Improving HCV treatment uptake in prisons: breaking the 60 day barrier

Dr Zameer Mohamed
St Mary's Hospital
Imperial College London

Disclosures

- ZM has received research grants from Gilead

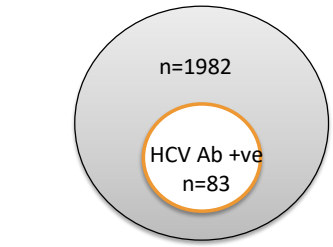
Background/aims

- Prison population recognised as a screening priority for HCV in England
- Since 2016: phase in of 'opt-out' dry blood spot (DBS) blood borne virus testing
- Paucity of linkage to care and treatment outcomes
- **Objectives:**
  - Describe linkage to care outcomes with existing screening strategies
  - Calculate the impact of a rapid 'test-and-treat' algorithm on treatment uptake and screening cost.

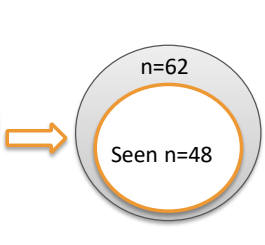
Methods

Screening	Referral	Treatment
DBS testing at reception (September 2017-July 2018)	In-reach Hepatology clinic (held monthly/ bi-monthly)	Approval at local MDT
Reflex qualitative PCR and Genotype	Clinical assessment	Commence treatment if expected length of incarceration > treatment duration
Patient counselled and standard of care lab samples sent	Liver disease assessment (Fibroscan)	On treatment monitoring and outcome recorded
	Education and discussion about access to treatment	

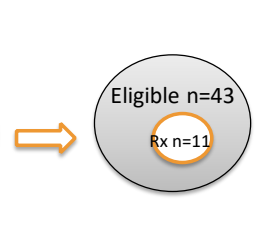
Results: conventional vs. rapid model of care



Median (IQR) days to result: Ab- 9 (6-12), HCV qual RNA 18 (14-21), HCV GT 23 (19-26)



Median (IQR) days to review: 49 (22-113)



Median (IQR) days from review to treatment: 47 (28-64)

Cost	
DBS HCV Ab:	£35,712
DBS qualVL/GT:	£8,300
Lab VL/GT:	£5,810
Total:	*£49,822*
Cost per treated: Patient (n=11)	***£4,529***

- *Median length of stay= 94 days (42-181)*
- *26/43 (60%) stay >60 days*

Screening/Diagnosis → **Treatment** *e.g. 8w Gle/Pib*

1-4 Days | 56 Days

Orasure Ab swab:	£33,728
GeneXpert VL:	£4,150
Lab VL/GT:	£ 5,810
Total:	*£43,688*
Cost per treated: Patient (n=26)	***£1,680***

Conclusions/implications

- Sub-optimal treatment uptake **(23%)** with current care continuum
- 60-day pathway would see treatment uptake increase **to 60%** and represent **>2.5x** reduction in cost per treated patient
- Impact may be enhanced further in OST sub-population (where prevalence is 20%)- pilot commenced Sept 2018

Acknowledgements

- The study team would like to extend their thanks to all the clinical and administrative team at HMP Wormwood Scrubs, the Hepatitis C Trust and all patients who have been assessed as part of this initiative