



WHO Collaborating Centre on prevention and control of tuberculosis in prisons



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Algorithm for health care provision in the penitentiary system of Azerbaijan





- Mandatory primary medical examination upon admission to a pre-trial detention center or penal institutions
- Provision of medical care upon requests
- Outpatient or inpatient treatment and follow-up at the medical units
- Periodic mass examinations and screenings at penal institutions
- Treatment of prisoners with somatic diseases at medical facilities
- Accommodation of prisoners with suspected TB in the specialized treatment facilities for further diagnosis and treatment

TB service

Detection	organized at all penal institutions	A WORLD FREE OF TB ZERO deaths, disease, and suffering due to TB END THE GLOBAL TB EPIDEMIC
Diagnosis	organized in prisons and specialized treatment facilities (centralized)	TARGETS MILESTONES SDG* END TB PS C 2020 2025 2020 2025 2020
Treatment	at the specialized treatment facilities (centralized)	Reduction in number of TB deaths 35% 75% 90% 95% 50%
Post-release treatment	completion of treatment in the civilian sector is ensured jointly with the NTP	Reduction in TB incidence rate 20% 50% 80% 90% 38%
Infection control	ensured in all penal institutions	END TB Strategy
	World Health	2016-2035









TB detection in the penitentiary system



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SCREENING AT THE ADMISSION	MASS SCREENING	SCREENING BY REQUEST		
Organized among newly admitted inmates during the first 24 hours	Once a year among inmates in prisons (depending on the epidemiological situation in some institutions, it may be more frequent)	For inmates with clinical symptoms of TB, can be organized by request of inmates, medical staff and penitentiary system staff		
In 2020 - 100%	In 2020 - 99,8 %	28% among all detected cases in 2020		
 Questionary Clinical examination Chest radiography As indicated XpertMTB/Rif Ultra 	 Questionary Clinical examination Chest radiography In the presence of clinical manifestations, culture tests on liquid and solid media 	 Questionary Clinical examination XpertMTB/Rif Ultra 		
In case of positive test results, a complete algorithm for detecting TB is followed (microscopy, LPA, XpertMTB / Rif Ultra, culture, DST on liquid and solid media)				

TB laboratory service



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Level 1 laboratories (at the penal medical units)

- TB detection
 - Microscopy
 - Xpert MTB/RIF Ultra

Level 1 laboratories (at the specialized treatment facilities

- Confirmation of TB diagnosis
 - Molecular genetic tests
 - Cultures and DST on liquid and solid media
- TB treatment monitoring

In 2019, with the technical support of the WHO experts, a new building of the STF Level 3 laboratory was equipped and put into operation

Centralized TB treatment at STF

WHO Collaborating Centre on prevention and control of tuberculosis in prisons **Rigorous DOT**

Careful segregation of patients is ensured in accordance with bacteriological status, resistance profile, treatment phase and custodial control

Adequate drug supply, optimal management and rigorous monitoring Centralized TB treatment is the most effective model in the prison settings, which ensures:

Rational use of human resources Proper infection control

Registration and management of adverse events

Supporting adherence to treatment: working with NGOs

- Annually, 13 to 20% of TB patients are being released from STF without completing treatment. Since 2009, released individuals have been tracked in collaboration with the ICRC and NGOs to complete TB treatment. Since 2011, within the framework of GF TB Projects, NGO has been providing the released individuals with TB drugs and additional incentives. All bacteriological tests are being checked by the health facilities in the civilian sector
- Treatment interruptions among released individuals went down from 92% to 3%.



Coverage of released TB patients by the NGO project on treatment follow-up in the civil sector







Infection control measures



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Administrative

- ✓ Early detection of TB cases
- ✓ Isolation of individuals with positive test results from the general prison population
- ✓ Separation of patients flows
- ✓ Segregation of confirmed cases on the basis of their bacteriological status, drug resistance and requirements of custodial control
- ✓ Early initiation of treatment

Environmental

- ✓ Natural ventilation
- ✓ Supply and exhaust ventilation
- ✓ Double entry system
- ✓ UV lamps
- ✓ Laboratory biological safety cabinets

Respiratory protection -

- ✓ Surgical masks for TB patients
- ✓ Respirators for the personnel
- ✓ Wide sanitary education among staff and TB patients

Management of COVID-19 in the penitentiary system

- ✓ The fight against COVID-19 is currently in the focus of the penal medical service activities
- Medical professionals involved in TB control activities treat patients with COVID-19
- ✓ Currently, the epidemiological situation in the penitentiary system of Azerbaijan is stable.
- Management of patients with coronavirus infection is in line with the national Protocol and internal guidelines adapted to the TƏBIB recommendations, and the main international WHO and CDC protocols related to this infection

Specifics of COVID-19 control in the penitentiary system:

• Advantages

With good human resources, proper management of activities and financial independence of the medical service, it is possible to effectively prevent and manage COVID-19 cases

Challenges

Lack of laboratory, overcrowded conditions and low level of responsibility among inmates

COVID-19 and TB in	the
penitentiary system	



Of them, 50% of patients had confirmed active TB

Of them, 7% had active TB:

38 % (5 patients) had DR-TB62 % (8 patients) had DS - TB

Main achievements of the TB control programme













Main achievements of the TB control programme







TB mortality













Operational research



- Endorsement by the ethics committee September 2020
- Geographic coverage Baku, Sumgait, Absheron and the penitentiary system
- Start of operational research at the penitentiary system October 2020
- Target 200 patients throughout the country, of them 10 in the penitentiary system
- Actual number of enrolled individuals throughout the country 101, of them 16 enrolled in the penitentiary system:
 - \checkmark 9 patients are currently on treatment in the penitentiary system
 - \checkmark 7 patients completed the course of treatment with the outcome "preliminary cure"
 - \checkmark 2 patients continued /still on treatment upon the release under the supervision of NGO
 - ✓ 64% of patients achieved conversion on month 1, 29% of patients achieved conversion on month 2
 - \checkmark No treatment defaults and reversion were notified

Operational research

- ✓ All tests needed for treatment monitoring were implemented on a monthly basis
- Due to the pandemic and quarantine measures in the country, all laboratory bacteriological and biochemical tests were implemented at the SLN laboratory in the framework of cooperation in order to eliminate the technical problems that arose.



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Observed Adverse Events

atients had anemia



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✓ The dosage of Lzd was reduced to 300 mg
 ✓ A consultation with a neurologist and appropriate therapy was provided. One of the patients was diagnosed with irreversible neuropathy.

Appropriate treatment with iron supplements was provided. The dosage of Lzd was not changed.

Activities of the training center on TB control and prevention in prisons





- Trainings for TB specialists of the Ministry of Health
- Since 2019 provision of credits (or points) for certification of participants and trainers
- Joint trainings with the faculty of the Academy of Justice
- Joint trainings for psychologists organized jointly with the ICRC
- Monitoring of TB control programs
- Epidemiological analysis, data synthesis, provision of recommendations
- Implementation of new WHO recommendations
- Since 2020 COVID-19 trainings









The next international training is being planned

Strengthening TB control in prisons in the era of new diagnostics, drugs and treatment regimens







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- May June 2022
- With participation of the WHO, MSF and GDF experts

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Thank you for your attention!

