

Notifiable conditions in custodial settings:

The role of Justice Health NSW as
Public Health Unit

14 November 2023

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Who is Justice Health and Forensic Mental Health Network (Justice Health NSW) and what we do?

No conflict of interests to disclose

- **Part of the broader health system** reporting to the Minister for Health through Justice Health NSW Board and the Secretary, NSW Health
- ***Delivers health care to adults and young people in contact with the forensic mental health and criminal justice systems, across community, inpatient and custodial settings state-wide***

Custody

- 37 Correctional Centres
- 7 Police Cell Complexes
- 6 Youth Justice Centres
- 2 Transitional Centres

Community

- 37 Local and Children's Courts
- community locations
 - Community Integration Team and Safeguards
 - Teen Got it
 - Community Transitions Team
 - Connections
 - Community Forensic Mental Health Service

Inpatient

- The Forensic Hospital
- Long Bay Hospital
- Our services

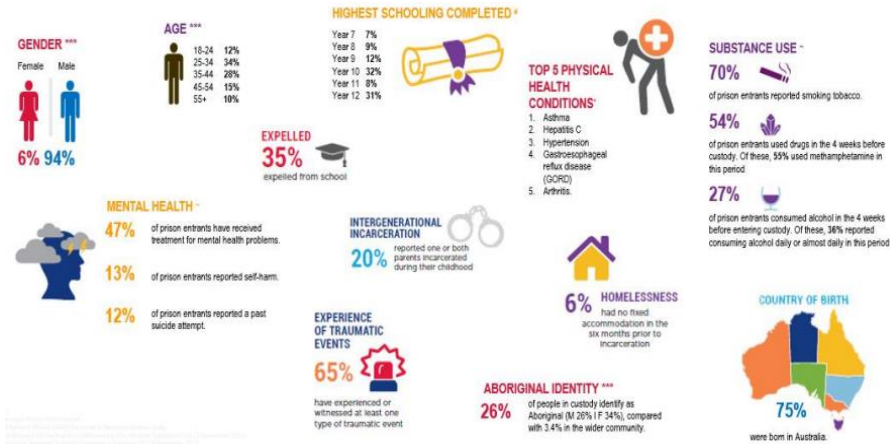
Our services

- | | |
|--|--|
|  Primary Care |  Adolescent Health |
|  Women's and Midwifery Services |  Works with Corrective Services |
|  Mental Health |  Drug and Alcohol |
|  Oral Health |  Aboriginal Health |
|  Population Health |  Allied Health Services |

