5th International HIV/Viral Hepatitis Co-Infection Meeting

Micro-elimination in prisons and other closed settings

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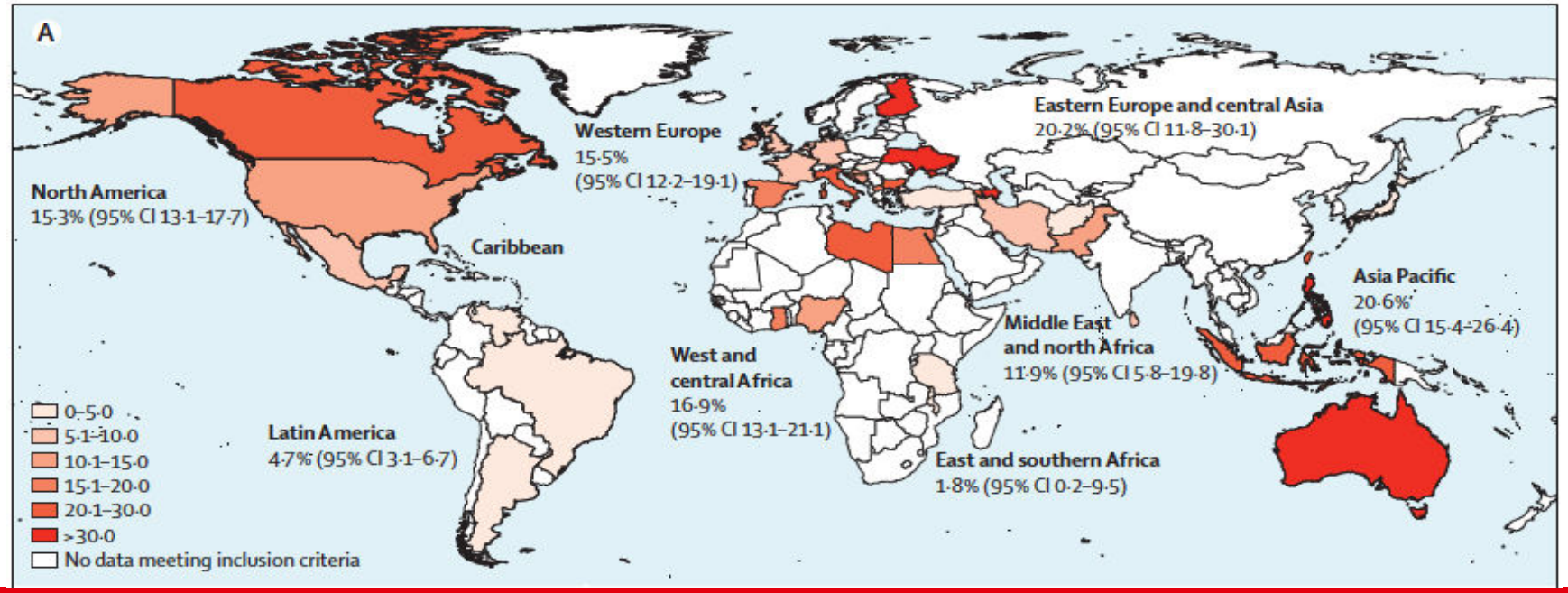
Disclosures

- Grants
  - Canadian Institutes of Health Research (CIHR)
  - Canadian HIV Trials Network (CTN)
  - Réseau SIDA/Maladies Infectieuses
  - McGill Interdisciplinary Initiative in Infection and Immunity (MI4)
  - Gilead
- Advisory fees
  - Gilead, Merck and Abbvie
- Speaking fees
  - Gilead

Background: Making the case

- On any given day, 10.74 million persons are held in prisons globally[1]
- Global prevalence of infectious diseases in prisons:[2]
  - Active tuberculosis: 2.8%
  - HIV: 3.8%
  - cHBV: 4.8%
  - Anti-HCV antibody: 15.1% [up to 40% among incarcerated PWIDs]



[1]World Prison Population List, 12th edition.
[2]Dolan K et al. Lancet. 2016 Sep 10;388(10049):1089-1102.

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  - cHBV: 4.8%
  - HCV: 15.1% [up to 40% among incarcerated PWIDs]
- Modelling studies have confirmed the negative impact of incarceration on perpetuating HCV epidemics in prisons[3]
- Globally, ~58% of PWIDs have been incarcerated[4] and PWIDs experience high rates of re-incarceration[4,5]
- Recent incarceration (past 12 months) associated with a 62% increase in HCV acquisition among PWIDs; past incarceration (>12 months): 21% increase[3]
- "Community dividend": treatment benefits extend into the community

[1]World Prison Population List, 12th edition. [2]Dolan K et al. Lancet. 2016 Sep 10;388(10049):1089-1102. [3]Altice F et al. Lancet. 2016 388 (10050):1228-1248. [4]Stone J et al. Lancet Infect Dis. 2018 Dec; 18(12): 1397–1409. [5]Kronfli N et al. J Int AIDS Soc. 2018 Nov;21(11):e25197.

