

Invitation
Swiss Hepatitis Symposium 2023

Let's

simplify

Monday 27 November 2023, 1.15 pm to 6 pm
Welle7, Bern, with live streaming

Chaired by Catherine Boss, reporter Research Desk Tamedia

SHiPP
Swiss HepFree in Prisons Programme

disclosures

- *advisory boards*

none

- *travel and congress grant*

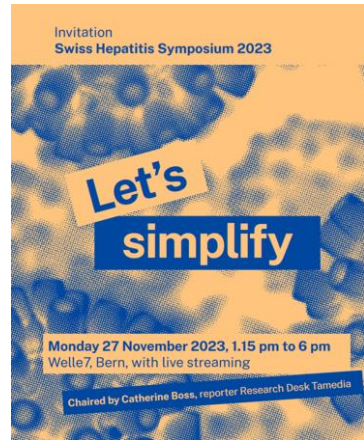
Gilead

- *Project (SHiPP)*

FOPH, SKJV, AbbVie, Gilead, AIDS-Hilfe Schweiz

mandates and liaison functions

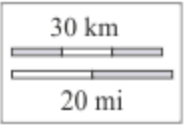
Swiss Hepatitis



- To **raise awareness of as well as knowledge** on prevention and care of viral hepatitis (+ HIV infection)
 - among health professionals and non-medical prison staff
 - among prison inmates
- To **implement comprehensive and sustainable projects** on the prevention, diagnosis, treatment, and follow-up of viral hepatitis (+ HIV infection)
 - in Swiss prisons with different characteristics, in all language regions
- To **address specific measures to prevent bloodborne infections** transmission in the prison settings including harm reduction approaches
- To **identify specific local barriers and find solutions to overcome these barriers**. This is to be done in close cooperation with the persons in charge on site
- To **reduce stigma** related to possible exposure to and/or acquired infection with hepatitis B, hepatitis C or HIV infection
- To **reach equivalence of care (equity)** in terms of prevention, detection, access to treatment and follow-up for Swiss prison inmates
- To **support the transfer** of newly introduced measures **to standard medical care** after the project period



●→□ Mercator



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France

Neuchâtel

Vaud

Bern

Luzern

Obwalden

Uri

Schwyz

Zug

Zürich

Schaffhausen

Deutschland

Thurgau

Appenzell
Ausser rhoden

Österreich

Italia



Test rates and HIV/HBV/HCV prevalence in five Swiss prisons

	N	test rates	HIV positive	HBV positive	HCV positive	chronic Hepatitis C
A	300	215 (71.7%)	0 (0.0%)	2 (0.09%)	2 (0.09%)	2
B	364	61 (16.6%)	2 (0.55%)	4 (1.10%)	4 (1.10%)	1
C	101	85 (84.2%)	3 (3.0%)	0 (0.0%)	2 (2.0%)	2
D	211	198 (93.8%)	1 (0.51%)	0 (0.0%)	6 (3.0%)	3
E	1863	802 (43.0%)	pending	pending	46 (5.7%)	17 (37.0%)

