



NPHN
NATIONAL PRISONS
HEPATITIS NETWORK

Resources in practice: HepPEd & NPHN Surveillance Dashboard

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National Prisons Hepatitis Network (NPHN) / The Kirby Institute UNSW Sydney
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Disclosures

I do not receive any personal remuneration from Pharma



Our objectives

The National Prisons Hepatitis Network (NPHN) is committed to Australia's goal to eliminate hepatitis C as a public health threat by 2030 by facilitating a coordinated national approach to prison-based hepatitis C elimination.

Since its establishment in 2017, the NPHN has grown to over 250 members from the justice health, corrections, academic, and consumer sectors, connecting experts and key stakeholders involved in hepatitis care in Australian prisons.

Our approach

The NPHN is committed to promoting scale-up of hepatitis C testing, treatment, and prevention in the Australian prison sector through facilitation of **knowledge exchange**, **research**, and **advocacy**. We foster cross-jurisdictional and cross-sector collaborations focused on prison-based hepatitis C elimination efforts.



KNOWLEDGE
EXCHANGE



RESEARCH



ADVOCACY

‘Let’s talk about hep C’

The National Prisons Hepatitis Education Program (HepPEd)

HepPEd is a publicly available, evidence-based, ‘whole-of-prison’ hepatitis C education program specifically designed for the Australian prison sector.

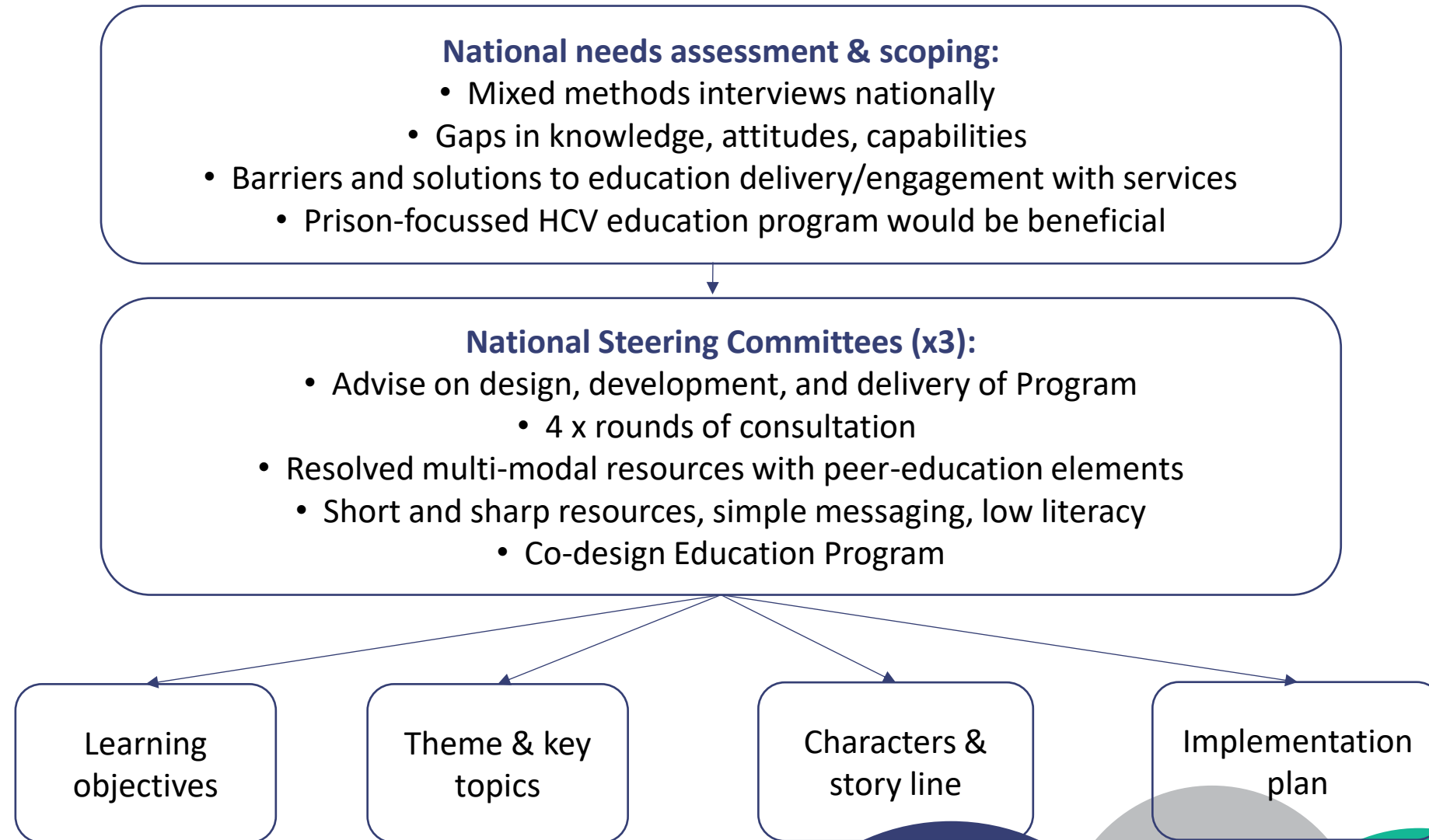
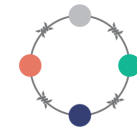
Goal: to improve the hepatitis C-related public health literacy (knowledge, attitudes, and capabilities) of the prison sector as a whole to facilitate enhanced hepatitis C testing and treatment uptake among people in prison.

