Progress and challenges in hepatitis C elimination from Australian correctional centres

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Overview

• Background
  – Prisons, prisoners and hepatitis C
  – Hepatitis C in Australia
  – Studies to inform policies and practice

• Challenges and solutions towards elimination
  – Organisations
  – Providers
  – Individuals
Prisons

- Unique physical structure, commonly overcrowded
- Predominantly short stay
- Frequent movements
- Uncontrolled exposure to violence
- Lack of purposeful activity
- Separation from family networks
- Significant risk of physical & psychological harm
- A distinct micro-society with their own rules & regulations

Prisoners

• 10.35 million individuals in prison at any one time (2015)
  – 144 per 100,000 worldwide
  – 196 per 100,000 in Australia
  – 698 per 100,000 in USA
  – Increasing rates of imprisonment of women (+50% since 2000)
  – Increasing rates in Oceania (driven by Australia) (+59% since 2000)

• Predominantly male
• Over-representation of ethnic minorities
• Low socioeconomic status
• Low literacy

Walmsley R. World prison population list. 11th edition 2015
Institute for Criminal Policy Research (http://www.prisonstudies.org)
Hepatitis C and prisoners

- 1.5M prisoners (15.1%) infected globally

Figure 3: Global and regional prevalence of viral hepatitis in prison inmates, published between 2005 and 2015 (A) Prevalence of HCV antibodies.
The Australian hepatitis C epidemic – largely PWID

- 230,000 chronically infected
Prison studies to inform hepatitis C elimination

**Hepatitis C Incidence & Transmission Study in prisons (HITS-p)**
- Prospective cohort HCV-uninfected PWID prison inmates 2005–2014

**Outcomes (n=590):**
- n=196 incident cases over 1452 person-years of follow-up
- n=37 reinfection / superinfection cases over 286 person-years


**Nurse-led model of hepatitis care (NLMC)**
- Task transfer from specialist physicians to nurses
- Protocol-driven nurse assessment and triage
- Specialist support via telemedicine

**Outcomes**
- Safe, well accepted by inmates and staff
- Reasonably efficient - 1 in 4 screened were treated


**Surveillance and Treatment of Prisoners with hepatitis C (SToP-C)**
- Treatment as prevention in Australian prisons
Challenges in hepatitis care in the prison sector

Organisations

- Separation of the powers – custodial versus health care
- Health care payers
  - Government versus private insurers
  - Local health authorities versus corrections health
- Health workforce
  - Capacity – specialist physicians, GPs, nurses
  - Hepatitis skills

Challenges in hepatitis care in the prison sector

Providers

- Health service models
  - hospital outpatients vs. ‘in reach’
  - specialist-driven service vs primary care (nurses and GPs)
- Movements
  - Between prisons
  - Prison-community
- Length of stay
- Co-morbidities and health care priorities
  - Mental health
  - Injecting drug use

Challenges in hepatitis care in the prison sector

Individuals

• Inmates
  – Knowledge
  – Stigma
  – Cultural sensitivities

• Health care providers
  – Knowledge
  – Stigma
  – Competing priorities

• Custodial staff
  – Stigma

Solutions in hepatitis care in the prison sector

Organisations

- Separation of the powers – Justice health, in-reach
- Health care payers – universal access to testing & Rx
- Health workforce – skills based training
Solutions in hepatitis care in the prison sector

Organisations

- National Hepatitis C Strategies since 2000
  - PWID and prisoners prioritised
- Partnership approach, with involvement of government, community, clinical/peak bodies, and academic representatives

- $AUD1 billion for HCV treatment over 5 years (2016-2020)

“Access for all to highly effective hepatitis C treatment a priority”
Solutions in hepatitis care in the prison sector

Providers

- Health service models
- Movements
- Length of stay
- Co-morbidities & health care priorities

Efficiencies – DAA vs IFN era
- Nurse time per patient: 75 mins. (vs. 180 mins.)
- Specialist time per patient: 5 mins. (vs. 35 mins.)
- Assessment to treatment initiation: 12 wks (vs. 22 wks)

- % treated / assessed
  - 95% (vs. 29%)
  - currently 60 treated per month (vs. 15 per month)
Solutions in hepatitis care in the prison sector

Individuals

• Inmates
• Health care providers
• Custodial staff
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