



Workshop Title: INHSU International Prisons Hepatitis Network (INHSU Prisons) - Inaugural Annual Workshop 2019

Date: Tuesday 10 September, 2019

Location: Ramezay Room, Le Westin Montréal, Canada

Executive Committee:

- Professor Andrew Lloyd (Chair)
- Dr. Matthew Akiyama (Vice-chair)
- Dr. Nadine Kronfli (Vice-chair)
- Ms. Yumi Sheehan (Coordinator)

Keynote speakers:

- Professor Andrew Lloyd
- Dr. Joaquin Cabezas

Speed geeks:

- Dr. James Blogg
- Dr. Justin Chan
- Caroline Thomas
- Dr. Jack Stone
- Dr. Sigudur Olafsson
- Cara Skillingstead
- Dr. Lise Lafferty
- Mary Harrod

Description

The INHSU International Prisons Hepatitis Network (INHSU Prisons) Inaugural Annual Workshop took place on Tuesday 10 September 2019, adjacent to INHSU 2019, in Montréal, Canada.

The overarching goal of the workshop was to bring together individuals interested and implicated in hepatitis C virus (HCV) care in custodial settings, to provide an overview of the current status of prison-based HCV testing and treatment services in key countries across the world, as well as showcase practical examples of strategies being used to increase HCV screening, linkage to care and treatment for the prisoner population.

The workshop featured keynote speakers, an interactive discussion activity designed to share key successes and challenges that are faced in the unique context of prisons, and an overview of the plan forward for the Network. Approximately 90 attendees registered from 15 countries, spanning disciplines from community health workers to researchers and clinicians.

Session summary

1. Development of prison-based hepatitis services in Australia

Professor Andrew Lloyd, infectious diseases physician and researcher based at the Kirby Institute in Sydney, Australia. *Professor Lloyd leads a research program undertaking prison-based epidemiology and health services research, as well as laboratory-based hepatitis C immunovirology. He has been doing clinical work in the prison system for several decades and has helped establish the hepatitis service in New South Wales (NSW), Australia.*

Professor Lloyd provided an overview of HCV care and progress in the NSW prison sector. The presentation is summarized as follows:

- Correctional facilities represent a unique structural setting characterized by short stays, frequent movements, and high rates of substance use and mental health disorders.
- Various barriers to HCV prison-based testing and treatment were identified, such as access to harm reduction, stigmatization and frequent movements.
- Chronic HCV in Australia affects mainly people who inject drugs and people in prison. The estimated HCV-antibody prevalence is 43%, and 55% of NSW inmates report a lifetime history of injection drug use.
- Models of care for HCV treatment in NSW prisons have evolved over time and previously included specialist in-reach care, which is now replaced by nurse-led models of care which have markedly improved the efficiency of engagement in the care cascade and hence DAA treatment scale-up.
- Modelling studies have shown that DAA treatment and opioid agonist therapy scale-up in prisons, resulting in HCV prevalence reduction in the community, are key to achieving national HCV elimination targets by 2030.
- Ongoing prison-based studies evaluating HCV treatment outcomes included:
 - SToP-C (Surveillance & Treatment of prisoners with hepatitis C) study assessing the feasibility and efficacy of DAA treatment scale-up as prevention in 4 prisons.
 - PIVOT (Prisons evaluation of a one-stop-shop InterVentiOn to Scale-up hepatitis C testing and Treatment) evaluating the effectiveness of a model integrating point of care HCV RNA testing, clinical assessment, fibroscan, and early prescription of DAA therapy all in the same visit, in increasing HCV treatment initiations in prisons.
- The Australian National Prisons Hepatitis Network (NPHN) was established to facilitate information exchange, to develop data capture systems, and to drive policy making for HCV testing and treatment scale-up in Australian prisons. Their prison-focused HCV education program aims to deliver education in the prison sector, to resolve key barriers and to enhance HCV testing and treatment in Australian prisons

2. The role of the prisons in hepatitis C elimination in Spain

Dr. Joaquín Cabezas, a Consultant in the Gastroenterology and Hepatology Department at the Marqués de Valdecilla University Hospital in the Santander (Cantabria), Spain. *Dr. Cabezas is also part of the Infection, Immunity and Digestive Pathology Research Group at the Instituto de Investigación Sanitaria Valdecilla (IDIVAL). His research interests include the epidemiology of HCV, neurocognitive impairment evaluation in HCV-infected patients, and HCV elimination. In addition, Dr Cabezas has been a collaborator on the JAILFREE-C study which is a programme that aims to improve screening, prevention and elimination of HCV in penitentiary institutions in Cantabria.*

Dr. Cabezas highlighted HCV elimination strategies and prison-based programs in Spain. The key points that emerged from his presentation included:

