

## HEPATITIS C TREATMENT IN THE PRISON SETTING

Lloyd, A<sup>1,2</sup>

<sup>1</sup>Kirby Institute and School of Medical Sciences, University of New South Wales, Sydney, <sup>2</sup>Justice Health, New South Wales, Australia.

Chronic HCV infections are prevalent in custodial settings worldwide, yet provision of antiviral therapies remains rare. There are also high rates of transmission in custody. This disparity between the vast burden of disease, and hepatitis screening and treatment reflects multiple barriers, including at the level of: organisations (e.g. security versus healthcare priorities, financial constraints); health care systems (e.g. frequent movements, no electronic record), and the individual (e.g. fear of side effects, stigma).

In the New South Wales prisons in Australia, the focus has been on optimizing approaches to scale up treatment for prisoners with chronic HCV infection via a protocolised, nurse-led model of care (NLMC) incorporating telemedicine to overcome a relative lack of specialist providers. This model involves task transfer from specialist physicians to trained nurses who undertake clinical and laboratory assessments as well as fibro-elastography, before triage in relation to the risk of adverse events. The substantial majority of patients receive an antiviral prescription without face-to-face consultation with the specialist. The model has been: piloted, evaluated, and found to be safe and effective in the interferon era; adapted for DAA therapies, and now rolled out across the 34 NSW prisons.

There are high rates of ongoing HCV transmission documented in the Hepatitis C Incidence and Transmission Study in prisons (HITS-p), with no evidence for protection via bleach-cleansing of the injecting apparatus or opiate substitution treatment. Accordingly, the Surveillance and Treatment of Prisoners with Hepatitis C (SToP-C) study was initiated in 2015 in an ongoing study evaluating the feasibility and impact of a rapid scale-up of DAA treatment (sofosbuvir / velpatasvir) on the incidence of HCV infection in four correctional centres in NSW.

Despite residual challenges, prison health services are well placed to deliver treatment to many people with HCV and make a major contribution to the global elimination strategy.