

Achieving hepatitis C micro-elimination in prisons through High Intensive Test and Treat (HITT) interventions

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HEPATITIS C TRUST



National patient led and run organisation that provides information, support and advocacy services for people affected by hepatitis C.

We raise awareness, educate the public and policy makers about hepatitis C and advocate for effective treatment for all.

PRISON WORK:

BBV Opt
out Policy

National
Prison
Helpline

Prison Peer
to Peer
Project

HITT

Our mission is to see the elimination of hepatitis C as a serious public health issue by 2030.

Background

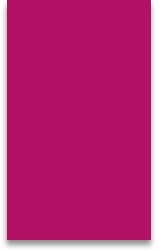
- ▶ National Health Service England (NHSE) plans to eliminate Hepatitis C in England by 2025, five years earlier than World Health Organisation goals¹.
- ▶ People who are in prison in England have a disproportionately high prevalence of HCV infection with a 2016 study indicating 35% of the prison population had a history of intravenous drug use and 18% were injecting drugs in the weeks prior to incarceration².
- ▶ HCV testing on prison admission has historically been low and, despite recent increases, there remains a large population who still require testing and treatment.
- ▶ NHSE has defined HCV micro-elimination in a prison as having achieved a minimum 95% testing of residents within 12 months and at least 90% of RNA positive patients commenced on treatment³.

Aims

- ▶ To demonstrate that entire prison populations can be safely tested for HCV within 5 days and rapidly initiated on treatment, thereby micro-eliminating HCV in individual prisons.
- ▶ To test a minimum of 95% of residents and for treatment initiation to begin within 7 days (maximum 14 days) of HCV RNA+ diagnosis.

Method

- ▶ Through a collaboration between The Hepatitis C Trust (HCT), Her Majesty's Prison and Probation Service, Prison Healthcare provider Practice Plus Group, Gilead Sciences and NHS England, a process was developed to screen entire prisons for HCV over 1-5 days and rapidly initiate treatment.
- ▶ HCT Peers engage with non-medical staff and residents in advance of, and during, the HITT to raise awareness and reduce stigma.
- ▶ HCV screening is performed using rapid point-of-care antibody tests followed by PCR-based assessment of patients positive for HCV antibodies.
- ▶ Residents are encouraged to engage using incentives such as chocolates, toiletries and telephone credit.



The Peer

PEERS:

