

Hepatitis C treatment in Australian prisons: results from a national needs assessment

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Background

Prisoners have been identified in the Third National Hepatitis C Strategy 2010–2013 as a priority population for assessment and treatment. Around 30,000 individuals are in Australian prisons at any one time with around one fifth testing positive for hepatitis C antibodies. Despite this high prevalence, treatment coverage is low.

This study examined barriers and opportunities to increasing HCV treatment delivery in prisons across Australia and to establish a rationale and framework for the development of infrastructure for enhancement of treatment delivery within Australian prisons. Perspectives of providers from the correctional sector have not previously been sought.

Methods

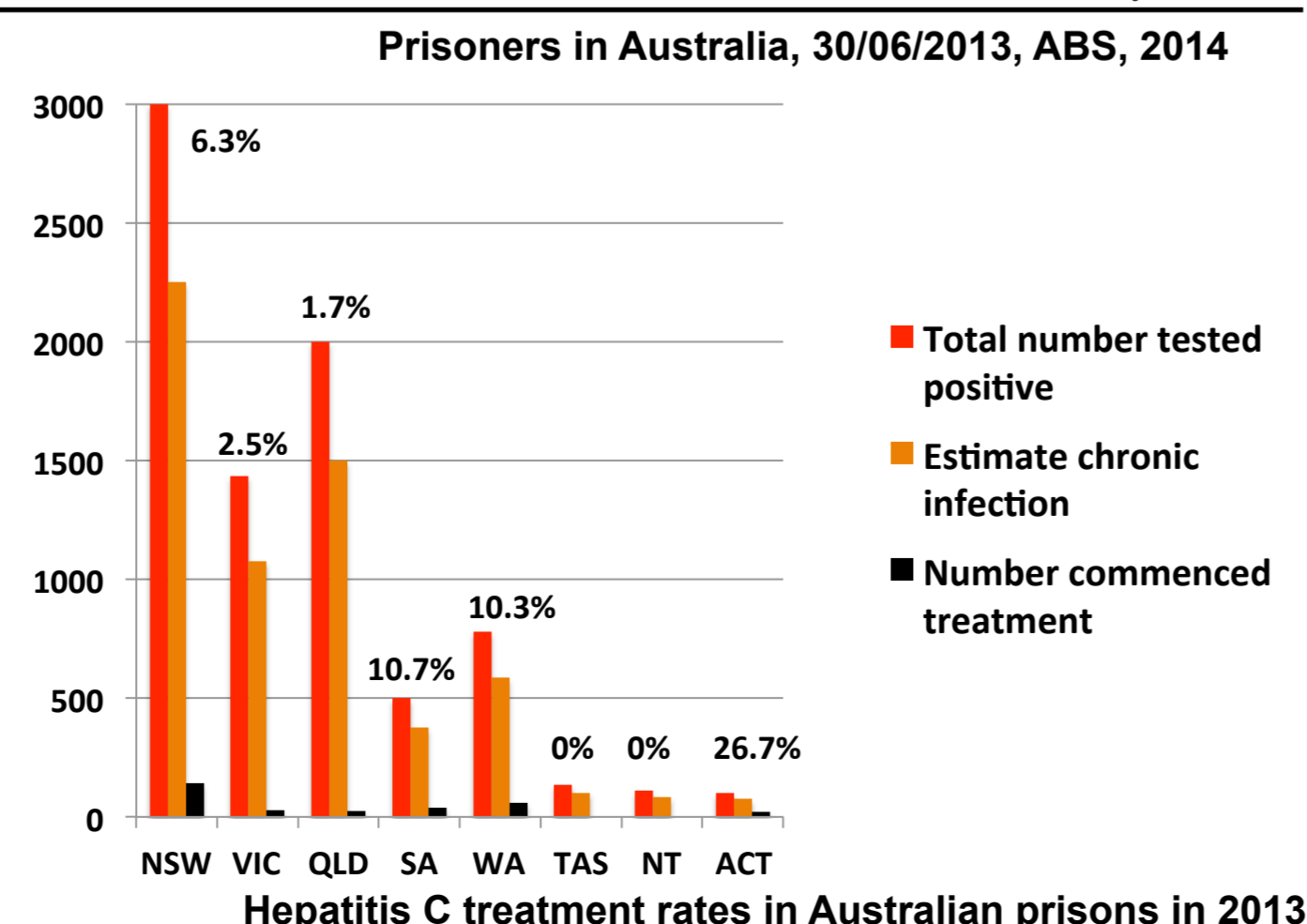
| Telephone interview | Face to face semi-structured interview |
|---|--|
| senior stakeholders from each jurisdiction | all stakeholders |
| quantitative data 2013: - screening, assessment and treatment - what personnel available for hepatitis service delivery | qualitative data: - barriers and opportunities for enhanced assessment and treatment services - responses recorded as volunteered / prompted |
| current jurisdictional strategy for assessment and management of HCV | investigate feasibility and acceptability of new models of care in each jurisdiction |

