HCV in English Prisons: Elimination now and resilience into the future



Sean Cox (1); Leila Reid (1), Georgia Threadgold (2), Beatrice Emmanouil (2), Jonathan van der Veen (3), Mark Gillyon-Powell (2), Rachel Halford (1), Rupert Bailie (3), Rob Stanbury (3) (1) The Hepatitis C Trust, UK; (2) NHS England and Improvement, UK; (3) His Majesty's Prison and Probation Service, UK.

Background

In 2016, WHO set a goal to eliminate hepatitis C (HCV) worldwide.

Prisons are pivotal to achieving this; global prison HCV prevalence is estimated at 17.7%.

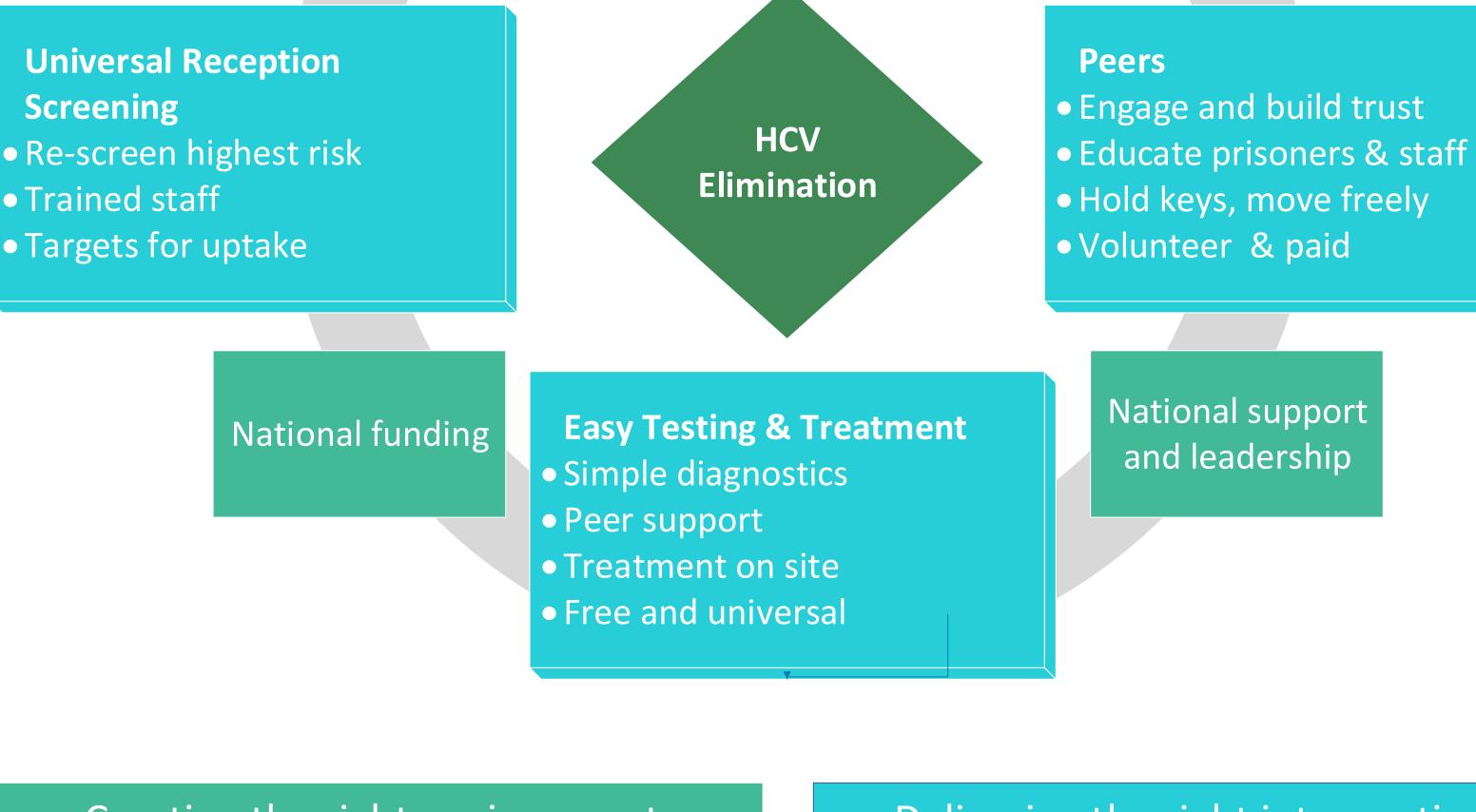
To tackle low testing and diagnoses in UK prisons, the HM

Prison HCV Elimination Model

Mass Testing (HITTs)
Whole prison screening
Peer supported
Simple, easy diagnostics
Incentivised

Prisons Service, NHS, NGOs and pharmaceutical companies developed a new approach. This integrates mass testing through 'High Intensity Test and Treat' (HITT) interventions with universal and targeted testing, rapid treatment and peer support.

