

The National Hepatitis Health Promotion Conference 2009

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Hepatitis C treatment in Risdon Prison – the first years experience Sept 2008 to Sept 2009



◆ The Race Against Time

- ✦ Chronic hepatitis C infection is not the same as chronic hepatitis C induced liver disease
- ✦ Chronic hepatitis C related disease tends to increase with time
- ✦ The outcomes for those with Hepatitis C are variable.



A patient can be considered to have chronic HCV infection if they have documented active infection for more than six months. This means a positive HCVRNA test 6 months or more after initial infection

- ◆ Adults over 18 years of age can be treated whether they have liver fibrosis or not [2001]
- ◆ Active injecting drug use is no longer an exclusion [2001]
- ◆ A liver biopsy to prove liver damage is no longer required [2006]



The Barriers to Treatment are coming down

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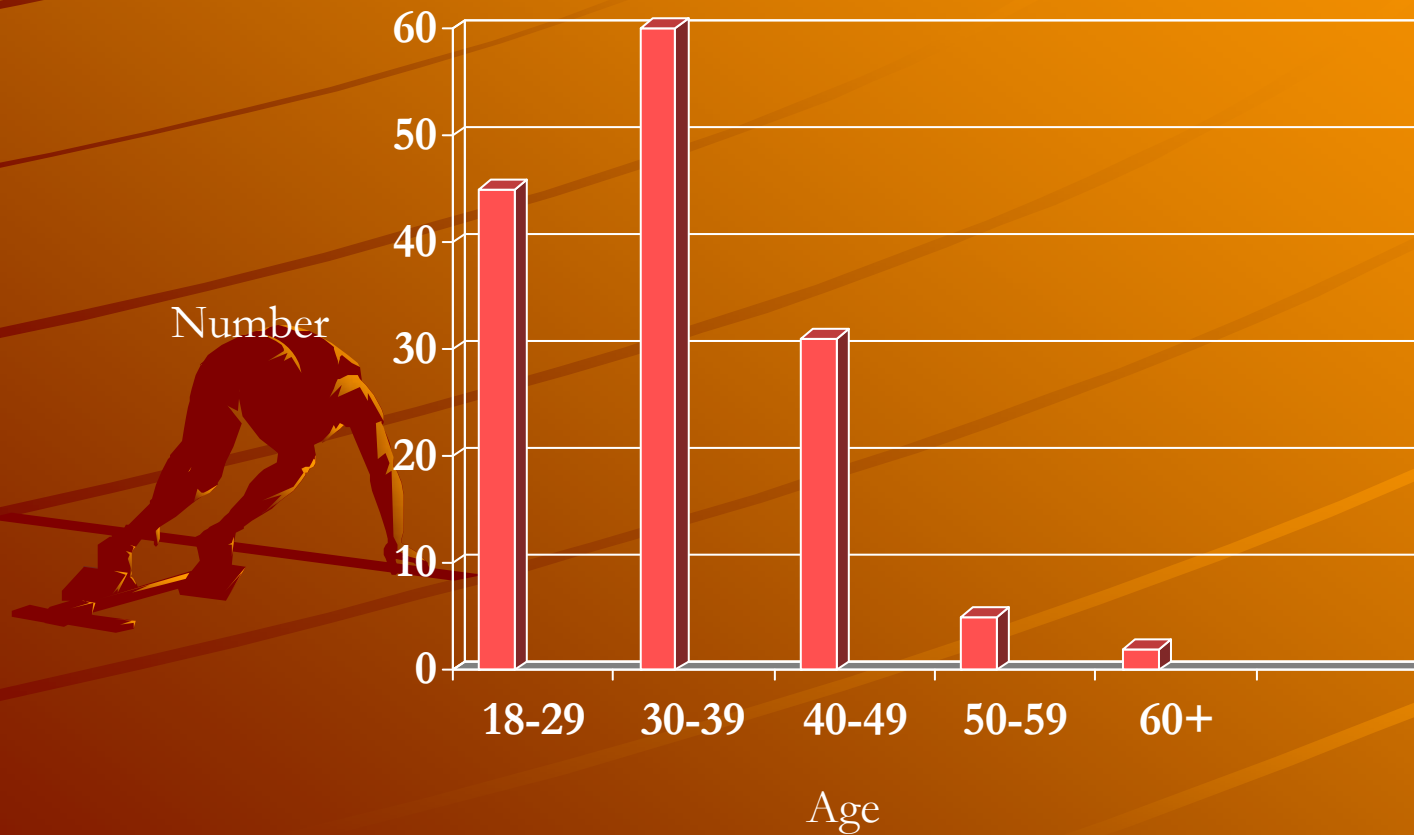
- ◆ Community infection rates with HCV in Tasmania are <1%
- ◆ In the prison they are 50% and higher again in female prisoners at 60%
- ◆ There are 3000 Tasmanians who need treatment and <40 per year are treated in 2008-09