Results

55 stakeholders were interviewed: prison health care providers (32); hepatitis educators (9); external opinion leaders (3); national bureaucrat (1); state or territory bureaucrat (9); health administrator (1).

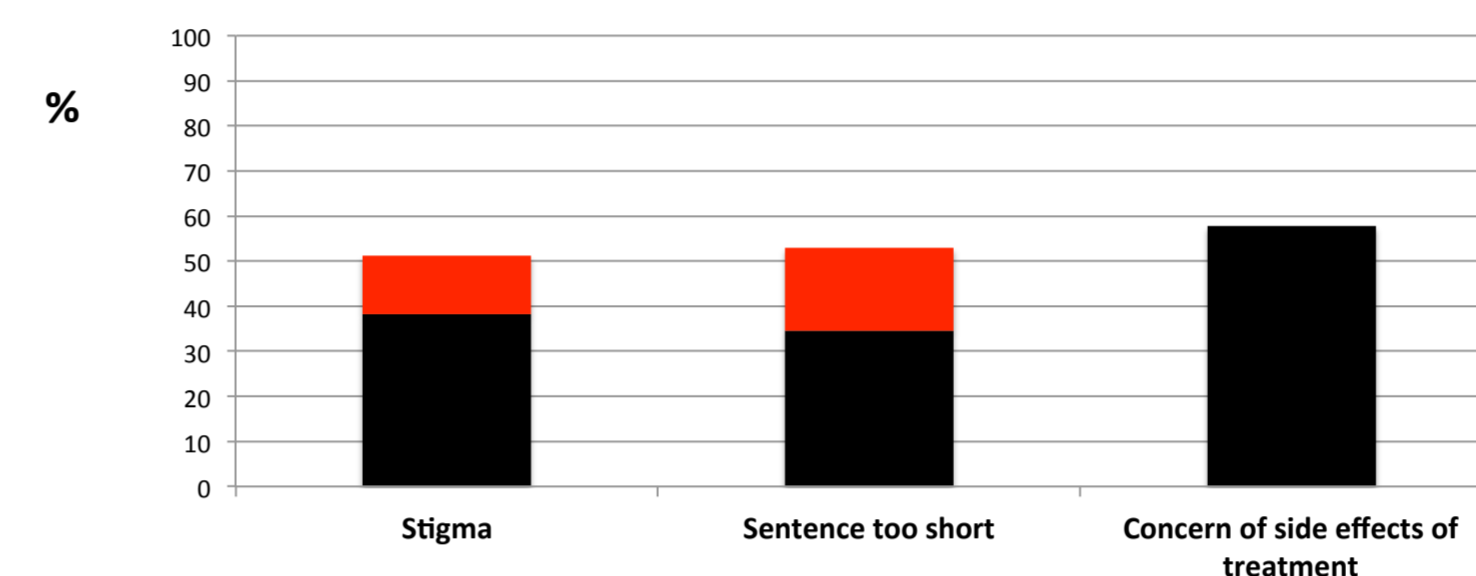
| | Total Prisoners | Median age (years) | ATSI (%) | Median sentence length (years) | Remand (% of prisoners) | Remand (median time, months) | Prior adult imprisonment (%) | Current strategy HCV services |
|-----|-----------------|--------------------|----------|--------------------------------|-------------------------|------------------------------|------------------------------|-------------------------------|
| NSW | 9,897 | 34.2 | 23 | 3.6 | 28 | 3.3 | 55 | ✓ |
| VIC | 5,340 | 35.3 | 7 | 3.3 | 18 | 2.7 | 51 | ✓ |
| QLD | 6,076 | 32.9 | 31 | 3.0 | 22 | 3.5 | 65 | ✓ |
| SA | 2,266 | 35.9 | 22 | 4.5 | 34 | 2.3 | 51 | ✗ |
| WA | 4,924 | 33.3 | 40 | 2.5 | 20 | 2.4 | 62 | ✓ |
| TAS | 483 | 32.7 | 15 | 2.0 | 24 | 1.5 | 65 | ✗ |
| NT | 1,436 | 32.6 | 86 | 1.3 | 25 | 1.2 | 71 | ✓ |
| ACT | 353 | 31.2 | 18 | 2.8 | 26 | 1.4 | 73 | ✓ |