WHO – lived experience

HOW – share experience, identification, trust

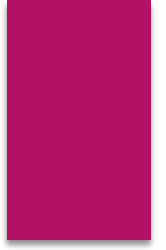


WHERE –

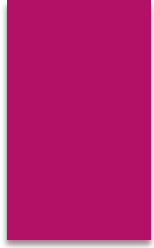




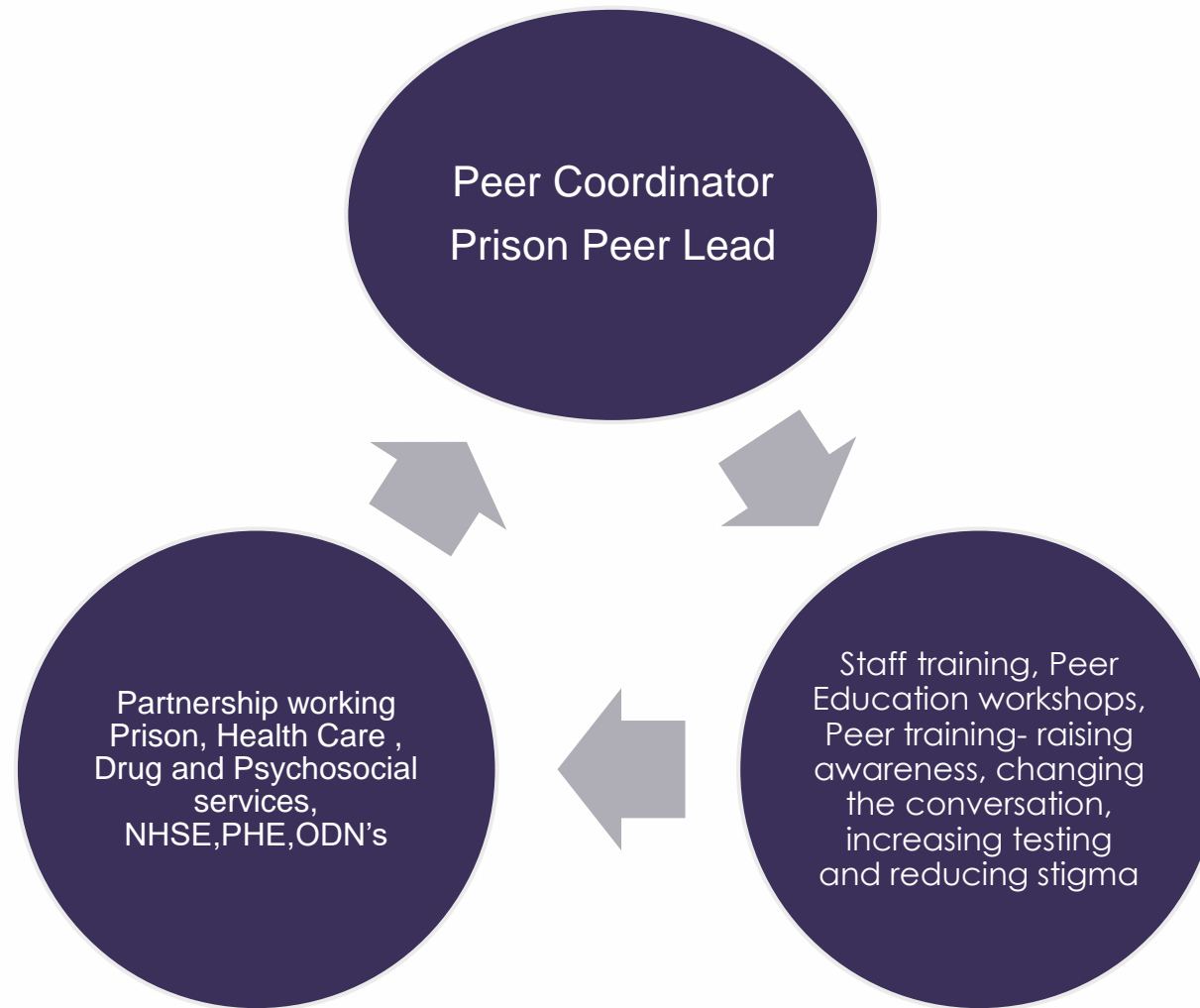
NATIONAL PRISON PEER 2 PEER PROJECT



- Northern Region
- Midlands Region
- London and Thames Valley
- South East
- South West
- Womens estate
- HITT National Team
- We have engaged with 108 prisons

