



A guide to scale-up of testing and treatment for hepatitis c in the prison setting: the SToP-C Implementation Toolkit

Marianne Byrne | INHSU 2021







## **Disclosure of interest**

Nothing to declare









## **Background**

- Prisons are a key setting for HCV testing and treatment scale-up, due to:
  - High prevalence of HCV (15% globally)<sup>1</sup>
  - Ongoing transmission<sup>2</sup>
  - Low treatment rates<sup>3</sup>
- Scale-up can result in a significant reduction in HCV prevalence and incidence<sup>2</sup>
- Surveillance and Treatment of Prisoners with hepatitis C (SToP-C)



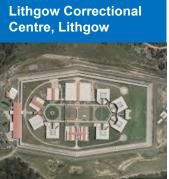




### SToP-C

- Feasibility and efficacy of scaling up HCV treatment as prevention (TasP)
- 4 prisons in NSW (max/med/min security, male/female)
- 3691 participants over 5 years
- Empirical evidence of HCV TasP, 50% reduction in incidence
- A practical guide for translation to other settings was developed









**Dillwynia Correctional** 













## **Toolkit development**



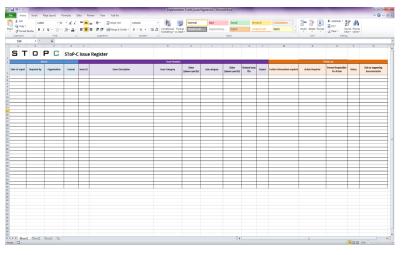






## **Issues register**

- Compilation, classification & tracking in register
- Quarterly review and feedback
- System adopted for other studies



### Coding:

- Category (resources, data, comms, security, etc)
- Level (centre, health system, justice health, custodial authority)
- Impact (negligible, low, medium, high, extreme)
- Research-specific (yes, no)
- Solutions







### **Toolkit**

- Planning and implementation issues and recommendations separated by target audience
- Format: website and PDF manual
- Audience: policymakers, correctional authority and prison health service decision makers prison management (health and correctional staff)
- Two pathways:
  - Quick tour with high level summaries
  - Toolkit with full text
- Stakeholder quotes
- Lessons learnt
- Downloadable resources









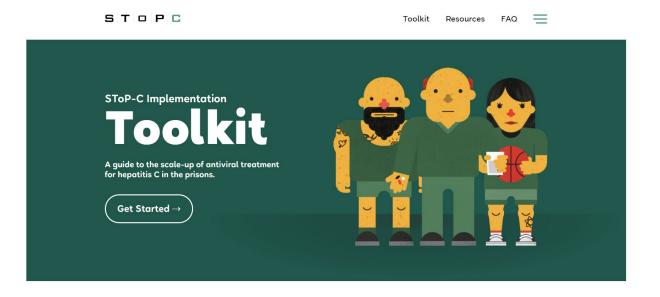






## The website

### stopc.org









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Partners:



















#### **Protocol Steering Committee:**

Greg Dore (co-PI)

Andrew Lloyd (co-PI)

Jason Grebely

Tony Butler

Carla Treloar

Kirby Institute, UNSW

Kirby Institute, UNSW

Kirby Institute, UNSW

Kirby Institute, UNSW

CSRH, UNSW

Georgina Chambers
Steven Drew
Hepatitis NSW
Stuart Loveday
Hepatitis NSW
Lee Trevethan
Colette McGrath
JH&FMHN
Julia Bowman
Katerina Lagios

NEPSU, UNSW
Hepatitis NSW
Hepatitis NSW
JH&FMHN
JH&FMHN
JH&FMHN

Luke GrantCorrective Services NSWTerry MurrellCorrective Services NSW

Anabelle Stevens NSW Health

Alison Churchill

Kate Pinnock

Mary Ellen Harrod

Charles Henderson

Natasha Martin

Community Restorative Centre

Community Restorative Centre

NSW Users and AIDS Association

NSW Users and AIDS Association

University of California San Diego

Peter Vickerman University of Bristol





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#### Implementation Sub-Committee:

Andrew Lloyd (Chair) Kirby Institute, UNSW Jason Grebely Kirby Institute, UNSW

Andrew Milat **NSW Health** Carla Treloar CSRH, UNSW Colette McGrath JH&FMHN Julia Bowman JH&FMHN

Corrective Services NSW Ivan Calder

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