

Virale Hepatitis und Gefängnis



Hepnet Zürich 29. August 2019

Bidisha Chatterjee, Dominique Schori, Claude Scheidegger

Virale Hepatitis Gefängnis



Bidisha Chatterjee, ... neri, Claude Scheidegger

Virale Hepatitis und Gefängnis



Hepnet Zürich 15. Dezember 2022
Claude Scheidegger, Andi Hüttenmoser





Honorar für Beratung und Präsentation

Reisespesen

Projektunterstützung



Honorar für Beratung und Präsentation

Reisespesen

Projektunterstützung





Honorar für Beratung und Präsentation

Reisespesen

Projektunterstützung

➤ *ABBVIE, BAG, GILEAD*





Honorar für Beratung und Präsentation

Reisespesen

Projektunterstützung

Ren·te

🔊 /Rénte/

Substantiv, feminin [die]

Die Fähigkeit, das zu tun,
was man will, wann man will.



Virale Hepatitis und Gefängnis

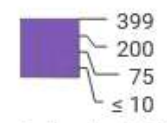


Hepnet Zürich 15. Dezember 2022
Claude Scheidegger, Andi Hüttenmoser



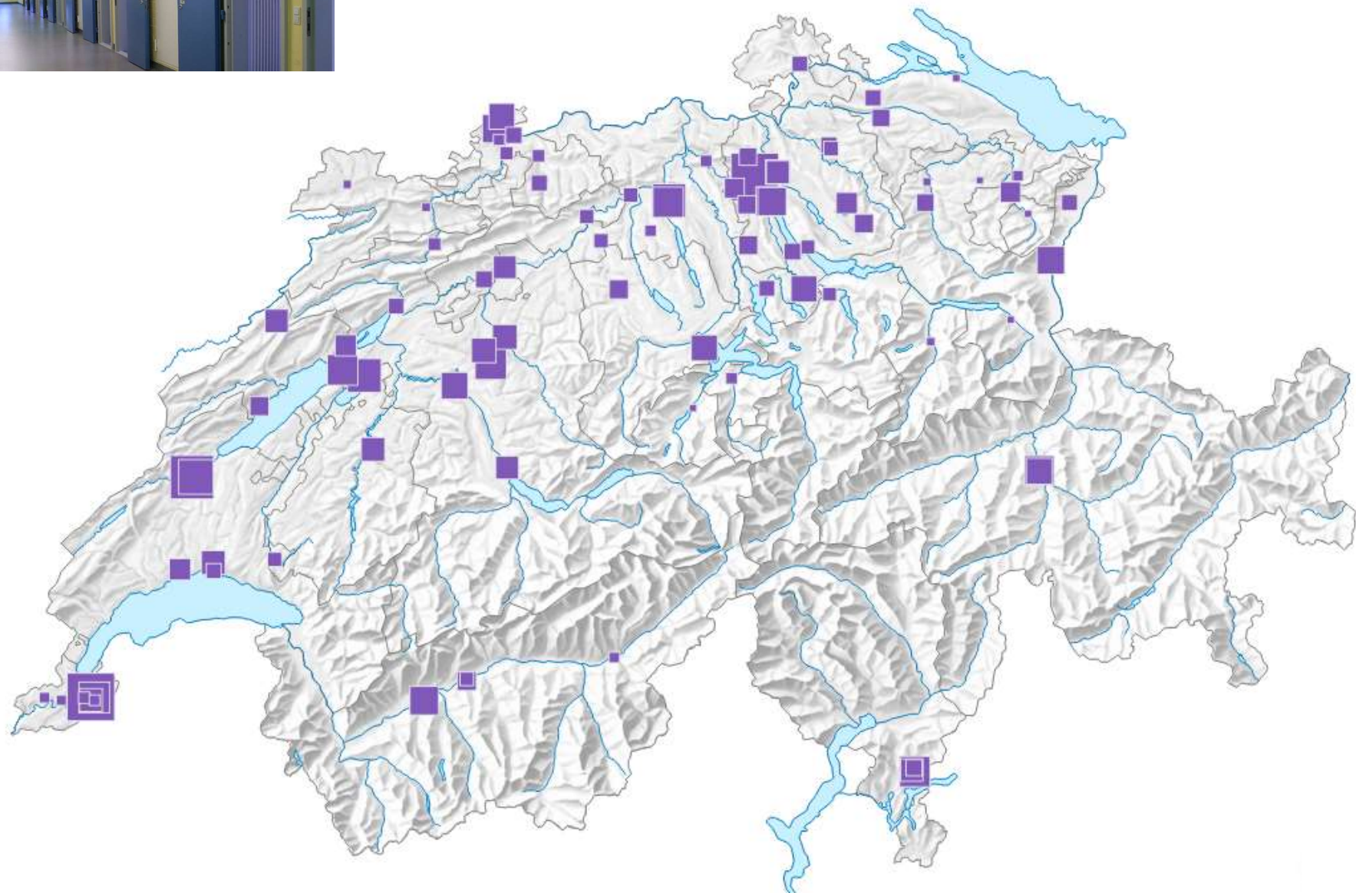
- Die Gefängnislandschaft
- Hepatitis C und Gefängnisse
- Epidemiologie
- Neue Richtlinien (international)
- Neue Konzepte (international und SHiPP)
- Stand der Initiative SHiPP

Plätze



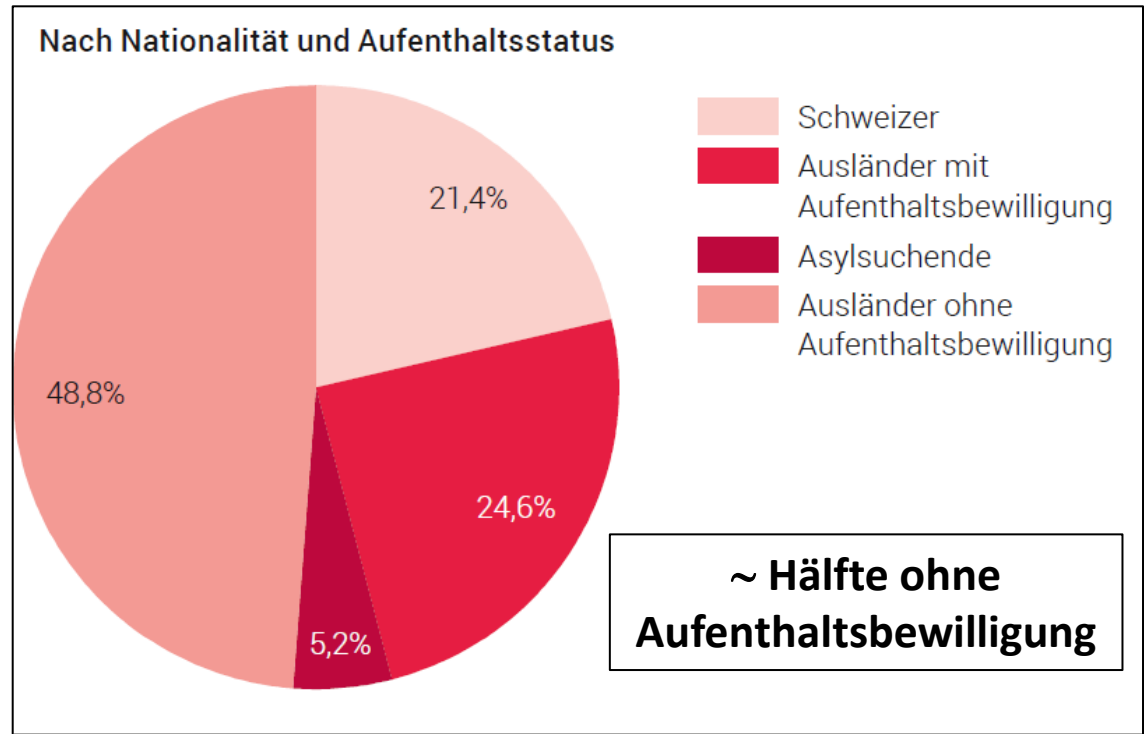
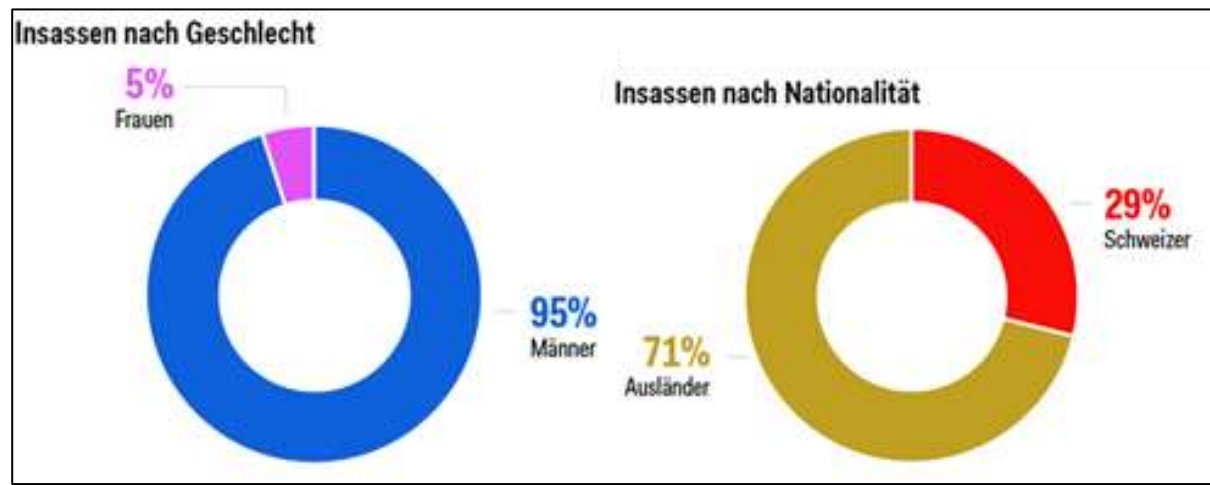
Schweiz: 7 341

Symbole mit einem Wert unter ±10 wurden zur besseren Lesbarkeit visuell vergrößert dargestellt.

