HEPATITIS C CARE CASCADE IN BRITISH COLUMBIA PROVINCIAL CORRECTIONAL CENTRES PRIOR TO LAUNCH OF A CONTINUOUS QUALITY IMPROVEMENT PROJECT

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Background:

Increased hepatitis C virus (HCV) screening and treatment among people who are incarcerated (PWAI) is key for elimination efforts to be successful. The aim of this analysis was to determine the baseline levels of HCV screening, diagnosis, and treatment in all 10 British Columbia (BC) Provincial Correctional Centres (PCCs) prior to the launch of a Continuous Quality Improvement (CQI) project in October 2021.

Methods:

Data from BC Centre for Disease Control (BCCDC) Public Health Laboratory (PHL) (where >95% of all anti-HCV testing and >99% of all RNA and genotype tests in BC are conducted) were used to estimate HCV testing from BC PCCs between January 1 2021 and December 31 2021. Number of admissions to PCCs were provided by BC Corrections, while number of unique clients offered HCV testing and number of unique clients receiving HCV medications were provided by Correctional Health Services (CHS).

Results:

In 2021, 66% (6075/9179) of admissions to BC PCCs were offered an HCV test. Of those offered a test, 18% (1108/6075) accepted anti-HCV testing, with 22% (240/1108) testing positive. 478 people had HCV RNA testing performed in BC PCCs, of whom 39% (187/478) had RNA detected, and subsequently 60% (112/187) were genotyped. Among people genotyped, 69% (77/112) received HCV medications in custody (41% of all HCV RNA positive).

Conclusion:

A substantial proportion of people entering BC PCCs do not accept or receive HCV screening. As the anti-HCV test positivity observed was over 20%, enhancing screening uptake is warranted. However, more HCV RNA tests performed than people with anti-HCV results indicates many were diagnosed before admission. Encouragingly, over 60% were HCV RNA negative, indicating substantial HCV treatment or spontaneous clearance in this population. The HCV care cascade will continue to be monitored, to determine the impact of the CQI project on treatment initiation and linkage to care after release.

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Hepatitis C virus care cascade in
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