The NPHN aims to support the delivery and scale-up of HepPEd in prisons across Australia

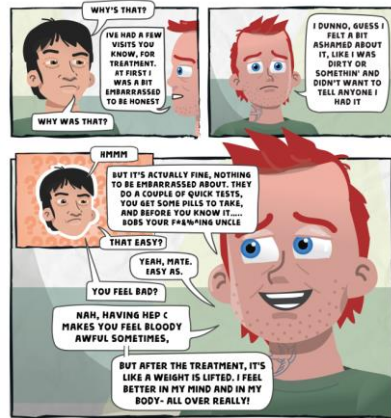
Target audience groups:



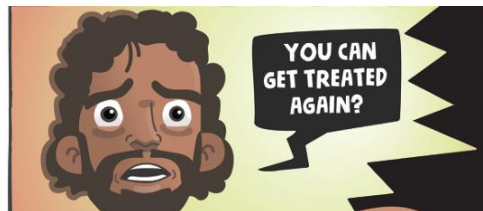
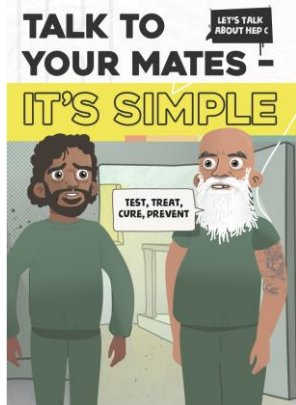
HepPEd: development process



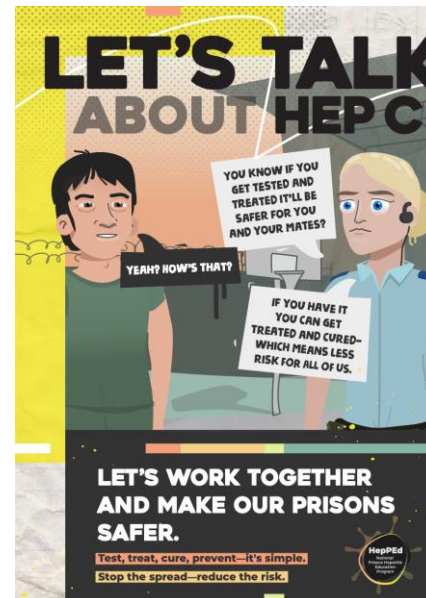
Let's talk about hep C: test, treat, cure, prevent – its simple