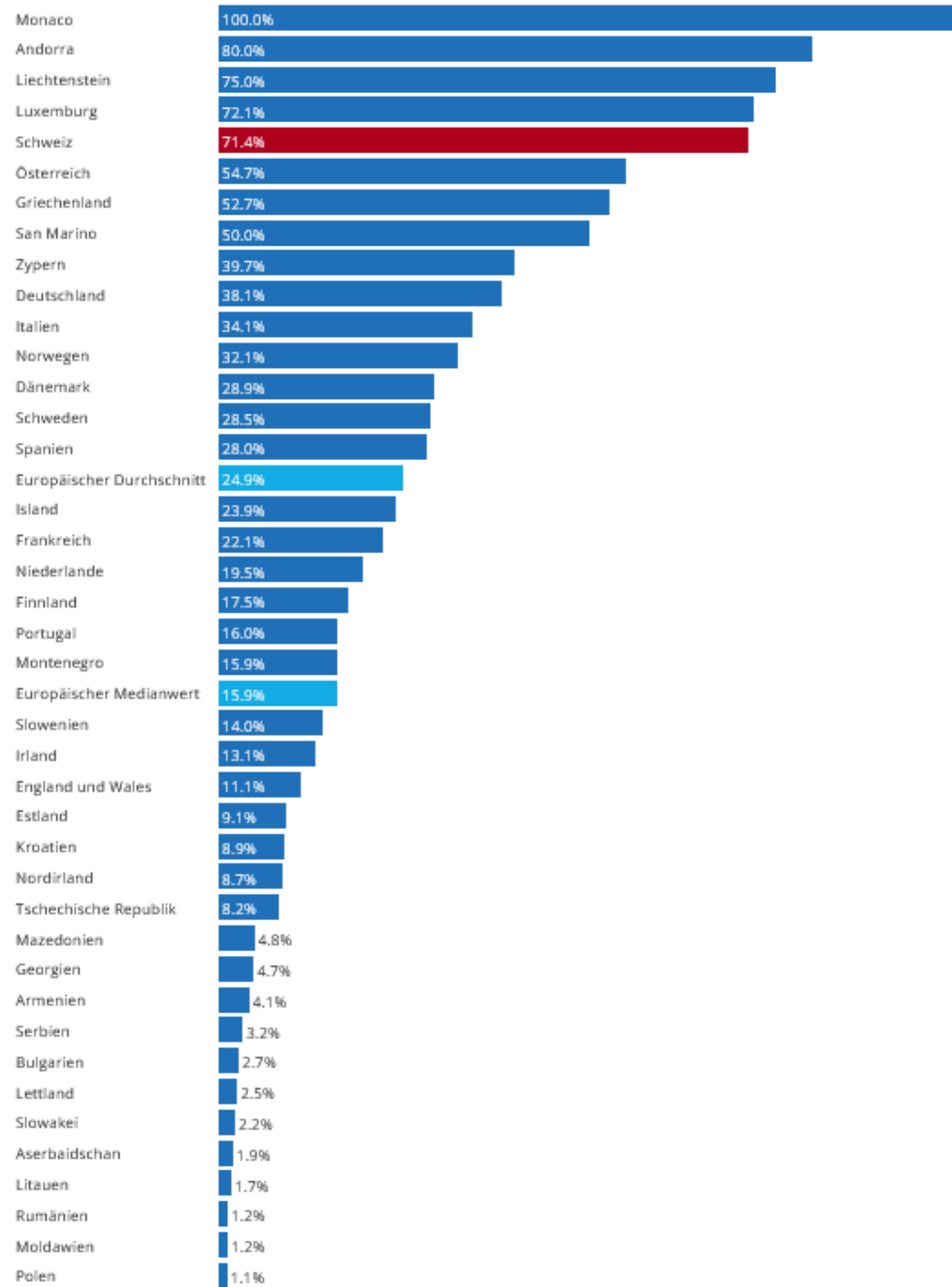


2022	
Institutionen	91
Haftplätze	~7350
Inhaftierte	~6300
Haftplätze	Ø 81 (5-399)





Anteil Ausländer in Gefängnissen in Europa

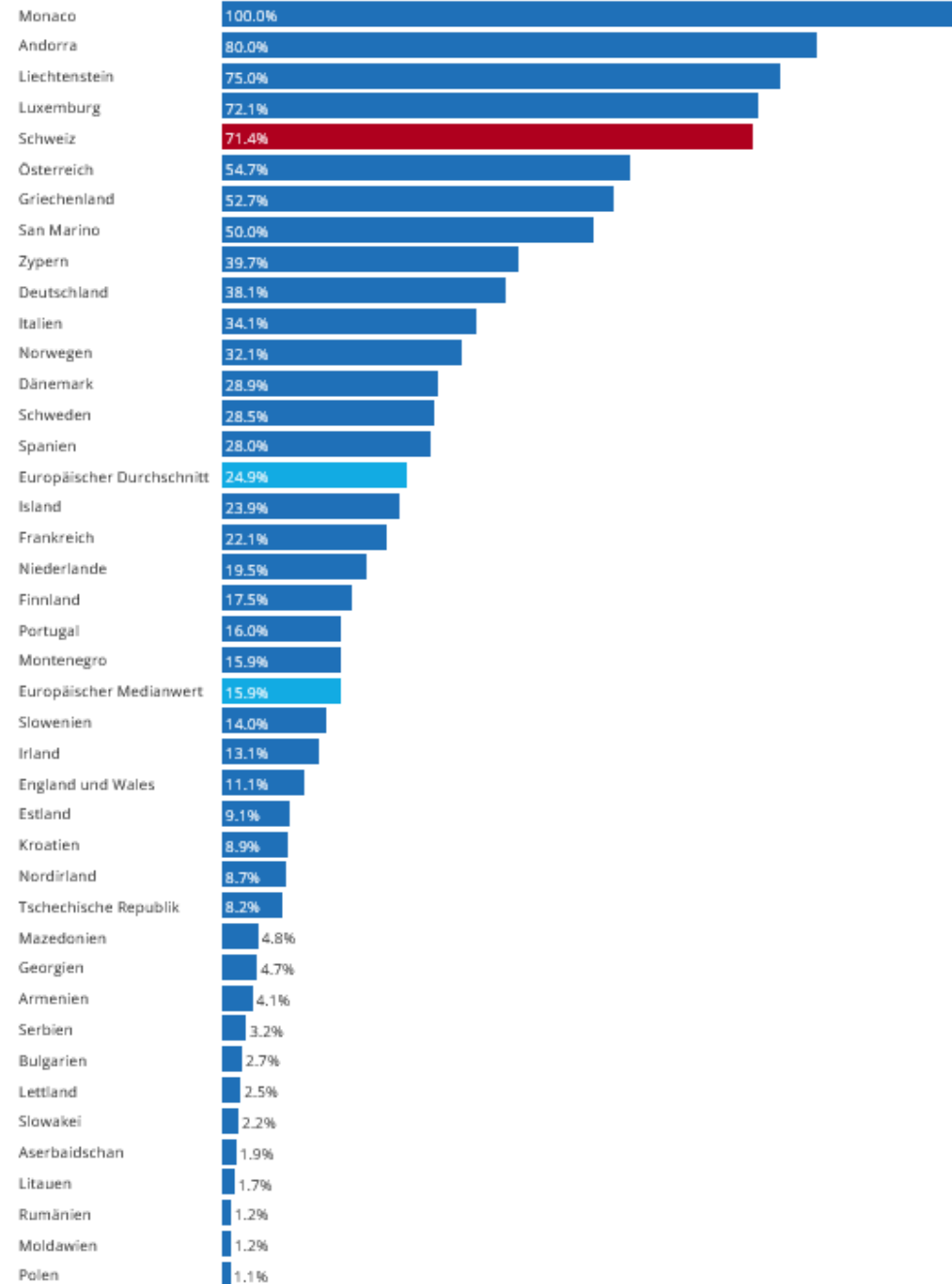


Schweiz 71%

Deutschland 38%
Italien 34%

Frankreich 22%

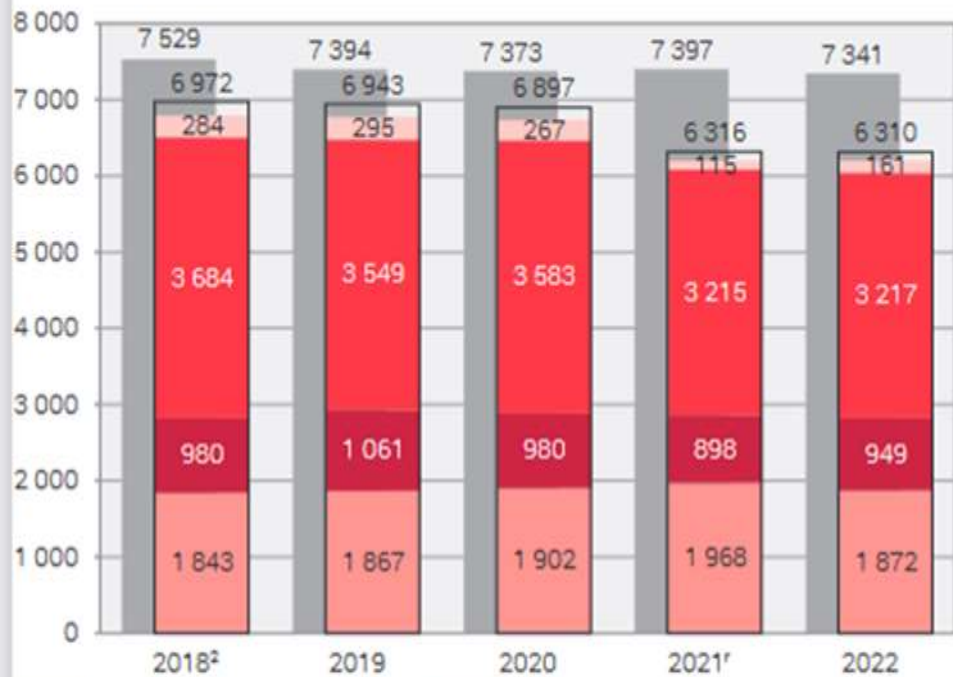
Anteil Ausländer in Gefängnissen in Europa



Europäischer Durchschnitt 25%

Europäischer Medianwert 16%

Insassenbestand nach Haftform



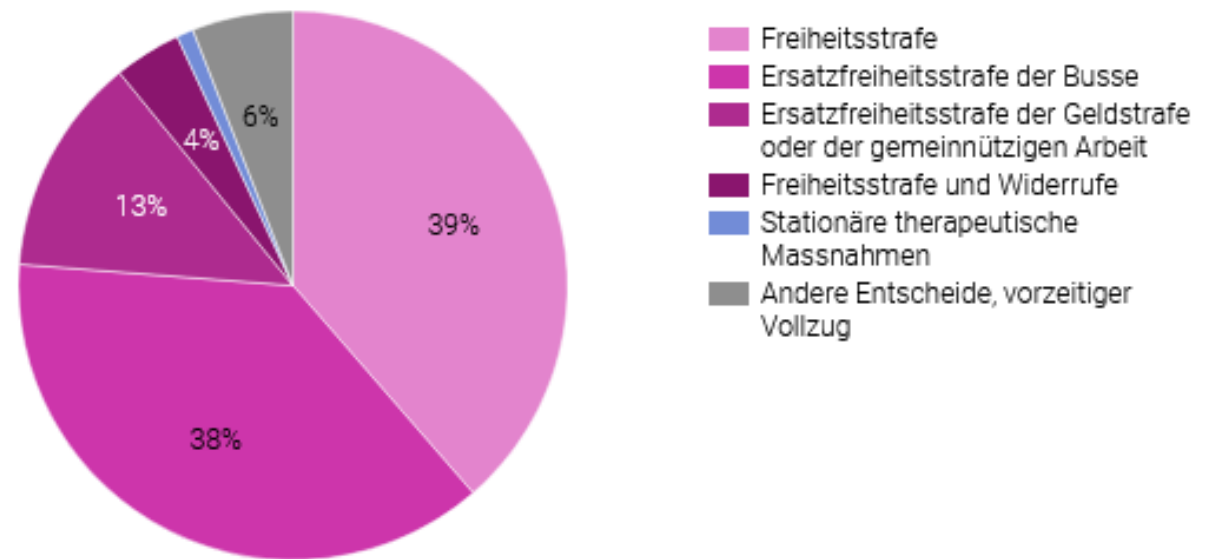
¹ Total inkl. andere Haftformen
² Für 2018 können nur Mittelwerte publiziert werden.
¹ gegenüber der vorhergehenden Ausgabe berichtigt bzw. Rektifiziert

