

National Prisons Hepatitis Network Annual Workshop 2019 - Minutes

The 2019 annual meeting of the National Prisons Hepatitis Network (NPHN) was held in Melbourne on November 28th. The program included: a “speed geeking” session with ‘good news’ messages from each jurisdiction, championed by: James Blogg and Tracey Brown (NSW), Ruth Evans (ACT), Michelle Kudell (Qld), Janice Hare (WA), Anton Colman (SA), Deb Siddall (Tas), and Lucy McDonald (Vic); secondly, sessions focused on progress and planning for the three major areas of ongoing activity for the NPHN including education, surveillance, and advocacy were led by Andrew Lloyd; and thirdly an update about the parallel, community-based activities of the Eliminate Hepatitis C Australia project (EC Australia, presented by Alisa Pedrana). Evan Cunningham was the rapporteur for the meeting.

Speed-geeking:

The good news messages were:

- Treatment uptake is being facilitated by scale up of dried blood spot (DBS) testing (NSW);
- The efficient scale-up of testing and treatment has led to a reduction in HCV prevalence from ~20% to 1.8% in the ACT prison;
- An innovative program utilising probation/parole officers to maintain engagement in HCV care post-release is being undertaken and evaluated in Qld;
- The WA prisons are overcoming the tyranny of distance with telemedicine and electronic health records and have recorded a reduction in HCV prevalence from 16% to 8.6%;
- SA has been working on a coordinated state-wide service linked to community-based providers, and have recorded a steady increase in uptake of education (prisoners and corrections officers), testing, hepatitis B vaccination, and treatment rates;
- The state-wide nurse led model of care in the Vic prisons is working well with 3400 assessed and 2300 treated since its inception in 2016;
- Having real time access to electronic health records has simplified testing and treatment in the main Tasmanian prison and the imminent advent of dedicated nurse-practitioner for in-reach will further improve the service;
- A recent review of 14 years of HCV antibody testing data from the NT prisons has revealed a low prevalence of 4.7% (in comparison to HBsAg positivity of 5.2%), but testing rates have been falling and hence the team are advocating for a move back to universal testing.

Education

Andrew highlighted the rationale for prison-based hepatitis C (HCV) education in the National Prisons Hepatitis Education Program being championed via the NPHN – to improve the public health literacy of the prison sector to enhance testing and treatment. Three populations who could benefit from targeted HCV education were identified, including prisoners, correctional officers, and healthcare staff (especially those not working in HCV).

This education strategy is currently in phase one of four which is focused on scoping and needs assessment to understand existing educational resources and programs, and to ensure that the plans complement and build upon these programs. Phase one is expected to be completed in the first quarter of 2020 with the resource development to follow in mid-2020. Implementation is planned to commence in late-2020 and run throughout 2021, with a research evaluation potentially funded by a NHMRC Partnership Project Grant (application under review) to run from October 2020 to December 2022.

The discussion on this topic highlighted the need to identify and integrate with existing educational programs and resources, including from hepatitis and drug-user organisations in each state and territory. In addition, the need to ensure consistent messaging with the community-based national health promotion campaign being developed by EC Australia. Finally, the need to ensure that the program covers re-infection risks and the importance of harm reduction strategies.

Action plans:

1. *Ensure close liaison with key stakeholders in the education strategy, including hepatitis and drug-user organisations in each state and territory, as well as EC Australia.*
2. *Ensure the program covers re-infection risks and the importance of harm reduction strategies.*

Surveillance

Andrew introduced the prison surveillance program being championed via the NPHN: the Australian Hepatitis and risk survey in prisons (AusHep), which will serve as the updated iteration of the previous triennial National Prison Entrants' Blood Borne Virus Survey (NPEBBVS). AusHep was described as an annual biobehavioural survey providing serial point-estimates of HCV, HBV, and HIV prevalence, as well as engagement with the care cascades for these infections, in prisons nationally. The program is planned to commence in mid-2020. The discussion around the program included a need for close liaison with justice health and corrections organisations to ensure engagement from each jurisdiction, as well as a need for communication with EC Australia to ensure there is no duplication in efforts in the area of surveillance.