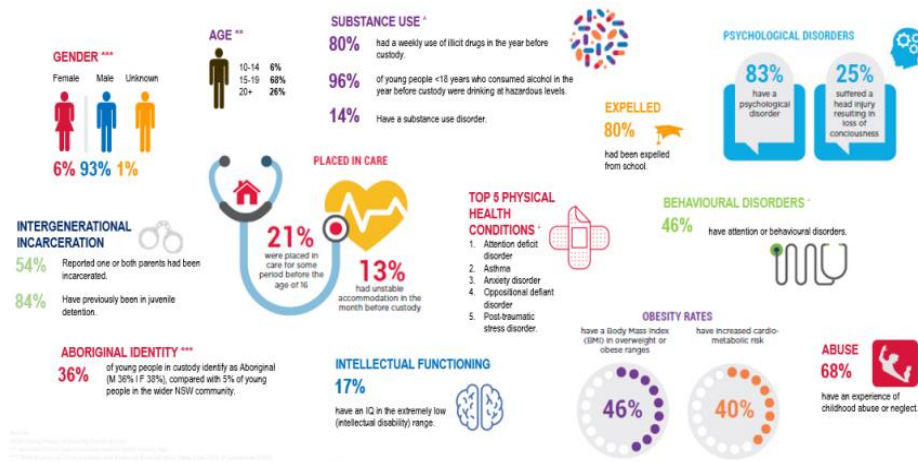


A complex system looking after highly vulnerable population

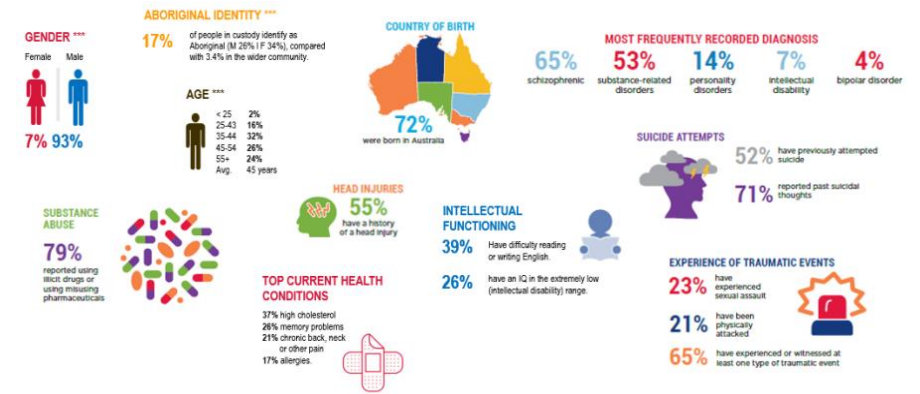
Characteristics of adults in custody in NSW



Characteristics of young people in custody in NSW

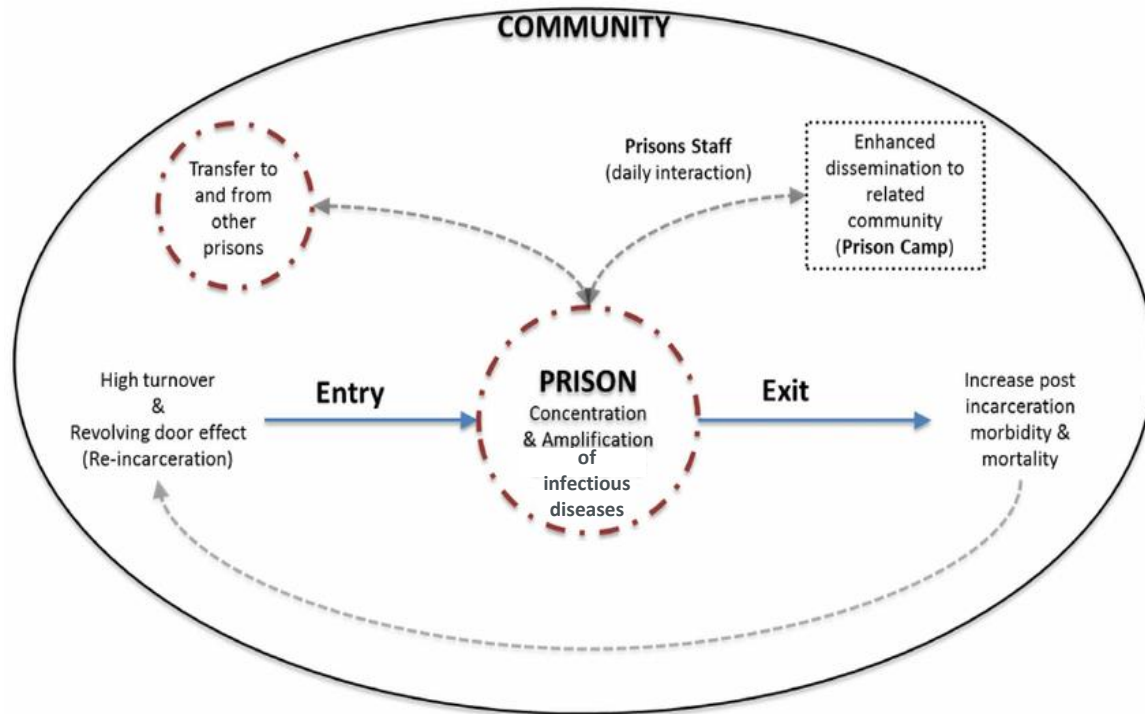


Characteristics of Forensic Mental Health patients in NSW



- Higher rates of mental illness than broader Australian population
- Increasing number of women
- 26% have a disability, compared to 8% within the general population
- 19.5% of people in custody were born overseas, 15.4% non-English speaking background
- Over ¼ population identifies as aboriginal
- Increasing aged population

