Ein Gefängnis ohne HCV-Infektion – Utopie oder Realität?

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Hepatitis C

- At least 6 genetic variants, which respond to specific treatments differently
- Genotype 3 may carry a higher probability of developing hepatic cell carcinoma

- DAAs curative, high therapeutic profile; truly short treatment
- Sofosbuvir marketed in the US in 2013
- $$

- Pre-cirrhotic treatment is critical

- Pre-treatment assessment of cirrhosis is essential
- Post-treatment surveillance is critical, NOT ONLY IF cirrhosis was present pre-treatment; remember the enduring risks of re-infection

Hepatitis C

- Abdominal ultrasound necessary only if cirrhosis or a space occupying lesion are a possibility
- Fibroscan useful when the chance of cirrhosis is medium (< 35 years of age, the risk of cirrhosis is low)
- AST to platelet ratio (APRI) is sufficient instead of fibroscan, especially in younger patients (i.e prisoners)

Hepatitis C in Australia

- Australian Government has committed $1 billion for HCV treatment – irrespective of severity of disease, including prisoners; “silent” on re-treatment of reinfection
- 5-year agreement with pharmaceutical industry, from 1 March 2016
- A 12 week, curative course of treatment costs ~$110,000

Hepatitis C in Australia

- There were ~233,000 Australians infected with hepatitis C, ~9,000 new infections annually prior to 2016
- Prior to March 2016, <3,000 were receiving treatment (annually); interferon-based treatments were unpopular, selective and cure was not guaranteed
- Between March 2016 and July 2017, nearly 22,500 Australians received treatment (~1,000 were prisoners)

Hepatitis C in Australian Prisons

- Treatment should occur in a setting where re-infection is minimised.

- How can this be achieved in prison?
- Bring your contacts for treatment (snow-ball recruitment within networks)
- Re-treat reinfection ($100,000 *per* episode ??)
- Continue to re-test, post-treatment.

Hepatitis C in Australian Prisons

- People who inject drugs are transmitters of HCV
- Prisoners are amplifiers of transmission as prisons are ‘world class’ needle exchanges {NOT}
- Is re-infection a problem?

Australian Prisons

- Cost free to the prisoner-patient
- Public health v clinical need
- Snow-ball recruitment by ‘the treated’

- The final stage – toward elimination
- The enduring fractures in the chain of transmission

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The testing programme for hepatitis C has indentified 107 infections in 95 people, since the AMC was commissioned. (February 2017)

- 22 are considered to be in-custody transmissions
- 41 are considered ‘indeterminate’ as to environment of transmission (either custody or community), and
- 44 were determined as in-community infections.

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2010 – prevalence of HCV Ab – 48% (presumed PCR positivity ~35%)

Interferon treatment offered, but poor uptake

3rd generation treatment – very poor results

March (actually April) 2016 – DAA treatments commenced

October 2016 – 20% PCR positive

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August 2017 – 3% PCR positive

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With access to Direct Acting Anti-viral treatments for hepatitis C infection, we have developed:

- **A nurse lead model of care**

- Supported by pharmacy
- Access to specialist care for complex cases (extremely rare), and
- A small group of doctors, familiar with the authorisation process.

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"Extreme" cases:

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Since 1 March 2016:

- 113 treatment authorities obtained
- 2 patients did not have a 12 week sustained viral response – 1 was a re-infection, the 2nd ???
- 2 patients released to freedom before End of Treatment
- ~$A6,000,000 estimated Rx costs

- PCR prevalence reduced from 30% to 3%! ….. In just less than 18 months.

Treating Hepatitis C in Prison

BENEFITS

- Proximity of the health service to the patient
- Support from mental health, close at hand
- “Shared Care” is tailored to the environment – efficiency
- Supervision of every dose – compliance, side-effects
- Peer support
- Alcohol is reasonably well controlled
- Access to pharmacotherapies – but not in all jurisdictions
- Less ‘chaos’ benefits individuals with poorer social function (*sic:* compliance)
- Aboriginal incarceration, cannot be ignored

Treating Hepatitis C in Prison

RISKS

- Access to the full range of harm minimisation strategies is limited
- Re-infection is a real risk
- Side-effects of treatment in a closed environment, .. too easily ‘punished’
- Transition to community / loss to follow-up
- Will DAAs find a “price” in the prison-drug market?