Is HCV elimination possible in prisons?

EDITORIAL
Is HCV elimination possible in prison?*

Testing for hepatitis C virus infection in UK prisons: What actually happens?

The contribution of telemedicine to hepatitis C elimination in a correctional facility

Outcomes of treatment for hepatitis C in prisoners using a nurse-led, statewide model of care

Scale-up of hepatitis C treatment in prisons is key to national elimination

Hepatitis C virus (HCV) care in Canadian correctional facilities: Where are we and where do we need to be?

Outcomes of a nurse-led model of care for hepatitis C assessment and treatment with direct-acting antivirals in the custodial setting

UN Standard Minimum Rules for the Treatment of Prisoners

- "Rule 24":
  - "The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health care services free of charge without discrimination on the grounds of their legal status."
  - "Health care services should be organised in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis, and other infectious diseases."

Barriers to prison-based HCV care

- Policy:
  - Funding (testing, treatment, services including NSP and OAT)
  - Strategic plans (national, regional)
- Organizational:
  - Custodial versus MOH
  - Movements
    - Prison-prison
    - Prison-community
- Environmental:
  - Access to harm reduction services
  - Health service capacity
  - Health service infrastructure
  - Prison personnel, physicians', etc. attitudes towards HCV care
- Individual:
  - Knowledge
  - Motivation
  - Stigma
  - Ongoing risky behaviours

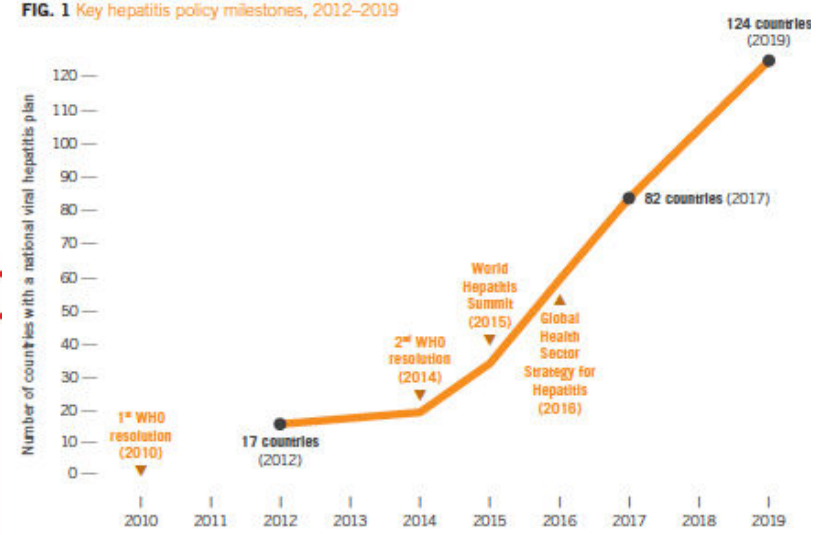
Post JJ et al. CID 2013 Aug; 57 Suppl 2:S70-4; Yap L et al. PLoS One 2014 Feb 27;9(2):e87564.

HCV elimination: Priority Areas

1. Changing political will

- Require synergic efforts from several actors and at different levels
- MOH for funding of health services
- Dedicated national strategic plans

