

Interventions and results: prison screening and treatment for infectious diseases in Luxembourg

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Context: Luxembourg prisons and health care

Centre Pénitentiaire de Luxembourg (CPL)

- ▶ women & men
- ▶ maximum 443 detainees
- ▶ 75 % of foreign origin
- ▶ men: finally convicted



Context: Luxembourg prisons and health care

Centre Pénitentiaire de Givenich (CPG)

- maximum 113 detainees
- semi- open penal system



Centre Pénitentiaire d' Uerschterhaff (CPU)

- maximum 400 detainees
- remand in custody



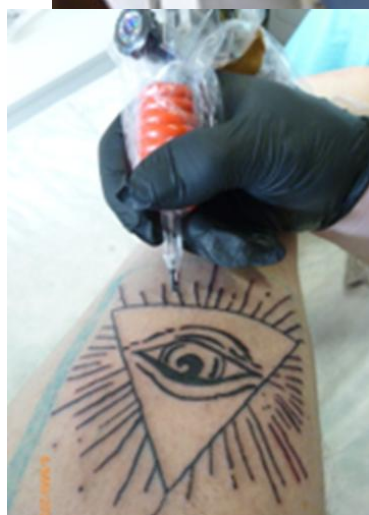
Context: Luxembourg prisons and health care

- ▶ Centre Hospitalier de Luxembourg (CHL): Prison Medical Service (SMP)
 - ▶ in service 24/7
- ▶ Centre Hospitalier Neuro-Psychiatrique au Luxembourg (CHNP): Prison Psychiatric Service
 - ▶ 6 am – 9:30 pm
- ▶ SMP:
 - ▶ 3.5 FTE general practitioners and 18.25 FTE nurses
- ▶ Consultant in infectiology 2x/month
- ▶ systematic screening on admission:
 - ▶ opt-out mode
 - ▶ blood test and chest- Xray
 - ▶ Quantiferon TB since 2011

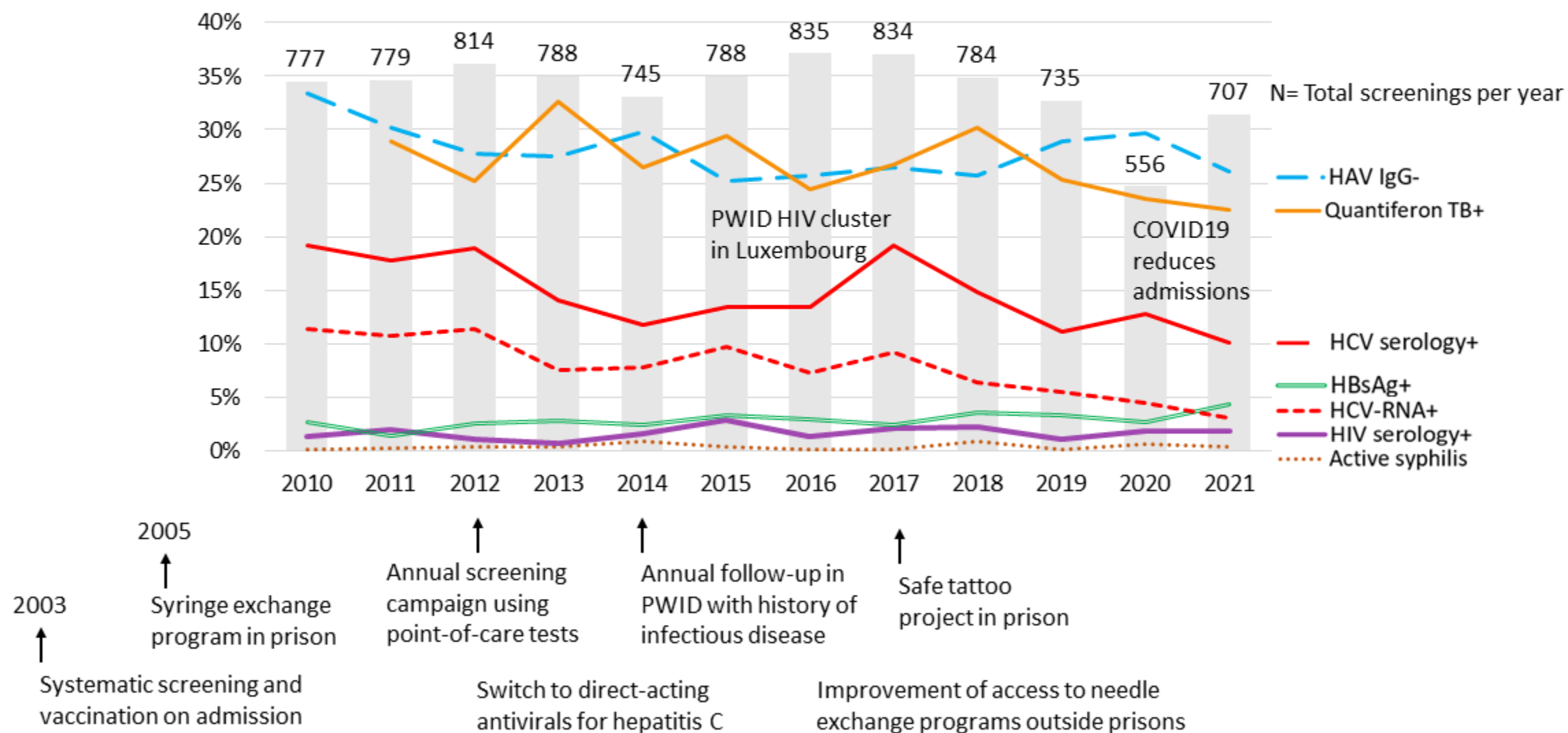
Early interventions in infectious diseases

- ▶ 2003 Systematic screening and vaccination on admission
- ▶ 2005 Syringe exchange program in prison
- ▶ 2012-2019 annual screening campaign using point-of-care tests
- ▶ 2013-2015 early switch to direct-acting antivirals for hepatitis C
- ▶ 2014 annual follow-up in PWID with history of infectious disease
- ▶ 2016-2018 improvement of access to needle exchange programs outside prisons
- ▶ 2017 Safe tattoo at the infirmary
- ▶ 2024 injectable HIV treatments in prisons

Early interventions in infectious diseases



Interventions and infectious diseases prevalence on prison admission screening



Tuberculosis in prison

- 19 tuberculoses treated 2011-2022 (pulmonary and extra-pulmonary disease)
- 8 sputum-positive = contagious
 - of which 4 in prison before diagnosis
- Latent tuberculosis on admission:
 - 27% (Quantiferon >0,4)
 - 10% (Quantiferon >1)
- Since 2024: treatment recommended for all inmates <40 years
 - if Quantiferon >1
 - but challenges due to short stay and explanations

Conclusions

- ▶ Screening done 79% - 94% between 2010 and 2021, but 65% in 2024
- ▶ Reinfection-rate at readmission for hepatitis C:
110 per 1000 patient-years (higher in younger people and living with HIV, but decreased over time)
- ▶ Effectiveness of a package:
risk reduction, access to treatment & surveillance
Team skills and transmission to new members and teams
- ▶ One prison is almost hepatitis C free in 2024, we're still working on it!

Thanks to the teams!

Key messages:

- ▶ Teamwork among professionnels
- ▶ Trust in health care for prisoners takes time
- ▶ Confidentiality from health towards the judiciary helps a lot
- ▶ Use epidemiology to guide health care interventions



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Thank you for your attention