

Implementing Research in Prisons During the COVID-19 Pandemic

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Malaysia Implementation Science Training Course



My spouse previously worked for Merck pharmaceutical company 1997-2007.
There is no conflict of interest.

Challenges with prison-based research before the pandemic

1. Prisoners are not free to come to study visits independently, dependent on facility staff to bring patient to visit
2. Prisons are quite hierarchical – need approval of prison leadership
3. Separate ethics review process
4. Confidentiality is critical and difficult to obtain
5. Physical distancing is not possible ie. crowding, shared cells, common dining rooms

Prisons and Mass Incarceration

- People with substance use disorders, HIV and other co-morbidities are concentrated in criminal justice settings
- Massive outbreaks of COVID have been reported in numerous settings
- Prisons and jails have porous membranes
 - New people are incarcerated daily – more so in jails (turnover in 3 days)
 - Correctional and medical staff enter and leave the facilities 3 shifts per day
- Low levels of PPE – prioritized last and underfunded to purchase supplies
 - Temperature screenings inadequate (asymptomatic transmission)

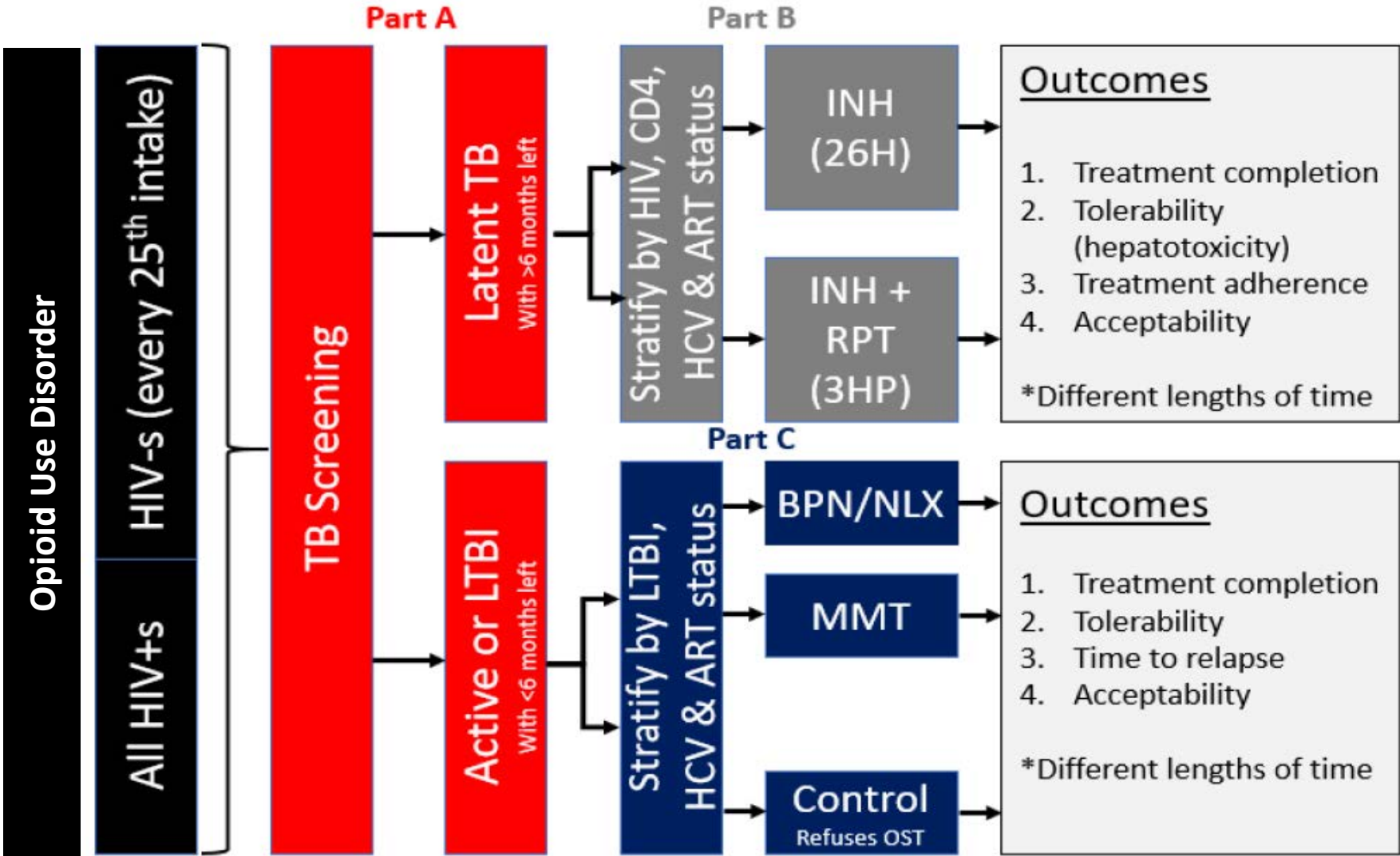
Barriers & Facilitators of Conducting Research in Prisons during Covid19 Pandemic

