



Anti-epidemic measures for protection against COVID-19 in institutions for execution of criminal sanctions

Antiepidemijske mere za zaštitu od COVID-19 u ustanovama za izvršenje krivičnih sankcija

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Introduction

On the last day of 2019, the health authorities of the People's Republic of China informed the World Health Organization (WHO) about the occurrence of several cases of respiratory infections in people in the city of Wuhan. An unknown coronavirus [severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2)] was identified as the cause of the disease on January 7, 2020, and the disease was named COVID-19. In different variations, six types of coronavirus have been identified in the human population: HCoV-229E, HCoV-OC43, SARS-CoV, HCoV-NL63, HCoV-HKU1, and MERS-CoV¹. The first cases are related to the fish market, where locals sell animals and poultry². COVID-19, besides health implications, has produced many sociological, political, and security implications in many countries worldwide. The security challenges, risks, and threats posed by COVID-19 are multidimensional and complex. The multiplication of these challenges, risks, and threats has influenced prisons to become risky institutions in the emergence of COVID-19. The reasons for this are multiple: the very security nature of these institutions in which people with security risk to society are housed, the complexity and dynamism of functioning of these institutions (which represent micro-social environments for themselves), and the difficulty of providing medical care for convicts in primary medical institutions in cases of illness.

The appearance of COVID-19 and the introduction of the special functioning regime in Italian prisons on March 6, 2020, resulted in many riots in prisons across this country. Disturbing pictures from Italian prisons were seen all over the world on March 9, 2020. The head of the Italian prison administration, Francesco Basentini, stated that three prisoners died during the riot in prison in Modena, while three died after being transferred from the prison. Basentini stated: "There have been several serious riots in prisons across the country. In Pavia, two guards were taken hostage but released after police intervention"². The Italian Ministry of Justice said a fire broke out in several prisons. The Italian government has introduced quarantine in most of the northern regions to curb the coronavirus epidemic³.

In the Republic of Serbia, the first case of COVID-19 in the general population was registered on March 6, 2020⁴. The appearance of COVID-19 caused a special legal functioning regime and introduced a state of emergency in the Republic of Serbia, and persons who violated anti-epidemic measures were sanctioned. For that purpose, the Ministry of Justice of the Republic of Serbia, the Directorate for Execution of Criminal Sanctions, opened three special facilities: 1. Penitentiary in Pančevo (a facility in Vršac), 2. Penitentiary Požarevac-Zabela, and 3. Penitentiary in Niš, Department in Pirot for detaining people deprived of their liberty during the state of emergency declared due to the COVID-19 pandemic, caused by SARS-Cov-2. The research is based on the analysis of anti-epidemic measures for protection against

COVID-19 in institutions for execution of criminal sanctions and the proposal of the optimal model of protection.

The research was also based on analyzing comparative practice in applying the anti-epidemic protection measures and the results in the Republic of Serbia and European countries selected according to the territory, the United States of America (USA), and the United Kingdom (UK). The timing of the research subject covered the period March-April 2020. The reference framework was the complex application of health and organizational protection measures.

Protective measures against COVID-19 in some European countries, the USA and the UK

The European Prison Observatory's publication "COVID-19 – what is happening in European prisons?" shows numerous complaints about the functioning of prisons and the measures that have been implemented in many European countries. The measures to protect prisoners from COVID-19 in some countries (except Serbia) are shown in Table 1⁵⁻¹⁰. Having in mind the above, anti-epidemic protection measures arise as first-class for the system of execution of criminal sanctions both in the Republic of Serbia and in other countries of the world.