Treatment rates are inadequate; the total number of infections is likely to be increasing; this indicates an increasing chronic disease load for Tasmania in the future

- ◆ Using national figures there may be up to 140 new cases of HCV in Tasmania per year
- ◆ We are storing up a problem for the future

Chronic Hepatitis C: age distribution 150 consecutive prison clients Prison Health Pro x number



RECOGNISING THAT WE HAVE A PROBLEM

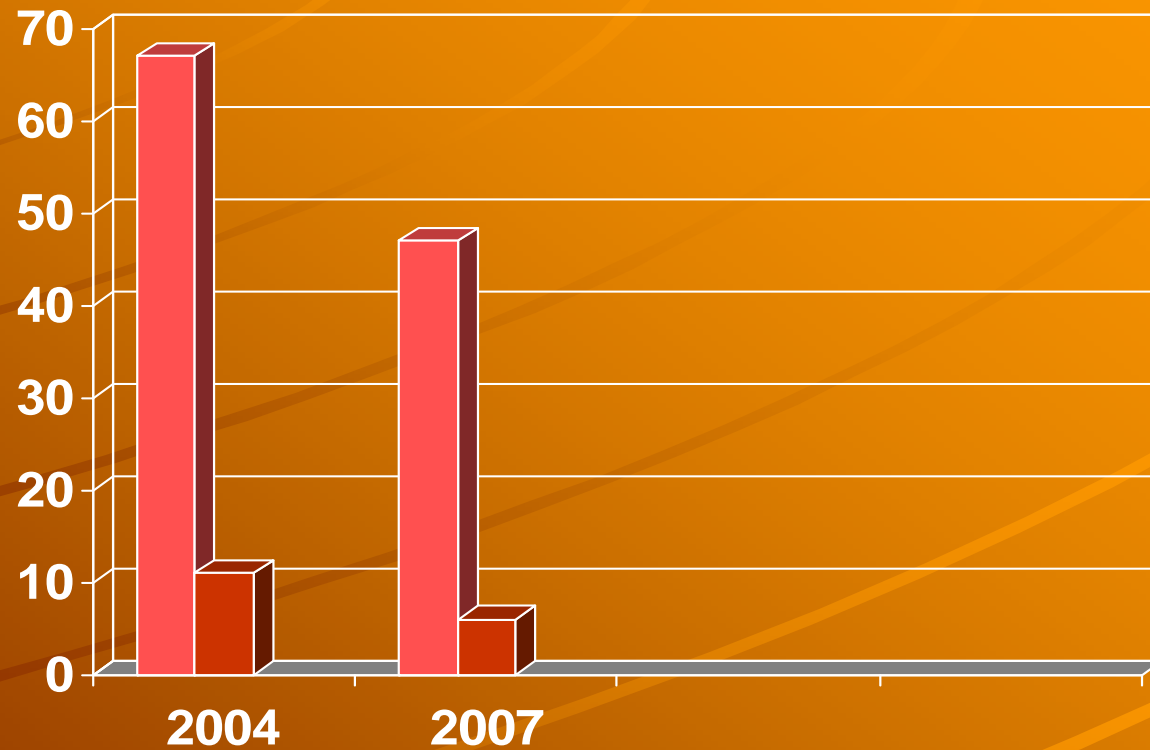
[In Risdon Prison Tasmania]
2007



**National Prison Entrants'
Blood borne Virus and
Risk Behaviour Survey
Report 2007**

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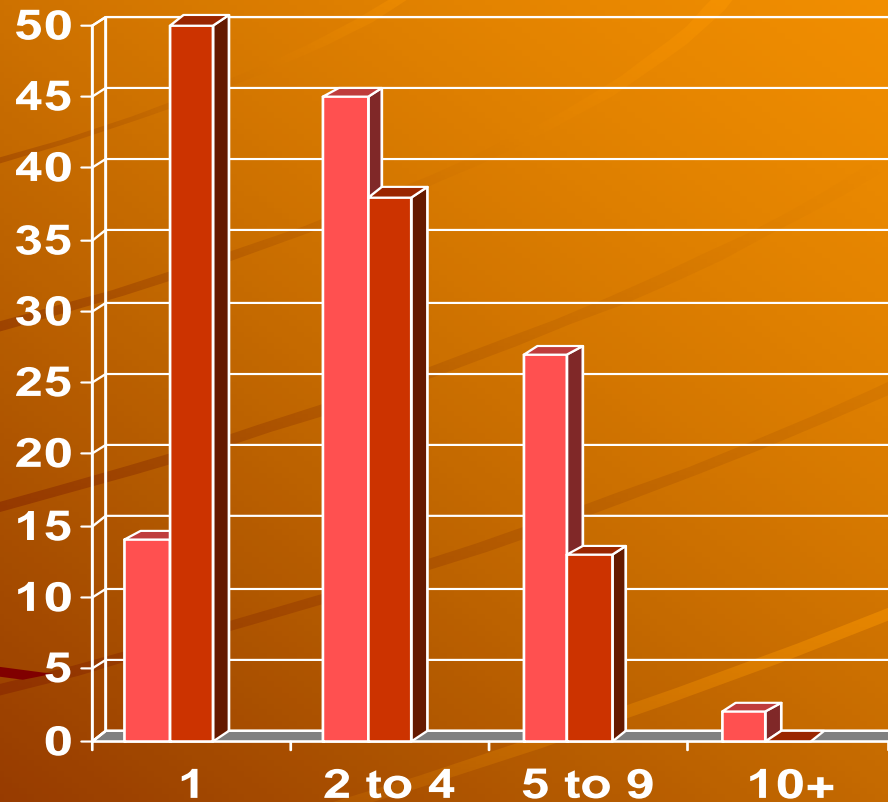
