

REINFECTION AND RETREATMENT: ATTITUDES AMONG PRISONER PARTICIPANTS FROM THE AUSTRALIAN STOP-C STUDY

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Background:

The issue of reinfection and retreatment may prove crucial to hepatitis C (HCV) eliminations efforts. While the subject has been the source of considerable discussion in community and clinical circles, little is known about the attitudes of prisoners. With prisons set to serve as test cases for 'treatment as prevention' (TasP) strategies, this presentation examines the perceptions and possible implications of reinfection risk among prisoner participants from the first, real-world trial of HCV TasP in prison: Australia's Surveillance and Treatment of Prisoners with Hepatitis C (SToP-C) study.

Methods:

Participants were recruited from three male correctional facilities in New South Wales, one minimum and two maximum security. Thirty prisoners (n=30) were interviewed in depth following the completion of direct-acting antiviral therapy. As part of the interview schedule, participants were asked to comment on the current national prescribing guidelines permitting unlimited treatment in the event of reinfection(s).

Results:

Underpinning the range of participant responses was a shared, tacit recognition of the absence of adequate primary prevention measures in prison. Reinfection was considered an almost inevitable outcome of injecting drug use while incarcerated and in this context most prisoners endorsed the merits of retreatment. Interestingly, participants speculated that treatment to be offered as a 'once only' opportunity, that would likely affect decision-making among fellow prisoners, with some opting to delay treatment for fear of reinfection, potentially affecting broader TasP efforts.

Conclusion:

Australia has led the way internationally in securing universal access to new therapies, including retreatment if required. While our findings inevitably reflect the uniqueness of the prison setting, they nevertheless emphasise the importance of a broader public health strategy that includes a focus on the issue of reinfection during treatment discussions with patients (both in the community and prison) and the promotion of retreatment if required.

Disclosure of Interest Statement:

The authors have no conflict of interest to declare.