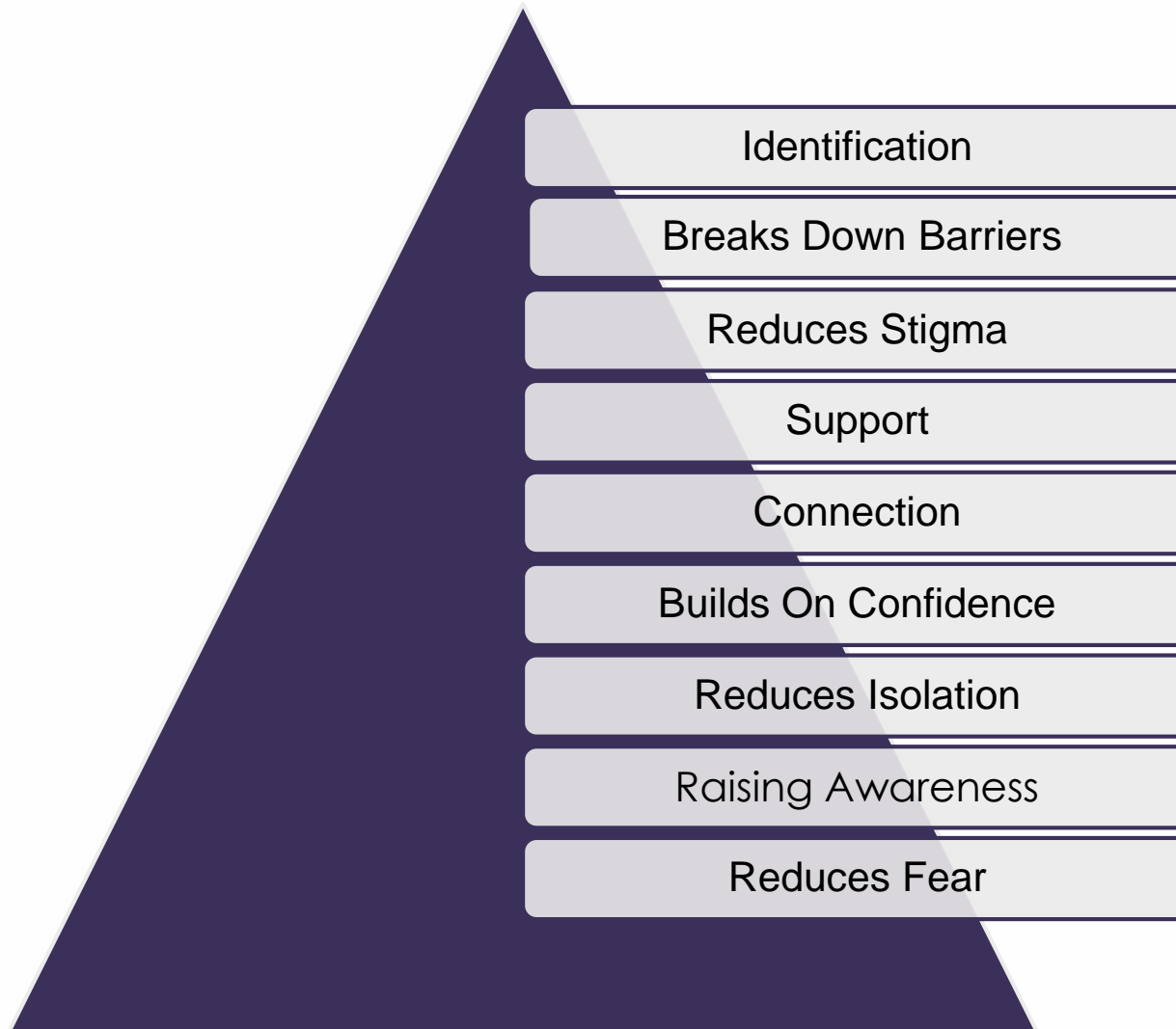
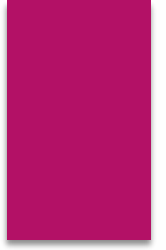


PRISON PEER 2 PEER PROJECT



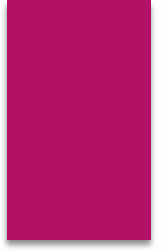


Benefits of Peer to Peer





National Elimination strategy



One Elimination Programme

Elimination
initiatives tailored
to individual
patient group and
settings

NHS England, Gilead, MSD,
AbbVie, Hep C Trust, Care UK to
work alongside ODNs, Regional
Health & Justice Commissioners,
Prison Governors and Peers

You won't be
able to see the
joins!