~ 2/3 im Vollzug

Vollzug von Sanktionen: Einweisungen nach Hauptentscheid

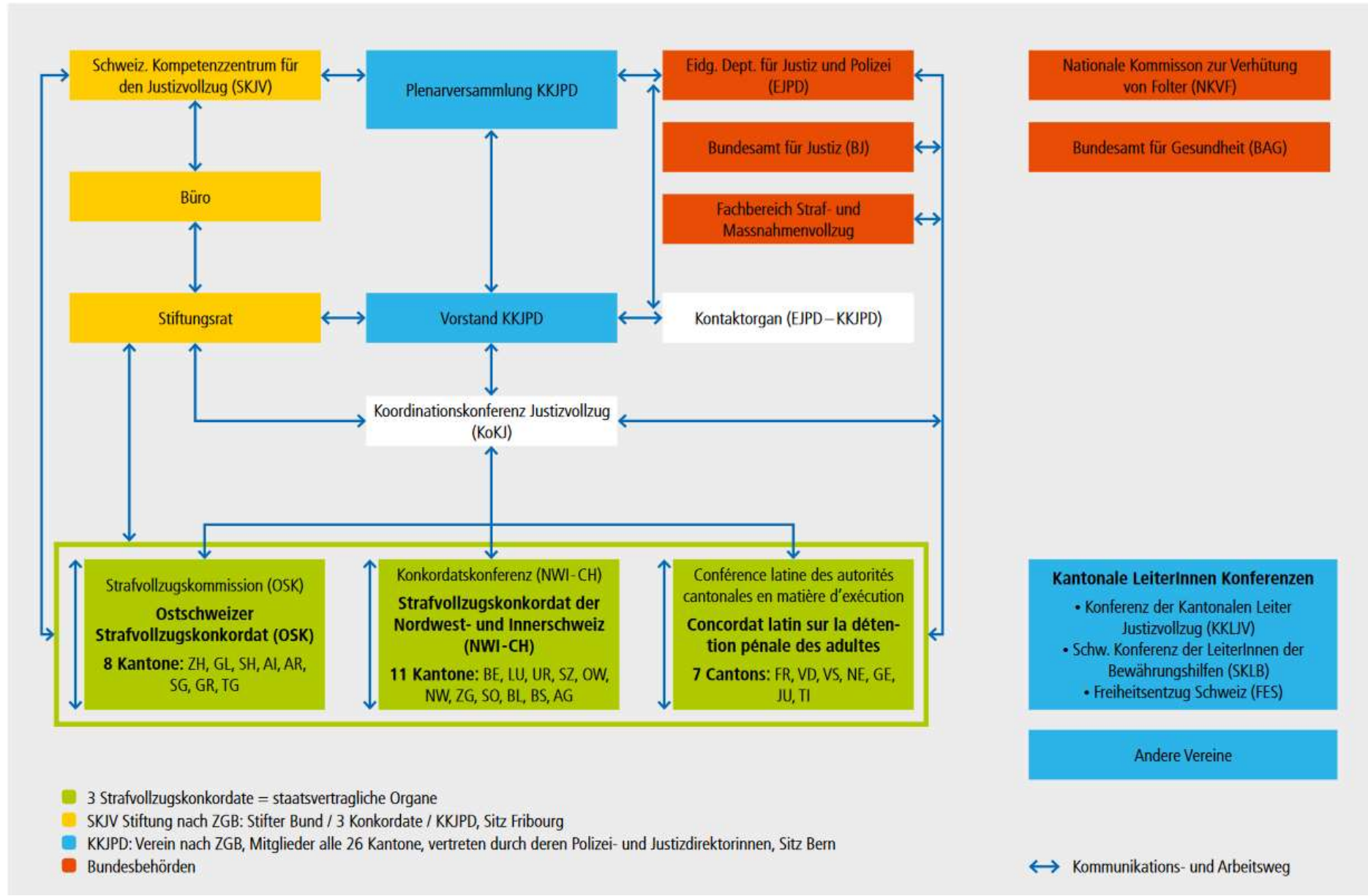
Vollzug von Sanktionen

Einweisungen nach Hauptentscheid, 2021

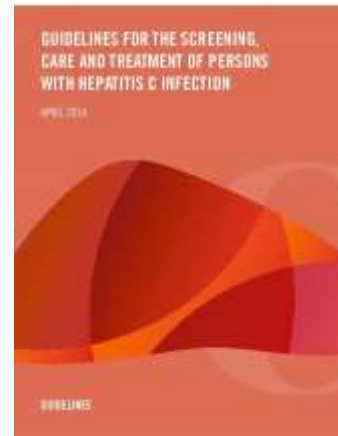


Quellen: BFS – Strafvollzugsstatistiken (SVS, SGA, SES),
 Stand der Datenbank: 18.10.2022

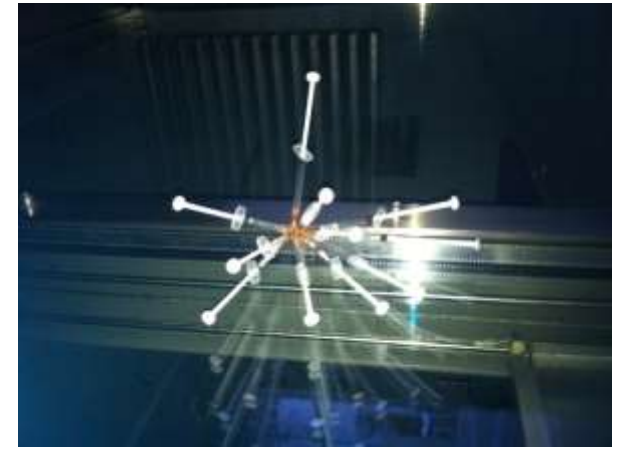
Interkantonale Zusammenarbeit im schweizerischen Justizvollzug







Hepatitis C
bei Drogenkonsumierenden



Folgende Personen sollten auf Hepatitis C getestet werden:

- Aktueller oder vergangener Drogenkonsum (gespritzt oder durch die Nase)
- Patienten mit erhöhten Transaminasen
- Personen mit Tattoos oder Piercings, die nicht steril angebracht wurden
- Empfängerinnen von Blutprodukten in der Schweiz vor 1992
- HIV-positive Personen
- Schwangere Frauen
- **(ehemalige) Gefängnisinsassen**
- Patienten mit medizinischen Eingriffen in Ländern mit eingeschränkter Hygiene
- Personen aus hochendemischen Ländern

HCV Prävalenz in Schweizer Haftanstalten (Winter 2018/19)

	HVC AK Fälle	HCV AK Prävalenz	HCV Virämie Fälle	HCV Virämie Prävalenz		
Solothurn	8/47	17%	1-5/47	2-11%	Haft	
Zug	6/26	23%			Haft	
Ticino	2/72	3%			Haft	
Genève	17/273	6%			Haft*	*2009/2011
...						
Aargau	130/286	46%	44/137	32%	Opioid- substitution*	*2015/2016
SAMMSU Kohorte	498/744	66% range 46-92%	141/744	19% range 7-44%	Opioid- substitution	



Häufigkeit von Virushepatitis in Haftanstalten der Schweiz ?

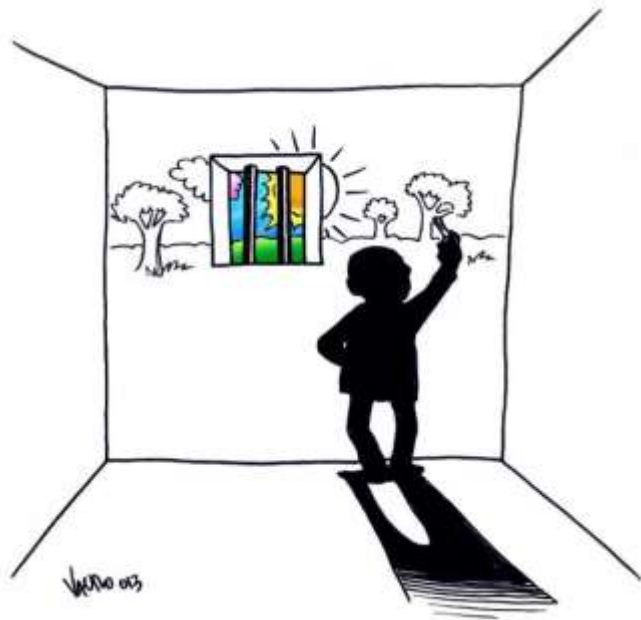
- 5-10% Hepatitis B
- 5-10% Hepatitis C



Häufigkeit von Virushepatitis in Haftanstalten der Schweiz ?

- 5-10% Hepatitis B
- 5-10% Hepatitis C





Ausblick

„test and treat“ Projekte in 5(-10) Haftanstalten

- Verbesserungen Wahrnehmung und Kenntnis
- Aktionstage mit Speicheltests (Screening)
- Einsatz von FibroScan® und/oder GeneXpert®
- Test einer mobilen Einheit
- Erfassung von lokaler Besonderheiten, Überwindung lokaler Hindernisse
- Sicherstellung von Therapien
- Vorbereitung von umfassenden “Virale Hepatitis“ Programmen in diesen Haftanstalten
- Etablierung von Varianten für „good clinical practice“ aufgrund der Erfahrungen
- Zusätzliche Prävalenzdaten