National Prison Entrants' Blood borne Virus and Risk Behaviour Survey Report 2007



HCV antibody prevalence by IDU [Pink] and non IDU [Brown] prison entrants

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National Prison Entrants' Blood borne Virus and Risk Behaviour Survey Report 2007



IDU imprisonment pattern is different to non IDU

Lifetime imprisonments as % IDU [Pink] v non IDU [Brown]

The Risdon Recidivism Index

by number of polydrugs [licit and illicit used] – Mean RRI 2.6

◆ n-drugs

RRI

◆ 1

1.75

◆ 2

2.3

◆ 3

2.4

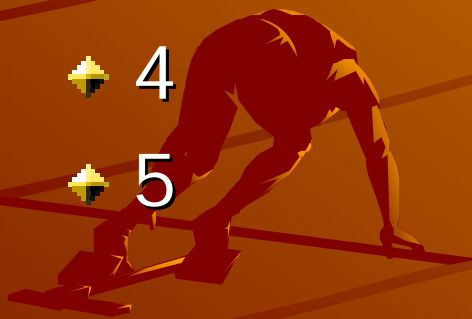
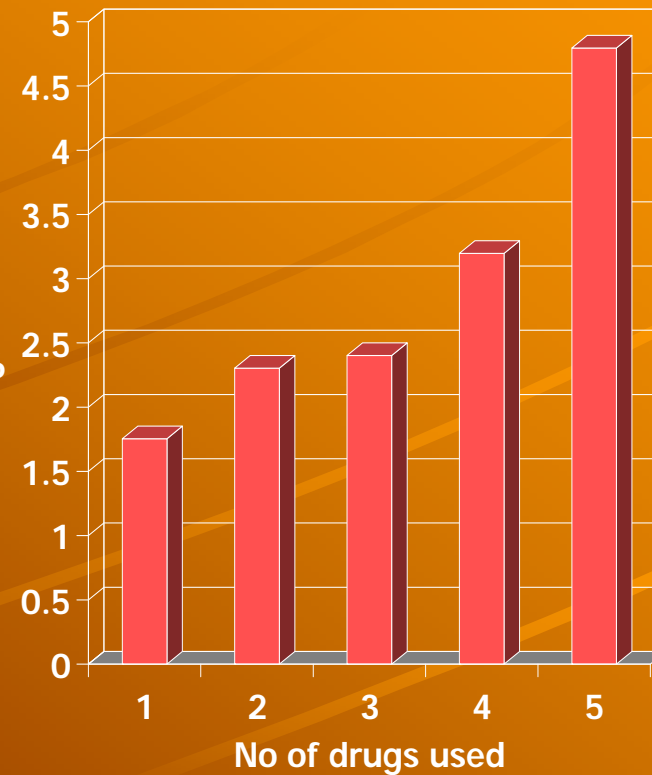
◆ 4