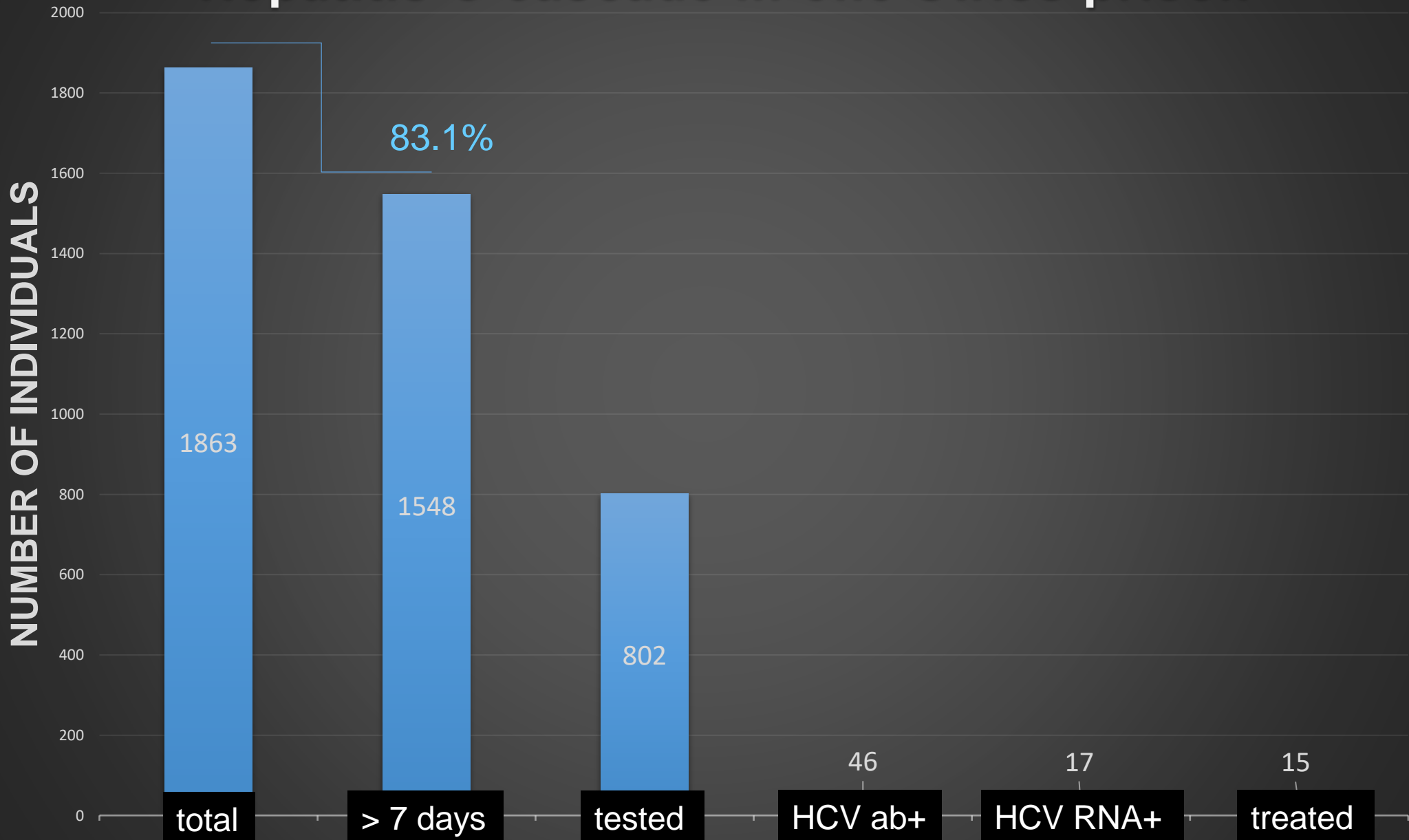
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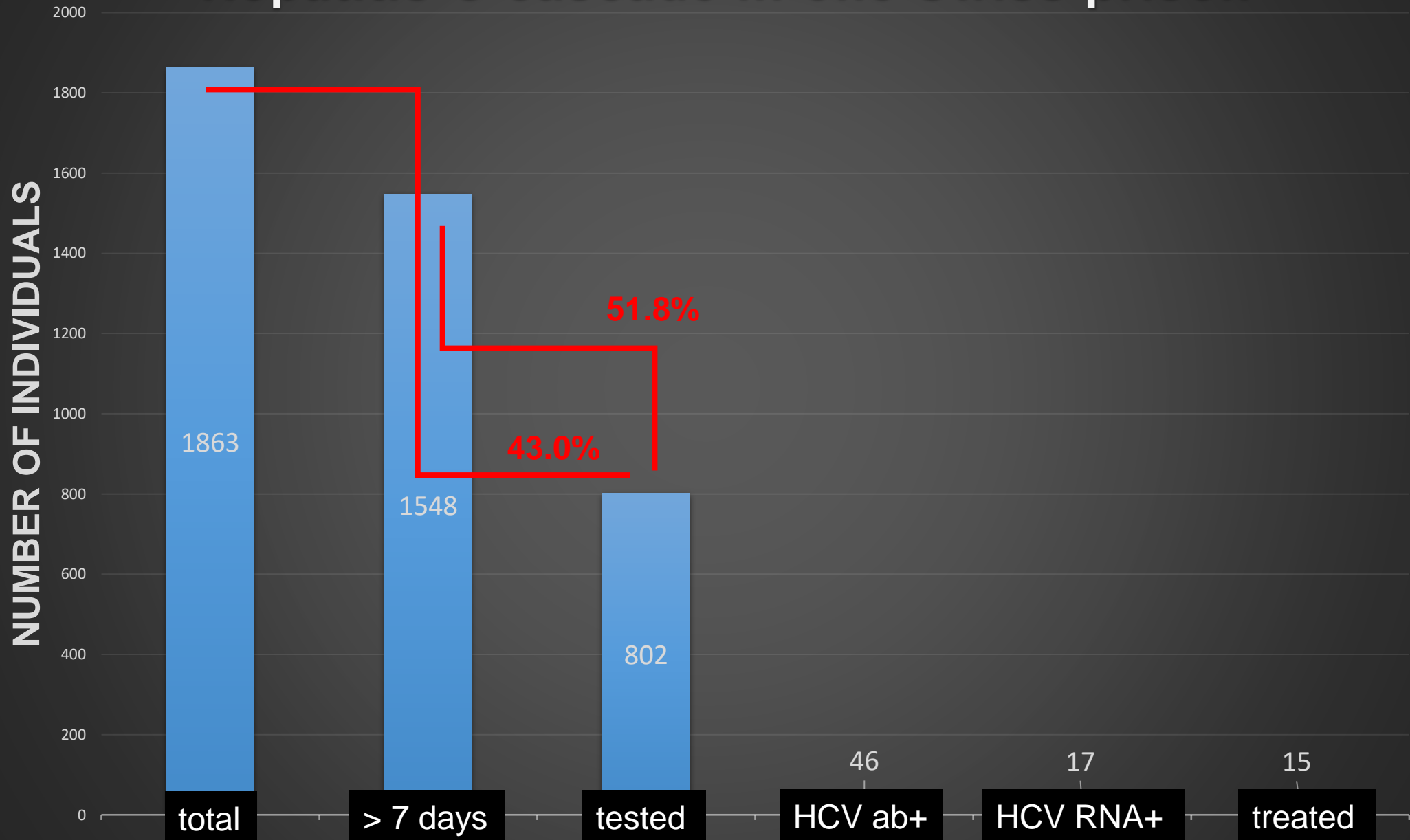
