An on-site primary care approach delivers rapid reduction of hepatitis C in prison – Canberra, Australia

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(no disclosures)

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Opened March 2009 – "built" capacity 274, currently 510
1 March 2016 – 411 detainees
1 March 2017 – 456 detainees
1 March 2018 – 476 detainees

Model of Care (1)

- A nurse lead model of care
- Medical Officers and Registered Nurses, trained with a national training organization (ASHM)
- Prison health service has its own Fibroscan
- Ongoing support from specialist Justice Health Pharmacy

Model of Care (2)

- Two visits to the chronic diseases nurse within two weeks; **pathology testing cascade** leads to streamlined treatment initiation
- Treatment compliance – every single dose is supervised by Nurses
- EOT and SVR12 PCRs are critical (may need to substitute a “pre-release” qualitative PCR)
- The need for ongoing, post-treatment surveillance

Results (since March 2016)

- 164 DAA treatments initiated
- Duration of treatment - as little as one week in-custody, up to completed treatments (153, 93%)
- 80 SVR12 (52%) – 78 negative (98%); one treatment failure, one in-custody re-infection
- In two years, HCV PCR positivity reduced from >30% to <1%
- In-custody HCV transmission reduced from 22 incident cases over previous seven years, to one or two since March 2016 (despite increasing overcrowding)

Resultado (Desde de Março de 2016)

- Obtivemos autorização para tratar 164 pacientes,
- Com apenas uma semana em regime de custódia até a conclusão do tratamento: (153, 93%)
- 80 SVR 12 (52%) – 78 negativo (98%); 1 falha de tratamento; 1 reinfecção em custódia
- Em 2 anos, a presença positiva do PCR diminuiu de >30% para <1%
- A transmissão em custódia reduzio de 22 nos últimos sete anos, para dois desde Março 2016 (apesar do aumento da superlotação)

Benefits of in-prison treatment

- Proximity of the health service to the patient
- Alcohol is reasonably well controlled
- Access to pharmacotherapies
- Support from mental health, close at hand
- “Shared Care” is tailored to our patients
- Supervision of every dose – compliance, side-effects addressed immediately
- Pharmacy and peer support
- Prison regime - less ‘chaos’ benefits individuals with poorer social function
- Aboriginal incarceration, cannot be ignored – perverse, disproportionate community benefit!

Risks of in-prison treatment

- Access to the full range of harm minimisation strategies is limited (no NSP)
- Re-infection is a real risk (1 or 2 in-custody, 2 in-community)
- Transition to community / loss to follow-up
- DAAs never found a “price” in the prison drug market – probably because of their availability in the community **at the same time**