

# CORRECTIONAL OFFICERS AND HEALTH STAFF PERSPECTIVES OF HEPATITIS C TREATMENT AS PREVENTION SCALE UP WITHIN THE PRISON SETTING

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## Background:

Hepatitis C (HCV) prevalence is disproportionately higher among the prisoner population than in the community. However, with onsite health care, prison provides a unique opportunity to test and treat for HCV with the potential for reducing onward transmission through treatment as prevention (TasP). This paper draws on interviews with correctional and prison health personnel from the Surveillance and Treatment of Prisoners with hepatitis C (SToP-C) study to identify strategies for successful scale up of HCV TasP in the prison setting.

## Methods:

A total of n=24 correctional and n=17 health personnel participated in semi-structured interviews from across the four correctional facilities where SToP-C was carried out. This included two maximum security, one minimum security, and one women's medium/minimum security prisons. Participants were purposively selected to include senior administrators (e.g., governors, managers of security, nurse unit managers) and frontline workers (e.g., officers and nurses). Drawing on Milat's guidelines for public health intervention scale up, we identify a number of key factors for future successful HCV TasP scale up.

## Results:

Implementation strategies for scale up were most associated with: *compatibility* of the TasP intervention within prisons (i.e., are prisons suitable settings); the need to *legitimize change* through shifting correctional workers' understanding of HCV treatment eligibility (i.e., available to all citizens, including those who are incarcerated); enhanced efforts to *reach* potential participants (patients) through knowledge dissemination (at reception/intake) and engagement initiatives (e.g., BBQs), and identification of *stakeholders*. Treatment scale up champions, such as officers, can be integral to communicating the benefits of HCV TasP, such as equitable access to treatment and reduced risk of HCV exposure in the workplace.

## Conclusion:

HCV TasP scale up in the prison setting requires the support of prison personnel, including correctional and health care workers, from senior administrators to frontline workers.

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