

A report on phase one of the prison based hepatitis C 'Seek and Treat' project in Ireland



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BACKGROUND

People who inject drugs (PWID) account for over 85% of Hepatitis C Virus (HCV) infections in developed countries globally. There are an estimated 30,000-50,000 people chronically infected with HCV in Ireland with 80% having a history of injecting drug use (IDU). 43% of Irish male prisoners report a history of injecting drug use with Irish female prisoners reporting even higher rates (60%). The prevalence of HCV infection in Irish prisoners with a history of IDU is 81%. The Irish National HCV strategy (2014) identifies prisons as a key location to screen and treat HCV infection. Recent advances in HCV treatment have made HCV infection both curable and preventable. The challenge of engaging this marginalised patient group in HCV services remains. This project is the prison "Seek and Treat" component of a larger European based HepCare project aimed at engaging hard to reach, high risk patient cohorts with HCV care.

RESULTS

Over a ten-month period, this Seek and Treat initiative at Mountjoy Prison resulted in:

- 712 individual contacts
 - screening of 569 prisoners
- Preliminary data analysis reveals:
- 24% HCV Ab+
 - 18% HCV Ab+ and HCV PCR+

Over 20 new chronic cases were identified, fibroscanned and referred to in-reach hepatology services

METHODS

Phase one was successfully completed within a ten-month time frame. It consisted of 10 focus groups (prisoners, local and senior clinical and operational staff and prison officers) which identified the blocks and enablers to HCV care in the Irish Prison Service. Data collected informed the planning and implementation of a mass HCV screening program involving operational and clinical staff utilising Red Cross Volunteers as peer support workers. A steering group of relevant stake holders (local and senior clinical and operational managers and representatives from the Irish Red Cross) was set up to plan and implement a mass screening HCV screening program at Mountjoy Prison.

This was designed and operated as a collaborative initiative. The methodology followed the WHO 'Whole Prison Approach' to prison health.

The campaign was undertaken in three phases, with each phase targeting a specific area of the prison, and strategies were adapted to suit each specific location. Results were given to all screened prisoners four weeks after each phase. In-reach fibroscanning was available on site for those found to have chronic HCV infection on screening, allowing for efficient assessment of liver disease and referral to the in-reach hepatology services.

Counsellors were also on site and treatment/vaccinations plans put in place where needed.

Figure 1: Mass Screening Preliminary Results

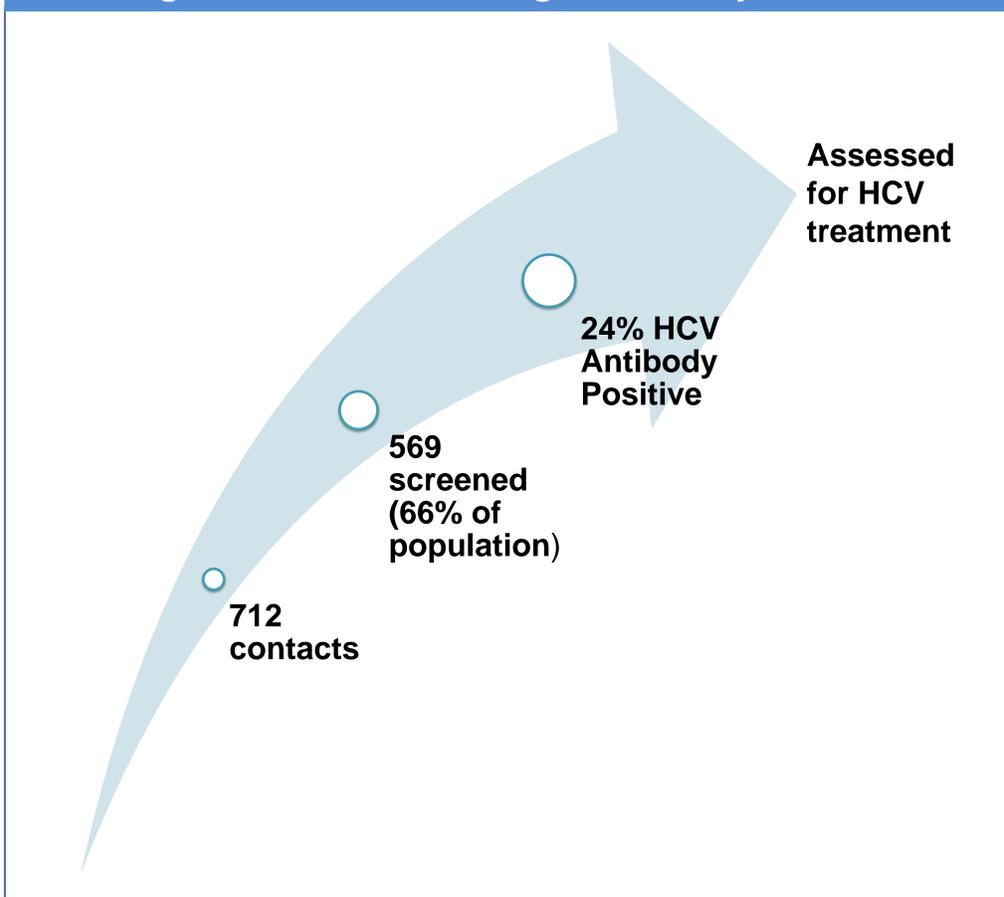


Figure 2: Collaborative Strategy



DISCUSSION

This Irish based "Seek and Treat" model of prisoner HCV care has been shown to increase identification of HCV infected prisoners. It is a convincing example of the benefits of collaborative prison health programming in public health using peer-to-peer health promotion for cost-effective long term gains.

ACKNOWLEDGEMENTS

Partial funding received from the Health Service Executive, the European Union and unrestricted grants from Abbvie and educational training and materials from Gilead Sciences.



Co-funded by the Health Programme of the European Union



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