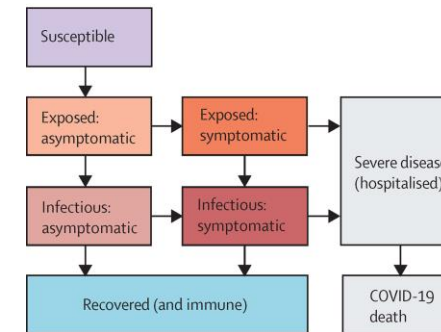
Custodial – community setting interactions for infectious diseases transmission



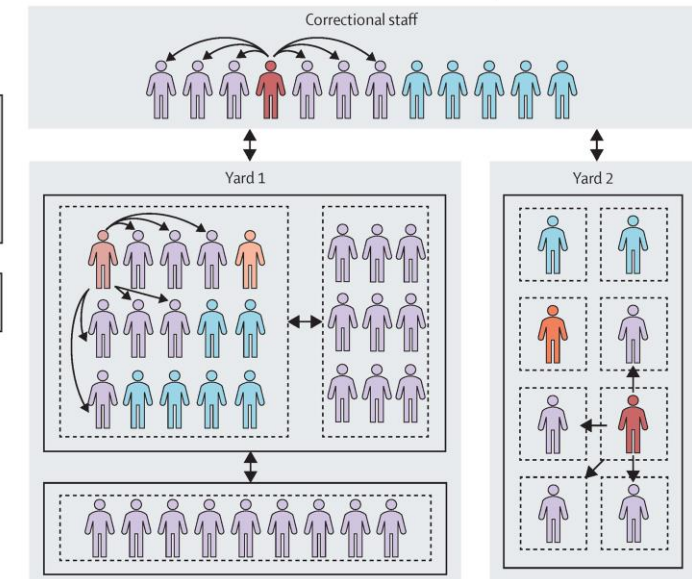
Theoretical model: Prisons – Community interaction: Connections with the outside community through released inmates and interaction with prisons staff result in disease dissemination to the outside community. The revolving door effect of re-incarceration increases transmission within the prisons and to the outside community.

doi:10.1371/journal.pone.0067338.g001

A State transitions and outcomes



B Distributions of and transmissions between individuals within a prison



Example of distributions of and COVID-19 transmission between individuals within a prison, with colours denoting infection states defined in panel A.

- Black boxes: buildings within prison yards
- Dashed boxes: rooms within buildings
- Arrows: Different possible routes of transmission from infectious individuals: within room, within building, within yard, staff to staff, staff to resident, and resident to staff. Staff are assumed to mix homogeneously with residents across all locations of the prison.

Notifiable conditions commonly found in the custodial setting – actioned by Justice Health PHU

Bloodborne viral infections (BBVs)

Hepatitis C

Hepatitis B

6,617 HCV treatments provided from FY2015/16 Q4 to FY2023/24 Q1

1008 of the retreatments confirmed as reinfections (54.8% indigenous background); of these, 434 reinfections occurred *within NSW correctional centres*

252 HBV confirmed cases reported in NCIMS for patients under custody under JH NSW

786 HBV vaccines have been administered across centres 2023

Sexually Transmitted Infections (STIs)

Syphilis

Chlamydia

Gonorrhoea

Syphilis notifications increase; since 2014 (1-2 reported); 27 during 2022 and 14 up to just April'23)

Average number of Chlamydia notifications per year: 195 (range 136 – 333)

Average number of Gonorrhoea notifications per year: 41 (range 23 – 67)

Community or custody-acquired?