Table 1

Measures to protect prisoners from Covid-19 in some European countries, the United States of America (USA) and the United Kingdom (UK)⁶

Country	Measures
Austria	Telephone time limited to 10 minutes per day; Video calls are enabled; Prisoners in open wards were instructed to stay in their cells all day; Prison staff members do not wear masks and do not keep a 1-meter distance; Staying in the open air was reduced from 1 hour to 15 minutes.
Denmark	The Danish Prison Administration has closed its doors to new prisoners and limited family visits. Daily perm and all activity groups have been suspended. Convicted prisoners will serve their sentences alone in their cells.
Estonia	The Ministry of Justice has introduced an extra measure to avoid the spread of coronavirus: prison guards in Estonia are now switching to a 24/5 work schedule, which means they will work five days in a row and spend their free time after work in prison. Family visits, group work, and walks have been suspended, and prisoners must remain in their living rooms. Prisoners have access to more printed material and TV channels, more food choices, and more phone calls.
France	According to the French Prison Administration, 63 prisoners and 145 staff members were tested positive for coronavirus, and on April 3, 2020, one prisoner died of Covid-19. Trial postponement measures have been applied, proceedings are being conducted by remote video calls and many prisoners have been released on parole, 6,266 prisoners, but overcrowding remains a major problem in French prisons.
Greece	"Coridallios Prison Hospital" and the wing of the local public hospital "Diavata" in Thessaloniki are planned to be used to house prisoners in case they are infected with the Covid-19 virus.
Hungary	Lawyers may enter penitentiaries for consultations after temperature measurements; communication takes place with plexiglass barriers between lawyers and convicts and by telephone; the premises used for consultations are disinfected; lawyers are prohibited from handing over documents to defendants; lawyers are directed to consult with their clients by phone or Skype. The Hungarian prison service called on priests and members of the convict's relatives to "minimize the number of visits." Visits are still allowed if family members are separated from the convicts by plexiglass barriers. No physical contact, kisses, or hugs are allowed. Also, the number of visitors was reduced to two per visit; new detainees were isolated for two weeks; new detainees with any Covid-19 symptoms were transferred to hospitals; leaving the institution is not allowed. All activities in prisons were suspended, except for one-hour outdoor walks, free use of the gym and television that was allowed for each cell, and early release of elderly and sick criminals who are vulnerable to Covid-19 was introduced.
Italy	In March 2020, the Criminal Administration announced that the virus had spread in Italian prisons: 94 detainees tested positive for the virus, 19 recovered and 2 died. The first detainee to die because of Covid was a 76-year-old man; He was detained in the Bologna prison and died in the Bologna hospital. The second death was confirmed on April 10. A 58-year-old man was imprisoned in Voghera Prison. Quarantine and isolation wards have been set up in prisons and emergency departments. By April 15, 2020, 6,000 convicts had been released in the prison system.
Norway	By an internal regulation, the Prison and Probation Service (KDI) has sent an order to regions across the country that over 200 prisoners be released as a measure to minimize the risk of infection in prisons. The medical staff has tested prisoners, and there are about 200 prisoners over the age of 60 who are part of the risk group.
Poland	Since March 12, 2020, everyone has had their body temperature measured upon entering the prisons, access to telephone communication has been increased. Prisoners also have greater access to television and the press, additional therapeutic and educational activities have been carried out, visits to all detention centers and prisons have been suspended since March 19, officers who come into contact with prisoners must wear protective masks, and prisoners are banned from doing outside jobs. All prisons and detention centers are provided with disinfectants, sanitary masks, hygiene and medical supplies, protective suits, and gloves, and all cells are disinfected several times a day.

