Published in final edited form as:

Public Health Nurs. 2017 September ; 34(5): 411. doi:10.1111/phn.12351.

Immunizations and jails

Megha Ramaswamy, PhD, MPH

Kansas City, KS, USA

For society's poorest, sickest, and most vulnerable, jails and prisons have become a normative experience. Racial and ethnic minorities are no exception either, with one out of three Black men expected to go to prison in his lifetime. Bad domestic drug policies, deinstitutionalization of mental health facilities, and systemic racism have all contributed to the current criminal justice landscape in the U.S. (Wildeman & Wang, 2017).

Much has been written about how jails and prisons are opportune venues for health care and public health efforts (Greifinger, 2007). Inmates in jails and prisons in the U.S. are guaranteed health care access, in a way that many millions of Americans outside of prison walls are not able to obtain. Jails and prisons also provide for great infectious disease screening and treatment programs for HIV, hepatitis C, and other sexually transmitted infections, though these screening programs are often limited to progressive jurisdictions in large cities (Greifinger, 2007).

The promise of jails and prisons for public health promotion go beyond disease screening (Freudenberg & Heller, 2016). Novel corrections-based behavioral interventions, linkages to care as people transition to communities, harm-reduction type drug treatment, and even contraceptive care provision programs are being employed around the country. Much less attention in these settings has been paid to public health basics, that is vaccination programs.

Vaccination is one of the top public health defenses—probably right after clean water. Many reasons exist to offer vaccine in jails and prisons, including having access to a captive audience of people with low access to the health care system outside of correctional facilities because of poverty, lack of health insurance, and home neighbourhood conditions; high-risk individuals with long histories of drug use, sexually transmitted infections, and exchange of sex for drugs, money, or other necessities (Sequera, Valencia, García-Basteiro, Marco, & Bayas, 2015). Offering vaccinations inside jail and prison walls could specifically target these risk factors.

The history of effective vaccination programs in jails and prisons is short—most commonly described in the literature are hepatitis B vaccine programs (Farrell, Strang, & Stöver, 2010; Sequera et al., 2015). Common vaccines such as those given during national influenza outbreaks have been deployed with great variability and limited reach, despite the highly communicable nature of influenza in confined settings (Lee et al., 2014). Less common are children's vaccines in juvenile facilities, and pneumococcal disease and human papillomavirus in U.S. jails and prisons (Henderson, Rich, & Lally, 2010; Sequera et al., 2015).

Notably, the most successful programs occur in prisons, as opposed to jails. The key differences between prisons and jails are length of stay and location. Typically people in prisons have sentences of 1 year or longer. Inmates in local jails are just that—local. These facilities are placed in nearly every community as city or county holding facilities. People are there for days, weeks, months, or rarely if awaiting a trial—a year or more. Successful public health campaigns have traditionally focused on prisons, since people stay longer.

Jails as a venue for public health could be much more impactful since about six times as many people pass through a jail each year and have near-constant community contact, which is important for communicable disease prevention. Since the primary task of jail administration is security, it is not surprising that few have made overtures to have expansive preventive health services. However, health departments have a responsibility to all residents of the communities they serve. And offering regular immunization services in local jails provides an opportunity to both work with a hard-to-reach population and improve overall health. Whether through expansion of health department programming, special projects with public health and nursing students, or facilitating jails' access to federally funded vaccination programs for children, jail immunization initiatives make good sense.

Acknowledgments

The author is funded by National Institutes of Health/National Cancer Institute (R21 CA204767) to work with local health departments and correctional facilities to develop HPV vaccine partnerships.

References

- Farrell M, Strang J, Stöver H. Hepatitis B vaccination in prisons: A much-needed targeted universal intervention. *Addiction*. 2010; 105(2):189–190. [PubMed: 20078472]
- Freudenberg N, Heller D. A review of opportunities to improve the health of people involved in the criminal justice system in the United States. *Annual Review of Public Health*. 2016; 37:313–333.
- Greifinger, R., editor. *Public health behind bars*. New York: Springer Verlag; 2007.
- Henderson CE, Rich JD, Lally MA. HPV vaccination practices among juvenile justice facilities in the United States. *Journal of Adolescent Health*. 2010; 46(5):495–498. [PubMed: 20413087]
- Lee AS, Berendes DM, Seib K, Whitney EA, Chavez RS, Meyer PL, Spaulding AC. Distribution of A(H1N1)pdm09 influenza vaccine: Need for greater consideration of smaller jails. *Journal of Correctional Health Care*. 2014; 20(3):228–239. [PubMed: 24934841]
- Sequera VG, Valencia S, García-Basteiro AL, Marco A, Bayas JM. Vaccinations in prisons: A shot in the arm for community health. *Human Vaccines & Immunotherapeutics*. 2015; 11(11):2615–2626.
- Wildeman C, Wang EA. Mass incarceration, public health, and widening inequality in the USA. *Lancet*. 2017; 389(10077):1464–1474. [PubMed: 28402828]