Video animation series



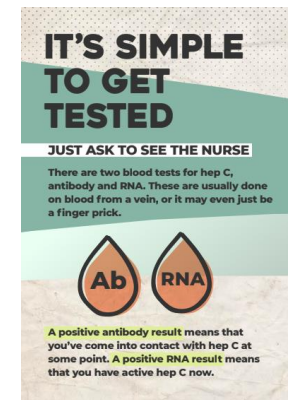
Comics



Posters



TALK TO YOUR MATES ABOUT COMING FORWARD FOR TESTING AND TREATMENT

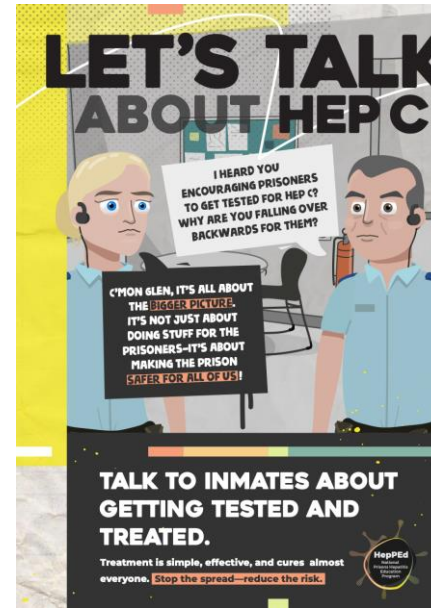


Info booklet

Let's talk about hep C: stop the spread – reduce the risk



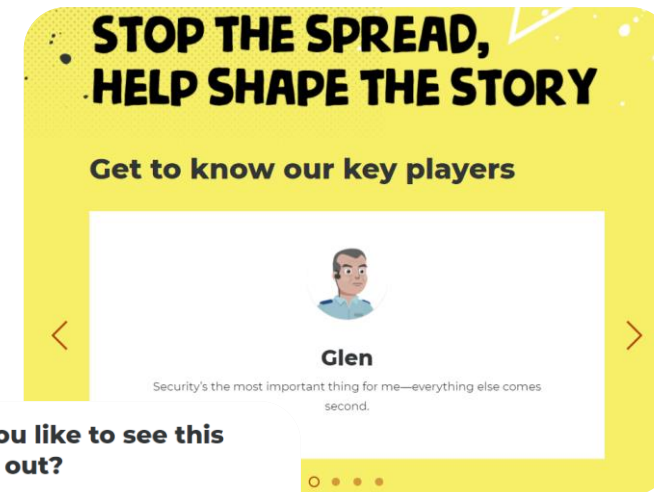
Posters



Information concertina



Animated videos



How would you like to see this scenario play out?

How should Mo respond?

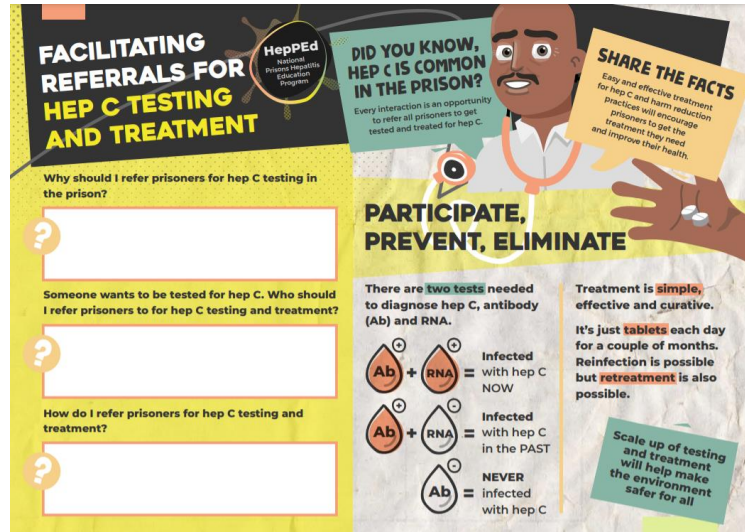
Select your answer; then click **SOUNDS GOOD!**

- "Hep C is less common in prison than it is in the community."
- "Hep C is much more common in prison than in the community."
- "Hep C is just as common in prison as it is in the community."

SOUNDS GOOD!

Online scenario-based module

Let's talk about hep C: participate, prevent - eliminate



FACILITATING REFERRALS FOR HEP C TESTING AND TREATMENT

Why should I refer prisoners for hep C testing in the prison?

Someone wants to be tested for hep C. Who should I refer prisoners to for hep C testing and treatment?

How do I refer prisoners for hep C testing and treatment?

DID YOU KNOW, HEP C IS COMMON IN THE PRISON?
Every interaction is an opportunity to refer all prisoners to get tested and treated for hep C.

SHARE THE FACTS
Easy and effective treatment for hep C and harm reduction practices will encourage prisoners to get the treatment they need and improve their health.

PARTICIPATE, PREVENT, ELIMINATE

There are **two tests** needed to diagnose hep C, antibody (Ab) and RNA.

Ab + RNA = Infected with hep C NOW

Ab + RNA = Infected with hep C in the PAST

Ab = NEVER infected with hep C

Treatment is **simple, effective and curative.**

It's just **tablets** each day for a couple of months. Reinfection is possible but **retreatment** is also possible.

Scale up of testing and treatment will help make the environment safer for all

Infographic



LET'S TALK ABOUT HEP C

P MAKE A REFERRAL TO THE HEP C TEAM

P ENCOURAGE ALL PRISONERS TO BE TESTED AND TREATED FOR HEP C

E MAKE THE ENVIRONMENT SAFER FOR ALL BY ELIMINATING HEP C FROM THE PRISON

PARTICIPATE. PREVENT. ELIMINATE.

Posters



LET'S TALK ABOUT HEP C

PARTICIPATE, PREVENT, ELIMINATE

Animated videos



PREVENT. PARTICIPATE. ELIMINATE. HELP SHAPE THE STORY

Cara says it sounds like hep C is a real concern in the prison.

She asks Su whether it's as much of a problem in the prison as it is out in the community.

Short, scenario-based online module



HepPEd Peer Education Program

Correctional officer peer champion program
(30-60 mins per module)

HepPEd
National Prisons Hepatitis Education Program

Correctional officer peer champion training program

Let's talk about hep C: stop the spread, reduce the risk

**Module 1:
Prisons and hep C**

What are the chances of catching hep C while working in the prisons?

