

REDUCING VIRAL HEPATITIS TRANSMISSION IN PERSONS EXPERIENCING INCARCERATION THROUGH EDUCATION AND PEER-BASED INTERVENTIONS.

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Background: The CDC estimates that chronic HBV prevalence is up to 6 times higher in prison populations compared to the national average and chronic HCV prevalence in the US prison population is estimated to be up to 35%, versus a national prevalence of only 1.3%. The Hepatitis Education Project (HEP) has been conducting hepatitis education in the Washington state prison system since 2001 and added male and female peer education intervention classes in 2015.

Methods: HEP works with the Washington State Department of Corrections by contract to conduct viral hepatitis education at each of the prisons throughout Washington state. HEP conducts a total of 64 classes that include a curriculum that covers transmission, prevention, and treatment, as well as harm and risk reduction methods.

HEP conducts four peer education courses, six sessions each, at one male facility and one female facility. These courses use evidence-based curriculum developed for low-income injection drug users to reduce HIV risk and modified the curriculum to use in a prison setting to reduce drug, tattoo, and sexual risk factors for transmission of viral hepatitis. Students are trained in tools they can use to spread harm reduction education to their peers while incarcerated and after their release.

Results: HEP's Correctional Health Program has reached many incarcerated individuals that are at risk of or have been in contact with HBV and HCV. HEP has provided appropriate education to a population that is disproportionately affected by viral hepatitis to raise awareness to those most at-risk of contracting or spreading infection and has used evidence-based harm reduction models to inform persons engaging in behaviors that expose them to more risk on viral infection. Over the last four year's alone, HEP has conducted viral hepatitis training to over 5,000 incarcerated students at thirteen correctional facilities.

HEP has completed peer education training to over 100 students. Pre/post surveys have been collected from all participants to measure changes in students' participation as a peer educator and to demonstrate an increase in knowledge of viral hepatitis transmission, treatment, and testing.

Conclusions: HEP has successfully implemented education programs working with incarcerated populations that can be replicated by other correctional programs and nonprofits working with incarcerated individuals. Viral hepatitis programs that provide knowledge and tools for disproportionately impacted correctional populations is an important step in eliminating viral hepatitis.