3.2

◆ 5

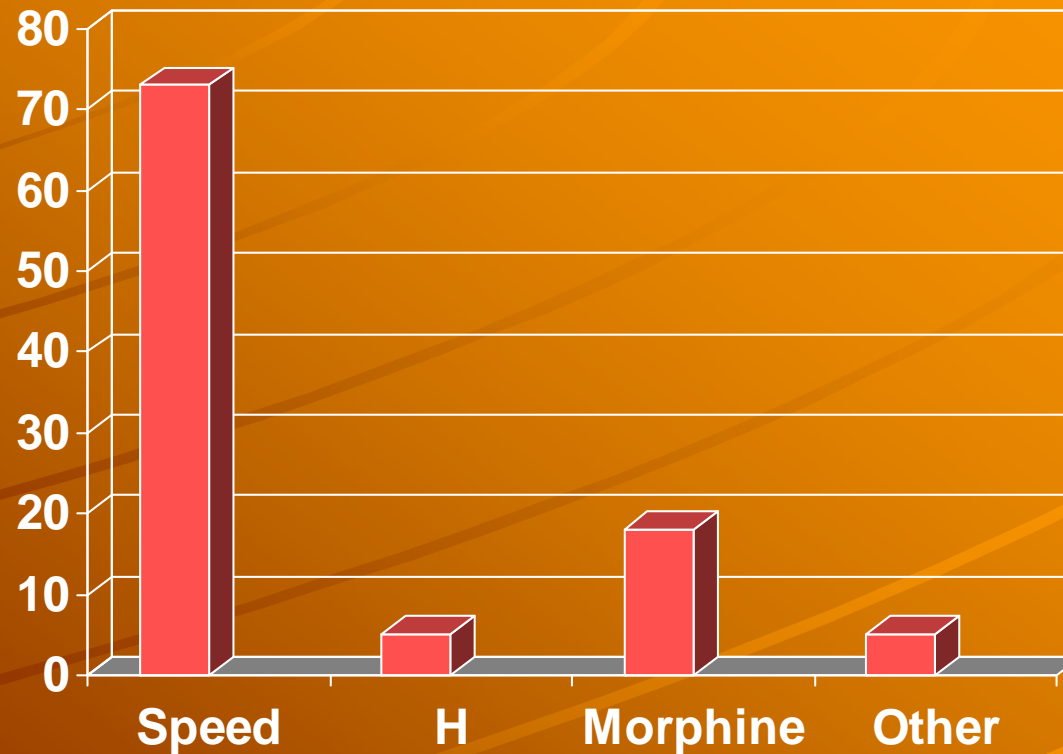
4.8

RRI
mean 2.6



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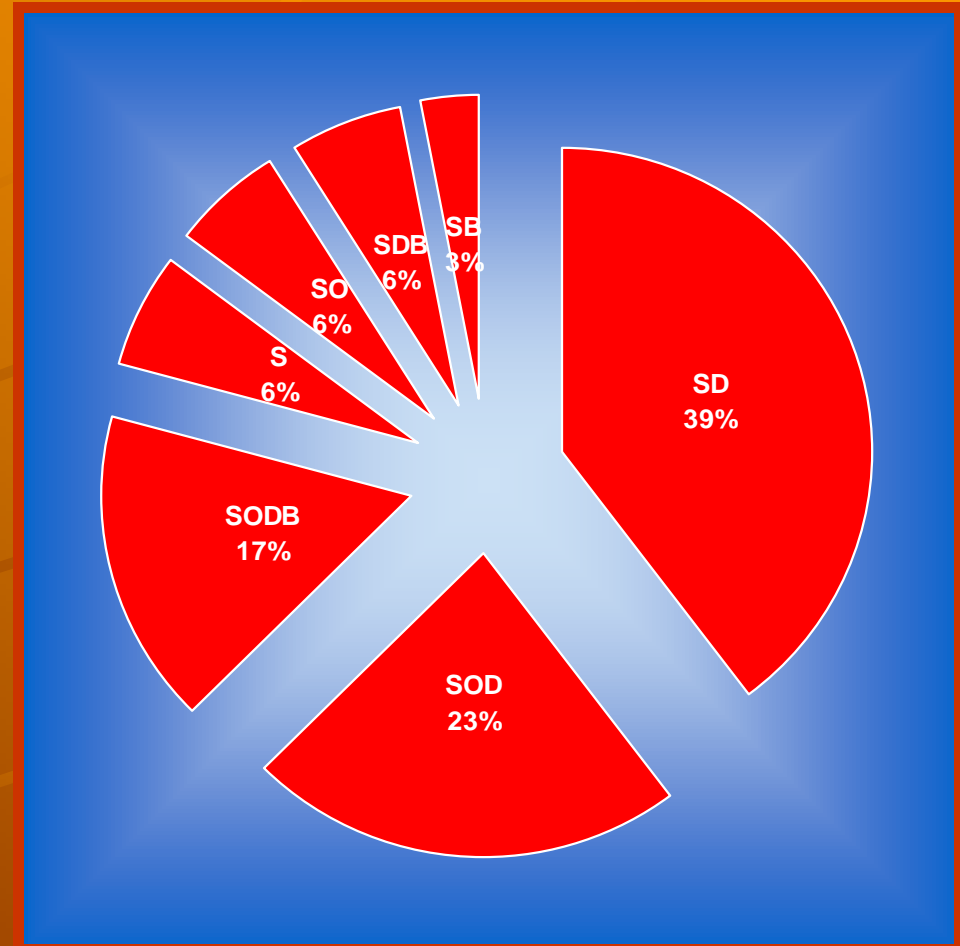
National Prison Entrants' Blood borne Virus and Risk Behaviour Survey Report 2007