There is a risk, because:

- More than 1 in 10 inmates have chronic hep C
- Blood-to-blood contact can happen with correctional officers in:
 - Needle stick injuries
 - Breaking up fights
 - Cleaning up blood spills

The risk is low. Less than 1 in 100 chance of becoming infected - even when the blood is from someone known to have chronic hep C.



HepPEd
National Prisons Hepatitis Education Program

Correctional officer peer champion training program

Let's talk about hep C: stop the spread, reduce the risk

**Module 2:
Peer education skills**

How can you make peer education successful?

- As an educator (teacher) Providing information; correcting mistakes
- As a leader Encouraging; helping; listening
- As an activist (battler, stirrer) Creating supportive groups; stand-up for change
- As a role model (champion) Showing others it is okay to help inmates improve their health
- As a team player Supporting others; contribute ideas and suggestions

The five ways in which peer champions make a difference...

HepPEd
National Prisons Hepatitis Education Program

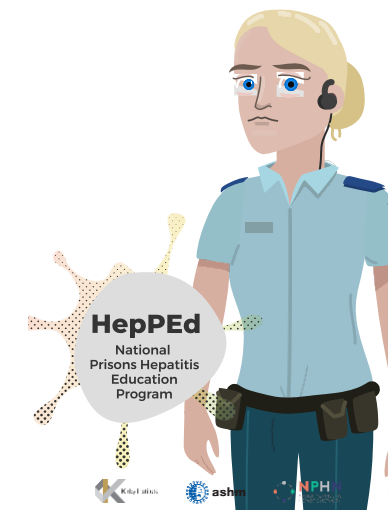
Correctional officer peer champion training program

Let's talk about hep C: stop the spread, reduce the risk

**Module 3:
The HepPEd Program**

The HepPEd correctional officer program
Resources:
online module

Let's talk about hep C: stop the spread, reduce the risk



People in prison peer education program
(30-60 mins per module)

HepPEd
National Prisons Hepatitis Education Program

Prisoner peer educators training program

Let's talk about hep C: test, treat, cure, prevent - it's simple

**Module 1:
Prisons and hep C**

Where is the liver and what does it do?

We can't live without a liver, because it...

- Breaks down the food you eat
- Builds new proteins for the body
- Stores sugar for energy as well as vitamins and minerals for the body
- Cleans the blood of toxins



HepPEd
National Prisons Hepatitis Education Program

Prisoner peer educators training program

Let's talk about hep C: test, treat, cure, prevent - it's simple

**Module 2:
Peer education skills**

How should peer education happen?

Possible scenarios...

- One on one
- In a small group
- In a larger group
- In a tricky situation (e.g an injecting group)



HepPEd
National Prisons Hepatitis Education Program

Prisoner peer educators training program

Let's talk about hep C: test, treat, cure, prevent - it's simple

**Module 3:
The HepPEd Program**

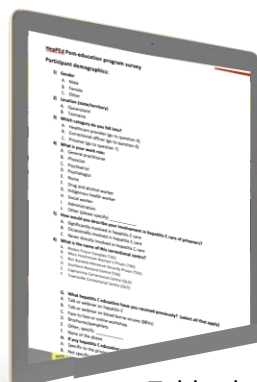
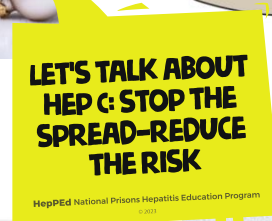
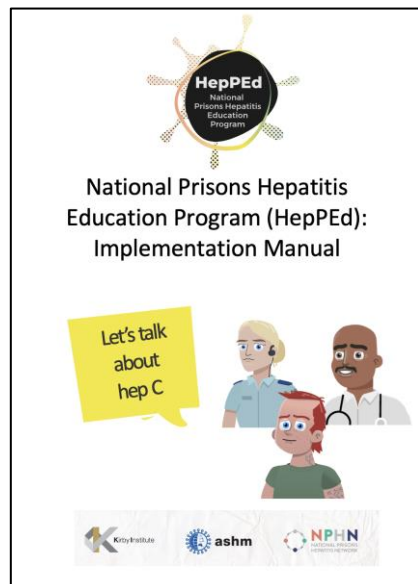
The HepPEd prisoner program
Resources:
comic books

Let's talk about hep C: test, treat, cure, prevent - it's simple





Other HepPEd documents and resources



Tablet-based, before and after surveys





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NPHN surveillance activities and the Surveillance Dashboard

NPHN surveillance activities: key data sources



National, cross-sectional bio-behavioural survey to:

- estimate prevalence of BBV infections and uptake of testing and treatment in Australian prisons
- assess injecting risk behaviours in Australian prisons



Progress towards elimination report, annual data collection (HCV):

