

Healthy Liver and Kind Heart—The Inmates Healthcare Program of Mother’s Day

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I.Scope of Screening

II.The analyzed results of Blood samples

Minister Shih Mao-Lin stated that it was the responsibility of the Ministry of Justice to take care of inmates’ health in 2007, and the Ministry would spare no resources on measures that benefited the health of inmates. The physical and mental health of the rehabilitated leaving the prison and returning to the society is an important responsibility of Taiwan After-care Association and a deciding factor in how well they can re-define their future life, making it one of the Association’s most important mis-

sions. To take care of inmates’ health, Taipei District Prosecutors Office, Taiwan After-care Association Taipei Branch, and Liver Disease Prevention & Treatment Research Foundation jointly launched the unprecedented “Healthy Liver and Kind Heart—Mother’s Day Inmates Healthcare Program,” consolidating resources of the industry, government, and academia to offer free liver disease and HIV screenings for inmates of Taipei Prison. Dutch company GSK sponsored the hepatitis B vaccines for

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10 May, 2007, Good Liver, Kind Heart—Mother's Day Inmates Healthcare Program features key notes on health and remarks by officials

inmates who had not been infected based on screening results.

I.Scope of Screening

Blood tests performed included: Hepatitis A antibody, HBsAg, HBsAb, HBcAg, anti-HCV, GOT, GPT, AFP, and HIV. The results were analyzed by the Liver Disease Prevention & Treatment Research Foundation, with the follow-up measures below:

1. The Prison informed individual inmates their results, which served as reminder to their conditions, and offered necessary treatments for those with abnormal results.
- 2.The overall analysis of test and screening results would serve as reference for inmate medical services, health education, and prison health management.

The first dose of hepatitis B vaccination was given to inmates who were not infected and had no antibody in the system at 10:30 am in the chapel on the second floor of Geng Xin Garden; second and third doses were given at later dates at the same location. In addition to giving inmates vaccinations, those who were released early from prison were also given follow-up vaccination and guidance.

Blood samples were collected from 1,000 inmates for test and screening, including 70 female inmates. Except for a few cases where their samples could not be analyzed due to unique health conditions, 978 samples were analyzed. The results were as follows:

(1) 151 inmates with chronic hepatitis B (15.4%), comparable to the national rate (15-20%).

(2) 396 inmates with chronic hepatitis C, the positive rate (meaning that the inmate had been infected) was 40.5%, significantly higher than the national rate (2-4%).

(3) Inmates with liver abnormalities: 196 inmates had GOT higher than 40; 483 inmates had GPT higher than 40.

Two inmates were found to have abnormal increase in AFP; one was determined to be pregnant, while the other required further monitoring and tests with the possibility of liver cancer.

There were 135 inmates who were HBV-free and needed to get vaccinated as soon as possible. Taipei Prison's follow-up measures in response to the test results included:

1. The Prison assisted inmates with liver abnormalities (higher than 200) and

abnormal increase in AFP in seeking medical help.

2. The Prison immediately arranged date for inmates with no hepatitis B infection to receive vaccination, which was sponsored by Dutch pharmaceutical company GSK.

In the future, blood test for communicable diseases (AIDS and syphilis) and health exams would be administered on all newly admitted inmates. Inmates would be asked if they had serious illness or chronic diseases, and the Prison would proactively make arrangements for medical assistance. All ward supervisors must be fully aware of inmates' illnesses, such as chronic diseases (high blood pressure, cardiovascular disease, mental disease or diabetes), and weekly clinics would be held by wardens to regularly administer medicine and manage the diseases. Furthermore, the Prison also integrated local medical resources; in addition to having doctors onsite, clinics were also established for specialties in high demand. After the inmates were examined by doctors, the Prison would arrange for related medical tests (such as X-ray, ECG, blood biochemical, blood cell, urine, and fe-



ces) to confirm cause of disease. Also, to ensure convenient medical services, medical staff would visit the wards regularly to see inmates or dress their wounds. Medical and correctional staff would maintain regular communication in order to monitor and stay aware of inmates' conditions. After examination

by doctors, if the Prison could not provide sufficient treatment, the Prison would quickly transfer inmates under guard to a hospital. The goal is to ensure comprehensive medical care for all inmates.



Liver Disease Prevention & Treatment Research Foundation conducting Liver Disease and HIV Screening for Inmates of Taipei Prison.



First dose of hepatitis B vaccination was given to inmates who were not infected and had no antibody in the system; second and third doses were given at later dates. Besides continuing giving vaccinations to the inmates, those who were released early from prison were also given follow-up vaccinations and guidance.

II.The analyzed results of Blood samples

(附件)

臺灣臺北看守所 2007 年「好心肝，開心窗——母親節關懷受刑人健康活動」

檢驗結果統計分析表

	全體		男		女	
	N	%	N	%	N	%
性別(男:女)	978		909		69	
年齡(最小/最大)	36±8.8(19.6/72.4)		35.9±8.5(19.6/72.4)		37.1±11.4(20/67.1)	
Anti-HAV(+)	442	45.2%	413	45.6%	29	42%
Hbs-Ag(+)	151	15.4%	141	15.5%	10	14.5%
毒癮 B 肝帶原者	103	17.7%	95	11.7%	8	22.2%
非毒癮 B 肝帶原者	25	11.8%	24	13.1%	1	3.6%
Anti-Hbs(+)	599	61.2%	558	61.4%	41	59.4%
Anti-HCV(+)	396	40.5%	380	41.8%	16	23.2%
毒癮 C 肝抗體陽性率	295	50.7%***	281	51.5%***	14	38.9%**
非毒癮 C 肝抗體陽性率	22	10.4%***	21	11.5%***	1	3.6%**
Hbs-Ag(+) 且 Anti-HCV(+)	55	5.6%	52	5.7%	3	4.3%
Anti-Hbs(-)且 Anti-Hbc(-)	135	13.8%	122	13.4%	13	18.8%
Anti-HIV(+)	10	1.0%	9	1.0%	1	1.4%
GOT>40	196	20.0%	188	20.7%	8	11.6%
B 肝且 GOT>40	35/151	23.2%	35	24.8%	0	0
C 肝且 GOT>40	135/396	34.1%***	131	24.5%***	4	25%
GPT>40	483	49.4%	470	51.7%***	13	18.8%***
B 肝且 GPT>40	84/151	55.6%	83	58.9%*	1	10%
C 肝且 GPT>40	287/396	72.5%***	280	73.7%***	7	43.8*
AFP>20	2	0.2%	1	0.1%	1	1.4%
B 肝且 AFP>40	1	0.7%	1	0.7%	0	0
C 肝且 AFP>40	1	0.3%	1	0.3%	0	0
吸毒比例	582	70.3%	546	71.6%	36	55.4%
紋身、穿耳洞、穿體洞比例	481	58.1%	432	56.6%	49	75.4%