

Swiss HepFree in Prisons Programme (SHiPP)

Summary of the Final Report (May 2026)

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The Swiss HepFree in Prisons Programme (SHiPP) is an initiative of Swiss Hepatitis aimed at sustainably improving the detection and medical care of individuals with hepatitis B, hepatitis C, or HIV infection in Swiss correctional facilities. The programme focuses on screening (whenever possible upon admission) for the mentioned infections and, in the event of positive test results, ensuring further evaluation and treatment. This document summarises the findings gathered over the entire duration of the programme.

Programme Overview

The programme ran from early 2019 through the end of February 2026. A setup and preparation phase (2019–2021) was followed by the implementation phase (2021–2026), which was divided into two stages. Initial delays occurred due to the COVID-19 pandemic. In total, local projects were implemented in 16 correctional facilities across 11 cantons. All language regions, as well as different types of detention (essentially pretrial detention and incarceration) and organisational structures, were represented. The great diversity of the participating institutions reflected the varied settings of incarceration in Switzerland.

Institutions, screening strategies, and testing rates

The participating institutions varied significantly in size, type of detention, medical organisation, and the screening strategy selected within the SHiPP framework. In most cases, all new arrivals were included in the screening. In some facilities, however, on-site staff conducted some pre-selection - for example, by excluding individuals with very short stays - which limits the interpretability of the testing rates achieved there.

Over the entire project duration, good-to-very-good testing rates (>60% to >90%) were achieved in most institutions. Facilities with lower testing rates were usually constrained by structural or organisational factors on site or showed limited motivation to implement the measures. Eleven institutions provided initial as well as follow-up data showing that, in the majority of cases, testing rates increased significantly over the course of the project. (Tables 1 and 2)

Prevalence of infections

Incarcerated people were screened for hepatitis B antigen (HBsAg), hepatitis C antibodies, and HIV antibodies. HIV infections and active hepatitis B were detected only sporadically but were of high clinical significance for those affected. The prevalence of hepatitis C antibodies was significantly higher, ranging from 1% to 6%, with 13% in one institution. Approximately one-third to one-half of the seropositive individuals had chronic hepatitis C. (Table 1)

Diagnosis, Treatment, and Follow-up Care

The primary goal of SHiPP was to improve the entire care pathway, from prevention through screening and diagnosis to treatment. In nearly all institutions, further investigations were



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conducted for newly diagnosed infections. In the vast majority of cases of chronic hepatitis C, treatment was initiated, provided that the length of stay at the institution allowed for it. Failure to initiate treatment was usually due to premature discharge or transfer of the individuals.

Follow-up-care following transfers or discharge proved to be a particular challenge, as organisational disruptions often jeopardise the continuity of care. Structured communication between correctional facilities and external institutions was identified as crucial for successful continued care.

Key experiences and insights

Two principles proved to be essential to the programme's success:

Bottom-up approach: Each project was tailored to local conditions and developed in collaboration with local stakeholders. This approach was widely accepted and facilitated implementation and success on the ground.

Opt-out screening: Routine screening upon admission, unless actively declined, contributed significantly to high testing rates.

The success of the projects depended heavily on the motivation of the local project leaders and the medical teams. The motivation of the incarcerated individuals, on the other hand, rarely proved to be an obstacle.

Significant differences were observed between pretrial detention and incarceration. Very short stays make it difficult to build trust and limit the feasibility of screening and treatment. In facilities with longer detention periods, screenings that were initially declined could be caught up on at a subsequent date.

Regarding sample collection for diagnostic purposes, it was found that in Switzerland, rapid tests offer significant advantages in short-stay settings. Provided the organisational and staffing conditions are in place, high testing rates can be achieved with a mixed strategy (rapid testing only when venous blood collection is not possible) or even with venous blood collection alone.

Outlook: SHiPP26+

Upon completion of the programme, SHiPP will continue as SHiPP26+. The goal remains to ensure that screening and treatment for hepatitis B, hepatitis C, and HIV are permanently integrated into basic medical care in correctional facilities.

The focus will remain on knowledge dissemination, participation in policy-making, networking, and quality assurance to consistently close gaps in diagnostic care and ensure that all affected individuals have long-term access to treatment.

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Table 1: Testing rates and prevalence data

institution	total target population					
	number of tests offered	number of persons tested	HIV-positive	HBV-positive	HCV-positive	chronic hepatitis C
A	761	260 (34.1%)	0 (0.0%)	3 (1.2%)	1 (0.4%)	not available
B	448	92 (20.5%)	5 (1.1%)	2 (0.4%)	6 (1.3%)	2
C	38	35 (92.1%)	0 (0.0%)	0 (0.0%)	2 (6.7%)	2
D	409	386 (94.4%)	4 (0.1%)	1 (0.03%)	9 (2.3%)	4
E	1863	802 (43.0%)	na	na	46 (5.7%)	21 (45.7%)
F	232	149 (64.2%)	0	-	7 (2.6%)	3
G	38	10 (26.3%)	-	-		
H**/**	264	201 (76.1%)	1 (0.5%)	2 (1.0%)	12 (6.0%)	4 (33.3%)
I**/**						
J	192	131 (68.2%)	1 (0.7%)	0 (0.0%)	17 (13.0%)	13 (76.5%)
K	298	200 (67.1%)	1 (0.5%)	3 (1.5%)	9 (4.5%)	1
L	58	51 (87.9%)	0 (0.0%)	1 (2.0%)	1 (2.0%)	0
M**	132	115 (87.1%)	1 (0.9%)	0 (0.0%)	2 (1.7%)	1
N	121	115 (95.0%)	0 (0.0%)	1 (0.9%)	2 (1.7%)	1
O	35	18 (51.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	-
P	187	112 (59.9%)	1 (0.9%)	0 (0.0%)	1 (0.9%)	0

* Data from institutions H and I have been combined subsequently

** Testing offered following a pre-selection process (see text)

Table 2: Test rates prior to or at the start, respectively, as well as in the course of the project

institution	initially	subsequently
A	73.5%	30.3%
B	15.4%	24.1%
D	77.7%	100.0%
H*	68.6% ¹	76.1%
I*	18.4% ¹	
J	78.8%	68.2%
K	41.1% ¹	67.1%
L	91.8% ¹	87.9%
M	75.0%	92.4%
N	74.0% ¹	95.0%
P	62.5%	67.1%

* Data from institutions H and I were combined subsequently

¹ Dataprior to the start of the SHiPP project