- Barriers:
 - Access to participants
 - Ethics committees evolving guidelines
 - Biological risk for the researchers
 - Lack of inter and intra-institutional coordination
- Facilitators:
 - Adoption of on-line solutions
 - Cooperative work among research actors
 - More flexible informed consent process

Challenges during the Covid19 Pandemic

- Lack of routine communication with administration
- Interrupted communication among research staff
- Staffing shortages in the prison
- Protecting participants
 - Rule out covid19 prior to undergoing study screening
- Protecting research staff
 - Rule out covid19 prior to interaction with research staff
- Collecting lab specimens
 - Reliance on limited nonclinical staff

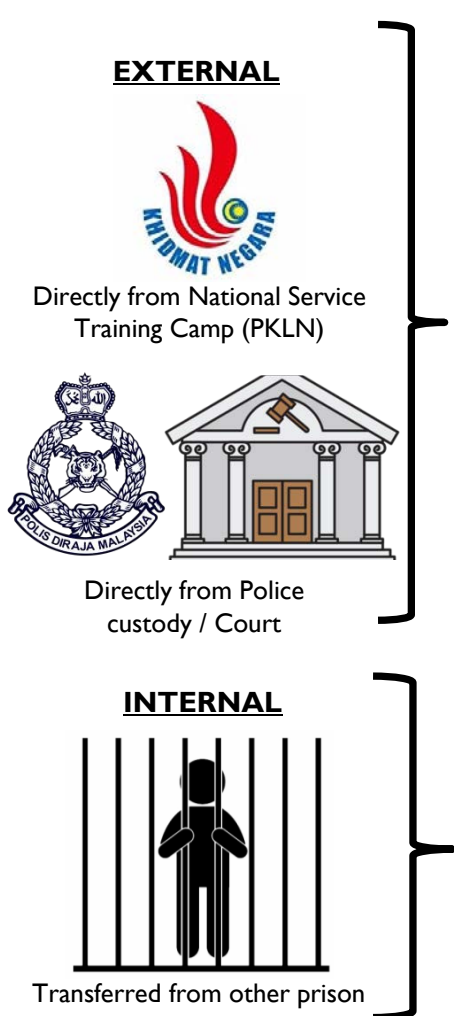
Harapan II: Kajang Prison



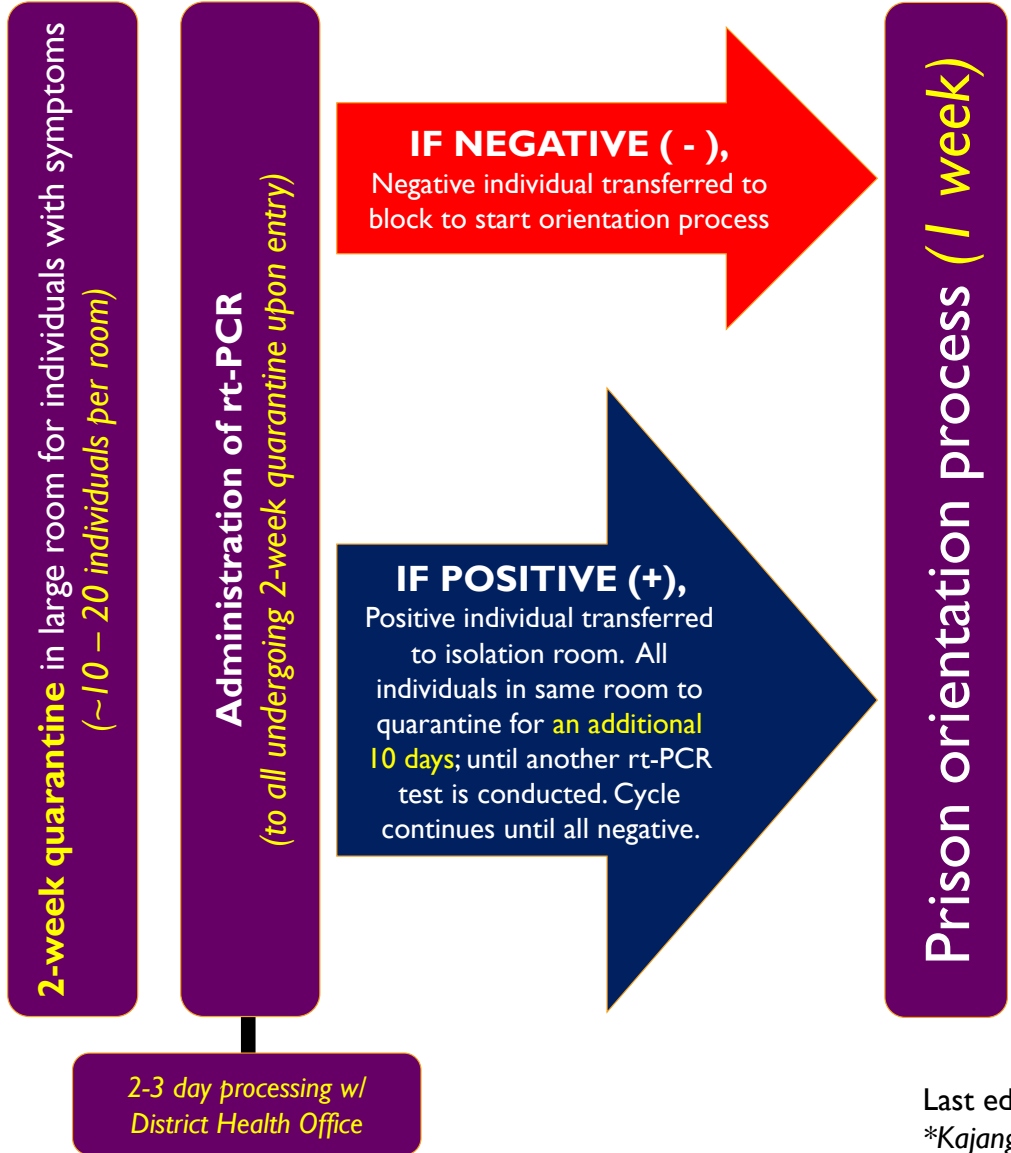
Harapan II: Kajang Prison

- All individuals entering prison underwent Covid19 screening with 2 week quarantine until completion of testing
- Quarantine and Covid19 screening required prior to study screening
 - Delays of minimum 3 weeks
- Vaccine rollout in general population: Feb 2021
- Vaccine rollout in prisons: July 2021

ENTRY



COVID-19 SOP*



2-3 day processing w/ District Health Office

AIM IA SCREENING

AIM IA SOP

Note: Harapaan II patients are not screened until at least 3-4 weeks after entry due to COVID-19 prison restrictions.

Last edit: March 25, 2021

*Kajang Prison COVID-19 management information (subject to change)

Implications

- PWID are 12 fold higher risk of severe covid19 disease
- Transmission in prisons is facilitated by close quarters and inability to socially distance
- Weeks and months are lost in screening and engaging in care
- Human rights/social justice issue

Harapan II: Kajang Prison

- Prison closed temporarily – staff could not enter or enroll participants
 - Reliance on prison staff to dispense medications for previously enrolled patients
 - Once prisons opened, entry was restricted to 1-2 days/week
 - Limited escort support
- Delays in offering covid-19 vaccination to prisoners (and staff)
- Poor communication with patients and prison staff
 - Hard to clarify whether medications were administered
- Unable to bring in chest xray services on a regular schedule
 - Delays of weeks

Harapan II: Kajang Prison