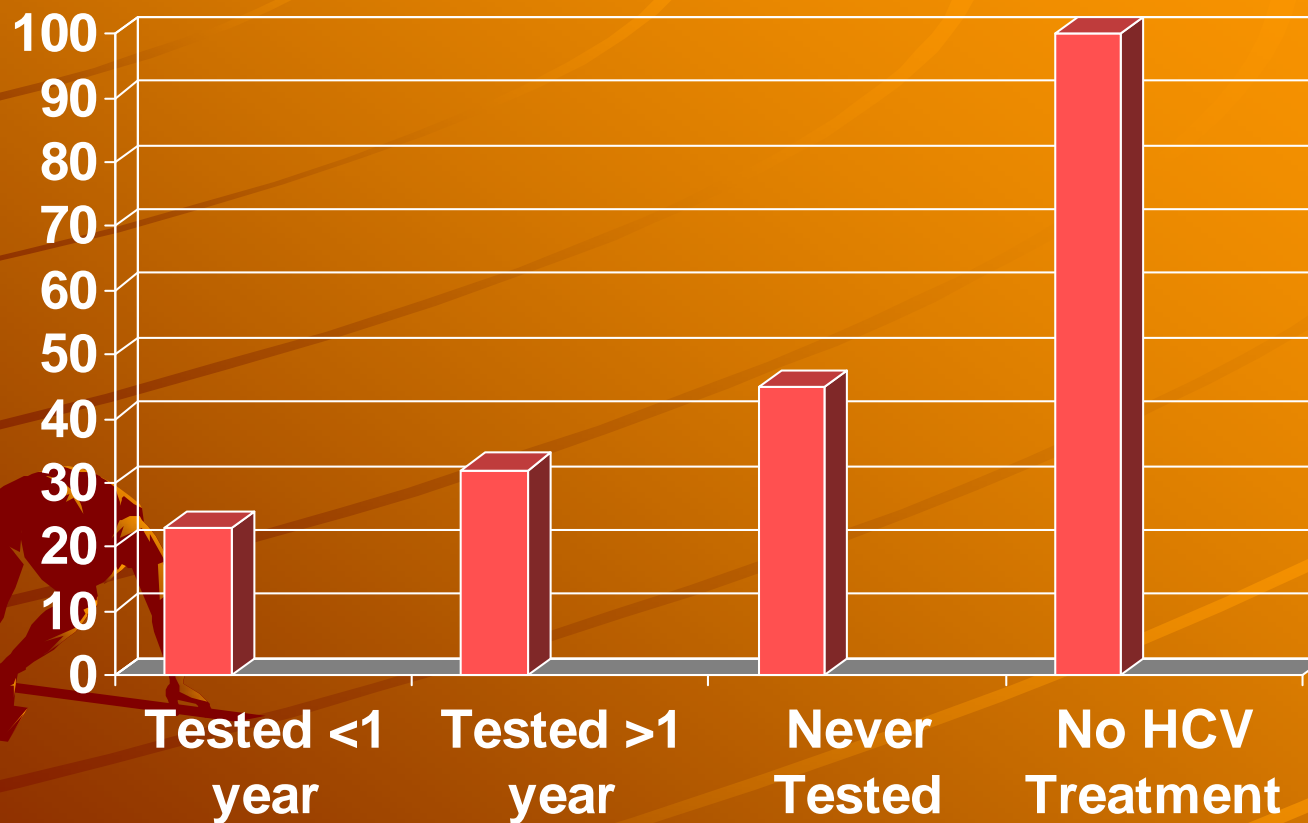
Last drug injected, amphetamines are way out in front