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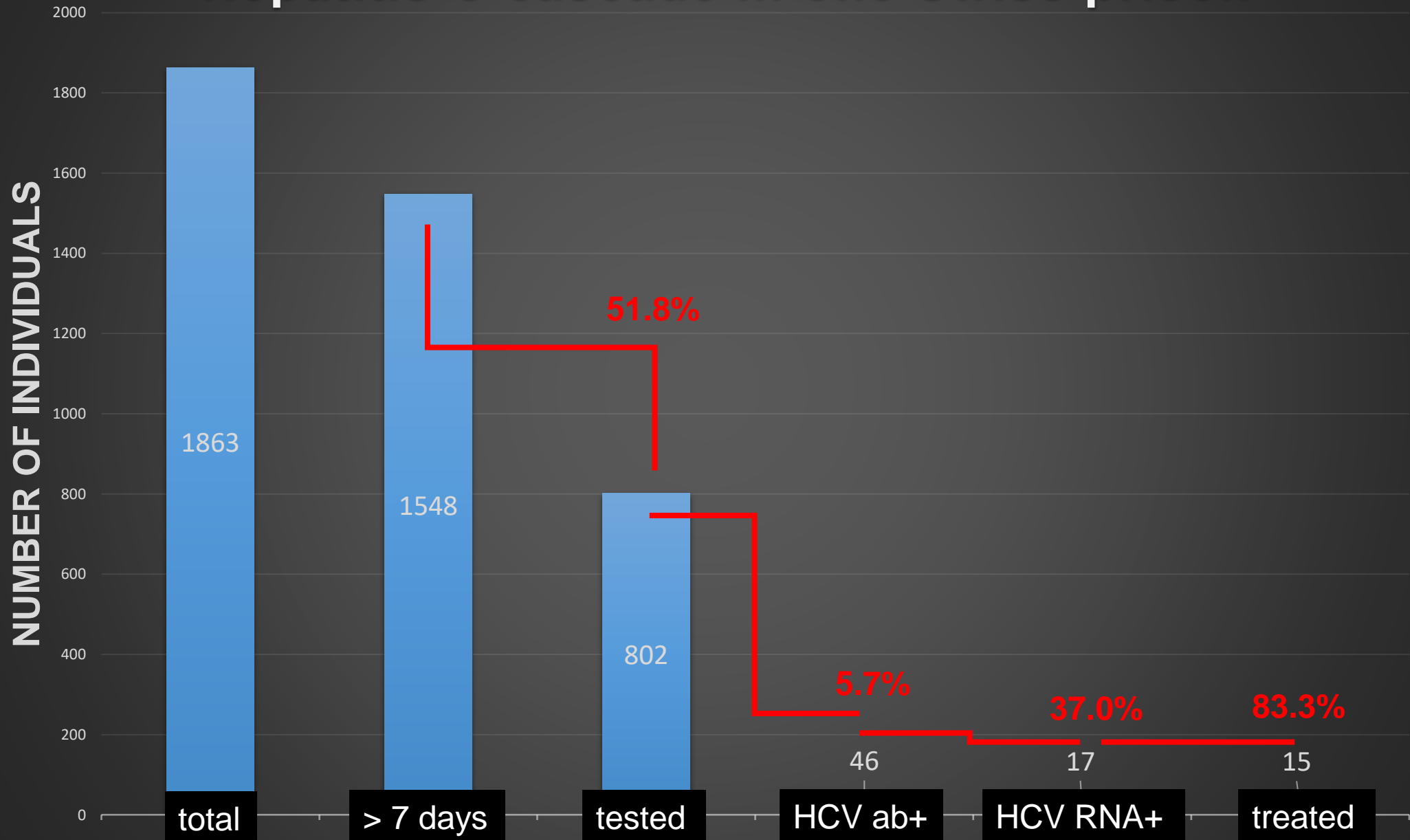
Hepatitis C cascade in one Swiss prison