- The Ministry of Health released a Spanish national health system strategic plan for tackling hepatitis C in 2015 to provide guidance in HCV prevention, diagnosis and treatment policies.
- In 2019, the government of Cantabria (Northern Spain) developed an HCV elimination strategy to diagnose and treat 90% of HCV infected patients by 2021. This strategy aims to simultaneously implement HCV micro-elimination in high prevalence groups as well as macro-elimination in primary care settings. The macro-elimination efforts focus on the general population age-based groups, while the micro-elimination efforts focus on immigrants, inmates and people in addiction centres.
- The JAILFREE-C Program is a multidisciplinary team intervention based on a universal test-and-treat strategy to eliminate HCV infection in El Dueso Prison (Cantabria, Spain). Telemedicine plays a central part of this program by connecting the prison health team (consisting primarily of general practitioners and nurses) with HCV specialists. The HCV seroprevalence and viremia prevalence of El Dueso population (n=851) was 13.0% and 10.2%, respectively. To date:
 - Among the 86 inmates with chronic HCV, 69 (80.2%) were treated.
 - Inmates with chronic HCV were more likely to be on syringe and needle exchange programs, opioid substitution therapy, use tobacco, have a history of alcohol abuse and have psychiatric disorders when compared to the general prison population.
 - Telemedicine was shown to be cost-effective, saving €579 per patient compared with regular medical services.
- The HONEST project is an HCV micro-elimination program tailored to non-custodial sentenced individuals. Similarly to the JAILFREE-C program, this project also employs telemedicine and a multidisciplinary team, as well as community-wide integration plan.
- Key factors contributing to HCV elimination in Spanish prisons include the development of a national plan to manage HCV that considers prisons, implementation of systematic rapid screening, optimisation of linkage to HCV care and addressing the social determinants of health.

Speed-geeking - 3 key points from discussions

Following the keynote speakers' presentations, participants of the INHSU Prisons workshop had the opportunity to engage in a speed-geeking session, in which eight selected experts facilitated interactive discussions with small groups on a range of topics related to HCV care within the custodial setting. The overall key points from the discussions were as follow:

Clinical care & reinfection in NSW prisons - James Blogg

- Reinfections are a concern in the prison setting with significant DAA treatment scale-up
- Genotyping is an important tool to distinguish reinfection from treatment failure
- OAT access in prison is key to prevent reinfections

Challenges in HCV engagement in the short stay New York prisons – Justin Chan

- Screening and treatment is feasible even with short sentences (less than 12 weeks)
- Strengthening partnerships with community is key for continuity of care on release
- It is important to define the barriers to HCV care in local settings

Elimination in resource limited settings and associated challenges – Indonesia – Caroline Thomas

- Needle and syringe programs (NSPs) and access to condoms in prisons are needed to reduce HCV infections
- Drug interactions in HCV/TB co-infections are a challenge to HCV elimination
- Dried blood spot testing is an alternative tool to increase HCV diagnosis in prison settings

Mathematical modelling (prisons) – Jack Stone

- Correctional officers and prison health teams are being impacted by HCV infections
- Improved infrastructure is needed to follow-up transferred inmates with chronic HCV
- Short-term sentences and temporary absences contribute to HCV reinfections

Role of prisons in national elimination agenda (TraP Hep C) – Iceland – Sigurdur Olafsson

- Treatment adherence post-release is key for HCV elimination
- HCV care models focused on HCV testing and treatment scale-up in prisons are important to achieve HCV elimination
- NSPs and HCV education programs in prisons are crucial for HCV elimination

Hep Education Project: Correctional Health Program – USA - Cara Skillingstead

- Peer education programs are beneficial in providing HCV prevention training to other inmates
- Providing information on HCV screening and transmission reduces HCV-related stigma
- It is important to provide harm reduction and HCV resources to all prison stakeholders, including inmates, correctional officers, etc.

Qualitative Research: Prisons – Australia - Lise Lafferty

- Health messaging of HCV care in prisons is a concern for treatment uptake
- The illicit drug market that exists in prisons is an enabler for HCV transmission
- It is important to acknowledge that correctional officers may or may not support HCV care and treatment in prisons

Peer-education programs (in-reach) – Australia – Mary Harrod

- Collaborating with the correctional system is key for program success and sustainability
- Peer involvement in program development ensures appropriateness and acceptability
- It is important to offer universal access to peer education programs in prisons

INHSU Prisons Goals

1. To facilitate information exchange at the international level to enhance the capacity of prison-based health systems worldwide;
2. To develop prison-focused HCV education programs adapted to diverse prison settings worldwide; and
3. To facilitate translations of health services research to support advocacy and drive policy making, to improve HCV prevention and care efforts in prisons.

Next steps

1. Develop an annual work plan (late 2019)
2. Establish membership & Terms of Reference (late 2019)
3. Develop an INHSU Prisons website (late 2019)
4. Participate in INHSU 2020 Africa (February 2020)
5. Develop prison-focused HCV education programs (2020-2021)

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