Hepatitis C in Australian Prisons

- 1 visit -> treatment
- The future of fibroscan; escorts to appointments
- Sterilised environment – by when, how maintained?
- Treat 40/1000 for 15 years will halve prevalence – is this acceptable?

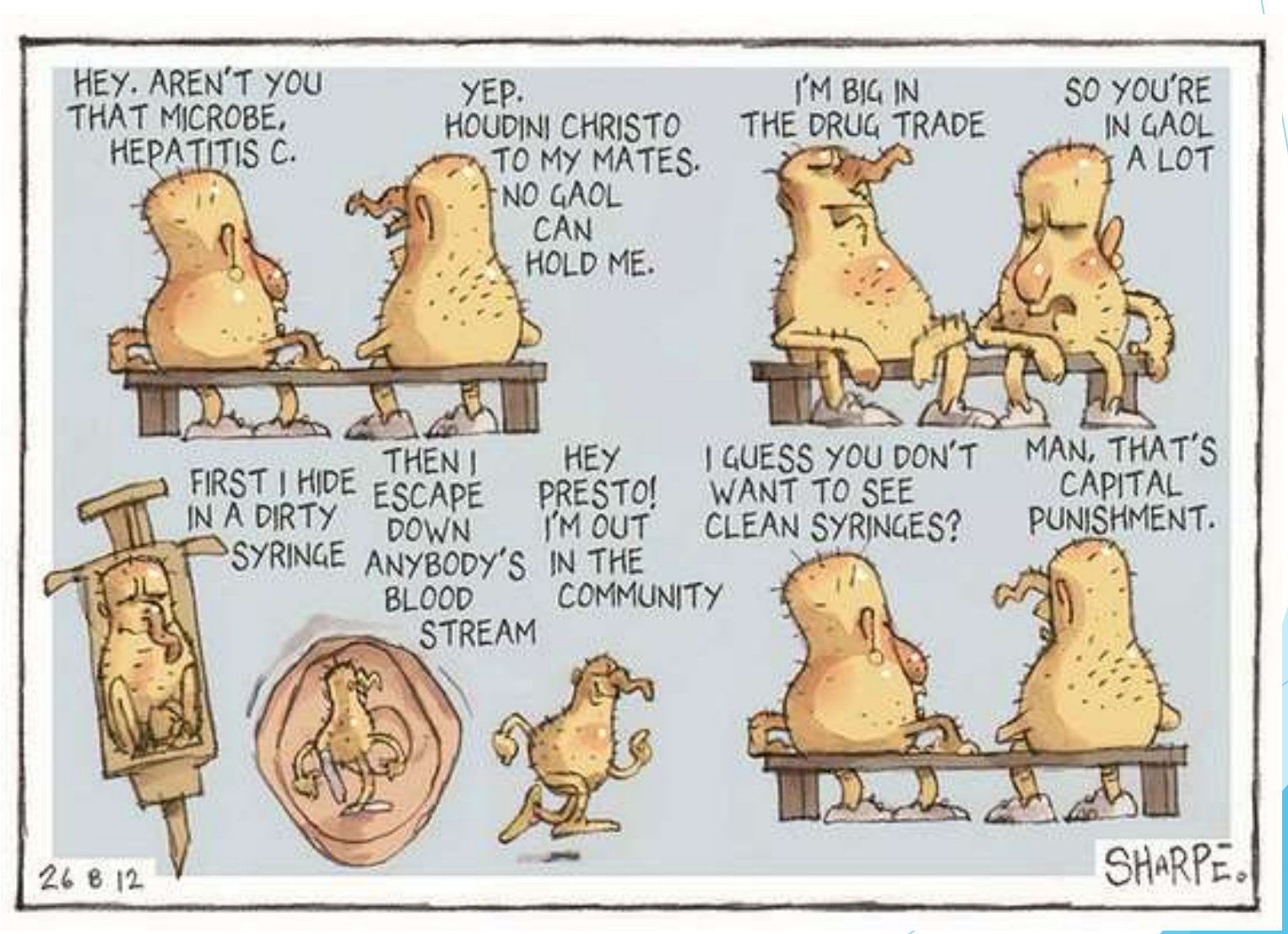
Issues for Consideration

- HCV prevalence
- HCV incidence
- Transmission – oh no!!!!
- Treatment access – who is in, who is out?
- Treatment compliance – do all doses need to be supervised?
- “These treatments are side-effect free” – oh no!!
- Therapeutic prevention v harm minimisation

Issues for Consideration

- Is HCV elimination possible? …. Without treating prisoners?
- Drug prices – a shackle, or ……?
- Screening policies – opt-in, opt-out, targeted (on risk disclosure, or …..)
- What is the “market price” of a DAA tablet in prison?