Acute Respiratory Infections (ARI – seasonal)

Influenza A and B

Respiratory Syncytial Virus (RSV)

COVID-19

2014: at least one Flu notification received; 2023: n=35; 2017: n=39

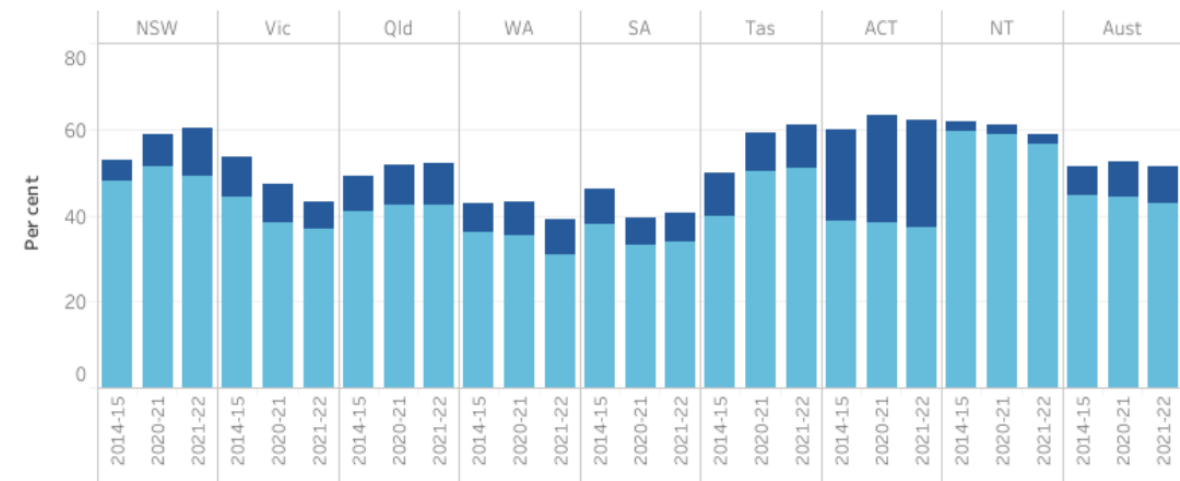
RSV in custody emerged 2022 (n=5); 2023: 28 cases up to Mid Oct'23

JHNSW has seen over 5,000 COVID-19 cases between 2021 – Mid Oct'23)

Patient transition from custody to the community

- Key to reduce health risks, ensure transfer and continuity of care post-release
- Patient signs a consent to liaise form
- Release Summary and Transfer of Care form to be given to the community General Practitioner (GP) on release, and to be kept with patient
- Follow-up team issues referral to sexual health clinic or liver clinic respectively in complex cases
- Integrated Care Service (ICS) monitors patients with chronic/complex health conditions from reception through to the post-release period
- Once in the community, and being followed up by GP, the notifiable condition is actioned by respective community PHU

Figure C.3 Adult offenders released from prison who returned to corrective services within two years of release
by jurisdiction, by year

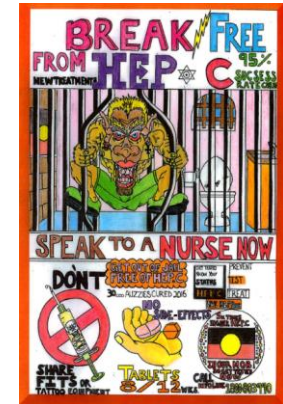
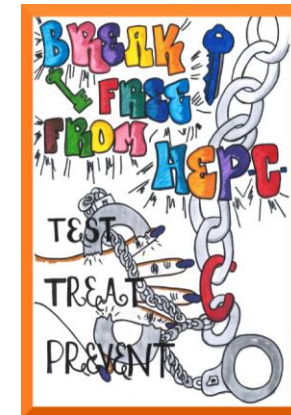
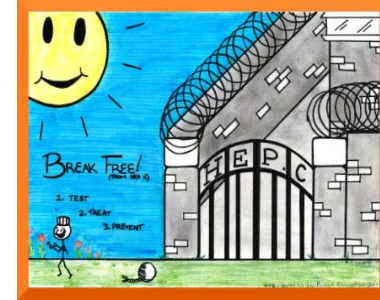


Source: table CA.4

<https://www.pc.gov.au/ongoing/report-on-government-services/2023/justice/rogs-2023-partc-overview-and-sections.pdf>

Acknowledgements

- JH NSW
- Population Health team
- NSW Health – Health Protection



Art from the poster competition at HIPE – Hepatitis in Prisons Elimination (education sessions in jail organized by Justice Health NSW)