

ECDC/EMCDDA evidence-based guidance on prevention and control of HCV in prison settings

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Background:

Compared with the general public, people in prison have a higher prevalence of HCV infection, not least due to the overrepresentation of people with drug use disorders in this setting. Incarceration may represent a unique opportunity to make adequate healthcare services available to groups underserved in the community. The European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) have developed a joint evidence-based public health guidance for the prevention and control of HCV in prison settings in the EU/EEA.

Methods:

A systematic review of the scientific evidence from peer-reviewed and grey literature covering the period 1990-2017 has been performed by ECDC. The results were presented and discussed with a panel of European experts in order to complement the gathered evidence with expert advice and considerations on benefits and harms, human rights, equity, ethics and user preferences.

Results:

The evidence base included 46 records reporting on HCV active case finding, prevention, treatment, and throughcare in prison settings in the EU and other high income countries. The resulting guidance provides countries with evidence-based options for planning and implementing prevention and control interventions for HCV, directed at different sub-populations within the prison setting, alongside predictors of interventions uptake and barriers to their implementation. The guidance includes a range of service delivery models collected from EU/EEA countries (e.g. universal testing at entrance, safe-tattooing interventions, harm reduction, directly active antivirals treatment scale-up).

Conclusion:

There is evidence that the scale-up of HCV prevention and control in prison settings is needed, including by promoting universal active case finding, expanding existing prevention and harm reduction measures and increasing treatment coverage. Identification of evidence-based interventions and service delivery models may boost broader implementation in the EU/EEA and beyond. Efforts to expand the evidence base on effective HCV prevention and control interventions in prison settings are also needed.

Disclosure of Interest Statement:

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