

Ensuring diagnosis and treatment of hepatitis C in prisons and community-based continuity of care for soon-to-be released prisoners in Kyrgyzstan

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Background:

In Kyrgyzstan, estimated number of people who inject drugs (PWID) is 25,000. Total number of people in penitentiary system is 10100. PWID account for 30% of prison population. Even though prevalence of viral hepatitis C (HCV) among prisoners is 43%, state-funded HCV treatment is available for people in prison with sentences of 3 months and longer and doesn't cover people to be released within 3 months. There is no linkage to treatment upon release. Intervention establishes continuum of HCV care for people in prison soon-to-be released (<3 months before release) eligible for HCV treatment with involvement of community organization in treatment initiation in prison and its continuation upon release while providing evidence for government. Intervention covers 120 HCV+ detainees.

Methods:

HCV testing is conducted in prisoners with high-risk behaviors. If ELISA+, PCR blood samples are collected by State Penitentiary Service (SPS), lab testing carried out at community-based setting. If HCV is confirmed, prisoners are initiated HCV treatment at SPS. Medications are provided within the project. All released prisoners who start treatment while incarcerated continue treatment at community-based setting. All HCV+ prisoners diagnosed in 2025–2026 will receive HCV treatment with community participation.

Results:

As of April 2026, HCV testing was conducted among 2740 prisoners; 350 individuals tested ELISA-positive (12.7%); 293 PCRs conducted; 260 individuals confirmed with HCV; 257 individuals initiated treatment, of whom 43 individuals will be released during the course of treatment; 3 individuals were released while receiving treatment and are currently supported by social workers of community organization.

Conclusion:

First in Kyrgyzstan, all prisoners will receive HCV treatment, achieving HCV micro-elimination in prisons. Social workers and physician from community organization counsel and support prisoners after release. We advocate for approval of interagency orders on financing, transfer of released inmates to civilian healthcare, supporting approval of guidelines on linkage of prisoners with HCV to ensure uninterrupted treatment.

Disclosure of Interest Statement:

The authors have no conflict of interest to declare.