~~sollte~~

~~hätte~~

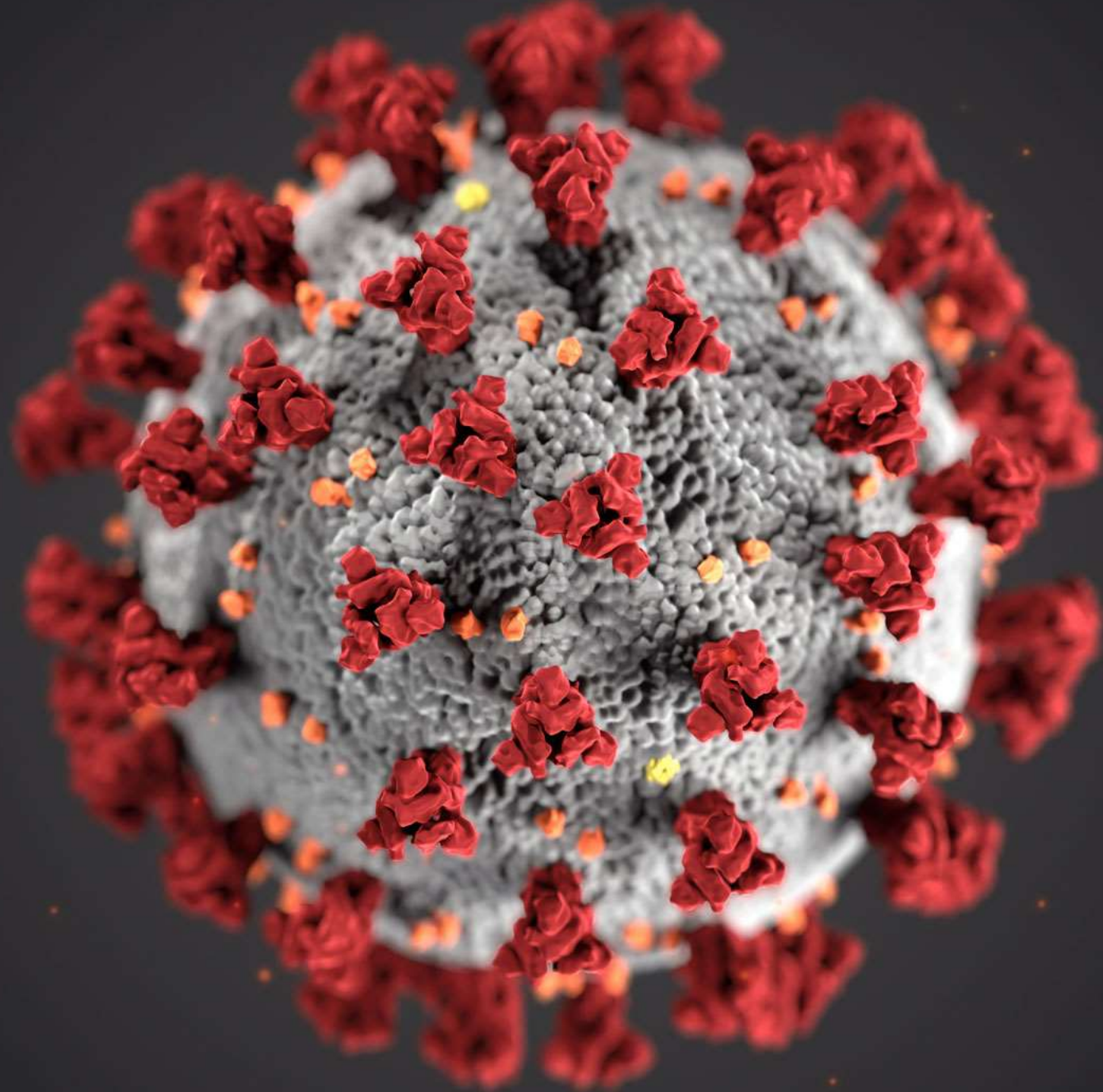
~~könnte~~

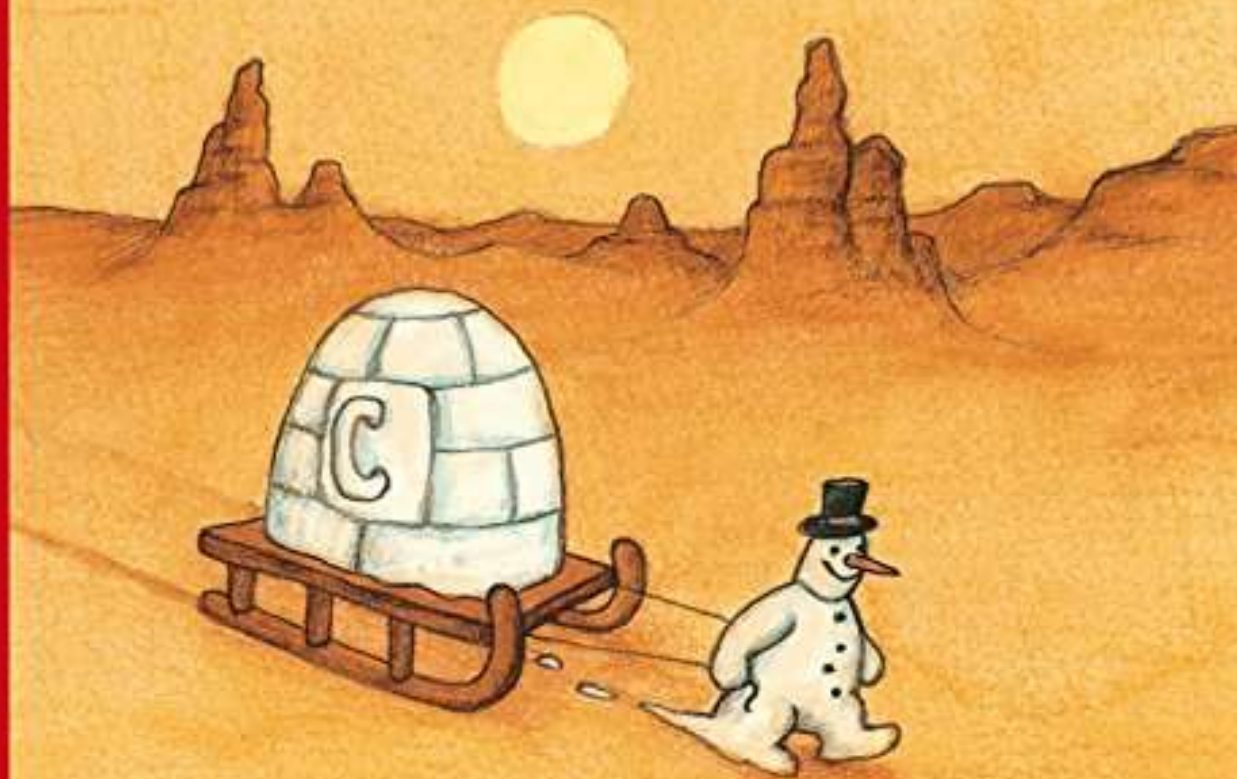
~~würde~~

MACHEN!



MACHEN!





Andreas Rökener

Wie geht's weiter?

Bilder & Geschichten zum Weiterspinnen

Moritz

SHiPP

Swiss HepFree in Prisons Programme

[Worum geht es?](#)

[Gesuchseingabe](#)

[Informationen](#)

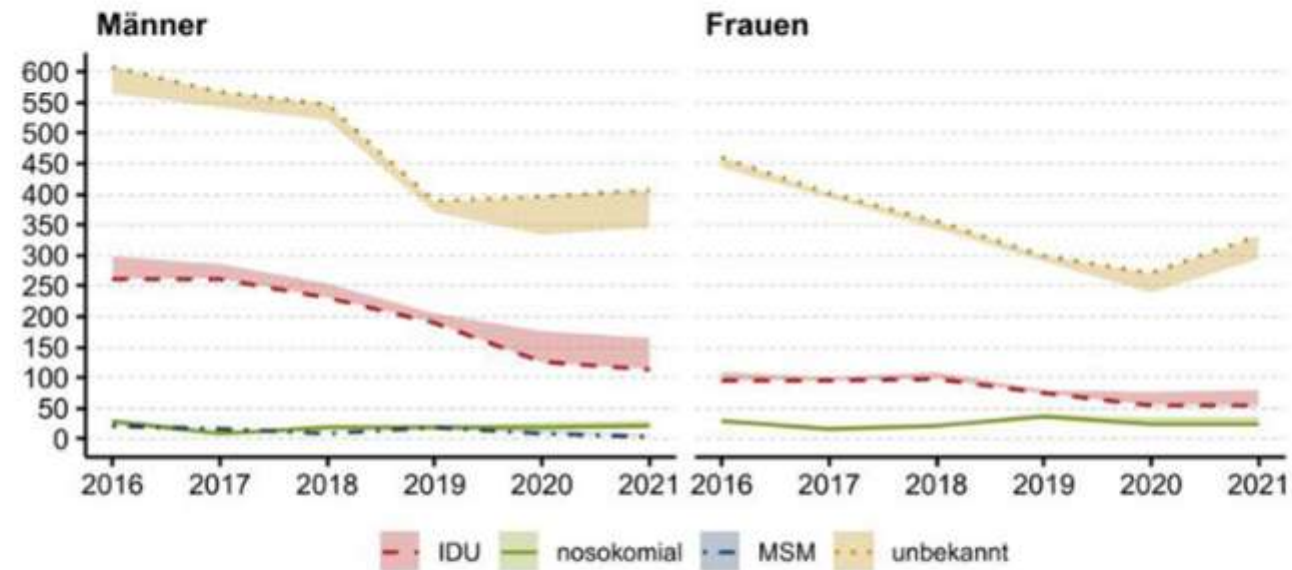
[Über uns](#)

Epidemiologie



Abbildung 3

Neu gemeldete Hepatitis-C-Fälle bei Männern und Frauen nach Ansteckungsweg¹ und Diagnosejahr, 2016–2021



¹ IDU: intravenöser (oder intranasaler) Drogengebrauch; nosokomial: «Krankenhausinfektion», umfasst hier Infektionen durch Transfusion von Blutprodukten, Dialyse, therapeutische oder diagnostische Eingriffe, aber auch berufliche Exposition wie Nadelstichverletzung; MSM: sexuelle Kontakte zwischen Männern. **Linien:** ärztlich gemeldete Expositionen. **Rand der farblich zugehörigen Schattierung:** hochgerechnete Anzahl Hepatitis-C-Fälle zur Adjustierung für fehlende klinische Meldungen.

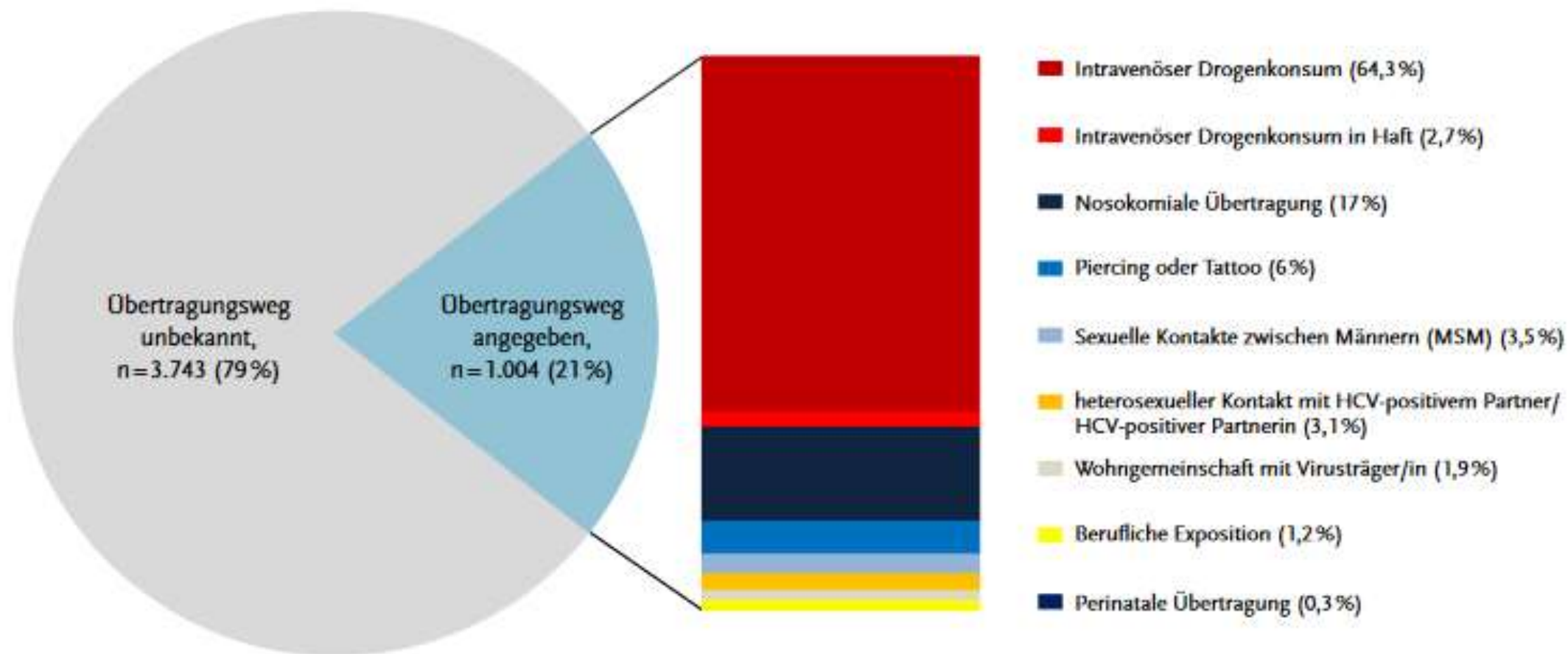


Abb. 3 | Wahrscheinliche Übertragungswege der übermittelten Hepatitis-C-Erstdiagnosen 2021 nach Referenzdefinition, n=4.747 (Datenstand 15.03.2022). Ein wahrscheinlicher Übertragungsweg wurde bei 1.004 Erstdiagnosen übermittelt und ausgewertet.

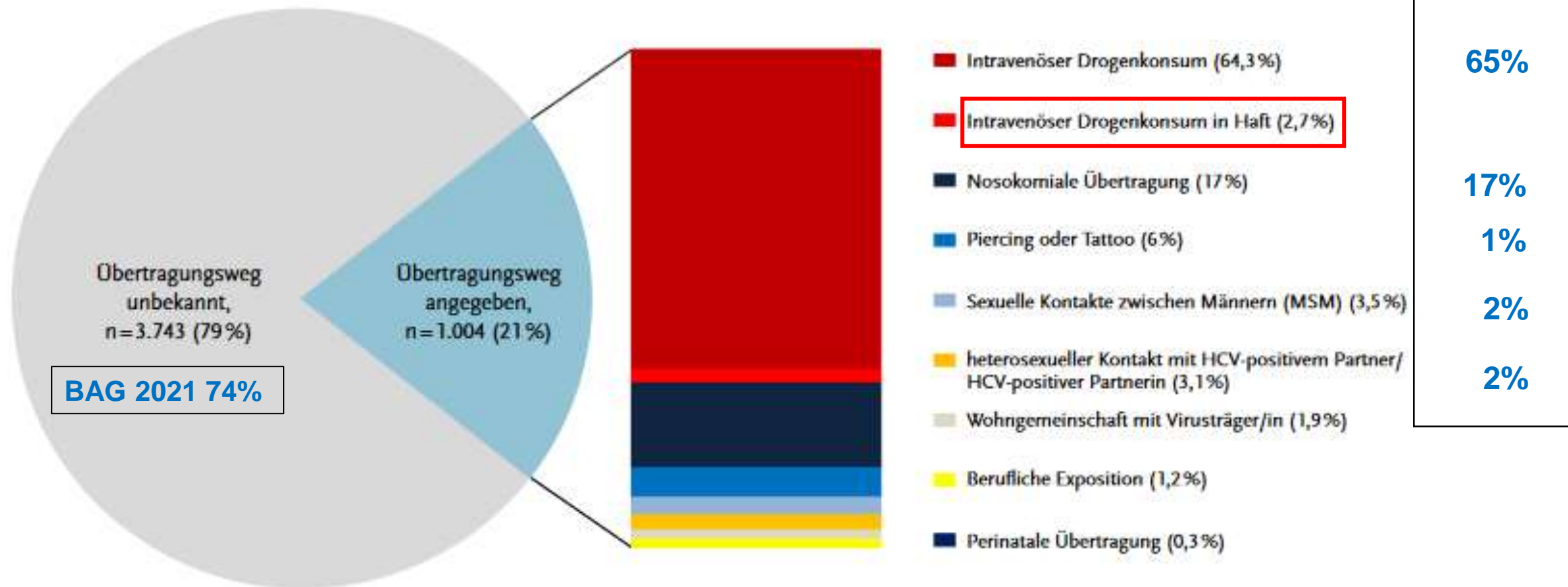


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*2015/2016

HCV Prävalenz in Schweizer Haftanstalten (Mai 2022)

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2022	SAMMSU Kohorte	742/1188	63% range 48-90%	33/873	4% range 1-11%	Opioid- substitution

