ENHANCING THE HEPATITIS C CARE CASCADE AMONG PEOPLE IN CUSTODY IN IRAN

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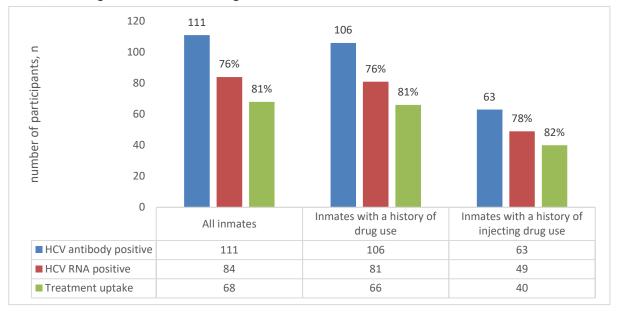
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Background: HCV care is not available in most Iranian prisons. This study aimed to evaluate the impact of an intervention on HCV screening, diagnosis, and treatment uptake in a large provincial prison in Northern Iran.

Description of model of care/intervention: During July-December 2018, all inmates in Gorgan prison received HCV antibody rapid testing and if antibody positive, provided a venipuncture sample for HCV RNA testing. AST to Platelet Ratio Index (APRI) was used for liver disease assessment. People with positive HCV RNA were offered DAA therapy for 12 (APRI<1) or 24 weeks (APRI≥1). Treatment response was measured by SVR at 12 weeks post-treatment. If released during the study, participants were referred to the local health network.

Effectiveness: Participants included 1,482 inmates; median age was 35 years (IQR: 29-41), the majority were male (95%), had not finished high school (64%), and had history of drug use (72%), of whom 38% had recent drug use (previous year) and 14% had ever injected drugs. HCV antibody prevalence was 7.5% (111/1,482) among all, including 10% (106/1,059) and 43% (63/146) among those who had ever used or injected drugs, respectively. Among people with HCV infection (n=84), 19% were released before treatment, and 81% (n=68) initiated DAA therapy. Treatment uptake was 81% (66/81) and 82% (40/49) among people who had ever used and injected drugs, respectively, and 81% (17/21) among those with recent drug use. The majority (76%, n=52) were in prison for SVR assessment and all were cured, including n=10 with recent drug use.



Conclusion and next steps:

HCV programs are highly feasible in Iranian prisons. Shortened duration therapies and improved coordination with local health networks are required to enhance the care cascade.

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