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)
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
The testing programme for hepatitis C has identified 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.
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
August 2017 - 3% PCR positive
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.
“Extreme” cases:
Alexander Maconochie Centre

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?
Hey, aren’t you that microbe, hepatitis C.

Yep, Houdini Christo to my mates. No gaol can hold me.

I’m big in the drug trade.

So you’re in gaol a lot.

First I hide in a dirty syringe.

Then I escape down anybody’s blood stream.

Hey presto! I’m out in the community.

I guess you don’t want to see clean syringes?

Man, that’s capital punishment.

26.8.12

Sharpe
... 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.
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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