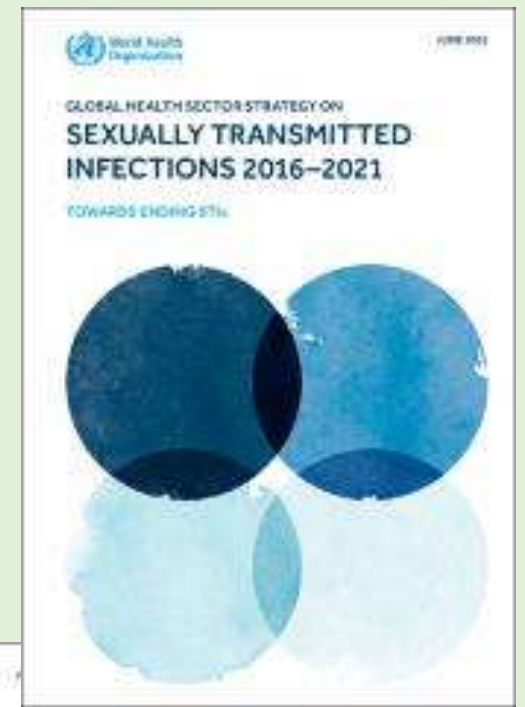
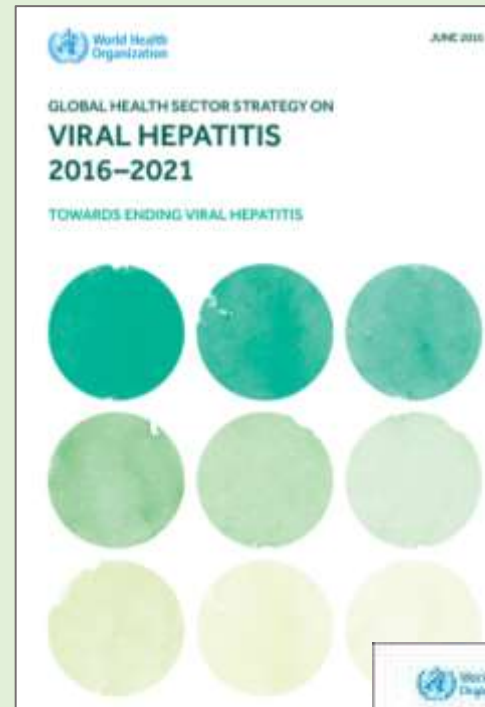
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Neue Richtlinien

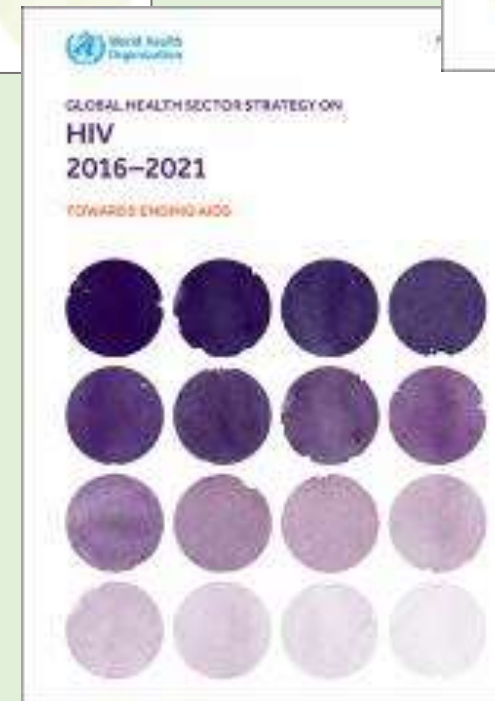


World Health
Organization



Global Health Sector Strategies 2016-2021

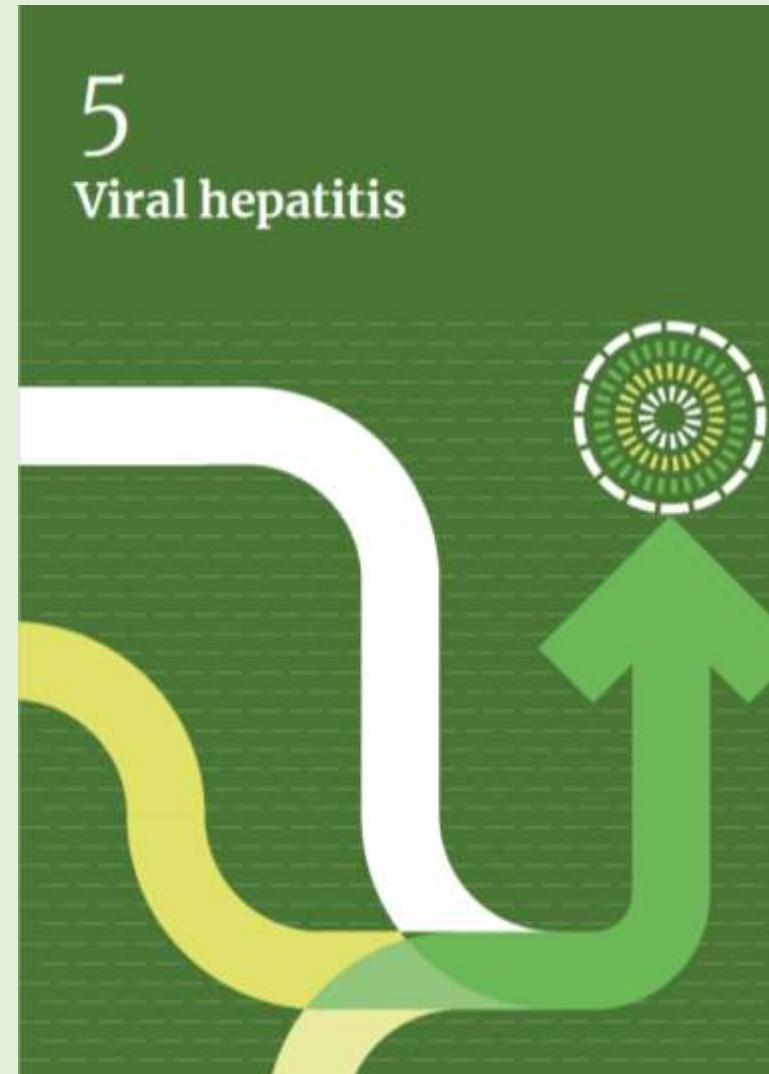
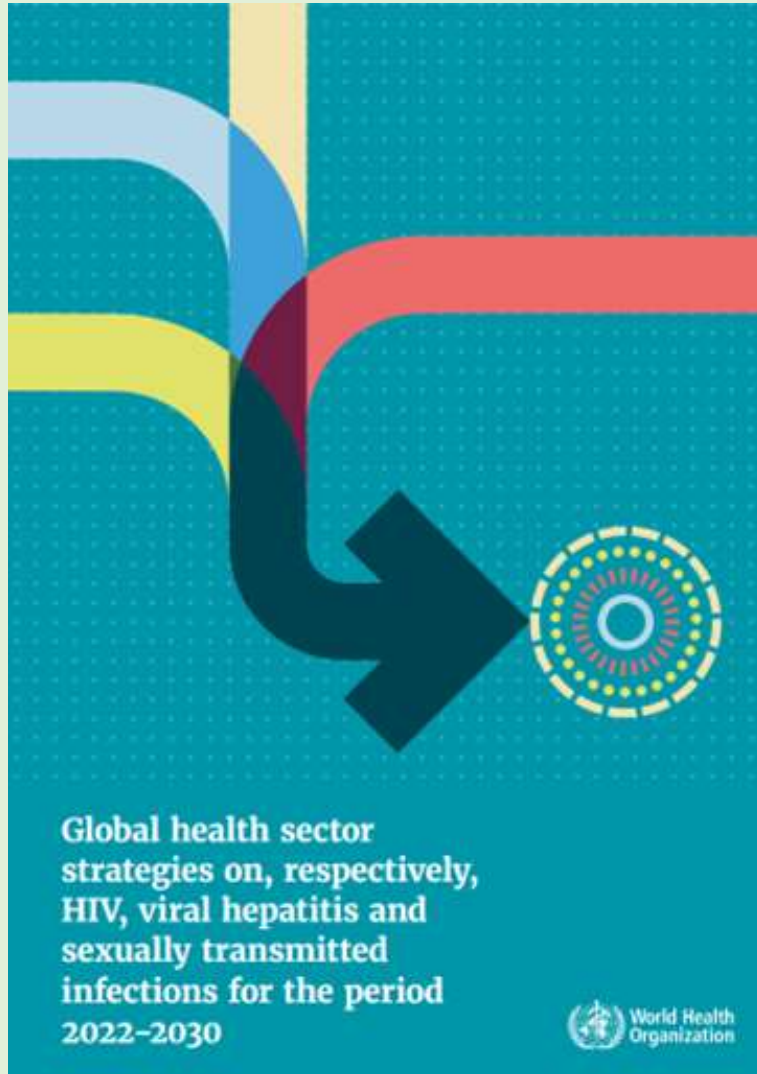
- virale Hepatitis
- HIV Infektion
- STD





World Health
Organization

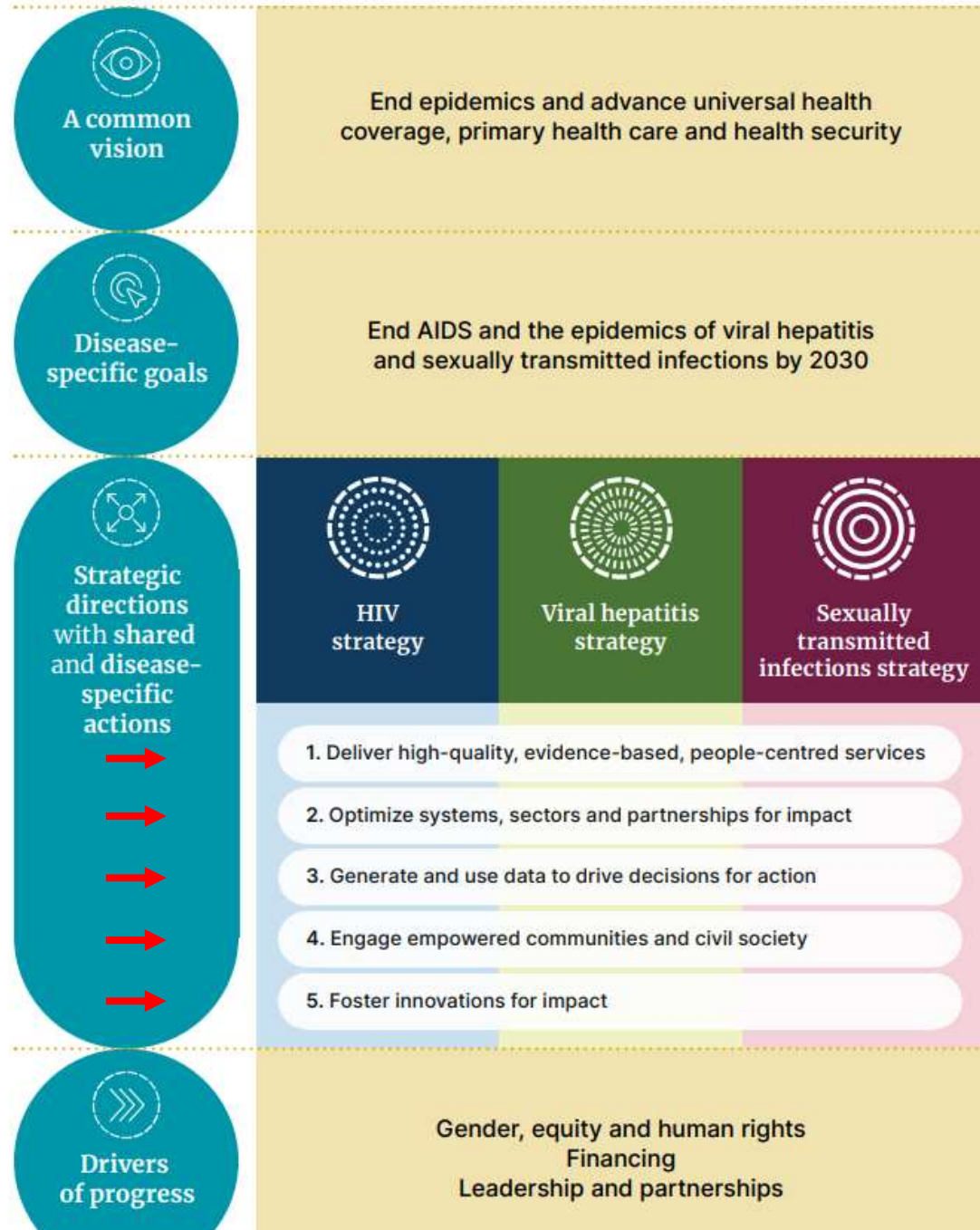
Global health sector strategies on HIV, viral hepatitis and STI for the period 2022-2030





World Health Organization

Horizontaler Ansatz





Centers for Disease
Control and Prevention
National Center for HIV, Viral
Hepatitis, STD, and TB Prevention

AT-A-GLANCE: CDC RECOMMENDATIONS FOR CORRECTIONAL AND DETENTION SETTINGS

Testing, Vaccination, and Treatment for
HIV, Viral Hepatitis, TB, and STIs

Recommendations current as of August 10, 2022

Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs

On This Page



[Recommended Actions at Intake](#)



[Public Health Reporting](#)



[Recommended Actions during Period of
Incarceration/Detention](#)



[Health Education Materials](#)



[Recommended Actions for Pregnant Persons](#)



[Full Guidance Documents by Disease Area](#)



[Recommended Actions for Release Planning and
Linkage to Prevention and Care Services](#)



[Acronyms](#)



Consensus Statement on the Management of Hepatitis C in Australia's Prisons



NATIONAL PRISONS HEPATITIS NETWORK

MAY 2022



HHS Public Access

Author manuscript

Lancet Gastroenterol Hepatol. Author manuscript; available in PMC 2021 May 13.