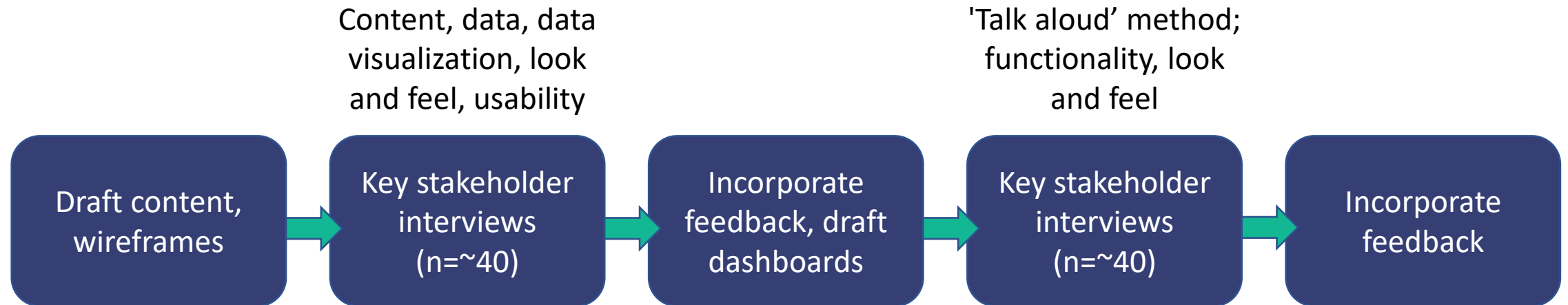
- Number of prisons (public/private; m/f)
- HCV Ab tests & results (total; individuals; m/f; ATSI; PoC/vene)
- HCV RNA tests & results (total; individuals; m/f; ATSI; PoC)
- DAA treatment initiations & re-treats (total; individuals; m/f; ATSI)
- Service characteristics and model of care

NPHN Surveillance Dashboard

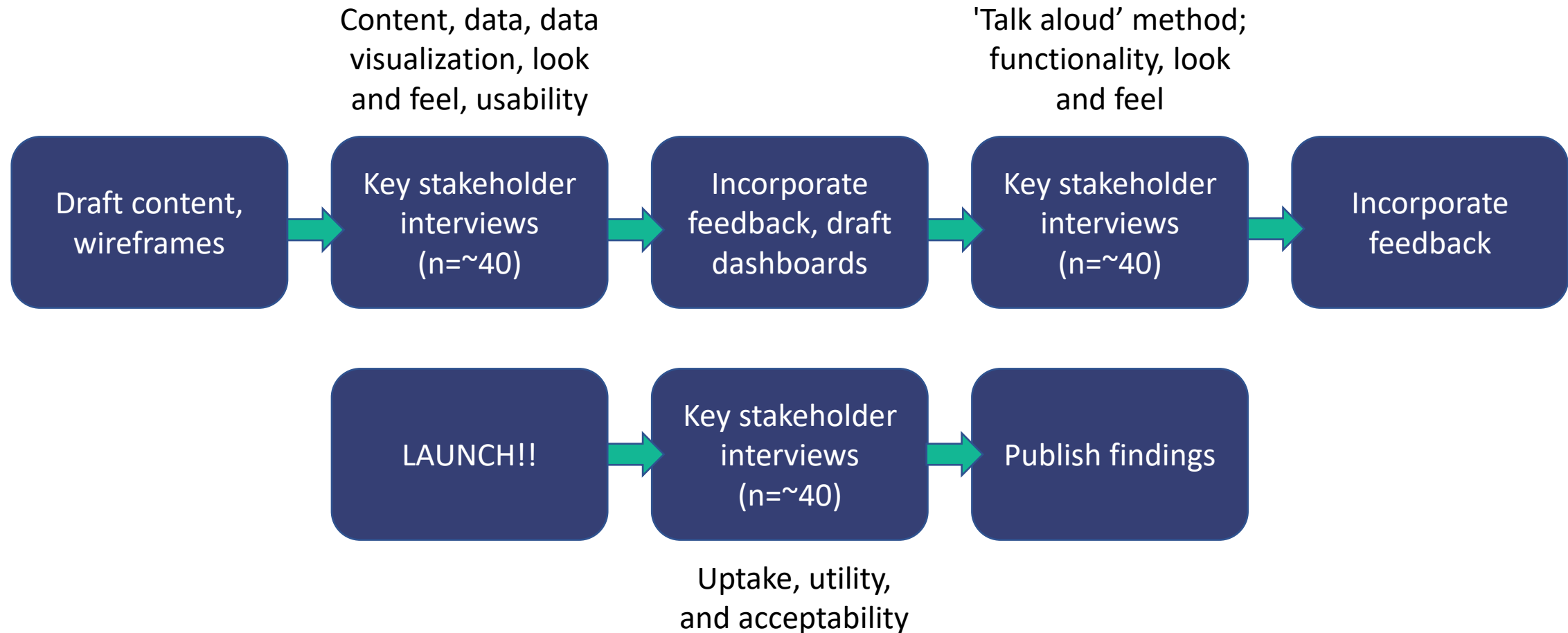
Aims:

- to develop an interactive web-based dashboard hosted on the NPHN webpage to make surveillance data available – **in an easy-to-digest way** – to the public and people working in the sector.
- to inform key stakeholders, allow benchmarking across jurisdictions, and underpin advocacy for improvements in scale-up of HCV and HBV testing, treatment, and prevention measures in the prison sector.

