

Improving HCV Treatment Uptake In Prison: Breaking The 60-Day Barrier

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Background:

Incarcerated individuals represent a high-prevalence population with chronic hepatitis C (HCV) and pose risk for onward transmission. However, with typically short sentence durations, the existing model of care restricts the vast majority from accessing treatment. Prison estates across England have seen a recent drive to scale-up dry blood spot (DBS) screening. Despite this, there have been few reports on screening outcomes and treatment uptake for HCV. We describe the existing care cascade at HMP Wormwood Scrubs and estimate the impact of a simplified 'test-and-treat' strategy in this setting.

Methods:

From September 2017 all patients with a HCV antibody positive DBS were invited to a specialist in-reach clinic for clinical assessment, confirmatory phlebotomy and a Fibroscan. All viraemic patients were discussed the local multi-disciplinary panel and those with a sentence long enough to complete therapy were commenced on treatment.

Results:

1,218 inmates were tested for HCV antibody, 60 (5%) were positive. 55 (92%) patients were referred to the clinic, 49 (81%) underwent viral load testing; 34 (57%) were viraemic. Of those assessed, the median Fibroscan score was 6.8kPa (IQR 5-8.1kPa). To date, 7 (12%) commenced treatment and 2 (3%) have completed treatment.

The median sentence length was 116 days (IQR 55-341 days) and time from screening to a positive result was 22 days (IQR 11-72 days). Using this conventional pathway the total estimated cost of screening has been £24,750, translating to £3,535 per patient treated. The introduction of rapid screening and completion of therapy within 60 days of arrival would result in 37 (62%) patients accessing treatment. The relative cost of this strategy would be £39,000; £1,068 per patient treated.

Conclusion:

A custodial sentence signifies an important window to improve treatment access in a traditionally challenging population. Thus, a streamlined approach could dramatically improve adherence along the care continuum.

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