Andrew also highlighted the goal of broadening the dashboard which reports on services as well as testing and treatment numbers in the sector annually, including potential for designation by individual prison to account for intra-jurisdictional heterogeneity. There was discussion about what additional data could be added to the dashboard, including Opioid substitution treatment (OST) coverage, fibrosis assessment method, testing numbers and methodologies, and availability/coverage of Fincol/bleach. Further discussion on novel strategies to obtain testing data including the potential to directly obtain data from the pathology laboratories which service the sector.

Another potential surveillance approach followed from a presentation by Ian Harris from AbbVie who raised the idea of using medication shipment/dispensing data which is routinely gathered by pharma as a means of national and regional HCV treatment surveillance. He presented illustrative data to identify what proportion of drugs shipped by the manufacturers to pharmacies were going to NSW prisons, from which reasonable estimates of the numbers of treatment initiations could be made. The discussion highlighted some challenges in delineating prison-directed (versus hospital-directed) dispensing, and also concerns about ensuring equipoise and an 'arm's length' approach in the data collection process via potential collaboration with pharma.

Action plans

3. *Ensure close communication with key stakeholders for the implementation of AusHep, including justice health and corrections services in each state and territory and EC Australia.*
4. *Solicit data regarding services as well as testing and treatment numbers from each jurisdiction, including examination of the feasibility of prison-level data collection.*
5. *Explore the feasibility of an NPHN collaboration with pharma (both companies) for pharmacy-based surveillance data collection.*

Advocacy

Andrew indicated that since publishing the Perspectives piece in the Medical Journal of Australia on the importance of the prisons in national elimination, no other advocacy initiatives had been undertaken –for instance advocating to key groups and individuals such as Commonwealth and state corrections and health ministries, and prison ‘governors’ and health managers. Discussion included the need to advocate for improved harm reduction measures, including high coverage OST, improved bleach/Fincol access, and potentially needle-syringe programs. Advocacy for funding for on-site point of care (PoC) testing machines and Fibroscans were flagged for several states to reduce time to treatment initiation. Discussion also included advocacy for enhanced resources to support continuity of care post-release. Further, the need for formalised KPIs regarding testing and treatment was highlighted in a number of jurisdictions.

It was suggested that a guideline document directed to both clinicians and organisational healthcare providers regarding best practice HCV testing and treatment in prison would be very helpful - potentially along the lines of the *Australian recommendations for the management of hepatitis C infection: a consensus statement (September 2018)*. It was suggested that this guideline could include describing the experiences from jurisdictions with dried blood spot (DBS) and PoC testing approaches, along with the need to remove genotype as a requirement for treatment initiation, to advocate for more efficient and streamlined testing strategies. It was also suggested that screening policies such as onsite opt-in/out testing upon prison entrance, and repeat testing while in prison (pre and post treatment), be included. Finally, it was also suggested that information around transitioning, including engagement with prisoners for pre-release preparation, utilisation of transition support workers both pre- and post-release, and potentially use of incentives, be included.

It was highlighted that a strong evidence base is needed as the basis for advocacy, and that efforts should be framed in a positive light to the stakeholders. An ‘advocacy toolkit’ was proposed to support approaches for change to policy makers and service providers in each jurisdiction. This toolkit could include messages focusing on the workplace health and safety benefits of scale up of both treatment services and harm reduction programs in prison when advocating to corrections; and using the financial benefits of improved modalities such as PoC and DBS testing when advocating to health. The need to present stakeholders with concrete, actionable, solutions was highlighted.

Action plans:

6. *Develop a best practice guideline document for prisons hepatitis testing and treatment for clinicians and organisational healthcare providers*
7. *Develop an advocacy toolkit for policy makers and service providers.*

EC Australia

Alisa Pedrana presented on behalf of EC Australia, a 3-year project (2018-2020) which aims to ensure Australia maintains good progress towards the 2030 HCV elimination targets, with: health promotion amongst at risk populations; community health workforce development; research to identify improved testing approaches; and improved surveillance activities. It was highlighted that there has been a progressive decline in the number of people being treated nationally, and a need for increased HCV testing in a number of different settings in order to ensure Australia meets its 2030 HCV elimination commitments.

Action plans:

8. *Ensure regular liaison with EC Australia for coordination with prison-based education, surveillance and advocacy activities.*