In five years this has transformed prison HCV services.



Methods

Aiming to test every prisoner within a prison, HITTs are delivered by integrated teams: healthcare and prison staff working alongside peers and pharmaceutical companies.

Peers educate staff and prisoners, building the trust critical to high testing uptake. Peers then promote and, jointly with healthcare staff, deliver the HITT testing programme over the course of a week. Local healthcare provide rapid treatment on site, ensuring all prisoners identified with HCV are treated within a minimal timeframe.

Following a HITT, prison staff are trained and supported to improve the offer and uptake of testing at prison reception. Provided reception testing remains high, HCV is effectively eliminated from the prison.

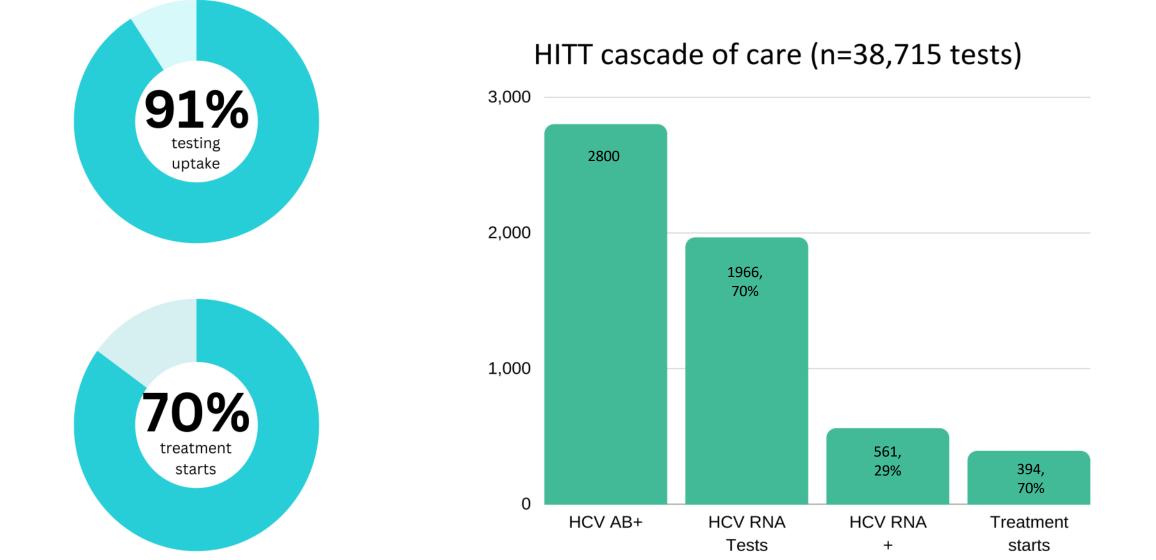
Creating the right environment

Delivering the right interventions

Conclusions

The HCV programme in prisons demonstrates how much can be achieved in tackling an





59 of England's 112 adult prisons conducted a HITT between 2019 and 2023, testing 39,715 people. 91% of the 42,340 prisoners in participating prisons were tested during the HITTs.

