

Background

People who use drugs (PWUD), account for the majority of new hepatitis C (HCV) cases in British Columbia (BC), Canada and **continue to have many barriers to accessing** DAA therapies, despite demonstrated **high SVR rates** in clinical trials. Improved elimination efforts including innovative outreach testing and treatment with this population are essential. **People incarcerated in prisons** have a **high level of HCV worldwide** and **HCV micro-elimination in prisons** is an effective **strategy to treat PWUD**.

Locally, in Victoria, BC, **provincially incarcerated individuals** are sentenced to two years less a day at the **Vancouver Island Regional Correctional Centre (VIRCC)**. Several **administrative barriers limited HCV testing and treatment** at the VIRCC - in the past, VIRCC clinical staff had limited information around current HCV treatments and were **hesitant to start inmates on treatment** as their stays may not last as long as HCV treatment. **Prior to the partnership** between Cool Aid Community Health Centre (CACHC) and the VIRCC, there was a **lack of communication** between clinical staff case managing HCV treatment that led to **HCV RNA positive individuals being lost to follow up (LTF)**.

Additionally, **blood draws** at the VIRCC are only provided **once a week in 4-hour blocks by the local lab**. This process requires clients to be brought from their unit to the health centre which takes 25 minutes to move through the prison. There are over 200 people at VIRCC.



However, the **local lab can only provide 4-6 blood draws a week**. This has been a barrier to accessing HCV treatment as clients are prioritized for phlebotomy based on severity of health conditions.

Description of Model of Care

CACHC is an **inner-city, interdisciplinary primary health care centre** serving over **7300 clients** living with chronic mental health challenges, problematic substance use and homelessness. **Preceptorships and long-term relationship building** with prison medical staff has **improved VIRCC clinical staff knowledge around HCV treatment**, including the process for treatment reimbursement (Pharmacare) and has allowed **CACHC's HCV treatment nurse to receive security clearance** to enter the prison.

The HCV treatment nurse along with the prison nurse hold **HCV testing 'blitzes' on the prison units once a month** and offer phlebotomy for screening and HCV pre-treatment bloodwork. **Candy bag incentives** are offered at testing events. The HCV treatment nurse draws the bloodwork and follows up on HCV RNA positive results, does the treatment applications, and case management required. The prison nurse follows up on any abnormal results. **Clients who test HCV RNA positive start on HCV treatment** and if discharged from prison before completion of HCV treatment the **HCV treatment nurse follows the client in the community**.

Collaborative Case Management Goes Beyond Testing Initiative!

Beyond the testing events, 17 new treatment starts were identified and supported by both the CACHC HCV treatment nurse & VIRCC program as **people transitioned in and out of prison**.

- **9 people received treatment both in community and at VIRCC** – 3 still on treatment, 3 awaiting SVR and 3 SVR
- 6 people were initially identified in the community and then followed up and treated while at VIRCC- 2 LTF and 4 SVR
- 2 people were identified and treated through the VIRCC program, with CACHC follow-up in community for SVR blood work - 1 LTF and 1 SVR
- **4 people had previous reinfection or treatment failure – supporting people who are hard to treat while incarcerated can help achieve HCV elimination!**

