# Disparities in Hepatitis C virus (HCV) care across Quebec's provincial prisons: Implications for HCV micro-elimination

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#### **Disclosures**

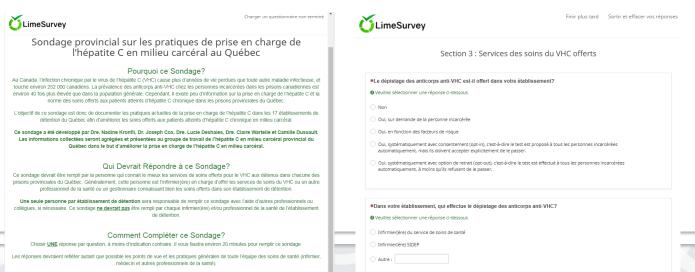
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## Background/Aims

- On Canada, there are federal (sentences ≥ 2 years) and provincial/territorial (sentences < 2 years) prisons</p>
  - HCV-Ab+ prevalence ~25% (vs. 0.7% general Canadian population)
- All inmates in federal prisons are offered systematic opt-out screening for HCV and treatment during incarceration
- HCV care in provincial prisons is less well defined
- Aim: To describe current clinical practices and barriers to HCV care across Quebec's 16 provincial prisons

#### Methods

- Cross-sectional study conducted in March 2019
- A 38-question web-based questionnaire was created and distributed to one representative per prison health care team
- Summary statistics and proportions were calculated



#### Results

- 16/16 provincial prisons completed questionnaire
- Output
  HCV screening (for HCV-Ab via venipuncture):
  - 10/16 (63%) offer on-demand screening
  - 4/16 (25%) offer "risk-based" screening
  - 2/16 (12%) offer opt-in screening
    - Median TAT = 3 days [range: 24 hours > 7 days]
- HCV confirmation (for HCV RNA via venipuncture) obtained:
  - Same visit as HCV-Ab+ disclosure (3/16; 19%)
  - Within 24-48h of disclosure (4/16; 25%)
  - Within 1 week of disclosure (6/16)
    - Median TAT = 14 days [range: 7-28 days]

#### Results

- Liver fibrosis assessments
  - 3/16 (19%) perform transient elastography (Fibroscan®)
  - 5/16 (31%) use non-invasive markers (APRI, FIB-4 Index)
  - 8/16 (50%) do not conduct any further assessments
- Treatment
  - 9/16 (56%) have ever initiated HCV treatment on-site
  - 13/16 (81%) are interested in Project ECHO
- Linkage to care
  - 10/16 (62%) have linkage to care programs at release

#### Perceived obstacles to HCV care

- Screening
  - 1. On-demand;
  - 2. Lack of inmate awareness; and
  - 3. Lack of personnel or dedicated screening time.
- Overall care
  - 1. Restricted movement of inmates;
  - Lack of HCV knowledge/expertise and training; and
  - 3. Difficulty obtaining post-release HCV consultations.

## Study limitations

Recall bias

Social desirability bias

## **Conclusions/Implications**

- 1. Considerable variability in screening and subsequent steps along the HCV care cascade among Quebec's 16 provincial prisons;
- Important system-, provider- and patient-level obstacles exist for the equitable provision of HCV care; and
- Standardizing HCV care in Canadian provincial correctional facilities is an essential first step towards the micro-elimination of HCV in Canada.
  - Adopting opt-out screening
  - HCV education and telementoring programs
  - Strengthening corridors of service at release

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## Thank you!

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