Published in final edited form as:

Lancet Gastroenterol Hepatol. 2021 May ; 6(5): 391–400. doi:10.1016/S2468-1253(20)30365-4.

Hepatitis C elimination among people incarcerated in prisons: challenges and recommendations for action within a health systems framework

Matthew J Akiyama,

Department of Medicine, Divisions of General Internal Medicine and Infectious Disease, Montefiore Medical Center and Albert Einstein College of Medicine, Bronx, New York, NY, USA

Nadine Kronfli,

Department of Medicine, Division of Infectious Diseases and Chronic Viral Illness Service, McGill University, Montreal, QC, Canada; Research Institute of the McGill University Health Centre, Montreal, QC, Canada

Joaquin Cabezas,

Department of Gastroenterology and Hepatology, Marqués de Valdecilla University Hospital, Santander, Spain; Marques de Valdecilla Research Institute, Santander, Spain

Yumi Sheehan,

Viral Immunology Systems Program, Kirby Institute for Infection and Immunity, University of New South Wales, Sydney, NSW, Australia

Prem H Thuraiajah,

Department of Gastroenterology and Hepatology, Yong Loo Lin School of Medicine, National University Hospital, Singapore, Singapore

Richard Lines,

School of Law, Swansea University, Swansea, UK

Andrew R Lloyd

Viral Immunology Systems Program, Kirby Institute for Infection and Immunity, University of New South Wales, Sydney, NSW, Australia

International Network on Health and Hepatitis in Substance Users–Prisons Network





Hepatitis C in Gefängnissen

Neuere Ansätze international

- Information, education
- Opt-out screening
- Point of care testing
- Reflex testing
- Streamlining
- Telemedicine
- Peer support, „navigator“
- Post release follow up and care
- Treatment as prevention
- Prison Health = Public Health

Information, Schulung, Unterstützung

HepPEd National Prisons Hepatitis Education Program

AN EVIDENCE-BASED HEPATITIS C EDUCATION PROGRAM TO ENHANCE PUBLIC HEALTH LITERACY IN THE AUSTRALIAN PRISON SECTOR

Sheehan Y¹, Byrne M¹, Dawson C², Stewart S³, Leber B⁴, Habraken N⁵, Tedla N⁶, Lafferty L^{1,4}, Lloyd AR¹ on behalf of the Australian National Prisons Hepatitis Network.

¹The Kirby Institute, UNSW Sydney; ²Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM); ³School of Medical Sciences, UNSW Sydney; ⁴Centre for Social Research in Health, UNSW Sydney. Contact: ysheehan@kirby.unsw.edu.au

BACKGROUND

Prisons are key to Australia's HCV elimination efforts. Despite considerable scale-up efforts, testing and treatment uptake amongst people in prison remains sub-optimal.

Gaps in HCV health literacy (**knowledge; attitudes; competencies**) amongst all key populations in the sector (**healthcare providers; correctional officers; people in prison**) have been identified as major barriers to enhanced uptake, notably: lack of awareness of the simple, curative treatment; stigma; and competing service priorities.

The National Prisons Hepatitis Education Program (HepPEd Program) was developed to provide prison-focused, sector-wide education to enhance HCV public health literacy, and thereby increase testing and treatment uptake in Australian prisons.

EFFECTIVENESS

The HepPEd Program will be initially implemented in Australian prisons within a research study evaluating the impact on HCV testing and treatment uptake, as well as HCV knowledge, attitudes, and competencies.

DESCRIPTION

- Co-developed with National Steering Committees
- Suite of innovative and multimodal educational resources targeting HCV health literacy aspects and addressing key barriers
- Delivered opportunistically via conversations
- Peer education program (people in prison; officers)

RESOURCES

How should peer education happen? Possible scenarios...

- One on one
- In a small group
- In a larger group

Peer Education Program

Discussion sessions

Information booklets

Comic books

Animation videos

Online modules

MESSAGING

People in prison: Let's talk about hep C: test, treat, cure, prevent - it's simple

Correctional officers: Let's talk about hep C: stop the spread - reduce the risk

Healthcare providers: Let's talk about hep C: Participate, prevent - eliminate (PPE)

CONCLUSION

This program will likely enhance HCV public health literacy and thereby increase testing and treatment uptake in the prisons. Following evaluation, the Program will be made available nationally, and adapted for international use.

ACKNOWLEDGEMENTS

Supported by an NHMRC Partnership Grant and unrestricted educational grants to the Kirby Institute and ASHM by Eliminate C Australia, Gilead Sciences, and AbbVie.



HEPATITIS SCHWEIZ

SHIPP Swiss HepFree in Prisons Programme

In der Schweiz leben etwa 40'000 Menschen mit HCV

Leitfaden für Ärztinnen und Ärzte in der Grundversorgung

Die Hepatitis-C-Therapie in der Meistarpraxis

www.hepcare.ch

SHIPP Swiss HepFree in Prisons Programme

Was ist Hepatitis C?

1. Was ist Hepatitis C? ...

2. Symptome ...

3. Übertragung ...

4. Diagnose ...

5. Behandlung ...

6. Prävention ...



opt-out screening

point-of-care testing

reflex testing

streamlining

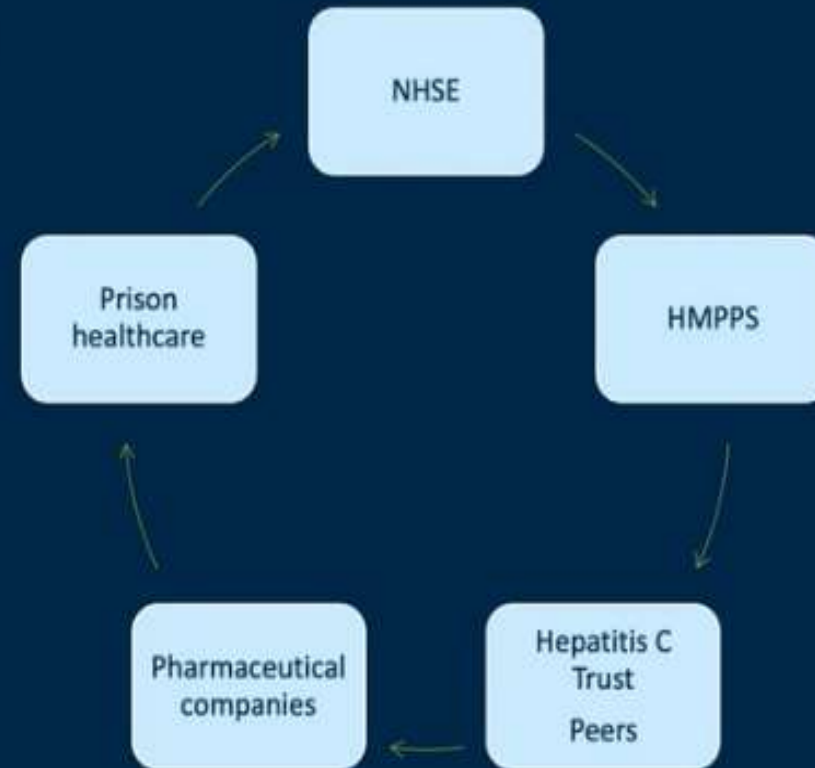
Opt-out screening High Intensity Test and Treat (HITT) in UK

- zwischen 06/ 2019 und 09/2021 Implementation in 34 Gefängnissen
- Testrate 81% (19'049/23'388)
- HCV-AK pos 6% (1234/19'049)
- HCV-RNA pos 14% (175/1234) [0.9% aller Inhaftierten]

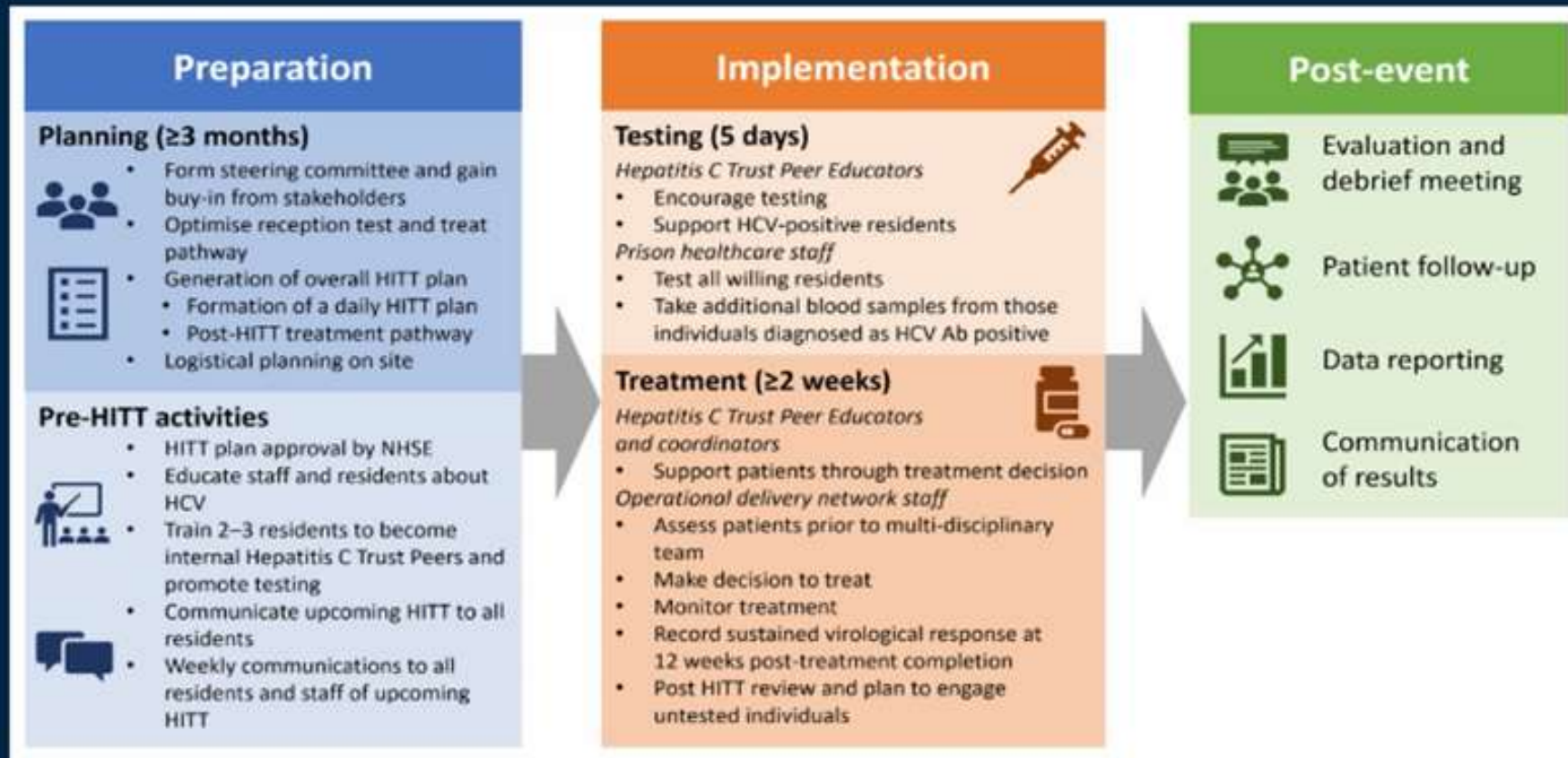
Whole prison testing: UK



- Offer HCV tests to an entire prison population
 - Screening period ideally within 5 days
 - Rapid assessment and treatment initiation
- Targets:
 - >95% of residents screened
 - Treatment initiation to begin within 7 days (maximum 14 days) of HCV RNA+ diagnosis
- Ultimately achieve HCV microelimination (in combination with high reception testing rates)
 - NHSE has defined HCV microelimination in a prison as having achieved a minimum 95% testing of residents within 12 months and at least 90% of RNA+ patients commenced on treatment



Whole prison testing high intensity test and treat: UK



Ab, antibody; HITT, high intensity test and treat.