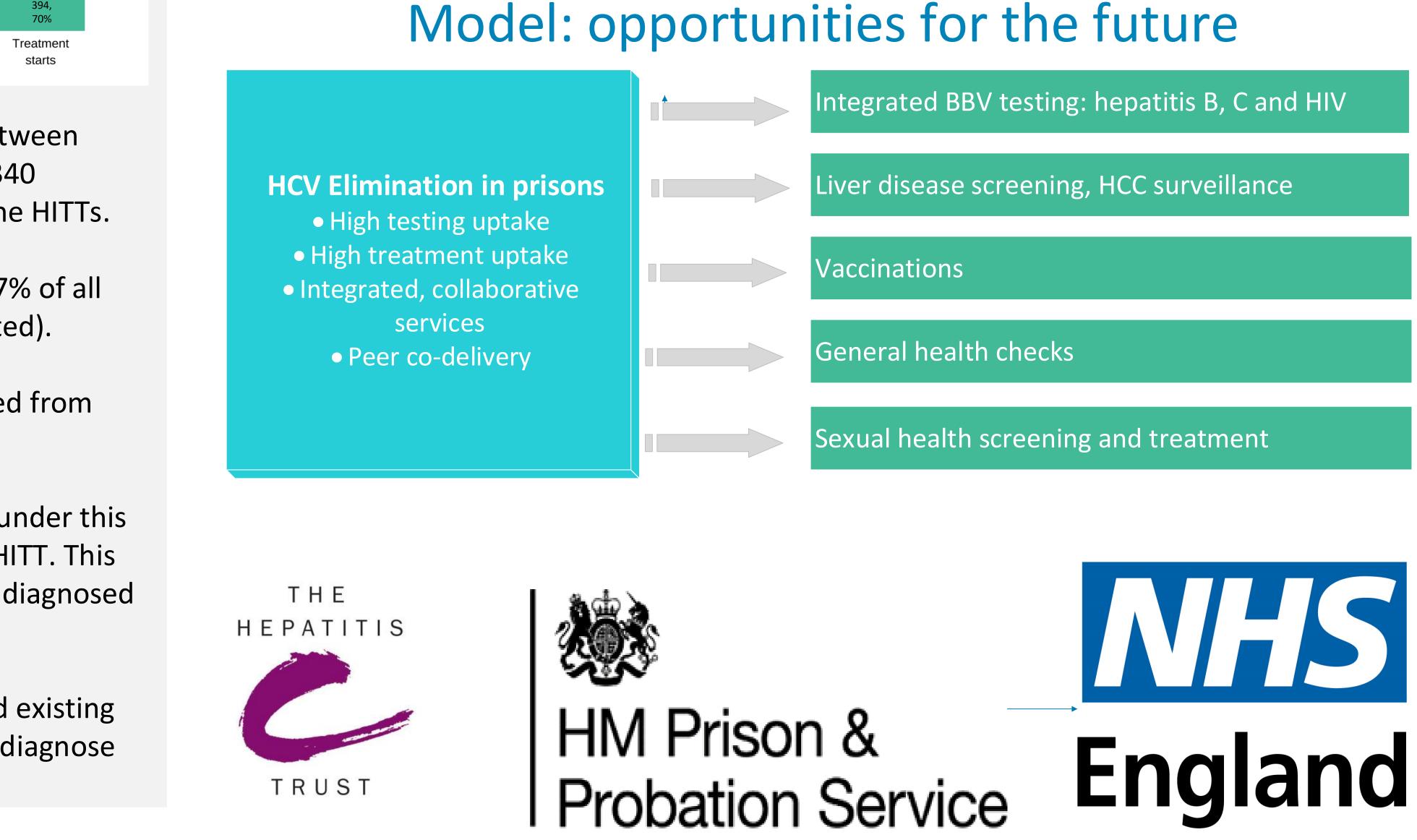
infectious disease in prison settings.

Collaboration is pivotal to this, as are universal testing with simple diagnostics, mass engagement, readily available treatment, and peer support.

The model has wide applicability and is already being expanded to other BBVs, general health and liver disease screening.

Strong reception testing, potentially combined with HITTs, can help maintain HCV elimination and surveillance over the long term.

Wider evaluation including a cost-effectiveness study are planned.



HITTs have found 2,800 people with HCV antibodies - 7% of all people tested - and 561 with HCV RNA (1.4% of all tested).

Reception testing across the prison estate has increased from 10.5% in 2016/17 to 71% in 2023.

More than 8,200 people have been treated in prisons under this programme, 361 of whom were diagnosed through a HITT. This equates to a 70% treatment uptake rate for all people diagnosed under a HITT.

18 prisons have 'micro-eliminated' hepatitis C - treated existing cases and ensured reception testing is high enough to diagnose any new cases - to date.

Acknowledgements: HITTs are funded by Gilead Pharmaceuticals Ltd under the NHSE HCV Elimination Programme.