

DISPARITIES IN HEPATITIS C VIRUS (HCV) CARE ACROSS QUEBEC'S PROVINCIAL PRISONS: IMPLICATIONS FOR HCV MICRO-ELIMINATION

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Background: Delivery of hepatitis C virus (HCV) care in Canadian provincial prisons is essential to the micro-elimination of HCV. We aimed to describe current clinical practices and barriers to HCV care across Quebec's 16 provincial prisons.

Methods: One representative per prison healthcare team, identified by the Ministry of Public Security or the Ministry of Health and Social Services, was invited to participate in a web-based survey. The outcomes of interest were HCV diagnostic and clinical practices. Additional survey domains included perceived barriers to care and interest in ECHO telementoring.

Results: The survey was completed by all 16 prisons. On-demand, risk-based and opt-in screening is offered by 10 (63%), 4 (25%) and 2 (12%) prisons, respectively. HCV-antibody testing via venipuncture is the only test used; median turn-around-time (TAT) is 3 days. Half of prisons screen <10% of incarcerated persons. Most common perceived barriers to screening include on-demand testing and the lack of inmate awareness, personnel, or dedicated screening time. Among HCV-Ab+ inmates, >75% undergo confirmatory HCV RNA testing; HCV RNA TATs vary from 7-28 days. Subsequent liver fibrosis assessments are rare (3/16 prisons have access to transient elastography while 5/16 use APRI or Fib-4); 10 prisons lack linkage to HCV care programs. Only nine (56%) prisons have ever initiated HCV treatment on site. Most common perceived barriers to prison-based HCV care include challenges with inmate movement, lack of HCV knowledge or training, and difficulty obtaining post-release HCV consultations. All prisons were interested in telementoring.

Conclusion: There is tremendous variability in HCV screening and care across Quebec's provincial prisons resulting from important system-, provider-, and patient-level barriers. While there is an interest in advancing HCV care through telementoring, adopting opt-out screening, point-of-care testing, and providing HCV education programs are important initial strategies with the overall goal of standardizing care and eliminating HCV.

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