

SPECIAL CONCERN AND STRATEGY FOR OPTIMIZING CASCADE CARE AMONG PRISONERS. THE HCV “PARCOURS” PROJECT IN ILE DE FRANCE (IDF)

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Background:

In France HCV prevalence in prison is 4 times higher than in general population

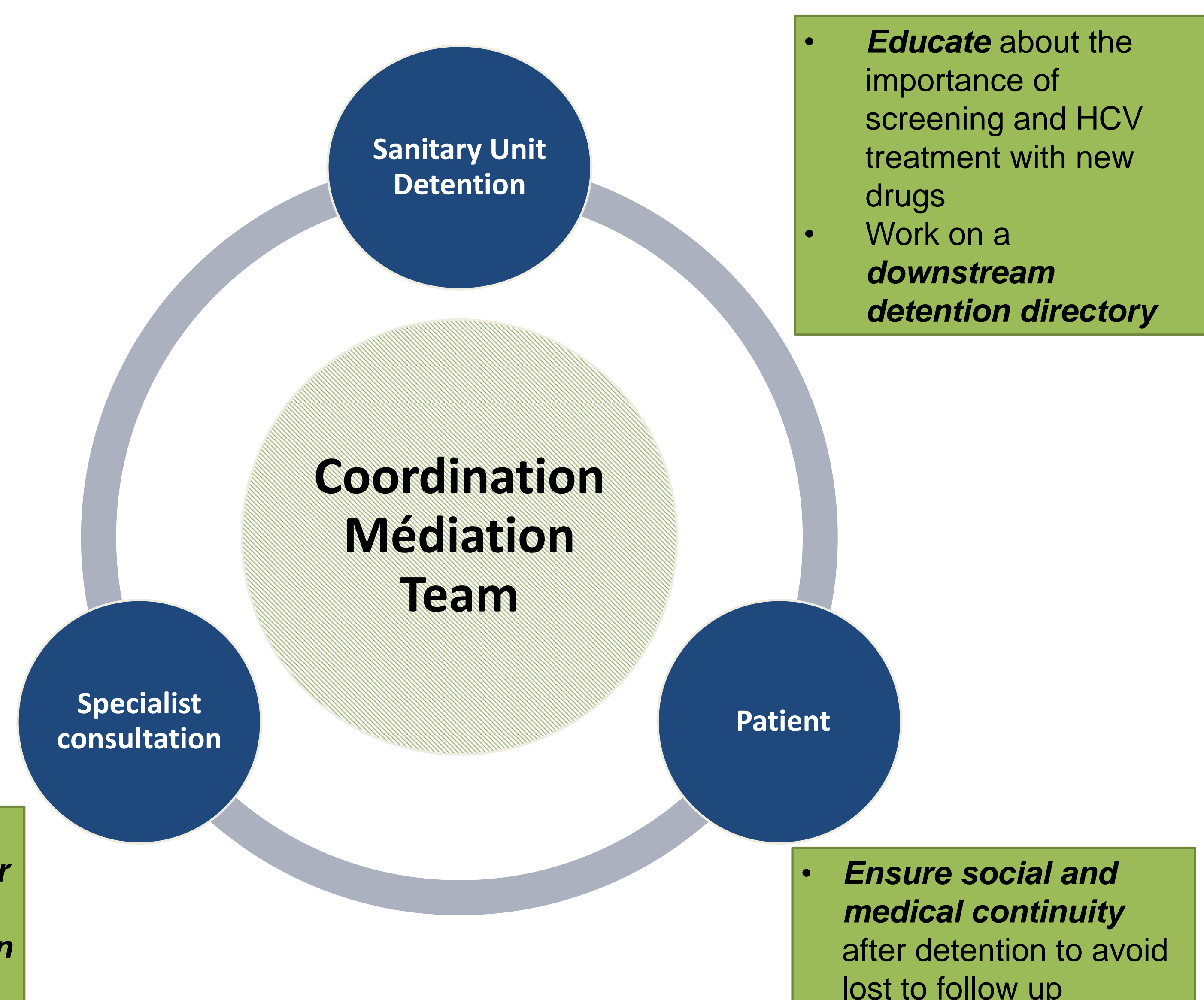
This is explained by the high proportion of migrants from highly endemic areas and drug use.

Incarceration is a good time to screen and treat HCV and as usually recommended in high incomes countries. However, the periods of incarceration are sometimes too short inferior (less than 3 months) limiting the achievement of care

Methods:

Implementation in 2016 of a prospective, multicentric, pragmatic research study to optimize the HCV care cascade in Ile de France

Supervised by a coordination and mediation team (CMT)



Results:

Analysis of intermediate results at 15 months for 86 cases

Characteristics	86 patients
Male	93%
Median age (range) years	43
Average delay between inclusion and first diagnosis (years)	7,5
Exposition risk to HCV	
History of injection drug use	69%
Migrants from high endemic areas	30%
Comorbidities	
Psychiatric comorbidities	28%
HIV	5,8%
HBV	1,1%

69 of 76 documented cases were replicative for HCV

To date:

22 were lost for follow-up before treatment began after release from detention

46 began treatment, 14 of which were complete but lost after detention.

The main reasons for the loss of follow-up were:

- transfer to another detention facilities outside of the study program
- expulsion from the country
- no further contacts with the CMT.

Conclusion:

Prisoners' status was strongly linked to a lack of retention in care after detention despite MCT intervention. More efforts are needed to improve outcome and HCV treatment achievement.

Disclosure of Interest Statement: None Declared