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| **PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA****NATIONAL ASSEMBLY** |

**FOR WRITTEN REPLY**

**QUESTION NO: 3705**

 **Mr. J. Selfe (DA) to ask the Minister of Justice and Correctional Services**

1. Whether there was an outbreak of Leptospirosis at the Pollsmoor remand detention facility; if so, what are the relevant details;
2. What actions have been taken to (a) quarantine inmates, (b) fumigate their personal effects, (c) deal with the rat infestation and (d) transfer inmates to other facilities;
3. What long term steps are being taken to improve sanitation, hygiene and overcrowding problems at the specified facility as recently highlighted by the report by the former judge of the SA Constitutional Court, Justice Cameron?

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**REPLY:**

1. Yes, there was an outbreak of Leptospirosis at the Pollsmoor Remand Detention facility.

The details are as follows:

* Two cases of Leptospirosis have been identified in August 2015.
* One Leptospirosis case identified in September 2015.

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|  |  **Case 1** |  **Case 2** |  **Case 3** |
| Patient Initials | Patient BC | Patient AM | Patient DV |
| Age | 52 | 49 | 44 |
| Race | Coloured | African | Coloured |
| Gender | Male | Male | Male |
| Unit | Section A (Cell 591) | Section A (Cell 545) | Section E 2 |
| Date of onset of illness | 25.07.2015 Returned to Clinic: 01.08.2015 | 04.08.2015Returned to Clinic: 11.08.2015 | 31.08.2015Returned04.09.2015 |
| Referred to Victoria Hospital | 01.08.2015 | 11.08.2015 | 04.09.2015 |
| Treatment Outcome date | Demised : 02.08.2015 at Victoria hospital | Discharged from Victoria hospital on the 20th August 2015 | Discharged from Victoria hospital on the 17.09.2015 |

N.B. Confirmation of Leptospirosis Diagnosis by the Communicable Disease Control: Department of Health Western Cape was received by DCS on the 20th August 2015 for the first two cases identified at Victoria Hospital. Third case confirmation was received on the 07th September 2015.

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1. Actions that had been taken to :

 (a) Quarantine inmates,

* Inmates were not quarantined; however those with moderate to severe signs were transferred immediately to Victoria Hospital as recommended by the National Institute for Communicable Diseases (NICD).
* All inmates who presented with nonspecific signs and symptoms were tested and treated empirically for Leptospirosis.

 (b) Fumigate their personal effects,

* Fumigation intervals of the cells have been increased.
* Personal Protective Clothing and Equipment (PPE) was purchased and distributed for use in all areas that can expose one to risk of infection (e.g. waste handlers, cleaners).
* All Remand Detainees were issued with the prescribed uniform.
* Frequent washing and disinfecting of personal clothing was encouraged.

 (c) deal with the rat infestation :

 Pest Control service providers have been contracted for rodents and other pests control measures.

* Advanced mechanical rodent traps were placed at access points to eradicate the rodents.
* Gas fumigation of the tunnel will be implemented as per evacuation plan.
* The Society for the Prevention of Cruelty to Animals (SPCA) was contacted to remove feral rats.
* Waste Management has been intensified and waste collection has been reviewed from twice a week to daily. Waste storage procedures have been implemented.

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* Environmental hygiene was intensified through identification of additional cleaning teams, increasing the frequency of cleaning programs to twice daily and the entire facility scrub down was conducted as per facility evacuation plan.
* Weekly inspection is being done by the City of Cape Town Environmental Health Practitioners and DCS officials.

(d) Transfer inmates to other facilities

* In-service training was provided to clinical staff with regard to clinical presentation, diagnosis and prevention of Leptospirosis by 4th September 2015.
* Inmates were screened as per NICD guidelines before they were evacuated to other Correctional Centers.
* Evacuation plan was developed and inmates were transferred to other facilities in the Western Cape as per plan. The evacuation and transfer plan was implemented per schedule to mitigate risk factors.
* All Provincial Stakeholders were informed about the evacuation plan.
1. Long term steps being taken to improve sanitation, hygiene and overcrowding problems at the specified facility **as recently highlighted in the report by the former judge of the SA Constitutional Court, Justice Cameron.**

Sanitation and hygiene:

* Medication available and issued as prescribed.
* Meals are provided three times per day as per meal plan.
* Mattresses and blankets are issued on admission for sleeping purposes to all offenders.
* Cleaning material availability monitored and cleaning procedures intensified.

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* Comprehensive HIV and AIDS as well as Tuberculosis programmes and services are implemented with the support of external partners. Condoms are distributed however there is malicious misuse of condoms (trafficking of contraband).

Overcrowding:

The Department of Correctional Services implements a multi-pronged strategy to manage overcrowding .The strategy consists of the following dimensions:

* Managing levels of remand detainees (RD’s) through IJS Case Management Task Team & Inter-Sectoral Committee on Child Justice;
* Managing levels of sentenced inmates through improving effective & appropriate use of conversion of sentence to community correctional supervision, release on parole, & transfers between correctional centres to attempt to establish some degree of evenness of overcrowding;
* Ensuring progress with DCS capital works programme to upgrade correctional facilities & to build new correctional centres that are both cost effective & rehabilitation oriented;
* Encouraging debate in South Africa about reason for incarceration as a sentence & encouraging an approach to appropriate sentencing that is focused on facilitating rehabilitation;
* Enhancing community correctional supervision so that it can be better utilized as an appropriate sentence for less serious crimes;
* Improving correction & development programmes within DCS to ensure enhanced facilitation of rehabilitation that targets offending behaviour;

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* Encouraging improvement of first & second levels of correction in family & social institutions & social & economic sector government departments respectively to decrease rate of entry into criminal justice system; and
* Encouraging community involvement in social reintegration of offenders back into their community in order to assist in reducing levels of repeat offending.