| State/Territory | Total number of prisons | Number of hepatitis services | Specialist physician | | Hepatitis nurse | General nurse | GP | Psychiatrist | Psychologist | Mental health nurse | D&A counsellor |
|-----------------|-------------------------|------------------------------|----------------------|------------------|-----------------|---------------|----|--------------|--------------|---------------------|----------------|
| | | | - prison based | - hospital based | | | | | | | |
| NSW | 31 | 31 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| VIC | 14 | 3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ |
| QLD | 11 | 8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✗ |
| SA | 8 | 8 | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✗ |
| WA | 16 | 9 | ✗ | ✓ | ✓ | ✓ | ✓ | ✗ | ✓ | ✓ | ✓ |
| TAS | 7 | 7 | ✓ | ✓ | ✗ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ |
| NT | 5 | 3 | ✗ | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✓ |
| ACT | 2 | 2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ |



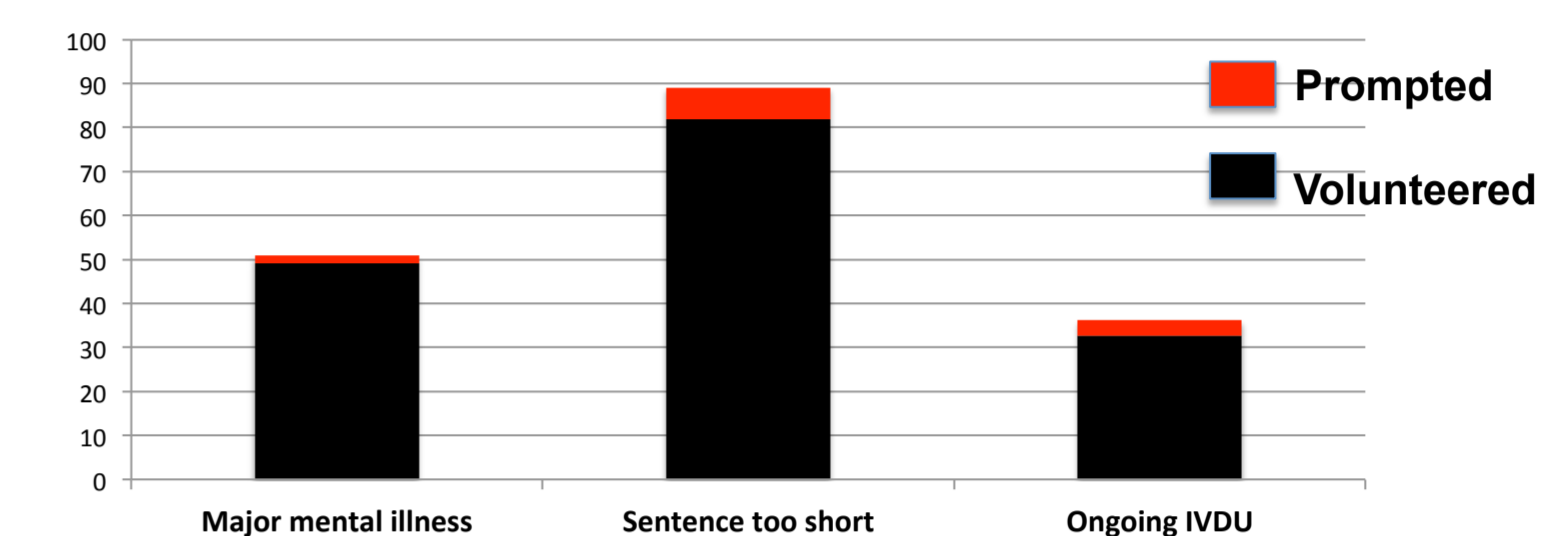
Why prisoners do not come forward to have assessment and treatment?

