



SCREENING AND TREATMENT OF HEPATITIS C IN CORK PRISON

Cork Prison has a capacity of 275 prisoners, it is one of 7 committal prisons in Ireland which has a total of 12 prisons nationwide. The committal process is the admission of a person to prison. In Ireland, although a model of care for the management of Hepatitis C in the community setting there is no mechanism that extends into the custodial setting. This is the successful pilot of the screening and treatment of Hepatitis C in Cork Prison with the future view to roll it out into other prisons so that it becomes regular practice.

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INTRODUCTION

To implement a Hepatitis C screening and management program in Cork prison, we had to initially liaise with prison authorities, hospital based medical, nursing and pharmacy colleagues and the national lead for Hepatitis C.

We collaboratively came together to create the first standard operating procedures for rapid Hepatitis C screening within the Irish Prison Service

OBJECTIVE

To screen all new committals for Hepatitis C using HCV PoCT Oraquick swabs.



METHODOLOGY

Positive results are followed up with full blood screening, forwarded to the Hepatology staff in the local hospital. In-reach by the Hepatology clinical nurse manager follows with viral loads and fibroscans carried out on all patients. All patients suitable for treatment according to national community care guidelines are then commenced on medication.

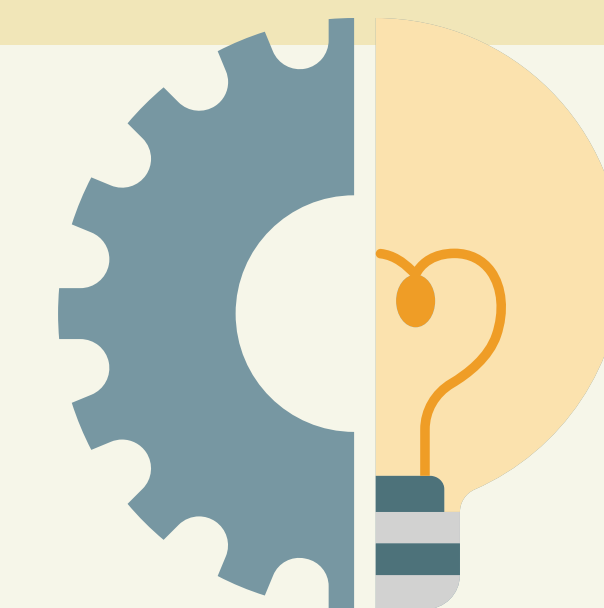
PROBLEMS ENCOUNTERED

Prisoners can often be transferred to other prisons for various reasons, this caused various problems for our team.

- Our inreach service is based in Cork and as we are the only prison to currently roll this out in Ireland, other hepatology inreach was not readily accessible for those transferred
- The pharmacy that supplies Cork Prison with medications were not able to supply to other jails outside of Cork which led to an issue for supply in the event of a sudden transfer.
- Prisoners who are transferred are escorted by discipline staff, often due to the chaotic and unpredictable nature sometimes medication is not transferred with the prisoners which creates a gap in treatment for sometimes up to a few days.

SOLUTIONS

Through collaboratively working with operational management the process of identifying prisoners who cannot be transferred due to vital medication has been identified meaning they will not be transferred when this alert is placed. Similarly any movement required outwith the prison itself i.e. Court or Hospital appointments will trigger this alert. This is to ensure operational staff check with medical staff prior to the person being moved ensuring compliance throughout.



RESULTS OBTAINED

Since starting the pilot project, 11% of our test population have returned as newly diagnosed Hep C positive patients.

Of the newly diagnosed patients, 40% have successfully completed treatment and blood tests have determined treatment to be a success.

The remainder of newly positive patients are currently undergoing treatment or awaiting to start treatment.

We collected data throughout why people declined the test. This showed that the stigma attached to Hep C itself is what deterred people from taking the test. Various initiatives within the prison try to combat this issue daily. (See prisoner made posters to the left)

Result	Percentage
Positive	11%
Negative	89%