations

- Reduce incarceration to levels of other industrialised countries

Lancet Infect Dis 2020; 21: e10–15

Points moins discutés

- Pandemic/epidemic preparedness
- Training and education
- Communication and its risks
- Means of protection
- Care of sick prisoners

- Epidemiological surveillance
- Vaccination and its effect

World Health Organization
REGIONAL OFFICE FOR Europe

Others considerations ….

In Switzerland, discussion in progress

- Revision of the law on epidemics
- Future pandemic plan

Presentation plan

1-Multidrug-resistant bacteria

2-Pandemics

3-And Co

Controlling the spread of micro-organisms

Standard precautions (SP)

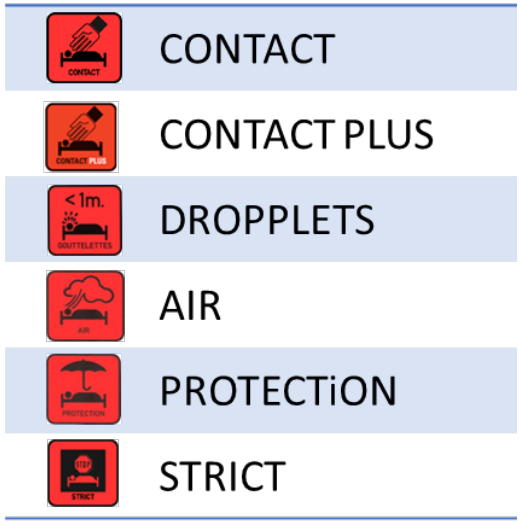
- To limit cross-transmission of micro-organisms
- To ensure systematic protection of other patients, health-care staff and the care environment

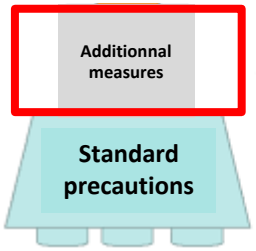
Additional measures

Standard precautions (SP)

- To limit cross-transmission of micro-organisms
- To ensure systematic protection of other patients, health-care staff and the care environment

Additional measures

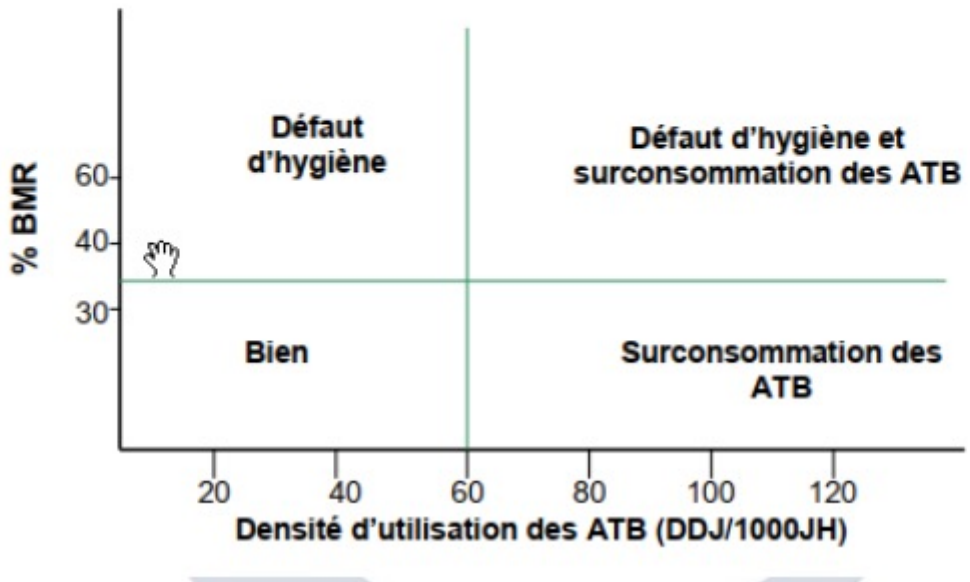




Some bibliography

Recommandations Swissnoso	https://www.swissnoso.ch
ECDC	https://www.eurosurveillance.org
CDC	https://www.cdc.gov
Recommandations WHO	https://www.who.int

Comment interpréter ?



Danke für Ihre Aufmerksamkeit !