CAN PATIENT GROUPS LEAD DIAGNOSIS AND TREATMENT IN PRISONS OF RESOURCE LIMITED SETTINGS? WE ARE DOING IT!

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Background:
Prevalence of HCV can be as high as 52% among PWID in Manipur, India. Drug-related penal sentences of PWID (and incarceration of PWID by family members) contribute to significant numbers of PLHCV in local prison settings. Healthcare services in these prisons are extremely limited.

Description of model of care/intervention:
CoNE approached the prison authorities to implement an intervention targeting HCV literacy, diagnosis and treatment of PWID inside a local prison. Prison authorities contributed medical manpower for monitoring of treatment in consultation with our physician. Several other stakeholders were engaged in the initiative, including: a local laboratory providing free technical support; an NGO working in the prisons help identify and link with PWID inside the prison; CoNE through its provision of pre & post-test counselling. Furthermore, the main physician provided his time and effort pro bono. The medicines are purchased from donation of local philanthropist and supporters of CoNE.

Those confirmed as RNA positive were assessed for APRI score. Sofosbuvir & Daclatasvir were given for 12 weeks to inmates with a score below 1.5; 24 weeks to those inmates with score of more than 1.5.

Effectiveness:
150 of the 800 prison inmates were identified as belonging to the PWID community and were therefore offered the opportunity to take part in the awareness camp. Out of the 147 of the individuals provided voluntarily HCV antibody testing, 58 were antibody reactive. 49 were confirmed via RNA confirmation to have chronic HCV infection; 45 were initiated on treatment.

Conclusion and next steps:
Community organization can strongly demonstrate that HCV treatment is possible inside the prison with simplification of diagnostic through mobilization of different stakeholders. The protocol for this intervention provides a blueprint for scale up to other prison settings. The feasibility of replication is boosted by the Indian government's recent launch of a well-funded national hepatitis response.

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