Results

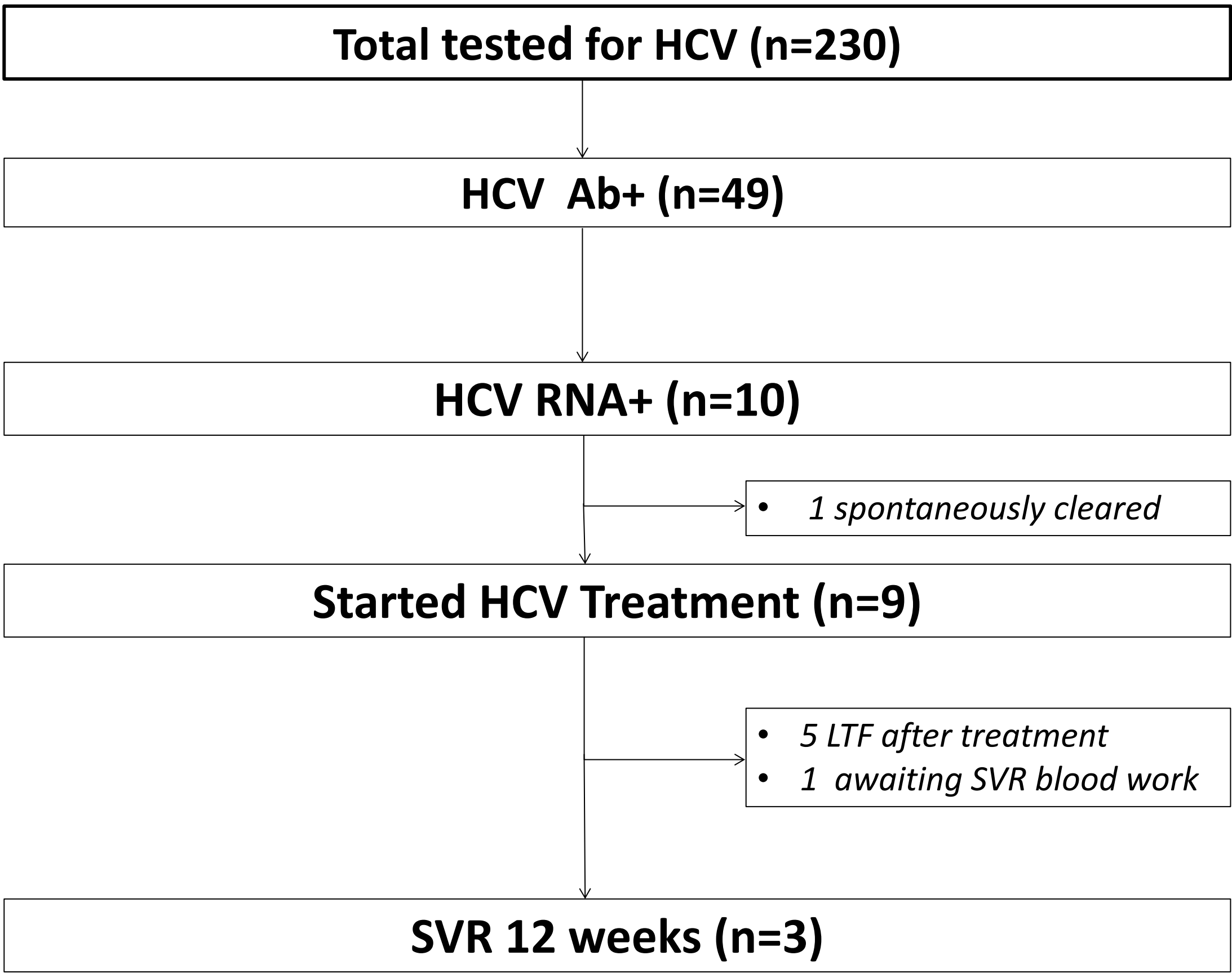
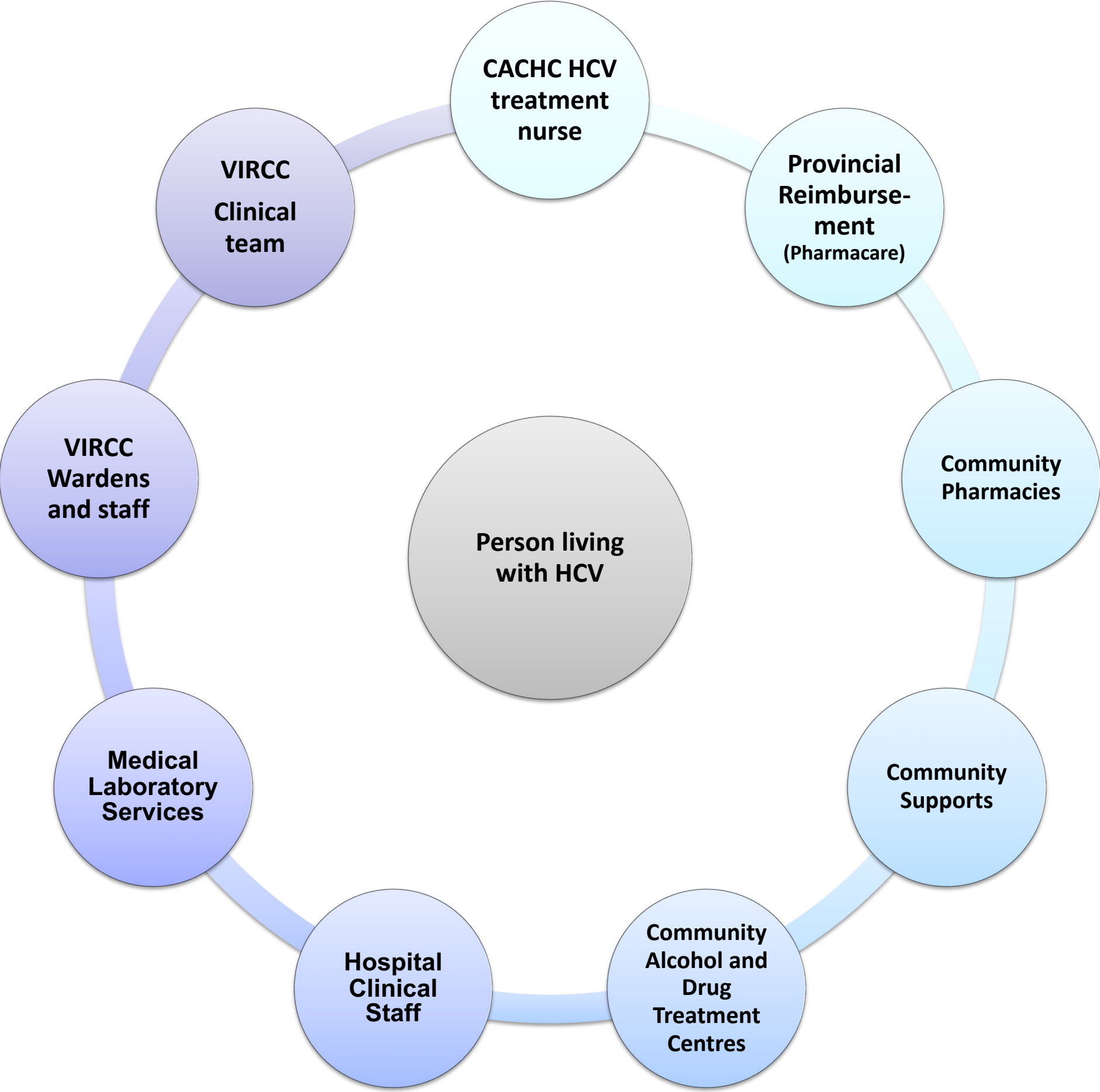