HITT process

Planning (≥3 months)

- Form steering committee and gain buy-in from stakeholders
- Optimise reception test and treat pathway
- Generation of overall HITT plan
 - Logistical planning on site
 - Formation of a daily HITT plan
 - Post HITT treatment pathway

Pre-HITT activities

- HITT plan approval by NHSE
- Educate staff and residents about HCV
- Communicate upcoming HITT to all residents
- Train 2–3 residents to become internal Hepatitis C Trust Peers and promote testing
- Weekly communications to all residents and staff of upcoming HITT

Testing (5 days)

Hepatitis C Trust Peer Educators :

- Encourage testing
- Support HCV+ residents

Prison healthcare staff:

- Test all willing residents
- Take additional blood samples from those patients diagnosed as HCV Ab+

Treatment (minimum 2 week treatment pathway)

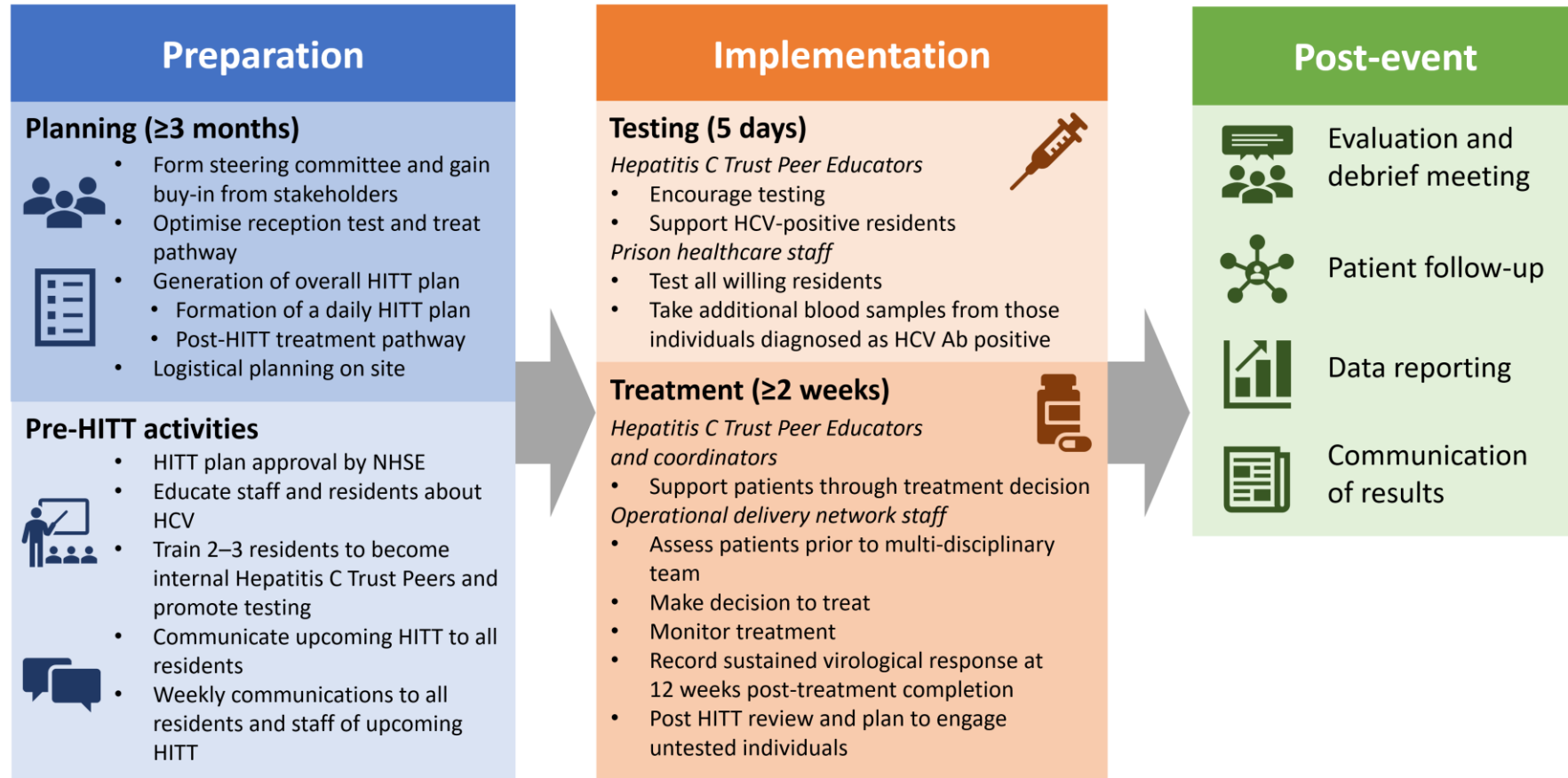
Hepatitis C Trust Educators and coordinators:

- Support patients through treatment decision

Operational delivery network staff:

- Assess patients prior to multi-disciplinary team (MDT)
- Make decision to treat
- Monitor treatment
- Record sustained virologic response at 12 weeks post treatment completion
- Post HITT review, and plan to engage untested individuals

HITT process



Results

- ▶ Through this partnership, 13 HITTs were performed in English prisons in from July 2019- July 2021
- ▶ Out of a potential 7,643 prison residents, 7,197 were screened for HCV antibodies
- ▶ A national lockdown of prisons due to COVID-19 on 24th March 2020 impacted the initiation of treatment for patients at HITTs at HMPs Channings Wood and Bullingdon. Both had HITT events during March and identified large numbers of RNA+ patients.
- ▶ HCV antibody prevalence varied greatly with the highest being female closed and high turnover male remand prisons at 19% and 11% respectively, compared to Young Offenders Prisons at 0.2%
- ▶ Viraemia rates were lower than expected when compared to antibody prevalence with approximately 80% already on treatment, previously been treated or having naturally cleared the virus.

Results

Prison	Category	Individuals available for testing*	Number tested	Proportion tested	Number HCV Ab+	HCV Ab prevalence	Number HCV RNA+†	HCV RNA prevalence
Prison A	B	1022	757	74.10%	59	7.80%	20	2.0%
Prison B	C	238	214	90%	11	5.10%	3	1.4%
Prison C	Female-closed	317	314	99.10%	33	10.50%	5	1.6%
Prison D	YOI	564	564	100%	1	0.20%	0	0.0%
Prison E	Female-closed	381	371	97.40%	100	27.00%	27	7.3%
Prison F	Female-open	99	96	97.00%	6	6.30%	0	0.0%
Prison G	B	1094	1060	96.90%	112	10.60%	27	2.5%
Prison H	C	709	680	95.90%	65	9.60%	18	2.6%
Prison I	D	354	341	96.30%	6	1.80%	0	0.0%
Prison J	Female-closed	318	315	99.10%	56	17.80%	5	1.6%
Prison K	C	1022	983	96.20%	43	4.40%	3	0.3%
Prison L	B	425	417	98.10%	37	8.90%	6	1.4%
Prison M	B	1100	1085	98.60%	102	9.40%	21	1.9%
Prison N	B	1189	1038	87.30%	41	3.90%	5	0.5%
All prisons		8832	8235	93.2%	672	8.2%	140	1.7%

Table 2.

Prevalence data by prison category

Category	Available for Testing	Number Tested	Testing rate	Number Ab+	Ab prevalence	Number RNA+*	RNA prevalence	Treatment Initiations
B (remand)	4830	4357	90.2%	351	8.1%	79	1.8%	62
C (training)	1969	1877	95.3%	119	6.3%	24	1.3%	13
D (open)	354	341	96.3%	6	1.8%	0	0.0%	0
Female - Closed	1016	1000	98.4%	189	18.9%	37	3.7%	34
Female - Open	99	96	97.0%	6	6.3%	0	0.0%	0
Young offender institution	564	564	100.0%	1	0.2%	0	0.0%	0

Table 3.

Peer engagement

	HAT				P2P Talks			1-1/Outreach			
Area	Year Staff Total	Year Prisoner Total	Year Total	Year Total Sessions	Year Total Visits	Year Total Numbers	Year Total Referrals	Year Total Visits	Year Total Spoken to	Year Total Referrals	Year Total Testing
London/TV	293	495	788	95	73	718	374	36	2411	138	1328
Female	386	515	901	67	54	608	95	26	2313	1607	1502
North	377	984	1361	113	119	1424	967	123	7610	2277	3902
Midlands	368	154	522	49	33	289	131	30	2095	1277	1092
South East	327	355	682	71	43	372	263	22	1707	1084	999
South West	468	149	617	48	26	308	75	11	1491	1241	1114
Hept C Trust Total	2219	2652	4871	443	348	3719	1905	248	17627	7624	9937

Find and Treat All

Normalise hepatitis C

Change the Conversation

Public Awareness Campaigns

Elimination: The home run?