"Fear of side effects of treatment – they fear they'll lose their mind"



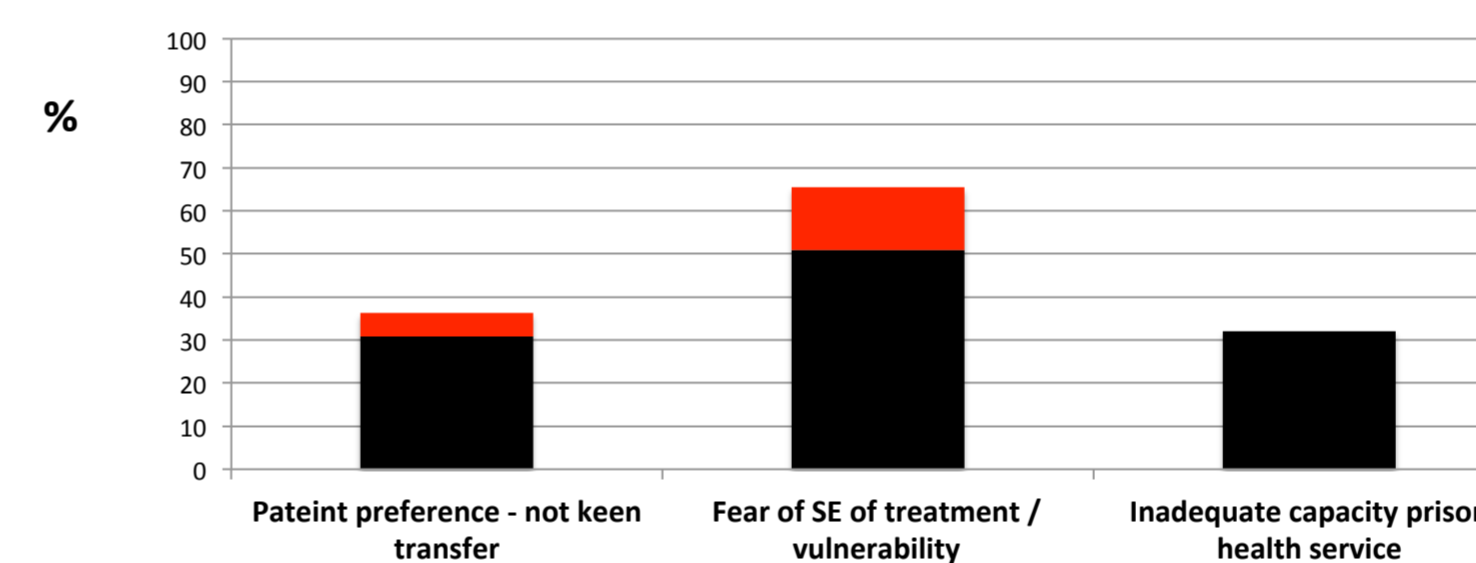
Considered ineligible to receive treatment?

"Poor education/awareness/inexperience about managing complex health problems – that are mostly not valid"



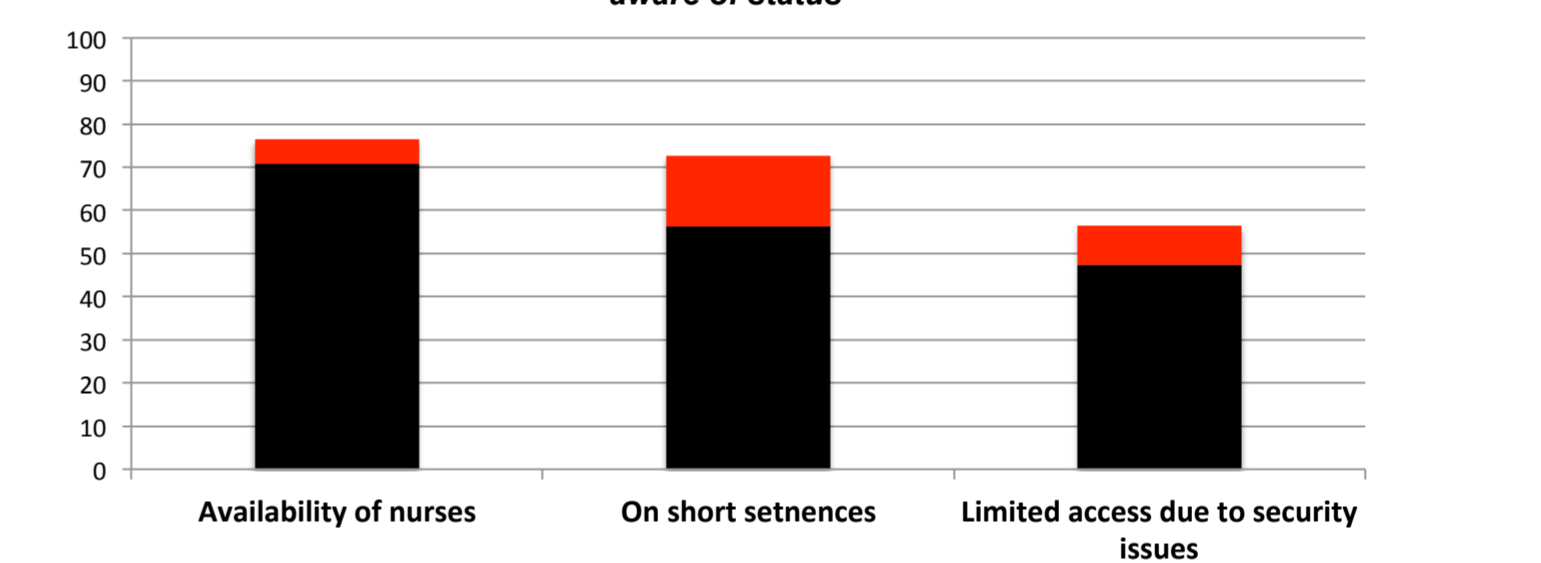
Eligible but do not receive treatment?

