

THE MATTER OF REINFECTION: ATTITUDES AMONG AUSTRALIAN PRISONERS FROM THE STOP-C STUDY

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Background:

Australia has led the way internationally in securing universal access to new therapies, including retreatment if required. While the subject of reinfection has been the source of considerable discussion in community and clinical circles, little is known about the attitudes of prisoners. With prisons set to serve as test cases for 'treatment as prevention' (TasP) strategies, this presentation examines the perceptions of reinfection risk among prisoner participants from the first, real-world trial of HCV TasP in prison: Australia's Surveillance and Treatment of Prisoners with Hepatitis C (SToP-C) study.

Methods:

Participants were recruited from three male correctional facilities in New South Wales, one minimum and two maximum security. Thirty prisoners (n=30) were interviewed in depth following the completion of direct-acting antiviral therapy. As part of the schedule, participants were asked to comment on the current national prescribing guidelines permitting unlimited treatment in the event of reinfection(s).

Results:

Underpinning the range of participant responses was a shared, tacit recognition of the limited nature of blood-borne virus prevention in prison. Reinfection was considered an almost inevitable outcome of injecting drug use while incarcerated and in this context most prisoners endorsed the merits of retreatment. Interestingly, participants speculated that were treatment to be offered as a 'once only' opportunity at least some fellow prisoners would opt to delay treatment for fear of reinfection. Given TasP relies on the rapid, population-level change in HCV status, such delays could have broader implications.

Conclusion:

The issue of reinfection and retreatment may prove crucial to elimination efforts. While our findings necessarily reflect the particularities of the Australian prison setting, they also emphasize the importance of a public health strategy that includes an explicit focus on the issue of reinfection during treatment discussions with patients (both in the community and prison) *and* the promotion of retreatment if required.

Disclosure of Interest Statement:

The authors have no conflict of interest to declare.