Co-design process



Co-design process



Developed in Tableau in collaboration with Marco Motta (Motta Consultancy)

NPHN Surveillance Dashboard

Key features

- Interactive dashboard; simple icons, graphs, and figures
- National and jurisdictional data; across-jurisdiction comparisons possible
- Sub-population data
- Various data sources (AusHep; NPHN; PTER; ABS)
- Nine dashboards
- Downloadable PDFs, excel spreadsheets etc

Summary dashboard - national

Summary infographic



Select a subpopulation for HCV RNA prevalence

All



8%

HCV RNA PREVALENCE IN AUSTRALIAN PRISONS

PEOPLE IN AUSTRALIAN PRISONS WITH HCV WHO REPORT EVER BEING TESTED

66%



85%

PEOPLE IN AUSTRALIAN PRISONS DIAGNOSED WITH HCV WHO REPORT EVER RECEIVING TREATMENT

35%

PROPORTION OF HCV TREATMENTS INITIATED IN PRISONS VS COMMUNITY IN AUSTRALIA IN 2022



49%

PEOPLE IN AUSTRALIAN PRISONS WHO REPORT EVER INJECTING DRUGS



26%

PEOPLE IN AUSTRALIAN PRISONS WHO INJECT DRUGS AND ARE ON OPIOID AGONIST THERAPY

Select a state



National - Demographics 2022

Prisons: 116

People in prison: 40,591

Males: **37,605 (93%)**

Females: **2,977 (7%)**

Median age: **35.9 years**

First Nation Australians: **12,902 (32%)**

Non-First Nation Australians: **27,689 (68%)**

Sentenced: **63% (25,624)**

Unsentenced: **37% (14,967)**

Summary dashboard - QLD



Summary dashboard – QLD, females

Summary infographic



Select a subpopulation for HCV RNA prevalence

Females



2%

HCV RNA PREVALENCE IN AUSTRALIAN PRISONS FOR FEMALES

Select a state



PEOPLE IN AUSTRALIAN PRISONS WITH HCV WHO REPORT EVER BEING TESTED

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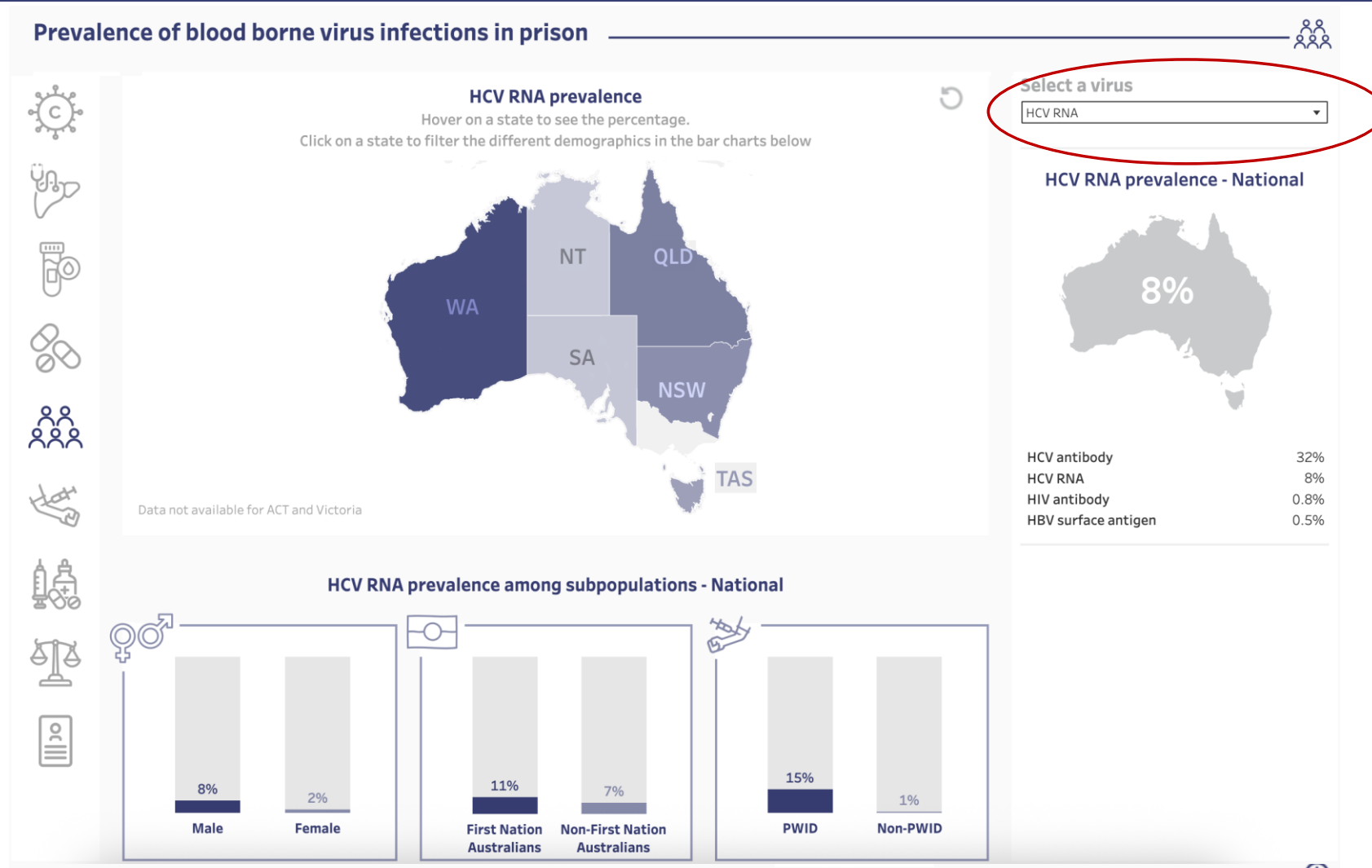
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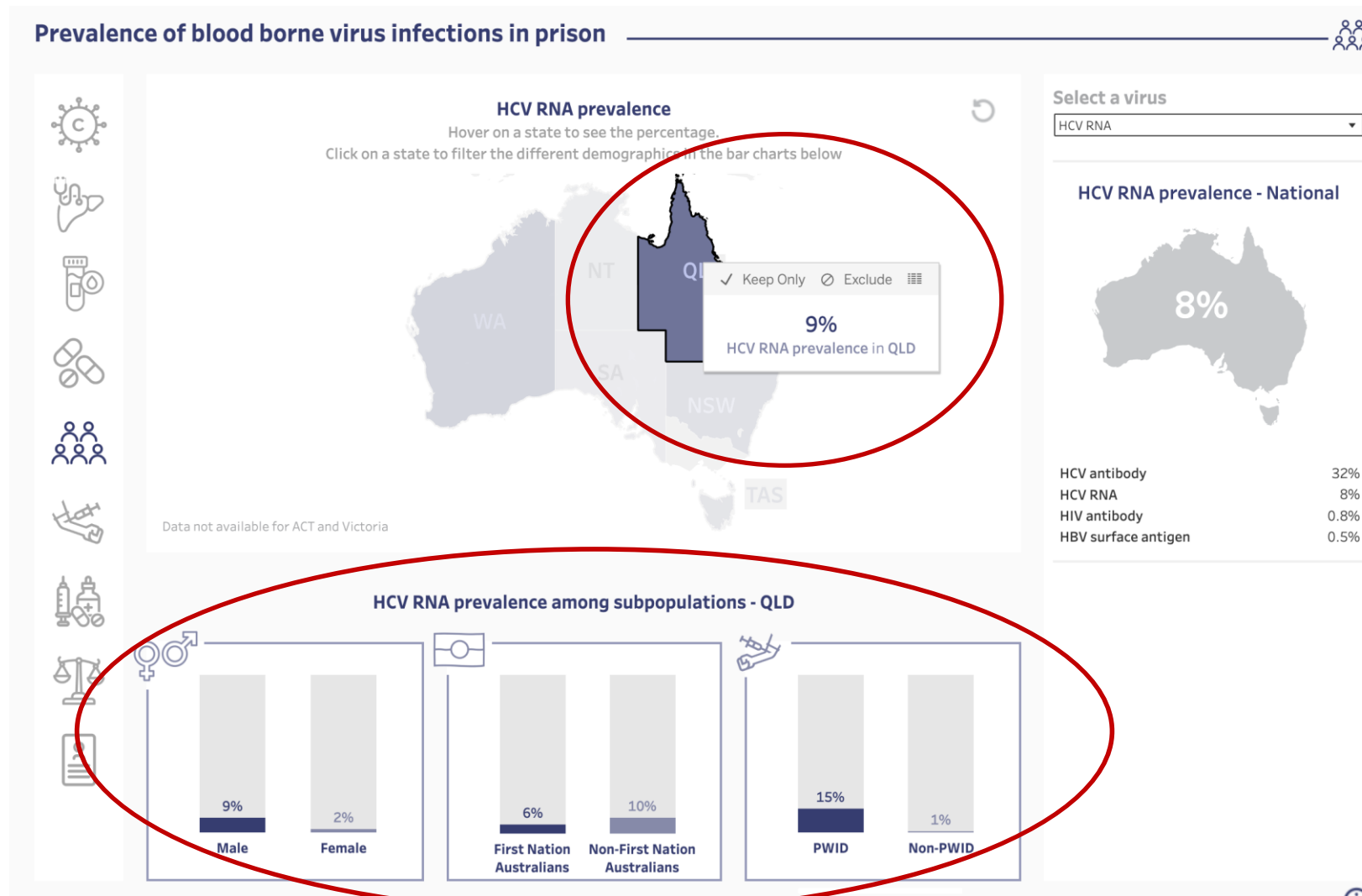
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HCV RNA prevalence - National



