

## GLOBAL GUIDELINES FOR VIRAL HEPATITIS SERVICE DELIVERY IN PRISONS

### Authors:

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### Background:

Prisons have a high hepatitis A, B, and C burden, largely due to the overincarceration of people who inject drugs. We sought to develop best practice guidelines to standardize prison-based viral hepatitis service delivery internationally.

### Methods:

A systematic review was conducted by searching MEDLINE, Scopus, Embase, and CENTRAL for all published literature on hepatitis A, B, and C and prisons (dates: database inceptions until 29 November 2023; no language restrictions). A group of key opinion leaders/technical experts synthesized evidence to develop recommendations across policy, testing, treatment, continuity of care, prevention and harm reduction, education, monitoring and evaluation, and special populations. Using the GRADE system, expert subgroups developed recommendations and rated each for quality (A/B/C/D) and strength (1/2) of evidence; disagreements were resolved via consensus (≥80%). Recommendations were refined in collaboration with community organizations.

### Results:

Overall, 1048 unique records were included to guide evidence synthesis and 31 evidence-based recommendations were developed (A1: 5; B1: 8; C1: 9; D1: 8; expert opinion (EO): 1). Systematic opt-out screening for HBV/HCV on admission, point-of-care testing, universal access to direct-acting antivirals, and linkage to care at release were among recommendations rated with high strength and quality of evidence (A1). Timely access to opioid agonist therapy and opt-out HAV/HBV vaccination were among those rated with high strength but moderate evidence (B1). Prison needle and syringe programs, whole-of-sector education, peer-involvement in hepatitis service delivery, and specific considerations for special populations (C1), regular re-testing, provision of full treatment course on release, and safe tattooing programs (D1), and pre-treatment specialist evaluation for complex cases (EO), were among those also strongly recommended, whilst recognising further evidence is needed.

**Conclusion:**

In developing evidence-based recommendations, these guidelines aim to galvanize global efforts to prioritise people in prison for viral hepatitis care and coordinate a global approach to prison-based elimination with consistent policy, practice, and reporting.

**Disclosure of Interest Statement:**

*No disclosures related to this work.*