Hepatitis C cascade in one Swiss prison

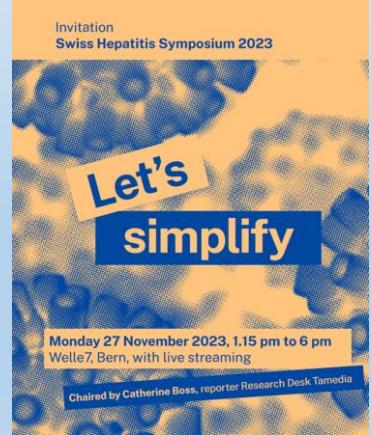


Hepatitis C cascade in one Swiss prison



lessons learned so far

- HIV/HBV/HCV case finding is feasible in Swiss prisons
- The number of new detected infections is limited in most institutions
 - no overload of employees and services
- Opt-out test strategy is essential
- Motivation of the medical staff (and prison director) is crucial
- Financing of further medical examinations and treatment remains an issue in part (but not all) institutions
- Follow-up care after transfer or dismissal must be ensured
- Prevention must be addressed



Hepatitis C microelimination in prisons

To reach micro-elimination, the prison must prove that:

- At least 95% of the prison population has been tested for hepatitis C in the last 12 months
- At least 90% of people who tested positive have started treated in the last 12 months
- A process is in place for quarterly reviews of testing and treatment uptake, reception testing and direct outreach



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Streamlining



PRISON | SWANSEA, WALES

HCV TREATMENT IN A SHORT-STAY PRISON

HM Prison Swansea is a remand prison with a high rate of occupancy of people who inject drugs (PWID) with a known prevalence of HCV infection. With an average length of stay of just 12 weeks, it was difficult to diagnose, order therapy, and commence and complete treatment in this patient group. We needed to streamline the process so that HCV treatment could be completed during the period of custody.

WHY DID WE ESTABLISH THIS MODEL?



