

European evidence-based guidance on prevention and control of HCV in prison settings

Lara Tavoschi^{a,b}, Éamonn O'Moore^{c*}, Dagmar Hedrich^d

^aEuropean Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden; ^bDepartment of Translational Research and New Technologies in Medicine and Surgery, University of Pisa, Pisa, Italy; ^cHealth and Justice, Public Health England, London, United Kingdom; ^dPublic Health Unit, European Monitoring Centre for Drugs and Drug Addiction, Lisbon, Portugal, *On behalf of the of the ECDC expert panel

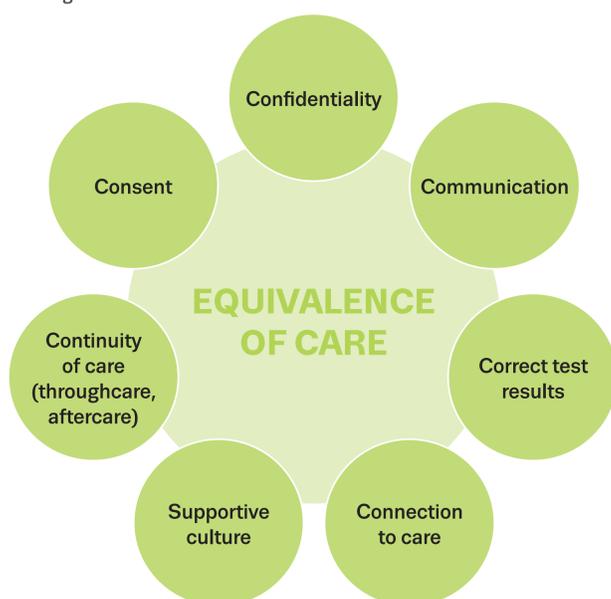
Background

In the 31 EU/EEA countries, more than 590 000 persons are held in a custodial facility on any given day. According to recent reviews of prison studies from EU countries, prison prevalence estimates for HCV ranged from 4.3 % to 86.3 %.

People in prison also tend to have multiple complex health and social care needs resulting from a mix of specific socio-economic determinants and environmental factors. A significant proportion of people in prison have a history of drug use, and a strong association has been found between prison history and HCV prevalence in people who inject drugs.

Prisons are settings of increased risk for HCV transmission, while representing a unique opportunity to address the healthcare needs of those people in prison who belong to hard-to-reach and medically underserved groups in the community, such as people who inject drugs.

FIGURE 1 | Seven foundational principles for the provision of health services to prevent transmission of blood-borne viruses in prison settings



Methods

Guidance development process

A systematic review of the scientific evidence on hepatitis active case finding, prevention, treatment, and throughcare in prison settings from peer-reviewed and grey literature (1990–2017) was performed.

Research findings were assessed using evidence-based medicine principles, adapted within a public health framework and combined with advice from a panel of European prison experts (ECDC expert panel). In particular findings were presented and discussed with the ECDC expert panel to complement the gathered evidence with expert advice and considerations on benefits and harms, human rights, equity, ethics and user preferences.

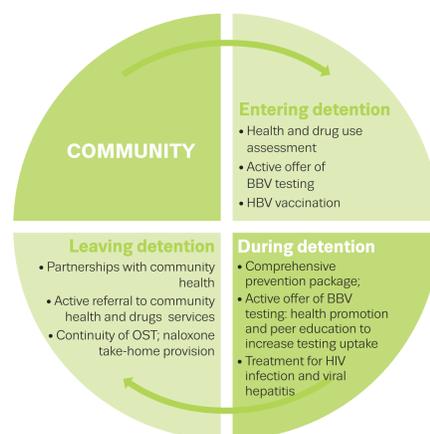
Results

The evidence base included 86 records reporting findings from the EU and other high income countries.

The resulting guidance provides countries with evidence-based options for planning and implementing prevention and control interventions for HCV, directed at different sub-populations within the prison setting, alongside predictors of interventions uptake and barriers to implementation.

