Disparities in Hepatitis C virus (HCV) care across Quebec’s provincial prisons: Implications for HCV micro-elimination

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In Canada, there are federal (sentences ≥ 2 years) and provincial/territorial (sentences < 2 years) prisons

- HCV-Ab+ prevalence ~25% (vs. 0.7% general Canadian population)

All inmates in federal prisons are offered systematic opt-out screening for HCV and treatment during incarceration

HCV care in provincial prisons is less well defined

**Aim:** To describe current clinical practices and barriers to HCV care across Quebec’s 16 provincial prisons
Methods

- Cross-sectional study conducted in March 2019
- A 38-question web-based questionnaire was created and distributed to one representative per prison health care team
- Summary statistics and proportions were calculated
Results

- 16/16 provincial prisons completed questionnaire

HCV screening (for HCV-Ab via venipuncture):
- 10/16 (63%) offer on-demand screening
- 4/16 (25%) offer “risk-based” screening
- 2/16 (12%) offer opt-in screening
  - Median TAT = 3 days [range: 24 hours - > 7 days]

HCV confirmation (for HCV RNA via venipuncture) obtained:
- Same visit as HCV-Ab+ disclosure (3/16; 19%)
- Within 24-48h of disclosure (4/16; 25%)
- Within 1 week of disclosure (6/16)
  - Median TAT = 14 days [range: 7-28 days]
Results

Liver fibrosis assessments
- 3/16 (19%) perform transient elastography (Fibroscan®)
- 5/16 (31%) use non-invasive markers (APRI, FIB-4 Index)
- 8/16 (50%) do not conduct any further assessments

Treatment
- 9/16 (56%) have ever initiated HCV treatment on-site
- 13/16 (81%) are interested in Project ECHO

Linkage to care
- 10/16 (62%) have linkage to care programs at release
Perceived obstacles to HCV care

- **Screening**
  1. On-demand;
  2. Lack of inmate awareness; and
  3. Lack of personnel or dedicated screening time.

- **Overall care**
  1. Restricted movement of inmates;
  2. Lack of HCV knowledge/expertise and training; and
Study limitations

- Recall bias
- Social desirability bias
Conclusions/Implications

1. Considerable variability in screening and subsequent steps along the HCV care cascade among Quebec’s 16 provincial prisons;
2. Important system-, provider- and patient-level obstacles exist for the equitable provision of HCV care; and
3. Standardizing HCV care in Canadian provincial correctional facilities is an essential first step towards the micro-elimination of HCV in Canada.

- Adopting opt-out screening
- HCV education and telementoring programs
- Strengthening corridors of service at release
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