There is a HCV prevalence of 10% in prisons in England and Wales



Many people in prison may experience challenging or transient housing situations, so incarceration provides an opportunity to reach them with supported treatment



However, as a remand prison, people often stay only 12 weeks and clients are lost to follow-up once they leave



We needed to streamline the care cascade so we could test and treat in this short timeframe

WHAT IS THE MODEL?

POINT-OF-CARE TESTING



Everyone arriving to prison is included in opt-out HCV antibody screening on the first full day in custody. Samples are taken via mouth swab.

REFLEX RNA TESTING



If a positive HCV antibody test is detected, it triggers additional HCV RNA Fingerstick point-of-care testing on same day.

HEPATOLOGY CLINIC



If the person returns a positive RNA result, they're referred to hepatology specialist nurses in the weekly prison outreach clinic, who will provide counselling.

TREATMENT BEGINS



Pangenotypic HCV DAA therapy is kept in stock in the prison pharmacy, allowing for fast access to therapy without having to order supplies for each patient.

TREATMENT MONITORING



Outreach specialists collaborate with prison nurses to enable monitored drug administration to ensure people complete the course of therapy.

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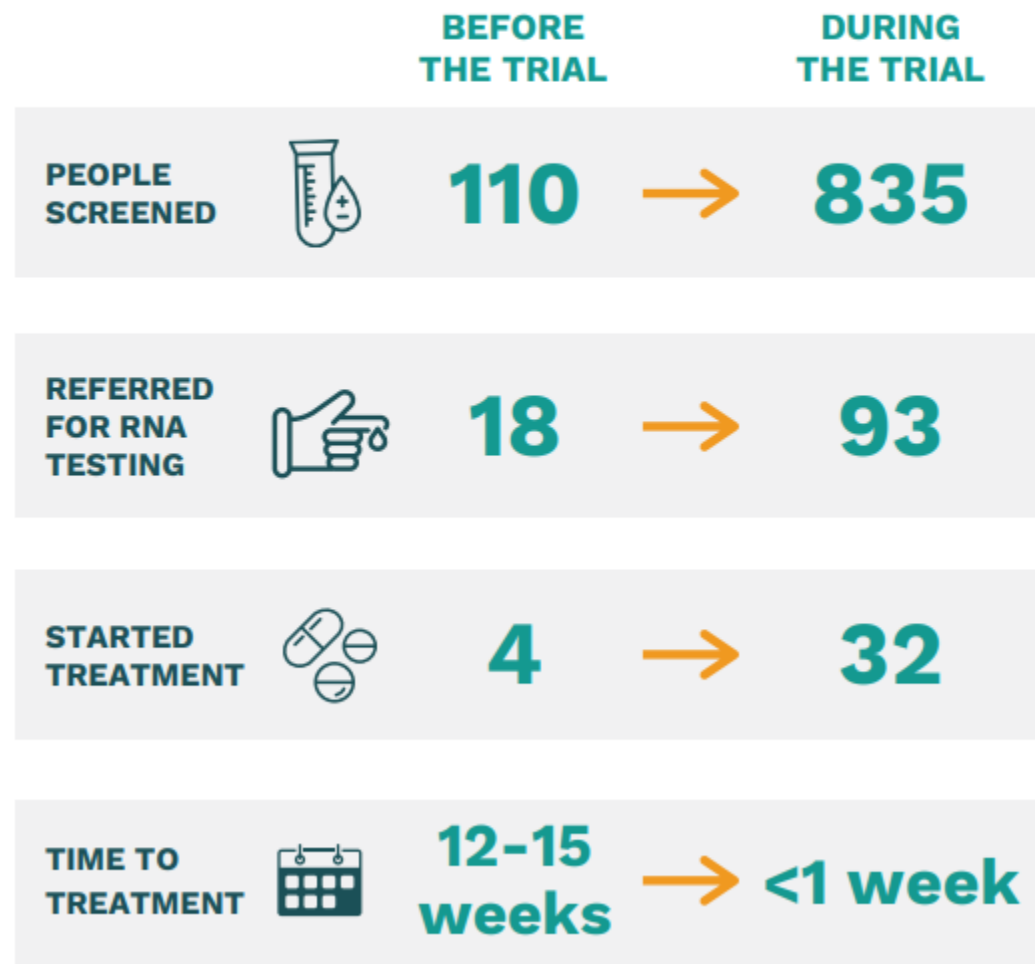
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WHAT WERE THE OUTCOMES?