There have been 40 HITTs in England since July 2019

A snapshot of 13...



	Category	Individuals available for testing	Number tested	Proportion tested	Number HCV Ab positive	HCV Ab prevalence	Number HCV RNA positive	HCV RNA prevalence	Number of treatment initiations	Treatment initiation rate
Prison A	Female closed	317	314	99.1%	33	10.5%	5	1.6%	5	100%
Prison B	YOI	564	564	100%	1	0.2%	0	0.0%	0	n/a
Prison C	Female closed	381	371	97.4%	100	27.0%	27	7.3%	24	88.9%
Prison D	Female open	99	96	97.0%	6	6.3%	0	0.0%	0	n/a
Prison E	B (remand)	1094	1060	96.9%	112	10.6%	27	2.5%	21	77.8%
Prison F	C (training)	709	680	95.9%	65	9.6%	18	2.6%	7	38.9%
Prison G	D (open)	354	341	96.3%	6	1.8%	0	0.0%	0	n/a
Prison H	Female closed	318	315	99.1%	56	17.8%	5	1.6%	5	100%
Prison I	C (training)	1022	983	96.2%	43	4.4%	3	0.3%	3	100%
Prison J	B (remand)	425	417	98.1%	37	8.9%	6	1.4%	5	83.3%
Prison K	B (remand)	1100	1085	98.6%	102	9.4%	21	1.9%	16	76.2%
Prison L	B (remand)	1189	1038	87.3%	41	3.9%	5	0.5%	5	100%
Prison M	B (remand)	915	875	95.6%	67	7.7%	7	0.8%	7	100%
All prisons		8487	8139	95.9%	669	8.2%	124	1.5%	98	79.0%

20 prisons have achieved and are maintaining microelimination

YOI, young offenders institution.

There have been 40 HITTs in England since July 2019

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20 prisons have achieved and are maintaining microelimination

YOI, young offenders institution.

„Opt-out screening“ Erfahrungen in GL und TI 2022

- Glarus

- 113 Inhaftierte (davon 78 ausgeschlossen [Haftdauer \leq 3 Tage])
- 38/113 (34%) qualifizierten für ein Screening
- 35/ 38 (92%) haben für ein Screening eingewilligt
- Resultat Screening HCV 0, HBV 0, HIV 0
(zwei HCV Therapien vor Ort in den Wochen vor Beginn Screening)

„Opt-out screening“ Erfahrungen in GL und TI 2022

- Glarus

- 113 Inhaftierte (davon 78 ausgeschlossen [Haftdauer ≤ 3 Tage])
- 38/113 (34%) qualifizierten für ein Screening
- 35/ 38 (92%) haben für ein Screening eingewilligt
- Resultat Screening HCV 0, HBV 0, HIV 0
(zwei HCV Therapien vor Ort in den Wochen vor Beginn Screening)

- Tessin

- 230 Inhaftierte (davon 14 in Ausschaffungshaft, 66 ausgeschlossen [Haftdauer < 1 Monat])
- 150/230 (65%) qualifizierten für ein Screening
- 144/150 (96%) haben für ein Screening eingewilligt
- Resultat Screening HCV 0, HBV 0, HIV 0

„Opt-out screening“ Erfahrungen in GL und TI 2022

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HCV Prävalenz in Schweizer Haftanstalten (Winter 2018/19)

	HVC AK Fälle	HCV AK Prävalenz	HCV Virämie Fälle	HCV Virämie Prävalenz		
Solothurn	8/47	17%	1-5/47	2-11%	Haft	
Zug	6/26	23%			Haft	
Ticino	2/72	3%			Haft	
Genève	17/273	6%			Haft*	*2009/2011
...						
Aargau	130/286	46%	44/137	32%	Opioid- substitution*	*2015/2016
SAMMSU Kohorte	498/744	66% range 46-92%	141/744	19% range 7-44%	Opioid- substitution	

Aktueller Behandlungspfad



Screening/Testen

Diagnose (HCV RNA)

Abklärung Fibrose

Therapieindikation

Therapie

Nachsorge



Aktueller Behandlungspfad



Screening/Testen

Diagnose (HCV RNA)

Abklärung Fibrose

Therapieindikation

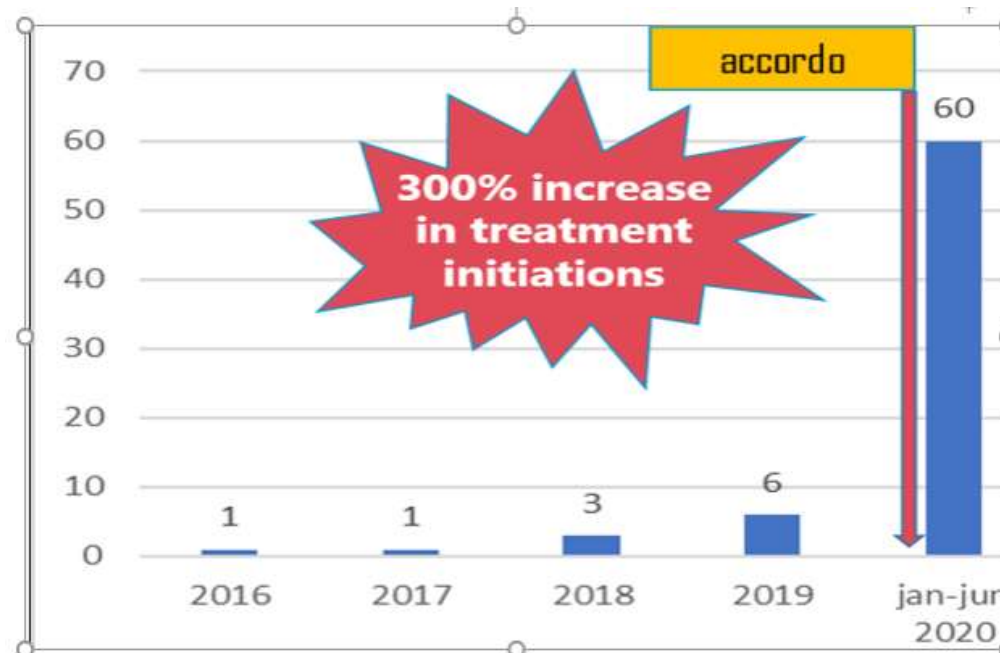
Therapie

Nachsorge



A “Definite Pathway” was successful for HCV elimination in Caserta Prisons

3 Simplified pathway – on site screening and follow-up, one-time clinical assessment at hospital³



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.

PRISON | SWANSEA, WALES

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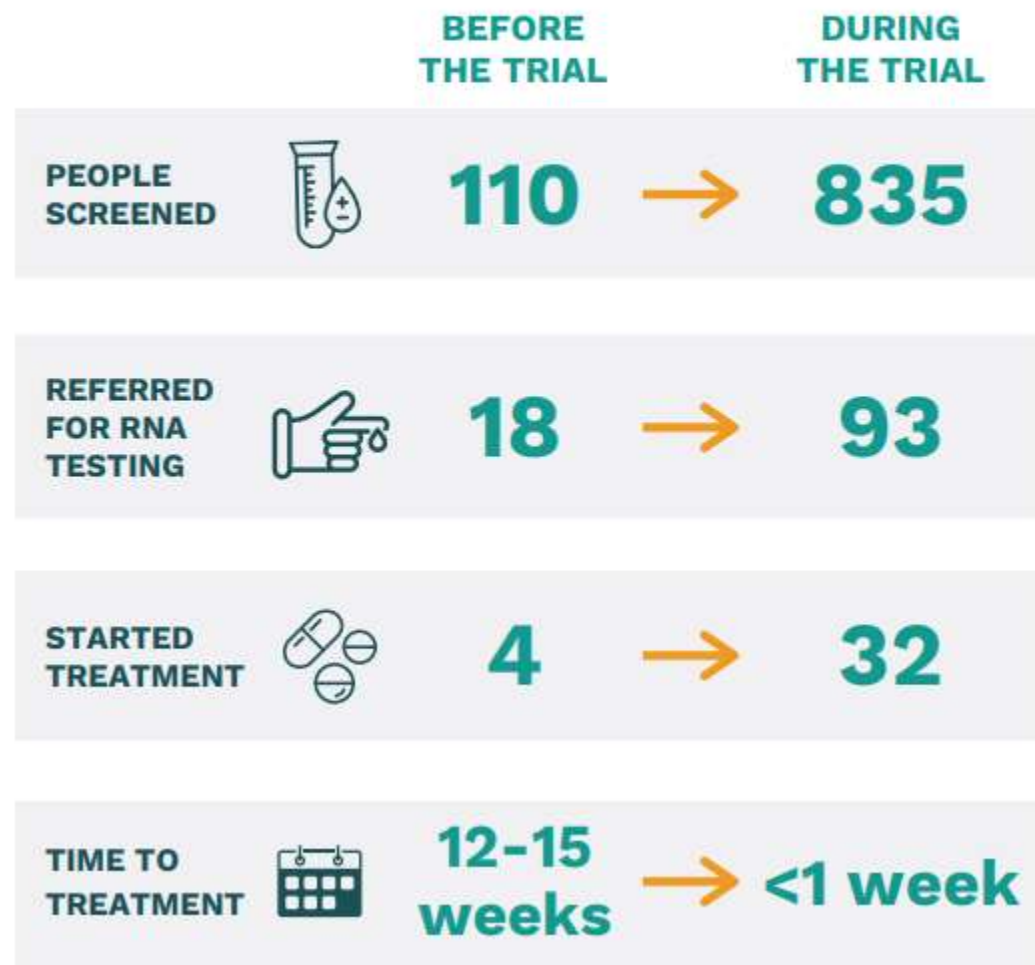
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We needed to streamline the care cascade so we could test and treat in this short timeframe

WHAT WERE THE OUTCOMES?

Comparing the 6 month periods before and during the trial



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.

PRISON | NEW SOUTH WALES, AUSTRALIA

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WHAT WERE THE OUTCOMES?

2020 - 2021



1 PRISON

MID NORTH COAST CORRECTIONAL CENTRE, NSW, AUSTRALIA

ALL SECURITY LEVELS

MINIMUM, MEDIUM, & MAXIMUM, REMAND & SENTENCED



ONE-STOP-SHOP MODEL



WHY DID WE ESTABLISH THIS MODEL?



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

VS.

STANDARD OF CARE PATHWAY



Telemedizin



Dermatology
Education
Endocrinology
Geriatrics
Hepatitis C (2003)
HIV
Medicaid Quality Improvement
Medication for Opioid Use Disorder
Miners' Wellness
Neurology
Palliative Care
Post-COVID Primary Care
Peer Education Project
Perinatal Health
Reproductive Health
Rheumatology
Vaccine Confidence

Extension for Community Healthcare Outcomes (ECHO)



2022:
Teilnehmende in ~9000 Städten in 180 Ländern

- ### Where We Work
- Africa
 - América Latina
 - Brasil
 - ECHO India
 - Our Work in New Mexico



ECHO is all teach, all learn.