Illicit Drugs and Polydrug use Amphetamines Tasmanian Prisoners

- ◆ Speed/Dope 40%
- ◆ Speed/Opioid/Dope 23%
- ◆ Speed/Opioid/Dope/Benzo 17%
- ◆ Speed only 6%
- ◆ Speed/Opioid 6%
- ◆ Speed/Dope/Benzo 6%
- ◆ Speed/Benzo 3%



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% Testing and treatment by IVDU among prison entrants 2007

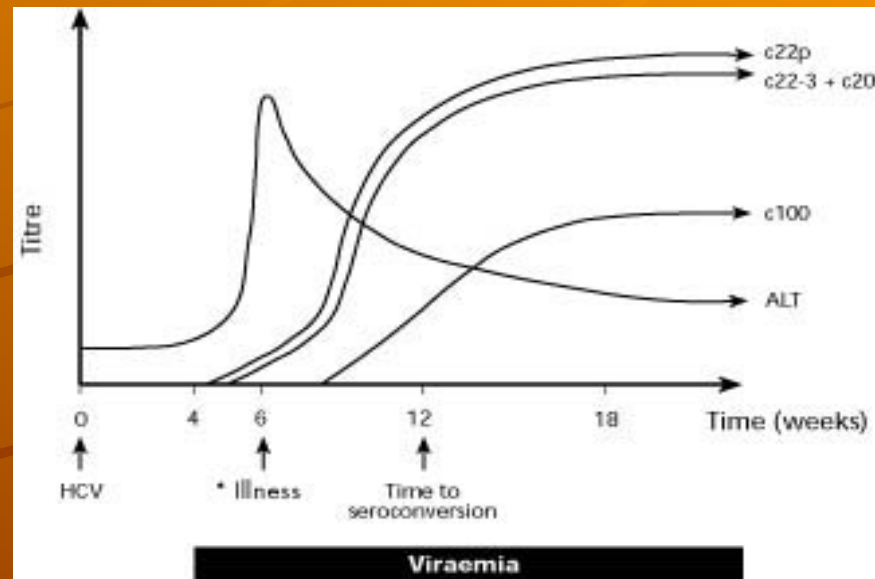
Track Marks



Prison Acquired Hepatitis C “Like Russian Roulette”

- ◆ Prisoner AB enters Risdon 2003
- ◆ Antibody negative 2004, 05 and 07
- ◆ Two episodes of needle sharing between March and May 2008 [these were reported as being one off events by this individual]
- ◆ One x prison tattoo in June 2008
- ◆ HCV antibody positive Feb 2009
- ◆ PCR positive >6/12, Genotype 6a, Viral Load >2million IU/ml Log 6.37

The HCV Disease Time Course



Viraemia begins at 2 to 4 weeks and is detectable by HCVRNA testing. About 25% of patients get sick at about 6/52 after infection with various symptoms of hepatitis a rise in ALT and serum Bilirubin. Screening tests are variously positive at about 12/52 or even earlier with third generation tests. Those who are going to clear the virus do so in the first three months. All the others will go onto chronic hepatitis C infection.

Getting Started

- ◆ Deciding to do it
- ◆ BBV co-ordinator position a joint appointment with public health
- ◆ Linking to Royal Hobart Hospital and Tasmanian Prison Service
- ◆ A Business Plan to inform the Dept.
- ◆ A Risk Management Plan to control and monitor progress

Risk Management Context:

Risk	Consider	Impact	Likelihood	Risk Level
Clinical	Poor process Poor information Side effects Incomplete treatments Program failure	High High High High High	Low Low Low Low Low	Minimal Minimal Minimal Minimal Minimal
Corporate & Budget Resource	Too many patients Too few staff Costs Lack of support Program failure	High High High High High	Moderate Moderate Moderate Moderate Moderate	Moderate Moderate Moderate Moderate Moderate
Relational	Poor communication and consultation Isolated stakeholders Lack of support Lack of coordination Program failure	High High High High High High	Low Low Low Low Low Low	Minimal Minimal Minimal Minimal Minimal Minimal

Risk Management Context: Shared Care with Royal Hobart Hospital

- Patient selection, initial assessment and workup by CPHS;
- seen at Gastroenterology Clinic RHH and prescription written ;
- All treatment and reviews conducted within the prison
- regular liaison with RHH to discuss problems
- Professional peer review of the CPHS program;

Risk Management Context:

VARIABLE	RATIONALE
Age	Relevant to years of infection
Sex	Treating female prisoners is likely to be more difficult than treating males for various reasons
Length of sentence	Able to complete the full treatment whilst in prison
Security rating	Medium or minimum classification preferable for access and patient stability considerations
Mental State	Potential for mental health deterioration with treatment
D&A	Active IVDU behaviour is a relative contraindication
Alcohol Abuse	Is not a contraindication if treatment is conducted in the prison and liver function is stable. It is only a relative contraindication in the community.
Genotype	Type 3 is more successfully treated and in a shorter period of time than other genotypes
Those who have been processed by RHH gastroenterology clinic	These people are “ready to go”
Those who demonstrate fibrotic liver disease	Stage 3 and 4 fibrosis given preference