Comparing the 6 month periods before and during the trial



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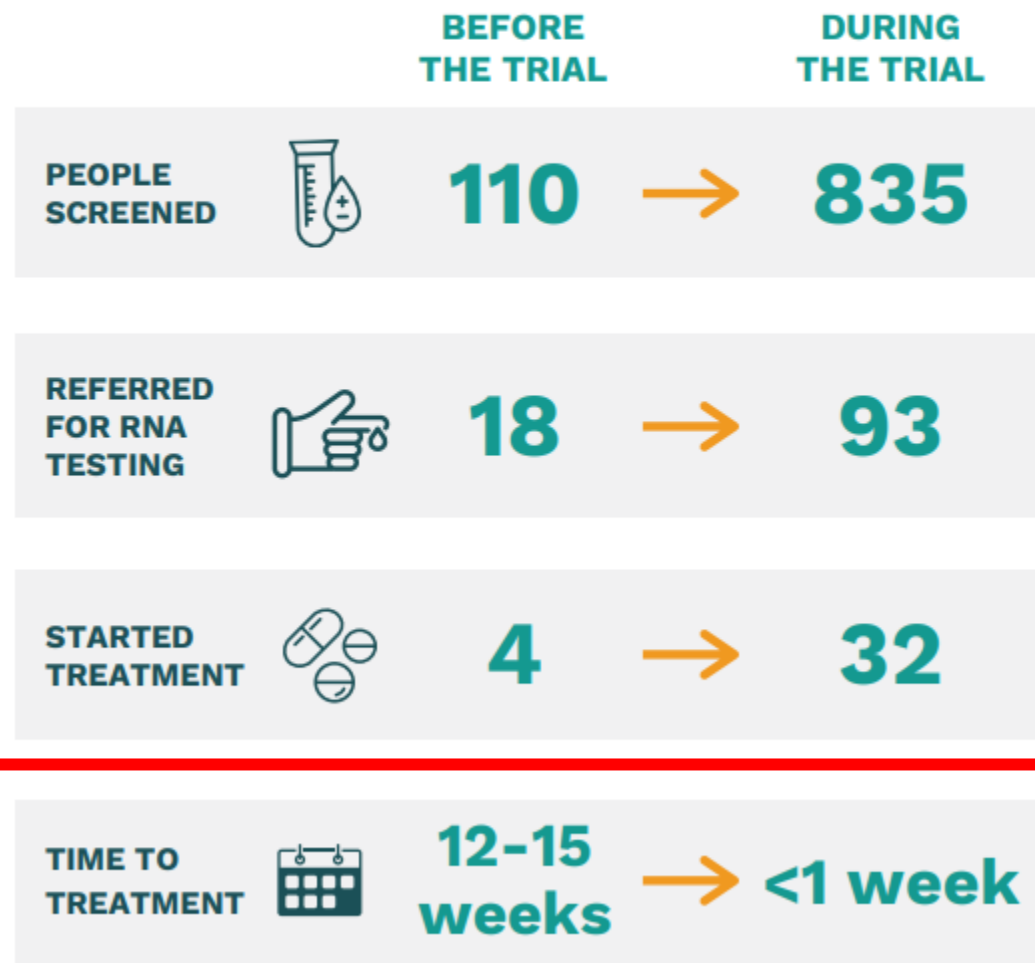
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PRISON | NEW SOUTH WALES, AUSTRALIA

'ONE-STOP-SHOP' HCV CLINIC IN PRISON

People in prison are a key population for HCV treatment, but complex multi-step models of care and a very mobile population make it difficult to deliver timely HCV care. We set up a 'one-stop-shop' HCV clinic for all newcomers to prison, using rapid HCV point-of-care testing, clinical assessment, Fibroscan® and fast-tracked treatment initiation.

WHY DID WE ESTABLISH THIS MODEL?