	<p>Interactive</p>		<p>Co-management of cases</p>
	<p>Peer-to-peer learning</p>		<p>Collaborative problem solving</p>

Doing More for More Patients

<p>PATIENTS</p> <ul style="list-style-type: none"> • Right Care • Right Place • Right Time 	<p>PROVIDERS</p> <ul style="list-style-type: none"> • Acquire New Knowledge • Treat More Patients • Build Community of Practice 	<p>COMMUNITY</p> <ul style="list-style-type: none"> • Reduce Disparities • Retain Providers • Keep Patients Local 	<p>SYSTEM</p> <ul style="list-style-type: none"> • Increase Access • Improve Quality • Reduce Cost
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Was leistet HepCare?



www.hepcare.ch

HepCare
HEPATITIS SCHWEIZ

Leitfaden für Ärztinnen und Ärzte in der Grundversorgung

Die Hepatitis-C-Therapie in der Hausarztpraxis

Eine chronische Hepatitis-C-Infektion ist heute unkompliziert heilbar. Eine Therapie mit antiviralen Medikamenten dauert 8-12 Wochen, führt in über 96 Prozent der Fälle zur Heilung und wird von der Grundversicherung übernommen. Mit der Begleitung durch eine Spezialistin oder einen Spezialisten kann die Therapie heute auch in der Hausarztpraxis durchgeführt werden. Einzig die Verschreibung muss über einen Spezialisten erfolgen.

ein Drittel nicht getestet

Schweiz mit einer Hepatitis C weiss etwa ein Drittel nicht getestet. Zahlreiche positiv getestete Be-

Warum therapieren?

Unbehandelt kann eine chronische Hepatitis-C-Infektion zu Leberzirrhose und Leberkrebs aber auch – unabhängig vom Leberschaden – zu Diabetes, Herz-Kreislauf-Erkrankungen und weiteren extrahepatischen Manifestationen führen. Deshalb sollte eine Hepatitis-C-Infektion in jedem Fall und möglichst früh therapiert werden. Mit der einfachen Therapie kann einem leidenden Patienten wirksam geholfen und schwerwiegende Folgen vermieden werden.

HepCare
Therapie der chronischen Hepatitis C
Checkliste für Hausärztinnen und -ärzte und weitere Grundversorger

1. Personalien

Vorname/Nachname des Patienten: _____
Adresse: _____
Tel.: _____
E-Mail: _____
Geburtsdatum: _____
Geburtsort: _____
Gewicht: _____
männlich weiblich

Alkoholkonsum (ab drei Standardtrinks/Tag – Richtwert: 1 Stange Bier/1 Glas Wein)
 kein (falls der Patient vorterraportiert, wird die Spezialistin eine Überweisung anfordern.)
 ja

Hepatitis-C-Infektion bekannt seit: mehreren Jahren einem Jahr

ALT (U/ml, bestimmt am _____) > 1000 U/l
AST (U/ml, bestimmt am _____) > 1000 U/l
Albumin (g/dl) _____
Bilirubin (mg/dl) _____
Thrombozyten (x 1000 /µl) > 70000
ASAT (U/l) _____
Bili (µmol/l) _____

Bei einem KMC Score von > 2 (200 mg/dl Bilirubin, ASAT > 100 U/l oder AST > 100 U/l) ist eine Lebertransplantation zu erwägen.

HIV: positiv negativ
HCV: positiv negativ
HBsAg: positiv negativ
HBeAg: positiv negativ
HBeAb: positiv negativ
HIV: positiv negativ

ARFI: _____
C: _____

Lehrvideo zu Hepatitis C

„Peer support, navigator,
post release follow-up“

Microelimination beyond prison walls: HONEST Project



Study population: individuals who are serving non-custodial sentences

Objectives:



1. Describe this population at social, educational, medical and psychiatric comorbidity levels
2. Systematically screen and treat HCV infections within the study population
3. Engage study population with healthcare programmes for the management of medical, psychiatric and social conditions

Methods:



1. Study enrolled adults (aged 18–79) attending the Centre for Social Integration 'José Hierro' from June 2019 to June 2021



3. All HCV RNA+ patients evaluated by hepatologists via **telemedicine** and treatment is prescribed (active HCV detection, disease evaluation and treatment are provided on the same day)



2. Medical team and 'Navigator' perform antibody HCV screening using **Oraquick®** and viral load of positive samples is determined by **GeneXpert®**



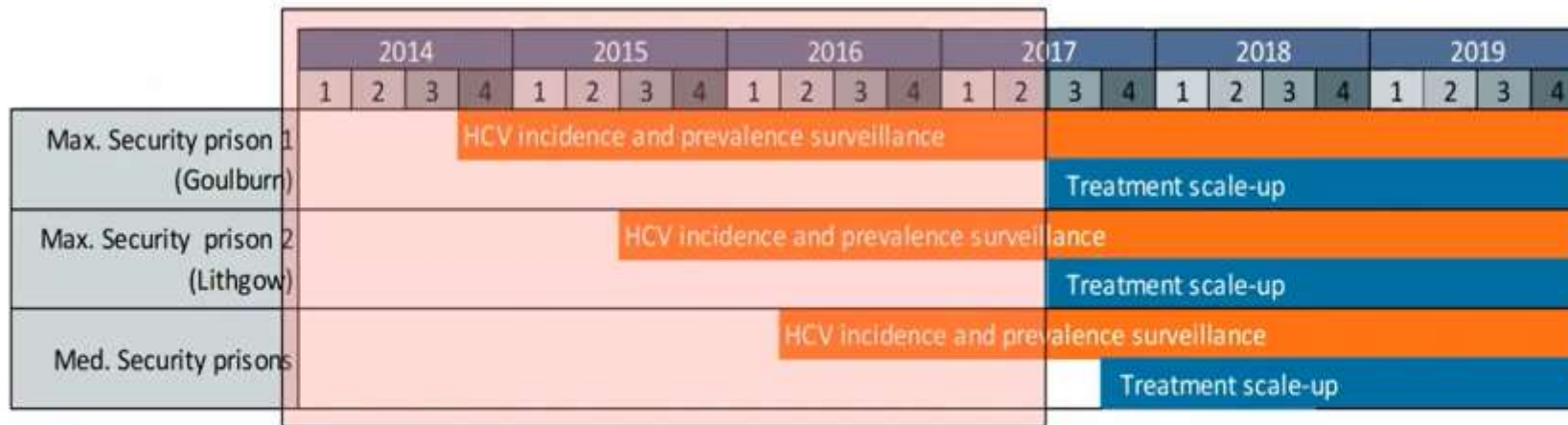
4. **Navigator** facilitates continuity of medical care and social assistance for these individuals (eg, accompaniment to hospital, treatment adherence)

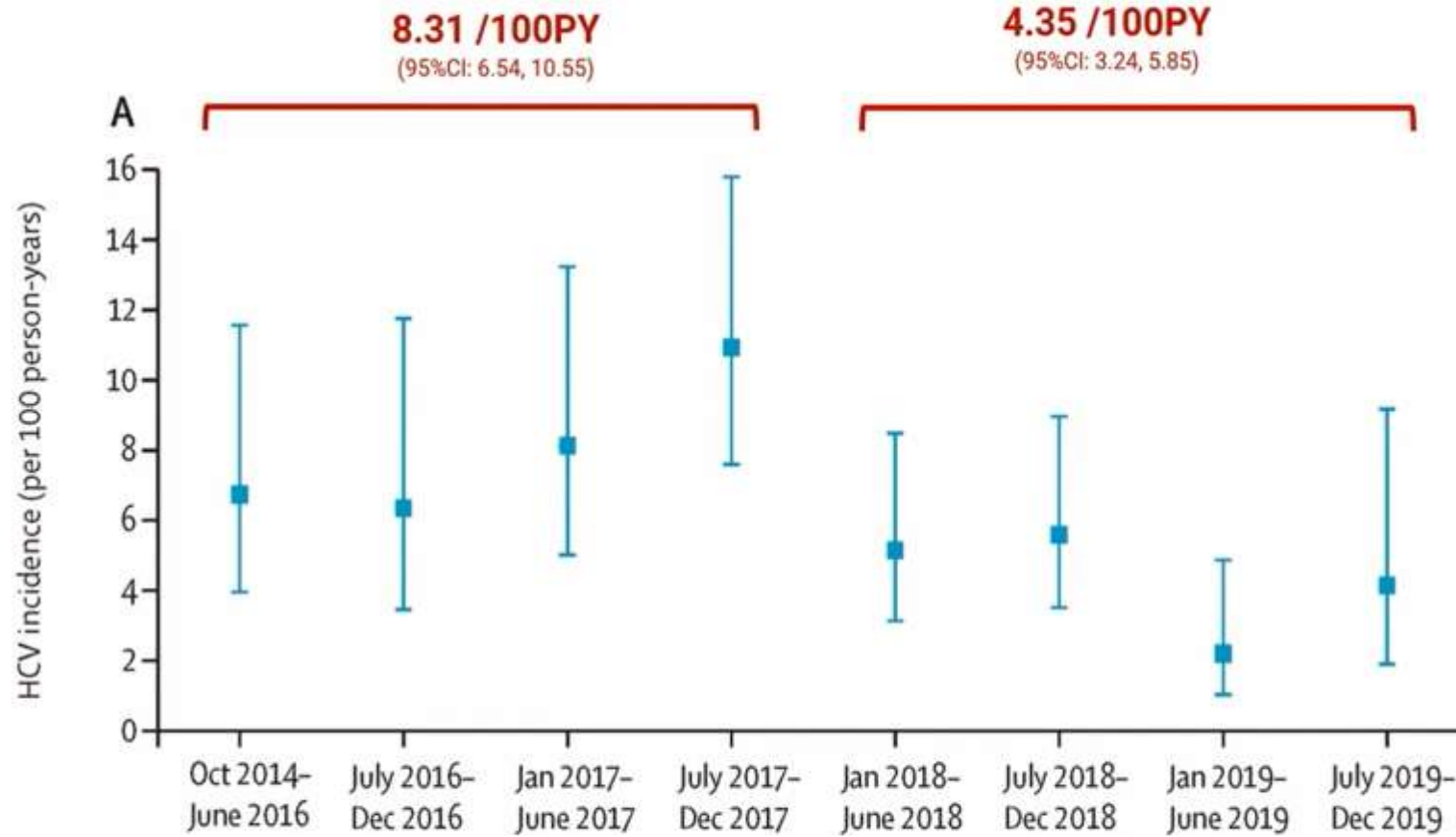
„Treatment as prevention“

Methods

Initial phase (pre-DAA treatment scale-up):

- *Treatment through the prison health service*





„Prison Health = Public Health“



PRISON HEALTH IS PUBLIC HEALTH

**The Right to Hepatitis C Prevention,
Diagnosis, and Care in Canada's
Correctional Settings**

ACTION HEPATITIS CANADA
AHC
ACTION HEPATITIS CANADA

**A 2022 report and recommendations for federal
and provincial/territorial policymakers,
prepared by Action Hepatitis Canada.**

Table 1. HCV Ministerial responsibility, testing, treatment, and prevention access in provincial/territorial corrections

Province	Ministry of Health responsible for health care?	Offering Universal HCV testing?	Providing HCV treatment?	Providing HCV treatment without restrictions?	OAT available?	NSP available?
Alberta	Yes	100%	25%	No	100%	No
British Columbia	Yes	60%	100%	90%	100%	No
Manitoba	No	29%	57%	No	57%	No
New Brunswick	No	50%	No	No	100%	No
Newfoundland & Labrador	Yes	67%	No	No	67%	No
Nova Scotia	Yes	67%	33%	33%	33%	No
Ontario	No	N/A	N/A	N/A	N/A	No
Prince Edward Island	No	100%	100%	100%	50%	No
Quebec	Partially	12%	56%	56%	88%	No
Saskatchewan	No	17%	67%	67%	83%	No

Colour code:

80-100%

40-79%

0-39%



☉→☐ Mercator



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France

Genève

Vaud

Neuchâtel

Fribourg

Valais

Bern

Jura

Basel-Landschaft

Basel-Stadt

Solothurn

Luzern

Obwalden

Ticino

Uri

Nidwalden

Schwyz

Zug

Zürich

Aargau

Schaffhausen

Deutschland

Thurgau

Appenzell
Ausserrhoden

St. Gallen

Glarus

Graubünden

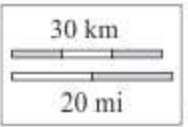
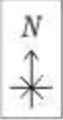
Italia

L.

Österreich

Appenzell
Innerrhoden





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