INTERVENTIONS TO INCREASE TESTING, LINKAGE TO CARE AND TREATMENT OF HEPATITIS C VIRUS (HCV) AMONG PEOPLE IN PRISONS: A SYSTEMATIC REVIEW

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Background:
While the burden of chronic hepatitis C virus (HCV) infection is significantly higher among people in prisons compared to the general population, testing and treatment uptake remain suboptimal. The aim of this systematic review was to evaluate interventions to enhance HCV testing, linkage to care and treatment uptake among people in prisons, a key population for HCV elimination.

Methods:
We searched Medline, Embase and the Cochrane Central Register of Controlled Trials for English language articles published between January 2007 and November 2017. Studies evaluating interventions to enhance HCV testing, linkage and treatment uptake for people in prison were included. Two independent reviewers evaluated articles selected for full-text review and extracted data for analysis. Disagreements were resolved by consensus.

Results:
A total of 475 unique articles were identified, 29 were retrieved for full text review and six were included. All but one study focused on testing in prison settings. Only two were randomized controlled trials (RCTs); the remainder were primarily single arm uncontrolled trials. Interventions to enhance HCV testing in prison settings included combination risk-based and birth-cohort screening strategies, on-site nurse-led opt-in screening clinics with pre-test counseling and education, and systematic dried blood spot (DBS) testing. All interventions increased HCV testing, albeit risks for study biases were high. Only DBS interventions were evaluated using RCTs; one study demonstrated increased HCV testing by 14.5%; the other showed no effect. Interventions to enhance linkage included facilitated referral for HCV assessment and scheduling of specialist appointments. All but one study was conducted in the pre-direct-acting antiviral (DAA) era; no studies were conducted in low- or middle-income countries.

Conclusion:
While the majority of studies have focused on improving access to HCV testing in the interferon era, rigorous controlled studies evaluating interventions to improve testing, linkage and treatment uptake in the DAA era are necessary.

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