Portugal	Visits to all prisons have been suspended since March 16. To overcome the isolation of prisoners, the state increased the number of allowed telephone calls, giving the right to 3 calls a day of five minutes. Extended video calls are also allowed in some prisons. Educational, recreational, and religious activities have also been suspended. The work performed by the prisoners was also suspended except for some services such as cooking, cleaning, agricultural work (in some prisons). The Santa Cruz do Bispo women's prison has produced protective materials, masks, uniforms for health workers, and other products.
Slovenia	The measures include: suspension of prison sentences, early release for prisoners who have less than six months in prison left, interrogation of a person by videoconference is possible except for the public from all proceedings. Those measures should be in force until July 1, 2020.
Ukraine	Due to the Covid-19 pandemic, the Ministry of Justice drafted the Amnesty Law to release 900 prisoners, who do not pose a threat to society.
USA	By June 23, at least 48,764 people in prison had tested positive for Covid-19. Much of the tremendous increase in coronavirus cases has been due to some states – including Michigan, Ohio, Tennessee, Texas – that have begun testing almost everyone in prisons where people have become ill. This scope of testing would suggest that the coronavirus circulated in prisons in much greater numbers than was known in the past weeks of the pandemic ⁶ .
UK	Due to the Covid-19 pandemic, the British model of protection of persons deprived of their liberty has included many restrictions in the institutions for executing criminal sanctions. The restrictions remain in force to this day. Social visits to prisons have been abolished, alternative ways of contacting persons deprived of their liberty have been introduced, for example, by leaving a voice message using the prison voicemail service or sending e-mails using e-mail for prison services, unlimited writing at the expense of the prison has been approved. As a temporary measure, secure telephone handsets were provided to inmates at 55 prisons, allowing high-risk inmates to talk to a few approved contacts. As support for persons deprived of their liberty and their families, secure video calling lines have been introduced in some prisons. Video calls are free for both prisoners and their families ⁷ . Handwashing facilities are available to prisoners, staff, and visitors. Work with suppliers is managed in order to ensure sufficient supplies of soap and cleaning products. Prisoners who have a low assessed risk and whose sentence expires will be temporarily released from prison, as part of a National Health Service (NHS) protection and life-saving plan ⁸ . The usual regime in prisons has been suspended to apply social distance. This is crucial to protect the prisoners and staff and prevent the spread of the virus. This means that prisoners can no longer participate in normal recreational activities such as using the gym, going to church, or visiting the library. Only basic workers such as kitchen staff or wing cleaners will continue with their jobs, and all of those who are hired will still get paid. Support was provided to prisoners, such as life advice and advice on how to manage life problems. Informative videos about Covid-19 were made for friends and relatives of the persons deprived of their liberty ⁹ . All hearings of the Probation Committee and new trials were suspended. The Probation Committee will analyze cases through a combination of remote hearings and a paper review process. Contact between prisoners and their legal teams has been facilitated by increasing video conferencing capacity in prisons ¹⁰ .

COVID-19 protection measures in institutions for execution of criminal sanctions in Serbia

In the Republic of Serbia, measures were implemented under the Law on Protection of Population from Infectious Diseases and the International Health Regulations, which included surveillance of passengers coming from hotspots of the new coronavirus and isolation of patients and health surveillance of contacts ¹¹. This was regulated by the Law on Execution of Criminal Sanctions, which has been in force since 01/01/2006, with later changes and additions from 2009, significant systemic changes from 2014, and current changes and additions from May 2019. According to this law, the execution of a prison sentence is carried out, organized, and supervised by a single central institution called the Directorate for Execution of Criminal Sanctions, which is part of the Ministry of Justice of the Republic of Serbia. Besides the Administration for Execution of Criminal Sanctions and its organizational units at the headquarters, the system of execution of criminal sanctions comprises 29 institutions. The structure goes as follows: the Training Center, then nine Penitentiary Institutions in Pančevo,

Belgrade, Belgrade-Padinska Skela, Požarevac-Zabela, Sremska Mitrovica, Niš, Čuprija, Šabac, Sombor, then the Penitentiary for Juveniles in Valjevo, the Penitentiary for Women in Požarevac, the Correctional Home in Kruševac, the Special Prison Hospital in Belgrade, and 16 District Prisons in Belgrade, Novi Sad, Leskovac, Čačak, Zrenjanin, Subotica, Vranje, Kragujevac, Kraljevo, Kruševac, Prokuplje, Užice, Zaječar, Novi Pazar, Negotin and Smederevo ¹². Within these institutions for execution of criminal sanctions, besides the Special Prison Hospital in Belgrade, there is a special organizational unit, the Health Care Service, at each of these institutions.

The Health Care Service performs health prevention, treats convicts and detainees, monitors hygiene and the quality of food and water, and takes part in determining and implementing the program of treatment of convicts. The institution has at least one doctor and two medical technicians and must provide the services of one psychiatrist. When hospital treatment is organized in an institution, the institution must have an educated doctor and hospital staff, and it also must possess hospital facilities, medical materials, accessories, devices, and medicines. The institution must have a special room for separating sick

convicts, depending on the disease. The Women's Institute must have special equipment for taking care of pregnant women, mothers, and women. A health professional who examines and treats a convict is guaranteed and so is the full professional independence under the law and the code of ethics¹³.

