

## **ACHIEVING HEPATITIS C VIRUS (HCV) ELIMINATION IN PRISONS THROUGH 'HCV INTENSIVE TEST AND TREAT' (HITT) INTERVENTIONS**

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**Background:** HCV prevalence in UK prisons is ~6%, compared to 0.7% in the general population. Testing on prison admission has historically been low and, despite recent increases, there remains a large population who still require testing and treatment.

**Description of model of care:** Through a collaboration between The Hepatitis C Trust (HCT), Her Majesty's Prison and Probation Service, Care UK, Gilead and NHS England, we have developed a process to screen entire prisons over 1-4 days and rapidly initiate treatment. Screening is performed using rapid point-of-care antibody tests followed by PCR-based assessment of positives. Testing acceptance is maximised by testing on the prison wings and provision of incentives: chocolate, toiletries, telephone credit. Prior to an intervention HCT Peers engage with both staff and prisoners to raise awareness and reduce stigma. The aim is for treatment initiation to be within 7 days (maximum 14 days) of PCR+ diagnosis.

**Effectiveness:** As of mid-March 2020, HITTs have been performed at 9 prisons with 4,328 prisoners tested (of 4,723; 92%; range 74-100%). Peers have proven essential to engage prisoners who initially refuse testing. HCV antibody prevalence varied greatly with the highest being female (18%), and high turnover male remand (9%), prisons, compared to Young Offenders Prisons (0.2%). The initial prisons engaged were those with pre-existing reception testing and treatment pathways. As a result, over half of patients who tested positive for HCV antibody were already on treatment, previously treated or had naturally cleared the virus.

**Conclusion and next steps:** The HITT interventions have proven effective in testing entire prison populations. This in combination with effective reception-based screening enables prisons to maintain the elimination target of 95% testing and 90% treated. The next wave of HITT interventions are targeting high turnover prisons with less effective reception-based testing, to identify greater numbers of patients and increase staff engagement in reception testing.

**Disclosure of Interest:** The regional blood-borne virus (BBV) nurse coordinator team within Care UK, and national HITT Peer coordinator within the Hepatitis C Trust, are fully funded by Gilead. Gilead plays an active role in the design and execution of the activities that form this Prison HCV Elimination Program.