High prevalence of HCV among people who are in prison



Complex models of care mean it's often 3-4 months between coming into prison and initiating treatment



People in prison move frequently, and have short lengths of stay, making it difficult to deliver efficient HCV care



We're using a 'one-stop-shop' approach to rapidly test and treat people, soon after coming into prison

WHAT IS THE MODEL?



When a new prisoner arrives at the prison, they are 'called up' to the HCV clinic. A dedicated corrections officer escorts them to and from the cells.

ONE-STOP-SHOP

1 HOUR APPOINTMENT



A dedicated nurse provides counselling, and then performs finger-prick HCV RNA and HBsAg point-of-care tests, Fibroscan®, clinical assessment, and completes standard proforma.

The GeneXpert® HCV VL finger-stick assay provides HCV RNA results within 60 minutes.



A remote specialist reviews the patient's information and arranges a fast-tracked authority prescription for DAA therapy, usually same-day.



MEDICATION DISPENSED

Medication is dispatched from a central pharmacy and couriered to the prison.



WITHIN A WEEK



TREATMENT BEGINS

Within the week, patients have their medication and can begin treatment.

First dose is supervised by the dedicated nurse. Then patients are either given a months' worth of medication for self-administered therapy, or are required to come back for daily dispensing.



LINKAGE TO ONGOING CARE

On-treatment support and follow-up for SVR12 (cure) is provided by the prison-based population health nurses.

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2020 - 2021



1 PRISON

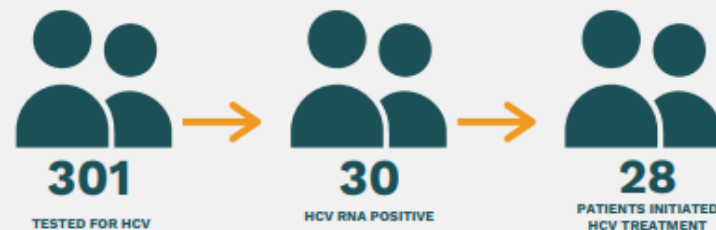
MID NORTH COAST CORRECTIONAL CENTRE, NSW, AUSTRALIA

ALL SECURITY LEVELS

MINIMUM, MEDIUM, & MAXIMUM, REMAND & SENTENCED



ONE-STOP-SHOP MODEL



6 DAYS TO TREATMENT INITIATION

WHY DID WE ESTABLISH THIS MODEL?



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VS.

STANDARD OF CARE PATHWAY



90 DAYS TO TREATMENT INITIATION

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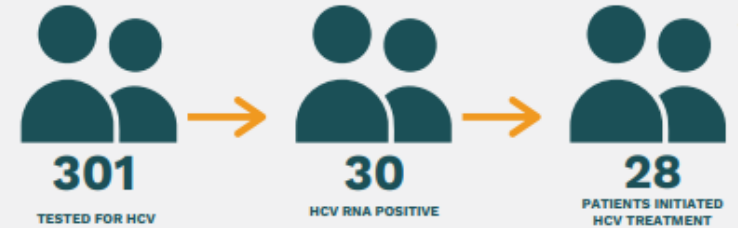
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ONE-STOP-SHOP MODEL



*

VS.

STANDARD OF CARE PATHWAY



*

* Time to treatment 90 → 6 days

Impact of 5 years of hepatitis C testing and treatment in the North East of England prisons

	Jul17- Jun18	Jul18- Jun19	Jul19- Jun20	Jul20-un21	Jul21-un22
Total new receptions	8726	8550	8235	7012	7129
Offered screening	6826	7644	7360	4903	6295
% offered screening	78.2%	89.4%	89.4%	69.9%	88.3%
% screening tests completed	56.9%	56.8%	59.6%	60.6%	76.3%
Screening tests completed	3886	4345	4389	2972	4802
HCV-Ab positive	824	1102	1142	862	1065
HCV-RNA positive	363	420	384	248	298
HCV-Ab positivity rate (Ab+ve/total screening)	21.2%	25.4%	26.0%	29.0%	22.2%
RNA positivity rate (RNA +ve/total screening)	9.3%	9.7%	8.7%	8.3%	6.2%
RNA positivity rate (RNA +ve/ HCV-Ab +ve)	44.1%	38.1%	33.6%	28.8%	28.0%