The territorial distribution of these institutions meant that some of these institutions were in the epicenter of urban areas where the emergence of COVID-19 escalated. This made the security situation much more complicated since there is only one specialized institution for treating persons deprived of freedom, and that is the Prison Hospital in Belgrade. Here, in the case of COVID-19 in prisons, the pressure on the capacity of this institution would be maximum, and the treatment in regular medical centers would be complex due to the provision of persons deprived of liberty and the risk of spreading the infection to employees in the security service. The complex structure of COVID-19 has shown the following clinical picture in previous cases: pneumonia and respiratory problems, a body temperature of $\geq 38^{\circ}\text{C}$, radiographic identification of pneumonia, and changes in lymphocytes¹⁴. During a pandemic, the health system of criminal institutions would not be capable of responding to these challenges. With COVID-19, which causes additional restrictions, such as restriction or cancellation of visits by family and friends, the ban on receiving packages, and additional social distancing, the increase on social deprivation of convicts can cause various security implications in penitentiary institutions.

Extraordinary events that may occur due to appearance of COVID-19 in prisons are shown in Table 2.

Table 2

Extraordinary events that may result from the appearance of COVID-19 in prisons

Events
Attempt to escape/rebellion
escape from the closed part of the institution
removal from the semi-open part of the institution
escape during apprehension
Self-harm
hunger strike
by cutting, swallowing objects, poisoning
attempted suicide by cutting, poisoning, hanging
suicide by all typologies
Attacks
on officials
on convicts
on other persons
destruction of property
Offenses
possession of a mobile phone
theft
possession of money
indiscipline

Preventive measures have been taken to protect persons deprived of their liberty and employees in these institutions (Table 3). First of the measures was adopted on March 11,

Table 3

Number of infected with SARS-Cov-2 in the Republic of Serbia until 11/04/2020

Rank	City	Infected ¹⁶	Location of prison	Infected
1	Belgrade	1,495	✓	0
2	Niš	536	✓	0
3	Čuprija	180	✓	0
4	Novi Sad	169	✓	0
5	Kruševac	84	✓	0
6	Valjevo	82	✓	0
7	Leskovac	76	✓	0
8	Zaječar	59	✓	0
9	Vranje	57	✓	0
10	Kragujevac	52	✓	0
11	Čačak	42	✓	0
12	Subotica	36	✓	0
13	Pančevo	35	✓	0
14	Požarevac	34	✓	0
15	Užice	33	✓	0
16	Paraćin	32	x	0
17	Kraljevo	30	✓	0
17	Novi Pazar	30	✓	0
19	Jagodina	25	x	0
19	Šabac	25	✓	0
21	Pirot	24	✓	0
22	Surdulica	20	x	0
22	Sremska Mitrovica	20	✓	0
24	Aleksinac	19	x	0
25	Zrenjanin	16	✓	0
26	Kikinda	13	x	0
27	Sombor	12	✓	0
28	Varvarin	8	x	0
29	Smederevo	7	✓	0

SARS-Cov – severe acute respiratory syndrome coronavirus; x – no prison.

2020. Under the recommendations of the Institute of Public Health of Serbia “Dr Milan Jovanović Batut” and “Infectious Diseases Clinic” of the Clinical Center of Serbia, the following measures were introduced: the procurement of contactless thermometers for all institutions for execution of criminal sanctions; all employees who suffer from acute respiratory infections, show symptoms of dry cough or have a fever, must contact competent health institutions in order to go on sick leave and not come to work for two weeks; all employees who came from risk areas or were in contact with people whose infection was confirmed or suspected, had to use annual leave or open sick leave for two weeks; travel of employees to countries that are hotbeds of the epidemic was prohibited; measuring body temperature at the entrance points in the institutions was obliged; all admitted people in the institutes were separated in smaller rooms and under increased health supervision; noninstitutional rights, benefits, and work outside the institution were postponed; the ban on receiving packages was considered as a last resort; all group visits to prisons were postponed; it was recommended that people deprived of their liberty leave the institution as little as possible to visit courts, post offices, banks and health care institutions, except for emergency interventions and recommended measures of enhanced disinfection. Considering the epidemiological situation from as early as March 16, 2020, the following categories of employees were allowed to work from home: older than 60 years, chronically ill, under the request of the employee, one parent of a minor child up to the fourth grade of primary school, given that there is no one to take care of the child because of the closing of schools and kindergartens. All visits to convicted persons are prohibited,