Partnership Working





CASE STUDY



Lisa is currently serving an 8-year prison sentence and is due for release in September 2020. We met her when she attended one of our peer to peer groups late 2018.

After hearing our peer story she was able to open up and talk about her own experience of having Hepatitis C which she had never done before. Being able to talk openly has lifted a weight from her shoulders and given her the confidence to address other issues.

Lisa signed up to be a Hepatitis C peer and attended our training shortly after we met her. For us it has been a pleasure working with her. She is doing amazing work in Prison. Lisa has retold her story many times, three of these on her own supported by healthcare. Lisa has done an interview for National Prison Radio which goes out across the whole prison estate.

Lisa also attended and spoke at an event in the prison last month where she reached 35 women. After supervision with her last week we have decided with Lisa that she is ready to start delivering our Flipchart Training. She is the first peer across the whole prison estate to get to this stage. During supervision she told us that she had been moved into the open house within the prison and can now choose and cook her own food. Lisa has been identified as an exceptional prisoner and due to this been offered a distance learning course

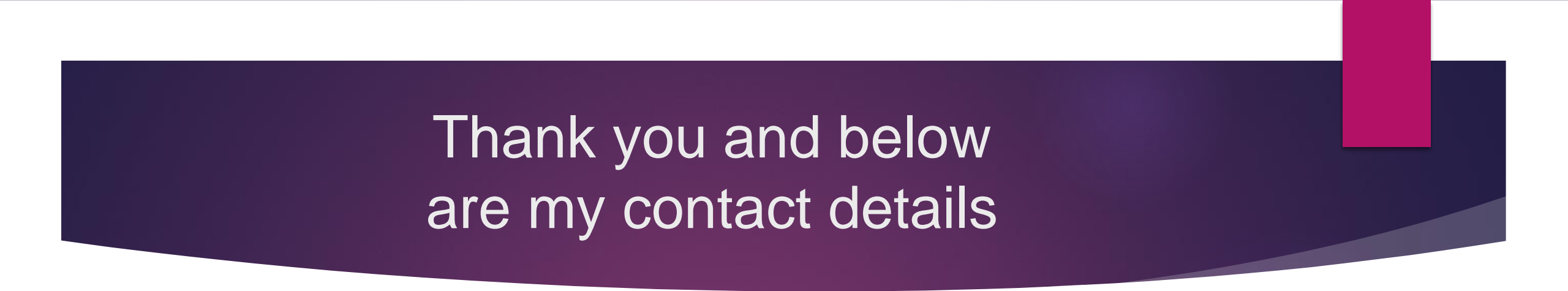
Lisa is a Peer working for the Hepatitis C Trust. She has embraced the role and is helping other women with her experience. She says that she feels she is part of the Trust which for us is great to hear.

Conclusions

- ▶ The use of the HITT model to test for HCV in over 95% of a prison residents, and rapidly initiate direct-acting antiviral therapy in those testing positive, has been shown to be highly effective in working towards HCV micro-elimination of individual prisons.
 - ▶ Effective ongoing screening on entry, and high rates of treatment initiation, are essential to maintain this status.
- ▶ Planning and communication with prison Governors, staff and residents are essential for the safe and effective delivery of these events in custodial settings.
- ▶ HCT Peers with their lived experience of HCV were critical to successfully engaging residents who previously refused testing.
- ▶ Further HITTs in prisons with lower HCV screening rates on entry will likely result in higher levels of HCV viraemia.

Disclosure of Interest Statement

- ▶ Gilead Sciences Ltd has provided funding to The Hepatitis C Trust and Practice Plus Group and plays an active role in the design and execution of the activities that form this Prison HCV Elimination Program.



Thank you and below are my contact details

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