The Scorecard so far

- ◆ 4 x 3a treatments 2 are complete

- ◆ 2 x 1b treatment in progress

- ◆ 20 patients worked up and ready to start treatment in 2010

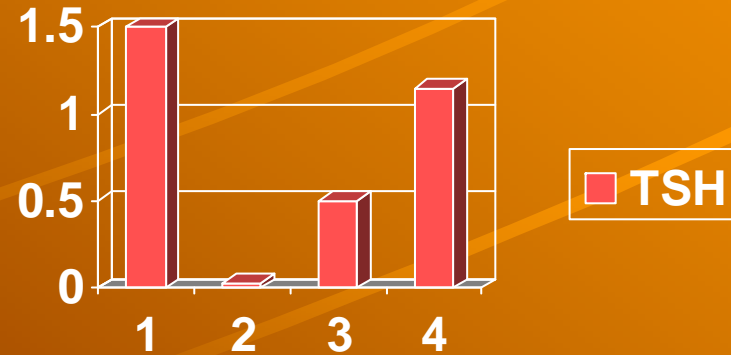
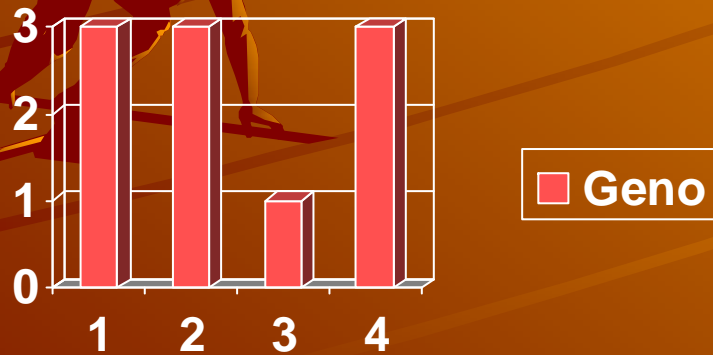
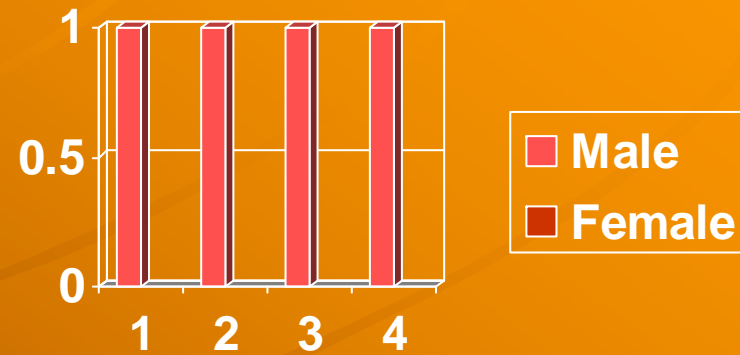
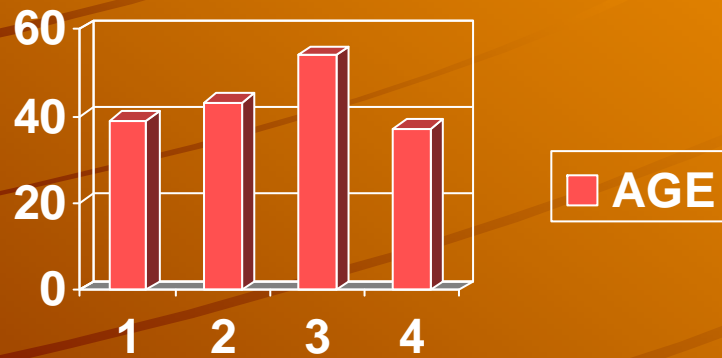
- ◆ 3 x community treatments continued