"High staff turnover in prisons – continual need to train people"

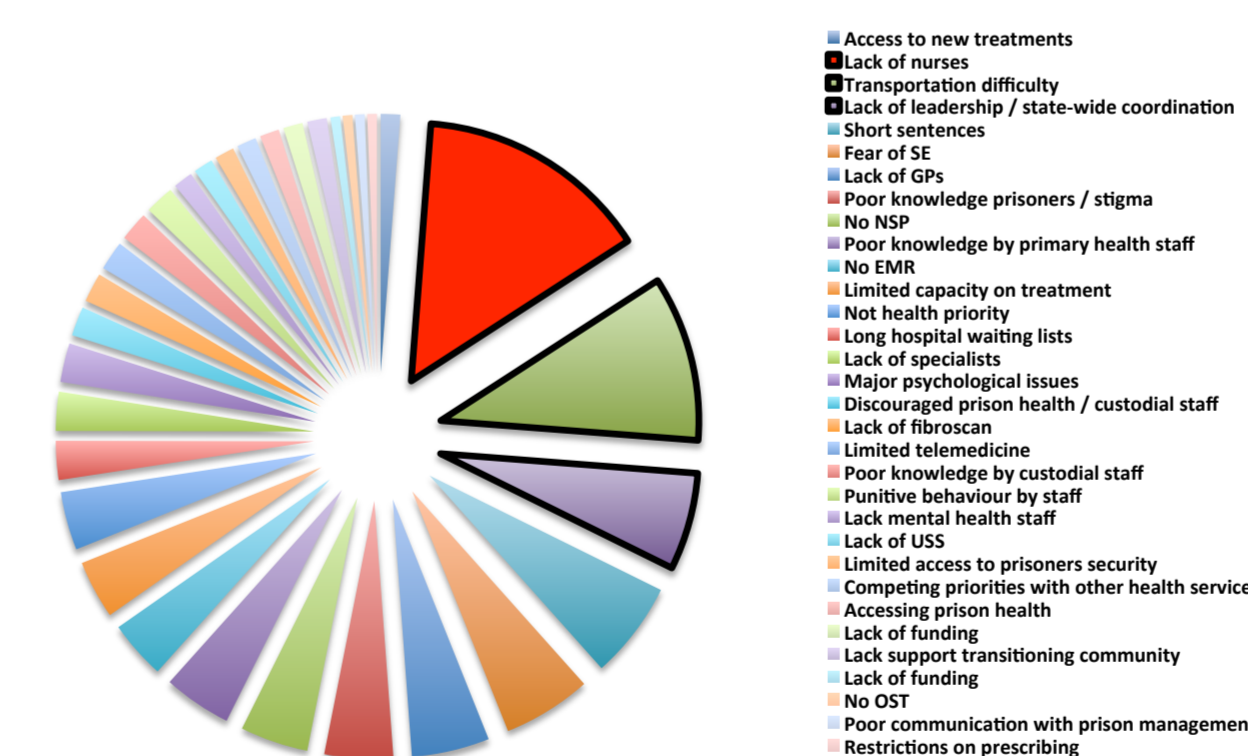


Organisational barriers?