except for lawyer visits to their clients in custody, for 30 minutes, only if they have a trial scheduled in the next seven days, so that they can prepare the defense, by respecting all protection measures (a barrier between interlocutors, protective masks and gloves). The system of execution of criminal sanctions had to be adjusted to the environment and specific living and working conditions in institutions for execution of criminal sanctions, which resulted in the non-entry of COVID-19 into prison institutions of Serbia until April 11, 2020 (Table 3)¹⁵.

On 13/04/2020, following the epidemiological situation, upon the previously available data (Table 4), the measure for banning visits to persons deprived of their liberty was extended. All persons who would show symptoms of acute respiratory infection had to be isolated, including the people deprived of liberty who were in contact with them and further action was to be coordinated with competent epidemiologists. The possibility of a larger number of persons deprived of liberty showing symptoms of COVID-19 was analyzed. In that case, those with a milder clinical picture would be referred for inpatient treatment to an improvised COVID Hospital, in one of the sports halls in Belgrade, which were guarded by security services and members of the Serbian Army. People deprived of liberty with a more severe clinical picture would be referred to the competent territorial clinical centers, and depending on the assessed risk of people deprived of liberty (low or medium), they would be provided with members of the Security Service and the Serbian Army. There was also a special protocol for treating persons deprived of their liberty with a high-security risk. Then on 27/04/2020 extended measure on prohibiting visits to persons deprived of liberty was introduced.

Table 4

Preventive measures for protecting persons deprived of their liberty and employees in prisons against COVID-19

Measures toward an individual

1. Limitation of the duration of visits and subsequent total suspension of visits;
2. Increased definition of premises in which persons deprived of liberty live, of their personal hygiene, and of premises in which employees live;
3. Increased duration of staying in fresh air;
4. Ventilation of all premises where persons deprived of liberty and employees live;
5. Wearing protective masks and gloves in the institution and during the funeral of persons deprived of liberty outside the institution, and measuring the temperature after leaving the institution (for all persons in institutions).
6. Increased laundry and laundry of belongings of persons deprived of liberty;
7. Zoning of movements within institutions and reduced social contacts between persons deprived of liberty, and between employees;
8. Enhanced protein and vitamin nutrition of persons deprived of their liberty;
9. Isolation of all arrived persons deprived of liberty and enhanced health supervision;
10. Permitted telephone communication for all persons deprived of their liberty to the extent necessary to reduce the deprivation caused by Covid-19;
11. Prohibition of many visits to persons deprived of their liberty and subsequent relaxation of this prohibition regarding all health care measures.

General organizational and security measures

1. Non-contact temperature measurement of employees and all persons entering the facilities of institutions for execution of criminal sanctions and displayed articles on protection measures;
2. Use of barriers for all vehicles entering the facilities of institutions for execution of criminal sanctions;
3. Disinfection of hands and shoes for all persons entering the facilities of institutions for execution of criminal sanctions;
4. Dressing of civilian clothes of members of the Security Service in the facilities of institutions for execution of criminal sanctions;
5. Disinfection of all areas within the institutions for execution of criminal sanctions;
6. Zoning of movements within institutions for execution of criminal sanctions;
7. Giving guidelines on safety and health culture to all employees of institutions for execution of criminal sanctions;
8. Wearing protective masks, gloves, and face shields for all persons entering the facilities of institutions for execution of criminal sanctions;
9. Installation of barriers at the entrances to all facilities of institutions for execution of criminal sanctions;
10. Mandatory Covid-19 test for all employees coming from sick leave and vacation;
11. Prohibition of using the gym for all employees in institutions for execution of criminal sanctions.
12. Restaurant catering is organized in such a way that employees can order meals and pick them up in a way that they do not concentrate and stay on the restaurant premises.
13. Prohibition of many group visits to institutions for execution of criminal sanctions.