- ◆ 3 x patients will begin treatment in October

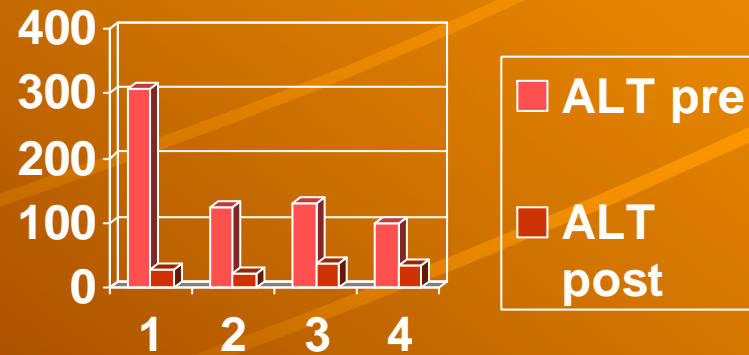
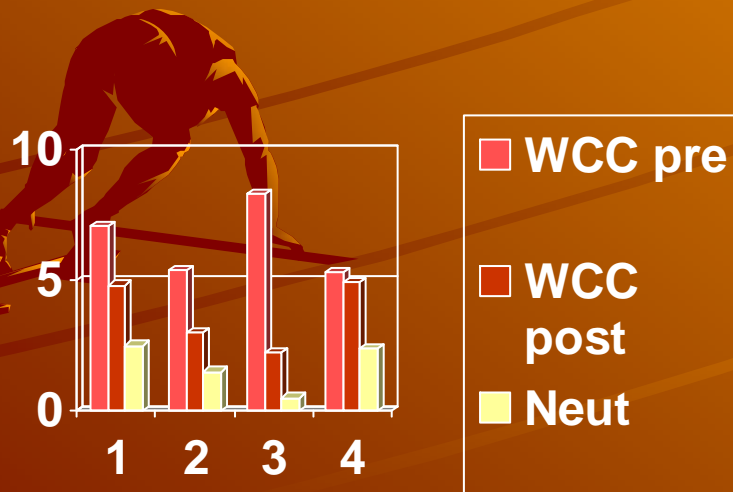
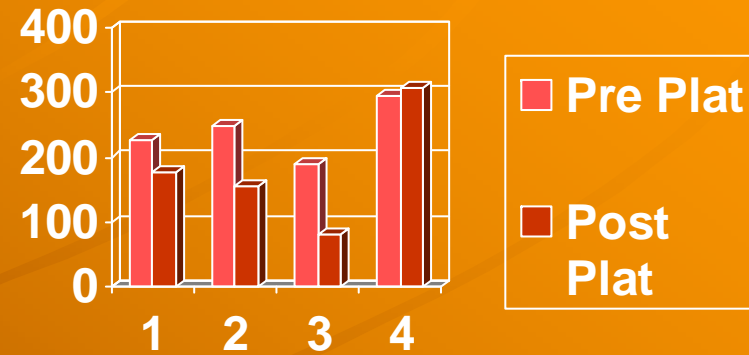
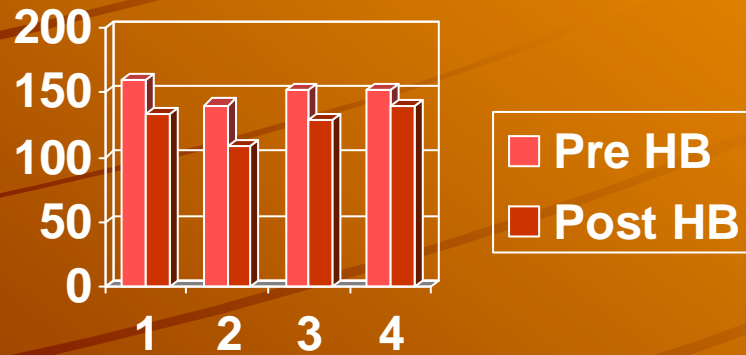
No significant side effects encountered



The Patients



The Patients



Where to from here?

- ◆ 50+ treatments in 2010-11?
- ◆ We are becoming less risk averse !
- ◆ BBV co-ordinator / Clinical Nurse Specialist
- ◆ Training for general staff continues
- ◆ Peer support prisoner health workers?



- ◆ Towards a Tasmanian Accreditation program
- ◆ General Practitioner Prescribing Rights
- ◆ Identify the rate of prison acquired HCV in Tasmania

The Message

- ✦ Chronic Hepatitis C is associated with significant morbidity and it is cost effective to treat.
- ✦ General Practitioners especially those in prison or drug and alcohol practice are ideally placed to promote education and treatment.



Acknowledgements

- ✦ Australian Society for HIV Medicine Inc [ASHM] – An overview of Hepatitis C clinical management in opiate pharmacotherapy settings: at www.ashm.org.au
- ✦ Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings March 2007
- ✦ The National Correctional Drug Strategy 2006-2009



A Race Against Time

- ✦ Butler T, Papanasthasiou C. National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004 & 2007. National Drug Research Institute [Curtin University] & National Centre in HIV Epidemiology and Clinical Research [University of NSW]. 2008