"High quality health records whilst in prison system, linked with community records, so there are no repeat testing and prisoners aware of status"

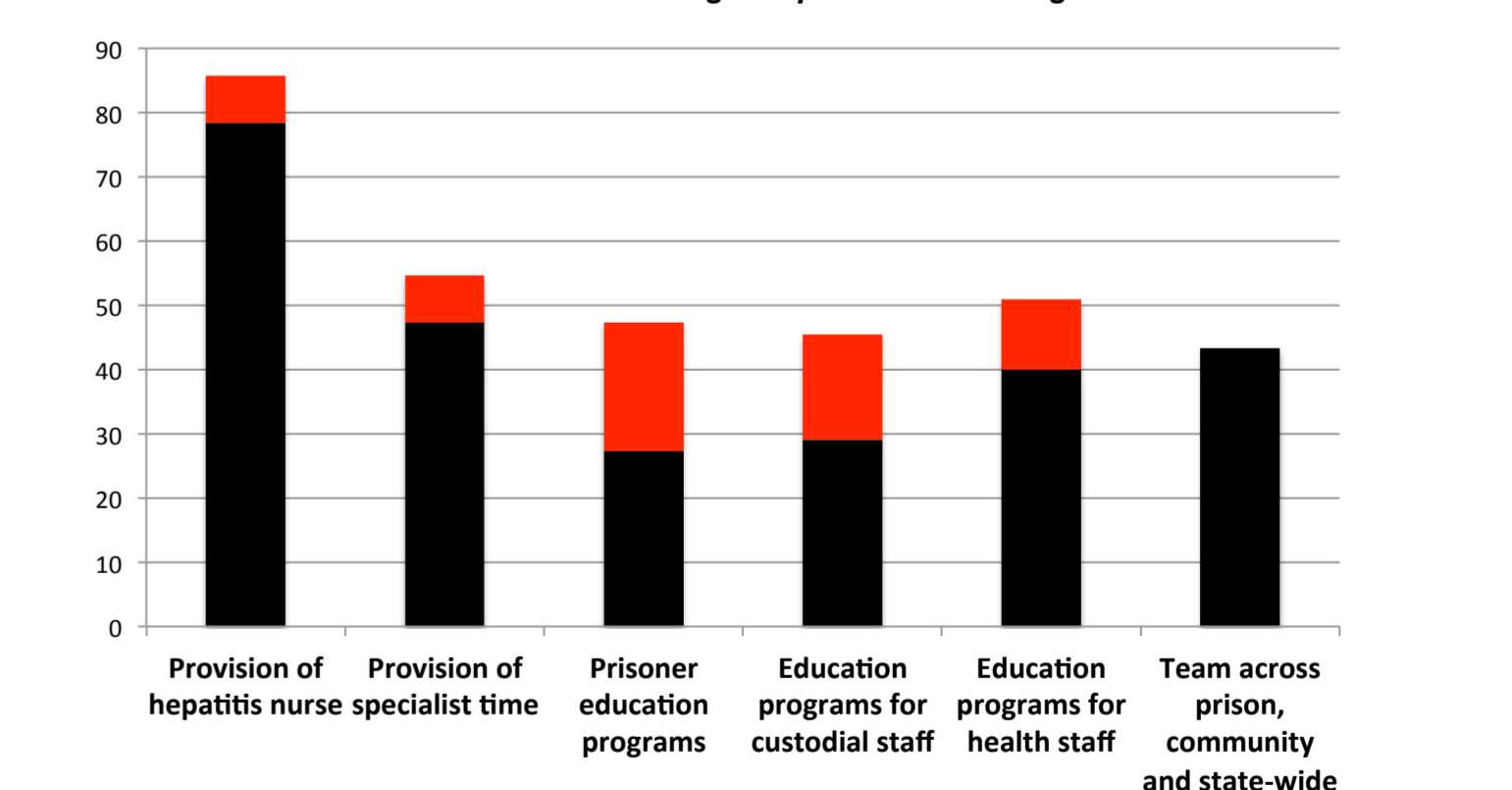


3 most significant barriers in providing assessment & treatment



How can HCV assessment and treatment services be improved?

"Current treatments are a barrier - 24-48 weeks, also the side effects inhibit clinics starting and prisoners wanting it"



Conclusion

- Many systems-level barriers relevant to the delivery of HCV treatment in prisons were identified.
- New prison based models of care need to be developed and implemented nationally to enhance awareness and diagnosis of HCV, facilitate timely referral and institute treatment safely.

Acknowledgements