Figure 1: Client disposition

Within the first **16 months** of the project, the CACHC Hep C nurse coordinator **tested 230 people at the prison**. To date, **49 people have tested HCV antibody positive, 10 people tested RNA+, 9 people have been started on treatment**, with 3 people confirmed SVR. **Maintaining contact with clients once they leave prison is challenging** and SVR rates reflect this.

Improved communication with VIRCC, CACHC and provincial initiatives, including BCCDC and provincial reimbursement strategies (Pharmacare) have **opened HCV treatment** to more inmates. **Rapid HCV treatment reimbursement for inmates (Plan Z)** has meant that inmates who do not have coverage from other provincial plans can **now quickly be approved** for HCV treatment.



Follow up in the community with CACHC has meant **successful completion of HCV treatment and SVR blood work** for people who have been in and out of custody, as time-intensive case management and communication has created **open access to problem-solve systemic barriers** and help **support ongoing connection to care**.

Conclusions

This **innovative and novel approach to HCV treatment with PWUD in prisons** was able to test and treat HCV more effectively, both in and out of prisons. CACHC and prison staff have **established closer relationships, and reduced barriers to reach and maintain continuity of care with PWUD** and others who remain untreated for HCV. Work is ongoing to create relationships with other custody centres to grow networks across BC.

Acknowledgements

We would like to **thank the entire team at CACHC, and the staff at the VIRCC** for their continued **work and dedication**. CACHC is part of the **Victoria Cool Aid Society**, a non-profit organization. We receive **support** for our health programming from **AbbVie Corporation, Gilead Sciences, Merck Canada, Telus, Victoria Foundation and ViiV**.