HCV RNA prevalence - QLD



Injecting behaviours - national

Injecting behaviours in prison



Injecting prevalence and behaviours in prison - National

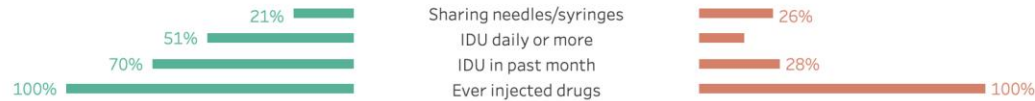


Select a state

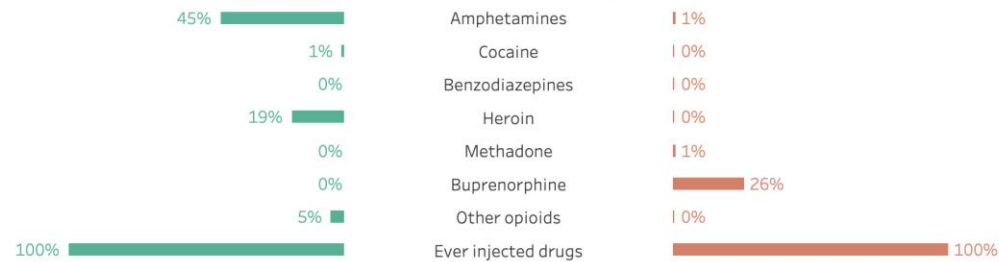


Data not available for ACT and Victoria

Injecting behaviours - National Outside prison and Inside prison



Drug of choice - National Outside prison and Inside prison



Among people in prison who inject drugs - National



33% INJECT OPIOIDS WHEN IN THE COMMUNITY IN COMPARISON TO NON-OPIOIDS



96% INJECT OPIOIDS WHEN IN PRISONS, IN COMPARISON TO NON-OPIOIDS

Key takeaways

- Significant and growing contribution of prison sector to national elimination efforts (>35% nationally); significant prison-based testing and treatment occurring
- 8% HCV RNA prevalence nationally – wide variability across states and territories [0.4% - 15%]
- Sharing of injecting equipment very common (92% of those who reported recent injecting drug use in prison also reported sharing)

Continued efforts to facilitate scale-up HCV testing, treatment, prevention in all prisons nationally

www.nphn.net.au



Acknowledgements

HepPEd

- Project team: Andrew Lloyd, Sami Stewart, Olivia Dawson, Marianne Byrne, Charlotte Li
- ID Crowd (graphic design agency)
- Justice Health and Corrections in each jurisdiction
- Hepatitis Australia and jurisdictional organisations
- AIVL and jurisdictional organisations

AusHep

- Rugi Bah, Behzad Hajarizadeh, Charlotte Li, Nikki Price, Jason Grebely, Greg Dore, Andrew Lloyd

NPHN Surveillance Dashboard:

- Rugi Bah, Behzad Hajarizadeh, Lana Pasic, Andrew Lloyd, Marco Motta

PTER

- Rebecca Winter, Anna Wilkinson, Behzad Hajarizadeh, Mark Stoove, Andrew Lloyd, Alex Thompson

NPHN Executive Committee

- Andrew Lloyd, Alex Thompson, Mark Stoove, Yumi Sheehan, Rebecca Winter, Holly Beasley, Anton Colman, Troy Combo, Lucy Clynes, Behzad Hajarizadeh, John Gobeil, Graham Kraak, Catherine Marshall, Colette McGrath, Alex Misev, Deb Siddall, Andrew Wiley

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Australian Government
Department of Health and Aged Care





Global Prisons Infectious Diseases Network

1. Support and facilitate **scientific knowledge exchange** regarding infectious diseases in custodial settings;
2. **Drive policy and advocacy efforts** for infectious disease prevention and care to **improve the health and wellbeing** of people in custodial settings;
3. Support and facilitate the conduct and translation of **infectious diseases research** in custodial settings;
4. **Set best practice guidance** for the management of infectious diseases in custodial settings, globally; and
5. **Collaborate** with key stakeholders and sector organizations on infectious disease prevention, screening, linkage to care, and treatment for people in custodial settings.

Become a member of GPIDN!
www.gpidn.org



Thank you and contact details

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