

# The COVID-19 pandemic in Spanish prisons: epidemiology and performance evaluation

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On 31 December 2019, the Municipal Health Committee of Wuhan (province of Hubei, China) reported a cluster of cases of pneumonia in the city, which were later found to be caused by a new coronavirus called SARS-CoV-2. Efforts to control the epidemic in China were affected by other outbreaks of coronavirus in several prisons, which threatened to impede containment of the virus. More new cases outside the epicentre of the province of Hubei later appeared, with 200 cases detected in the prisons of Rencheng, in Shandong province, 234 in Shilifeng prison, in the Zhejiang region and 230 cases in the women's prison of Wuhan. This new development showed that prisons were settings where SARS-CoV-2 was easily transmitted. It also demonstrated that the conditions in enclosed institutions such as prisons impose a pressing need to apply prevention and control measures designed to prevent infection.

Prison inmates are in a vulnerable situation when facing infection from SARS-CoV-2 for a number of reasons: they are in close contact with other persons (other inmates and prison staff), they come into frequent contact with the general public when they go outside the prison, a significant percentage presents underlying pathologies and they often spend a lot of time in enclosed settings with other equally vulnerable persons.

We were about to face an epidemic caused by a virus whose mechanisms and capacity for transmission were not clearly known, with a similar lack of information about the virus' incubation time and whether it was transmissible during this period; we also lacked vaccines, treatments, diagnostic resources and sufficient means of protection.

On 11 March 2020, the World Health Organisation (WHO) declared a Public Health Emergency of

International Concern for COVID-19. It declared an end to the emergency three years and three months later. Over this period, effective vaccines were developed that were adapted to the variants that later appeared and a large number of clinical, microbiological and epidemiological studies were carried out, as was research on the repercussions of the pandemic on the mental health of the population. Researchers also took the opportunity to assess the epidemiological, economic and other effects of the disease, and the performance of health administrations, the aim being to discover more about the successes and mistakes made, and so offer ways to more effectively deal with future pandemics. I will consider these below.

## EPIDEMIOLOGY

Health professionals at the Spanish National Epidemiology Centre of the Instituto de Salud Carlos III in Madrid, in collaboration with professionals of the General Sub-directorate of Prison Health, which forms part of the General Secretariat of Prisons (SGIP) of the Ministry of Home Affairs, carried out an epidemiological study on the impact of the COVID-19 pandemic on prisons then managed by the SGIP, which included all the centres in Spain apart from those in the autonomous community of Catalonia, and bearing in mind that healthcare in the Basque Country was provided by personnel employed by the regional health service. The study was published in the journal, *Public Health* with the title *COVID-19 pandemic in prisons in Spain: characteristics of cases and implemented control measures, March 2020-June 2022*<sup>1</sup>.

It included the epidemiological characteristics of the cases of COVID-19 in Spanish prisons and the control measures implemented to respond to this major public health challenge. All the confirmed cases of COVID-19 in prisons that were reported to the epidemiological surveillance system of the SGIP between March 2020 and June 2023 were analysed. The prevention plans and protocols established by prison and health authorities were reviewed, as were the measures taken and adapted according to the epidemiological status of COVID-19 amongst the general public, with a view to minimising restrictions on the rights of prison inmates. The study also reported a very high percentage of administered vaccines: 94% of inmates received complete vaccination programmes.

The report concluded that in epidemiological terms the COVID-19 pandemic had a moderate effect on Spanish prisons. Against initial expectations, levels of hospitalisation and mortality were lower than amongst the general public; the result of measures taken to combat COVID-19 that helped to prevent and control the incidence of cases in prisons managed by the SGIP, which were found to be lower than those of other similar prison administrations and systems<sup>2,3</sup>.

## EVALUATION OF PERFORMANCE

In December 2023, the Spanish Ministry of Health published a document entitled Evaluation of the performance of the National Health System in combatting the COVID-19 pandemic<sup>4</sup>, the ultimate aim of which is to offer useful information to help in decision making processes to strengthen and unite the Spanish National Health System and make it more resilient in dealing with the threats posed by future pandemics. It brought together a large number of technical reports and field work, with the participation of hundreds of persons who freely offered their experience and expert opinions. The report also included a document drawn up by the Secretariat of Prisons (II.PP.), consisting of a technical report on the prison setting. The document includes several lessons that were learnt from the pandemic; lessons that offer much needed information for later use when dealing with future epidemics.

