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Commentary

Prisons need to be included in global and national vaccinations effort against COVID-19

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Recently, the World Health Organization (WHO) has released guidance on Preparedness, prevention and control of COVID-19 in prisons and other places of detention, updating information on testing, prevention and management strategies and adding recommendations for emerging outbreaks, surveillance and considerations on vaccine allocation procedures [1].

Today, vaccination seems to be the most pressing topic as a variety of COVID-19 vaccines have gained regulatory approval. However, as the demand is higher than the offer, vaccine allocation procedures are debated worldwide. To guide countries into fair allocation, WHO has established the Strategic Advisory Group of Experts on immunization and developed a roadmap for prioritizing population groups for COVID-19 vaccination [2]. This roadmap accounts for different epidemiological and vaccine supply settings and scenarios and establishes priorities considering the exposure risk, vulnerability and potential severity of outcomes. People who cannot practice physical distancing due to their living conditions, including people in detention settings, are considered among the vulnerable and those with amplified risk of transmission.

However, it is up to countries how they implement this guidance and so far, comprehensive data indicating which countries are offering COVID-19 vaccination in detention settings is scarce. Evidence suggests that vaccine allocation is managed in diverse ways across and within countries. For instance, in the USA, different strategies have been identified across States, some of them prioritizing people in prison (eg. California where around 40% of detainees have been vaccinated by March 1), whilst most States including prisons prioritize staff only [3]. Similar situations exist in Europe, where for example in Sweden each region may have distinct criteria or implementation

models of the vaccination plan [4]. In Germany, the vaccination plan does not explicitly mention people in prison, leaving decisions to regions and municipalities [5]. In Australia, even though prisons are not explicitly mentioned as a priority group, people in prison have been included on the grounds of higher risk of transmission. Russia is another example of the few countries with a nationwide coordinated vaccination roll-out in prisons [6]. The country has emphasized to have no vaccine shortages of its own produced vaccine, thus the “mass vaccination” programme became available to the entire population as early as mid-January 2021. Israel’s rapid vaccination campaign is also reported to comprehensively cover people in prisons [7].

At the same time, entire continents are not sufficiently covered in terms of vaccination as of now: the existing contracts between vaccine manufacturers and governments, aimed at distributing vaccines globally, show substantial gaps in Africa and South America [8]. The WHO has expressed concerns about the inequity of distribution and emphasized that by January 18th, 40 million doses of the COVID-19 vaccines had been administered in 49 higher-income countries compared to the 25 doses administered in low-income countries, calling for actions under COVAX [9].

On a global scale, effective management of COVID-19 in custodial settings is key to stopping the spread of the virus. People in detention are more vulnerable to severe forms of COVID-19 due to pre-existing conditions and more likely to contract the virus due to limited access to water and soap, hand sanitizer and face masks, the inability to physically distance and suboptimal access to healthcare. Moreover, most people spend limited time in prison and transition between community and prison, including staff moving daily in and out of the premises, which leads to increased risk of the virus entering prison and spilling into communities, demanding specific prevention measures [10].

Custodial settings need to be included in global and national vaccinations plans and failing to do so will not only violate the UN Standard Minimum Rules for the Treatment of Prisoners, but also impede stopping transmission scenarios between prisons and the community.

Contributions

MN wrote the initial draft. FAC revised the initial version and provided additional data, CFB revised and edited the final version. All authors have approved the final version.

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Declaration of Interests

The authors declare no conflict of interest.

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