What Is the Value of Immunizing Prison Inmates Against Hepatitis B?

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Hepatitis B and Correctional Environments

- Inmates at increased risk for Hepatitis B virus (HBV) infection
- Risk is associated with high-risk drug and sex practices before incarceration
- Incidence of new infections (1–1.5 percent) is 10 times higher than in the general U.S. population

Epidemiology of Hepatitis B in Correctional Settings

• Risk for HBV transmission during incarceration is low

- Related to behaviors?
 - Injection drug use?
 - Men having sex with men?
 - Tattooing?
 - Fights?
- Risk is as high or higher than for groups recommended for vaccine for occupational reasons
 - Health care workers (1–6 percent/year)
 - Correctional officers (1-2 percent/year)
 - Incarcerated individuals (1-1.5 percent/year)

Strategy to Eliminate HBV Transmission in United States

- Comprehensive plan proposed in 1991 by the Advisory Committee on Immunization Practices (ACIP)
 - 4 components, including high-risk adolescents and adults
 - Surveys find low coverage in high-risk groups
- Identify settings where high-risk individuals can be vaccinated
 - Criminal justice system?

Missed Opportunities for Hepatitis B Vaccination

- Sentinel counties
 - Of acute cases, 20 percent had been incarcerated
 - 18 percent had household or sexual contact with case
- National Survey of Injection Drug Users (IDUs), 45 cities
 - Between 1987 and 1989
 - 17,000 IDUs identified
 - 81 percent report jail or prison

Issues Related to Hepatitis B Vaccine Programs

- Vaccination schedules
 - Altered schedules
 - Value of 1, 2, or 3 doses
- Prevaccination testing for susceptibility
 - Greater than 30 percent prevalence
 - Consequences of test results
- Postvaccination testing serologic response
 - Not recommended
- Prevention of perinatal HBV transmission from female inmates to their infants

Hepatitis B Vaccine Seroconversion Rates (>10mIU/mL)

After 1 dose 20–50 percent

After 2 doses 85 percent

After 3 doses Greater than 95 percent

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