FIG. 1 Key hepatitis policy milestones, 2012–2019



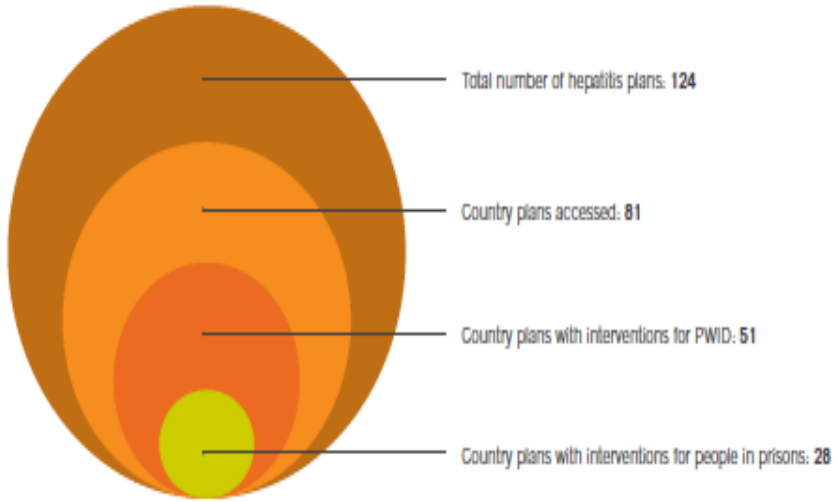
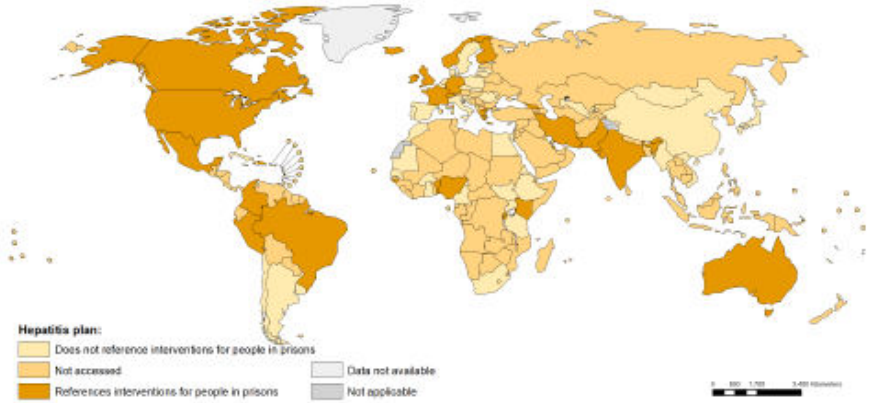


FIG. 4 National plans and/or treatment guidelines referencing interventions for HCV in people in prisons



HCV elimination: Priority Areas

1. Changing political will
2. Ensuring access to HCV diagnostics and treatment
   - Universal screening
     - Systematic, opt-out screening at admission and throughout incarceration is effective and cost-effective
   - Universal access to treatment
     - At minimum, DAAs for all inmates whose sentences allow for the completion of treatment on-site
     - Strengthening “linkage to care” programs
   - Simplification of “test and treat” algorithm
   - Standardizing HCV care services across all regions, states, provinces, etc.
   - Education

HCV elimination: Priority Areas

1. Changing political will
2. Ensuring access to HCV diagnostics and treatment
3. Promoting alternative models of care
    - Decentralized nurse-led models of care
    - Peer-based services (*linkage to care)
    - Telehealth

HCV elimination: Priority Areas

1. Changing political will
2. Ensuring access to HCV diagnostics and treatment
3. Promoting alternative models of care
4. Improving surveillance and monitoring
   - Cascade of care: HCV prevalence, screening modalities, new diagnoses, # treated, re-infection rates, etc.
   - Health interventions
   - OAT/NSPs

HCV elimination: Priority Areas

1. Changing political will
2. Ensuring access to HCV diagnostics and treatment
3. Promoting alternative models of care
4. Improving surveillance and monitoring
5. Reducing stigma and tackling social determinants of health inequalities
   - Education
   - Case management ($$$) pre-discharge
   - Primary care >>> Disease-specific care
   - Post-incarceration transition clinics

HCV elimination: Priority Areas

1. Changing political will
2. Ensuring access to HCV diagnostics and treatment
3. Promoting alternative models of care
4. Improving surveillance and monitoring
5. Reducing stigma and tackling social determinants of health inequalities
6. Implementing HCV prevention/harm reduction programs
   - 56 countries reported OAT in at least one prison
   - 11 countries reported NSP in at least one prison

Global State of Harm Reduction, 2018

HCV elimination: Priority Areas

1. Changing political will
2. Ensuring access to HCV diagnostics and treatment
3. Promoting alternative models of care
4. Improving surveillance and monitoring
5. Reducing stigma and tackling social determinants of health inequalities
6. Implementation of HCV prevention/OAT/harm reduction programs
7. Advancing prison-based research
   - To increase evidence base
   - WEPHREN (Worldwide Prison Health Research & Engagement Network)

Solutions to prison-based HCV care

- Policy:
  - Advocacy
    - Priority setting
    - Service funding (MOH)
- Environmental:
  - Education
  - Local champions - advocacy
- Organizational:
  - Partnerships
    - Custodial – health
    - Academic – health
- Individual:
  - Education

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Conclusions

- HCV elimination in prison settings IS possible
- A multi-pronged approach targeting the system-, provider- and patient-levels is required
- A strong political will is a necessary prerequisite
- National strategies should include prison-specific recommendations
- Advancing prison-based research will help get us all one step closer to micro-elimination

Thank you!

Questions?

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