Canberra Times - 26 August 2012



. . . and what about that Needle Exchange?

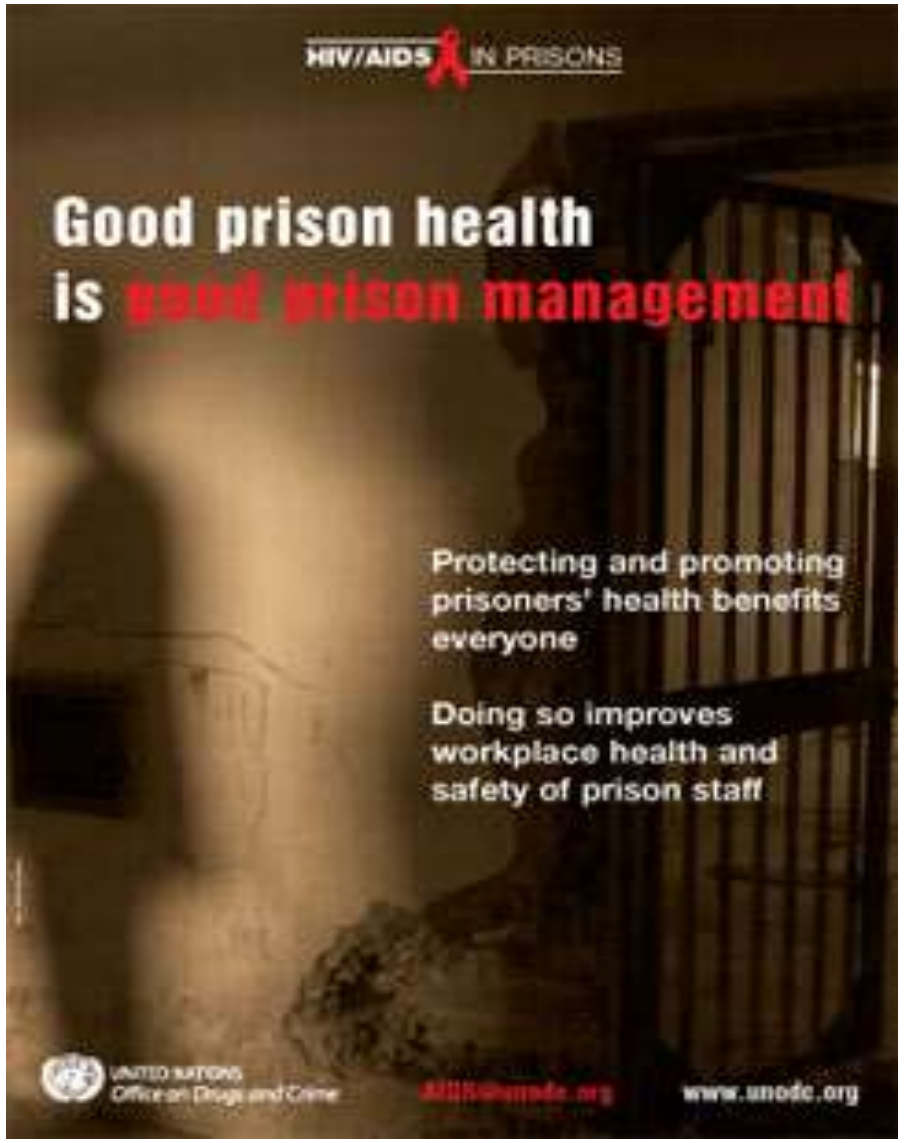
- Government commitment
- Australian Medical Association and the Public Health Association of Australia support
- Mixed support from detainees
- Muted support from Non-Government Organizations
- Mixed messages from the *Canberra Times*
- Vehement opposition from prison officers

Hepatitis C in Australian Prisons

Early access to these medications has already raised some interesting issues for prisoner health services:

- Harm minimisation implementation in Australian prisons will be reassessed by custodial authorities, utilising a limited evidence base and an existing flawed paradigm; and

- Hepatitis C will continue to reveal strengths and weaknesses in the Australian health/ corrective services interface.


HIV/AIDS IN PRISONS
Good prison health
is good prison management
Protecting and promoting prisoners' health benefits everyone
Doing so improves workplace health and safety of prison staff
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