- Delays in conducting the protocol activities ie. enrollment, follow up visits
- Delays in identification of active TB contributing to ongoing propagation of the epidemic
- Delays in identification of latent TB infection
- Delays in TB treatment initiation and TB preventive therapy initiation
- Delays in initiation/maintenance of chronic medications ie. Antiretroviral therapy

Assessing Barriers to Conducting Research in Ukrainian Prisons

Table 1. Multilevel Assessment of Barriers and Facilitators of integrating TB treatment with OUD and ART in Prisons (n=number of groups; each group=max 10 individuals)

1a) Current prisoners (n=2, 8-10 per group)	<p>“Inner Context”: Self-perception of health, acceptability of TB treatment, social support, perceived benefits of treatment, IMB constructs (knowledge, motivations, skills), opinions on prison health care system, community expectations, who they trust to help with care</p>
1b) Released prisoners (n=2, 8-10 per group)	<p>“Inner Context”: Concerns about accessing TB care, TB transmission, perceptions of clinics, perceptions of patient navigators, who they trust to help with care</p>
2a) Prison TB Clinicians (n=2, 8-10 per group)	<p>“Inner Context” systems barriers to integrating TB care with MOUD/ART in prisons, patient centered health care, adherence, capacity & role of patient navigators to facilitate adherence</p>
2b) Community TB Clinicians (n=2, 8-10 per group)	<p>“Inner Context”: barriers to accessing care in community, adherence barriers, integrating care at community level, potential role of patient navigators</p>
3) Administrators from 8-10 Ministry of Justice & 8-10 MoH	<p>“Outer Context”: Systemic and logistical barriers and facilitators to upscaling community transition care and potential contribution of patient navigators</p>

Assessing Barriers to Conducting Research in Ukrainian Prisons

Disruptions due to Covid19

- Delay in entering prison
- Delay in determining work flows
- Remote interviews
- Change from NGT to individual interviews

Next Steps

Anticipate, plan, prepare for next pandemic/covid19 surge

- Develop protocols and SOPs to facilitate transition to remote work
- Develop protocols for medication administration
- Develop online interview techniques to facilitate data collection

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