Queensland Hepatitis C Treatment in Prisons Forum, 23 February 2018, Fortitude Valley

Prison populations have significantly higher rates of hepatitis C (HCV) compared to the general population and are listed as a priority population in Australia's National Hepatitis C Strategy. HCV elimination goals cannot be achieved without targeting treatment and prevention towards such a high prevalence population and yet, a collaborative approach to the prevention, management and treatment of hepatitis C is lacking across Australia and within states. For further information on blood-borne viruses in Australian prisons please read the policy paper prepared by Hepatitis Australia: https://www.hepatitisaustralia.com/policy-papers

The Queensland prison system is comprised of 14 correctional centres, including two privately managed centres. Unlike most Australian states there is no centralised health service for Queensland's correctional centres. Instead, prison health services are the responsibility of the local hospital and health service, translating to significant variation in the HCV treatment uptake across the State, and a range of unique models of care.

In recognition of the importance of targeting this population for treatment combined with the known challenges of a unique and transient environment, ASHM convened a state-wide forum on HCV treatment in Queensland prisons on 23 February 2018, funded by Queensland Health. The forum aimed to bring together Queensland Health staff working in correctional centres and those providing in-reach viral hepatitis services to discuss models of care, challenges and solutions in moving towards eliminating HCV from Queensland's correctional centres.

The 2018 Forum was attended by 57 participants from throughout Queensland including health professionals within each correctional centre, hepatology teams, community health services, Queensland Health and Queensland Corrective Services staff. Representatives involved in HCV treatment programs within five of Queensland's correctional centres were invited to present on their models of care: the challenges they encountered and the solutions they implemented in establishing these programs. Two interstate speakers were also invited to report on models of care in NSW and Victorian correctional centres, as well as presentations from a pharmacy and community organisation perspective. Also included in the program were three brainstorming sessions; a large group discussion on why treating HCV in correctional centres is important and two small group sessions for identifying and evaluating the current HCV treatment programs in each correctional centre, and discussing potential solutions for improvements within the care cascade. The day was concluded by a large group discussion, focusing on key areas highlighted in the presentations and brainstorming sessions.

The next Forum will be held in early 2019, with a focus on Hepatitis C Treatment and Opioid Substitution Therapy Programs to compliment the roll out of OST throughout Queensland's correctional centres from 2018.

For further information on the Queensland Correctional Centre Forums please contact Samantha Bolton (Viral Hepatitis Project Officer) at Samantha.bolton@ashm.org.au

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Recommendations from the 2018 Forum

All prisoners with HCV in Queensland correctional centres should have access to timely testing, diagnosis, treatment and management, equal to that available in the community.

Establish and distribute a contacts list detailing the most appropriate staff member involved in HCV treatment within each Queensland correctional centre. Establishing at least informal connections between correctional centres will assist with continuity of care during transfer and release for prisoners living with HCV.

Implement regulation 24 prescriptions to allow all HCV medication to be dispensed at once.

Explore the utility of validated screening tools to diagnose or exclude cirrhosis (APRI, FibroScan®, ELF, FIB4, ARFI & ultrasound) in the prison setting, and establish an efficient and effective fibrosis evaluation procedure. Lack of access to a FibroScan® should not be a barrier to treatment uptake, however the same level of healthcare should be available as is provided in the community.

Provide all prisoners engaged in care for HCV with an envelope containing their blood test results, progress in treatment, SVR pathology form, letter to GP and/or clearly printed details for community service to contact upon release.

Request post-release community contact details from each prisoner started on HCV treatment and include this information on the treatment initiation records. Contact details would only be used if a patient is released while on treatment to support continuity of treatment and care in the community.

Implement point of care testing (PoCT) for HCV in correctional centres once approved for use in Australia. PoCT could help to streamline processes, enable quicker follow up of positive results, and potentially see an increase in testing uptake amongst those that do not wish to have a blood test.

Education on HCV and the importance of treatment in a correctional setting should be available to all staff in correctional centres, both clinical and non-clinical employees. This education will improve staff buy-in to treatment programs, but must be delivered sustainably, considering the high staff turnover seen in some centres.

A dedicated nursing portfolio for BBVs and STIs (including HCV) should be established in each Queensland correctional centre. Where these positions currently exist, they foster ownership of the issue by staff working in the correctional centre and improve treatment access.

Implement OST programs and other harm reduction measures to prevent ongoing transmission of HCV and other BBVs. OST programs are set to roll-out across Queensland's correctional centres from 2018, providing an opportunity to minimise unsafe IDU and associated BBV transmission risks, and engage prisoners that may have HCV or be at risk for HCV in screening, treatment and care within each correctional centres.