At the beginning of June, instructions were given for actions in the institutions for execution of criminal sanctions, taking into account the current epidemiological situation. Guidelines were given to organize family visits with all protection measures, with continuing the disinfection measures and all other precautions. With the worsening of the epidemiological situation on 03/07/2020, additional instructions were given. It was forbidden to gather in the same room to consume food and drinks (to sit in restaurants), all meetings are held online, and working from the office was to be organized in such a way that only one employee was in the office, ventilation was recommended in all rooms and using central air conditioning was discouraged, disinfecting all work surfaces was necessary. In the case of COVID-19 in employees, the employee was sent for testing in the COVID clinic of the competent Health Center, where a protocol for treatment in the case of a positive test was provided. All employees that were in contact with the infected were sent to home isolation for seven days, and were kept as COVID contacts in the records of attendance at work. In case of a larger absence of employees, the work process should be organized in such a way as to continue uninterrupted. Table 4 lists the measures that have been permanently used in institutions for execution of criminal sanctions since the outbreak of the epidemic and which in these specific socio-environments have acted to prevent the spread of COVID-19.

Discussion of research results

The emergence of COVID-19 has caused various social, political, and security implications globally. The unpredictability of this health threat has affected the change of organizational and business policies of all decision-makers in the changed security context.

Persons deprived of their liberty, such as people in prisons, are more susceptible to the epidemic (COVID-19). People in prison live in and around the environment and can thus be exposed to the infection, be a source of the infection and spread infectious diseases, inside and outside the prison. A significant risk with this type of virus is the huge potential for infection and virulence^{15, 16}. As the pandemic spreads, the response to COVID-19 in prisons is becoming more challenging and requires access from the entire society. Efforts to control COVID-19 in the prison community are unlikely to succeed unless measures are taken to prevent and control the infection, testing, treatment, and care in prisons. Prison health is part of public health so it should not lag behind. As part of the public health system, the WHO has collaborated with partners to develop a set of new materials

on COVID-19 preparedness, prevention, and control in prisons¹⁷. Since the beginning of the pandemic, the Directorate for Execution of Criminal Sanctions in Serbia has been following the recommendations of the Institute of Public Health of Serbia "Dr Milan Jovanović Batut". In cooperation with the Ministry of Health and competent health institutions, the Institute of Public Health monitors the epidemiological situation of diseases caused by the new coronavirus in the world (COVID-19), records new findings and recommendations of the WHO, and issues public notices and instructions to health institutions and other competent authorities and institutions¹⁸.

In many countries, the responsibility for providing health care in prisons lies with the Ministry of Justice/Interior, not the Ministry of Health. Coordination and cooperation between the health and justice sectors are of the utmost importance if people's health in prisons are to be protected¹⁹. People in prisons and other places of detention are already deprived of their liberty, and they could react to further restrictive measures imposed on them²⁰.

Conclusion

Institutions for execution of criminal sanctions as dynamic and specific organizational units are at multiple risks of the COVID-19 pandemic. The complex organizational and security infrastructure of these institutions, where the perpetrators of various criminal acts live, who at the same time have their obligations and rights, has caused a change in the concept of business. The new business concept is based on the strategy of reducing the risk of COVID-19 and simulating the regular functioning of institutions. The goal was to spare the persons deprived of their liberty of feeling in their treatment the application of restrictive health and anti-epidemiological protection measures, imposed on the whole society, and that they perform their activities regularly, which reduces psychological and social deprivation caused by COVID-19 in the convicted population. The widespread transmission of an infectious pathogen affecting the community poses a great threat to introducing infectious agents into prisons; the risk of rapid disease transmission within prisons is likely to have an intensifying effect on the epidemic, rapidly multiplying the number of patients. Efforts to control COVID-19 in the prison community are unlikely to yield adequate results unless strong infection prevention and control measures, adequate testing, treatment, and care in prisons are carried out.

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