

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 income countries. However, the periods of incarceration are sometimes too short inferior (less than 3 months) limiting the achievement of care.

Methods:

In 2016, IdF Regional Health Agency and the Assistance Publique des Hôpitaux de Paris launched a new program called HCV PARCOURS.

At the request of the prison users' representatives, organization of the Team's intervention Coordination and Mediation (TCM) was focused on:

- educate medical teams about the importance of screening and HCV treatment with new drugs
- Work on a downstream detention directory
- Ensure social and medical continuity after detention to avoid lost to follow up

In order to evaluate the TCM's intervention, gather information on progress along the way using data from the e-CRF.

Results:

86 patients already included in detention. 93% men, with median age 43 years, Average delay between diagnosis and inclusion 7.5 years with 75.6% of diagnoses > 6 months.

69% past or current drug use, 30% migrants from high endemic countries, 28% psychiatric history, 5.8% HIV-HCV and 1.1 % HBV-HCV coinfecting patients.

69 out of 76 documented cases had positive PCR.

To date:

22 were lost to follow up before initiation of treatment

46 started treatment, 14 of which are complete but lost after detention.

Major reasons of lost to follow-up: transfer to another detention facility out of study program, expulsion from the country, no further contact.

Conclusion:

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

Disclosure of Interest Statement: None Declared