

A bottom-up strategy for improving blood-borne infection management in a highly diverse national prison system: The Swiss HepFree in Prisons Programme (SHiPP)

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Background: Prisons carry a disproportionate burden of blood-borne infections. Although evidence-based prevention, screening, and treatment strategies are well established, their implementation remains inconsistent across Swiss prisons despite national guidelines. SHiPP was initiated to improve detection, linkage to care, and treatment of these infections across highly diverse detention settings.

Methods: Between 2019 and February 2026, SHiPP implemented bottom-up projects in close collaboration with nurse-led healthcare teams in 16 detention facilities across 11 Swiss cantons, encompassing a wide range of prison types, sizes, and on-site healthcare infrastructures. Screening for hepatitis B surface antigen, hepatitis C antibodies, and HIV antibodies was integrated into routine prison healthcare, predominantly using an opt-out approach at prison entry. Screening strategies were adapted to local conditions and included venous or capillary blood sampling (or saliva for hepatitis C) as well as point-of-care or laboratory-based diagnostics, respectively. Test uptake, infection prevalence, and subsequent clinical management were analysed descriptively.

Results: Within approximately one year, screening uptake improved significantly in most institutions, with nearly all achieving >60% to >90% coverage, depending on baseline activity levels. Low uptake was confined to a small number of facilities, mainly associated with very short detention durations or limited local implementation motivation. Small numbers of HIV infections and active hepatitis B cases were identified. Hepatitis C antibody prevalence (~1-6%, 13% in one facility - with one third to one half having chronic infection) was substantially higher than in the general population. In most cases, chronic hepatitis C led to further evaluation and treatment initiation during detention.

Conclusion: High screening and treatment rates for viral hepatitis and HIV infection are achievable in Swiss prisons, despite a highly federalistic and heterogeneous healthcare and prison system. Institutional context, leadership, staff engagement, and detention duration appear more influential than diagnostic modality. Opt-out screening and locally adapted, bottom-up implementation are key enablers of sustainable prison-based infectious disease control.

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