The Ministry of Health also asked the General Secretariat of Prisons to prepare another document on the prison setting with the same end in mind. The report was completed in 2022, with the title Impact of the COVID-19 Pandemic in Prisons<sup>5</sup> It contained several chapters which analysed a wide range of issues relating to the pandemic in prisons managed by the General Secretariat of Prisons of the Ministry of Home Affairs: epidemiological evolution, impact on inmates' living conditions, open imprisonment and alternative measures,

prison staff and prevention of occupational hazards, coordination mechanisms, reports by the Ombudsman, and lessons learnt and/or recommendations.

The objectives of highest priority for the General Secretariat of Prisons during the COVID-19 pandemic were as follows:

- Protect the lives and health of the persons under its responsibility in accordance with the provisions of Organic Law 1/1979, of 26 September, General Law on Prisons<sup>6</sup>.
- Not overload hospital care systems shared with the general public at the Restricted Access Units (UAR) of referral hospitals, or the police and security forces for transfer and custody duties.
- Limit inmates' rights (communication, visits, etc.) as little as possible, depending on the epidemiological situation, and seek alternative solutions to enable them to communicate with their families.
- Prevent and avoid security incidents in prisons.
- Prevent deaths from acute reactions to psychoactive substances at the end of the state of emergency and the renewal of communications and day-release permits after long periods of abstinence<sup>7,8</sup>.
- Ensure optimal health conditions for all the professionals working in prisons.
- Limit prison training, occupational and productive activities as little as possible, depending on the epidemiological situation.
- Coordinate with regional national and international health systems.

The pandemic, the declaration of the state of emergency and the necessary measures taken in prisons all had a major impact on inmates' lives. With differing degrees of intensity according to the phases of the pandemic, inmates experienced restrictions on oral communications in cabins, and on family and conjugal visits. Efforts were made to mitigate this state of affairs by increasing telephone communications, while an entirely new communication system that had never been used before in Spanish prisons was established and set in motion shortly after: videocalls via prison mobile phones or computers. This measure, which was initially regarded as a provisional means to facilitate communication, was found to be so effective that video cabins are now a common feature in Spanish prisons.

Another factor to have an impact on inmates' lives was the necessary periods of isolation and quarantine due to illness, close contact, or because an outbreak had been declared in the residential module. The duration of such periods varied according to the predominant variant of the virus. Preventive quarantines were also carried out on recently imprisoned inmates, those returning from day releases and others who had received a conjugal visit. The isolation and

quarantines imposed by the pandemic exacerbated the “social isolation” that inmates are already obliged to experience in prisons.

What is well worth highlighting is the absence of any notable security incidents throughout the pandemic, even in the most conflictive modules.

As regards the lessons learnt at national level and in the prison setting, these are clearly stated in the aforementioned articles, which are well worth reading. The most important lesson to be taken home is the intelligent application of the precautionary principle to prevent, or at the very least delay, a disease from crossing our frontiers or prison walls.

I cannot conclude without making specific mention of the performance of the prison health professionals during the COVID-19 pandemic. This evaluation cannot nor should be made by the writer of this article, since many of the professionals are colleagues and friends of mine. Their performance has been recognised by the General Secretariat of Prisons, and by the Ombudsman, who in the report on the actions taken against the COVID-19 pandemic, published in December 2020, and in the yearly report for 2020<sup>9</sup>, highlights the efforts made by prison health personnel to control the pandemic. For his part, the Minister of Home Affairs, in response to the proposal made by the General Secretary of Prisons, awarded the 2020 Gold Medal for Penitentiary Merit to Prison and Public Health, making special mentions of all the health professionals who “at a moment in a health crisis marked by so much uncertainty, they became our sole and principal certainty”.

## CORRESPONDENCE

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