The guidance is complemented by service delivery models collected from EU/EEA countries.

FIGURE 2 | Service priorities at the different stages of detention



Note: Services may be organised or staged differently depending on length of stay and prison health service organisation.

Conclusions

The conclusions listed are based on consideration of the strength of evidence supplemented by expert opinion. Considerations for successful implementation of the interventions in European prison settings are also provided.

There is evidence that the scale-up of HCV prevention and control in prison settings is needed, including by promoting universal active case finding, expanding existing prevention and harm reduction measures and increasing treatment coverage. Identification of evidence-based interventions and service delivery models may boost broader implementation in the EU/EEA and beyond. Efforts to expand the evidence base on effective HCV prevention and control interventions in prison settings are also needed.

Acknowledgements

ECDC: Andrew Amato; Netta Beer; Erika Duffell; Marieke van der Werf; Anastasia Pharris; Helena de Carvalho Gomes; Gianfranco Spiteri.
EMCDDA: Linda Montanari; Marica Ferri.
Project consortium: Pallas Health Research and Consultancy; Anouk Oordt; Marije Vonk-Noordegraaf and Hilde Vrolijk; Health Without Barriers; Letizia Bartocci and Roberto Monarca; Università degli Studi di Sassari; Sergio Babudieri and Giordano Madeddu; Field researchers: Sofia Victoria Casado Hoces, Ruth Gray, Deborah Iwanikow, Leon Weichert
Expert panel: Members: Barbara Janíková and Viktor Mravcik (Czech Republic), Kristel Kivimets (Estonia), Fadi Meroueh and Laurent Michel (France), Peter Wiessner and Ruth Zimmerman (Germany), Roberto Ranieri (Italy), Erica Cardoso and Rui Morgado (Portugal), Lucia Mihailescu (Romania), Jose-Manuel Arroyo (Spain), Stefan Enggist and Hans Wolff (Switzerland), Sharon Hutchinson (UK), Alison Hannah (Penal Reform International), Jan Malinowski (Council of Europe), Heino Stöver (HA-REACT), Lars Møller (WHO), Ehab Salah (United Nations on Drugs and Crime)

References

<https://ecdc.europa.eu/en/publications-data/public-health-guidance-active-case-finding-communicable-diseases-prison-settings>
<http://www.emcdda.europa.eu/topics/prison>

The authors have no conflict of interest to declare. This study was funded by ECDC and EMCDDA.

Key points from the guidance

Prevention

Offer a comprehensive package of preventive measures to people in prison that meet the same national standards as those recommended for community settings.

Evidence shows that: 1. opioid substitution treatment reduces illicit opioid use and risks related to equipment sharing and, when continued on release, provides protection from death caused by overdose; 2. the provision of clean drug injection equipment is possible in prison settings and can successfully contribute to a comprehensive programme to reduce BBV transmission; 3. provision of HBV vaccination using the rapid schedules may result in a higher completion rate of the full schedule; 4. also in prison settings, condoms and behavioral interventions promote safer sex.

Testing for viral hepatitis

Actively offer BBV testing to all people in prison upon admission and throughout the time in prison.

Evidence shows that pro-active provision of BBV testing leads to a higher uptake; health promotion and peer education have been shown to increase HIV testing uptake.

Viral hepatitis treatment

Offer appropriate treatment to individuals diagnosed with HCV infection in prison settings, in line with the guidelines applied in the community and meeting the same provision standards as in the community.

Evidence shows that treatment of HCV chronic infections is feasible and effective in prison.

Continuity of care

Actively support and ensure continuity of care between prison and community.

Evidence shows that: 1. release from prison is a key barrier to continuity and adherence to drug and infectious diseases treatment; 2. collaboration and partnership between prison and community health-care services promote and facilitate uninterrupted care; 3. active referral to external services improves treatment adherence.