European evidence-based guidance on prevention and control of HCV in prison settings

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**Background**

In the 31 EU/EEA countries, more than 590,000 persons are held in a custodial facility on any given day. According to recent reviews of prison studies from EU countries, prison prevalence estimates for HCV ranged from 4.3% to 86.3%. People in prison also tend to have multiple complex health and social care needs resulting from a mix of specific socio-economic determinants and environmental factors. A significant proportion of people in prison have a history of drug use, and a strong association has been found between prison history and HCV prevalence in people who inject drugs.

Prisons are settings of increased risk for HCV transmission, while representing a unique opportunity for Disease Prevention and control interventions for HCV, directed at different sub-populations within the prison setting, alongside predictors of interventions uptake and barriers to implementation.

The guidance is complemented by service delivery models collected from EU/EEA countries.

**Results**

The evidence base included 86 records reporting findings from the EU and other high income countries. The resulting guidance provides countries with evidence-based options for planning and implementing prevention and control interventions for HCV, directed at different sub-populations within the prison setting, alongside predictors of interventions uptake and barriers to implementation.

**Conclusions**

The conclusions listed are based on consideration of the strength of evidence supplemented by expert opinion. Considerations for successful implementation of the interventions in European prison settings are also provided.

There is evidence that the scale-up of HCV prevention and control in prison settings is needed, including by promoting universal active case finding, expanding existing prevention and harm reduction measures and increasing treatment coverage. Identification of evidence-based interventions and service delivery models may boost broader implementation in the EU/EEA and beyond. Efforts to expand the evidence base on effective HCV prevention and control interventions in prison settings are also needed.

**Key points from the guidance**

**Prevention**

- Offer a comprehensive package of preventive measures to people in prison that meet the same national standards as those recommended for community settings.

Evidence shows that: 1. opioid substitution treatment reduces illicit opioid use and risks related to equipment sharing and, when continued on release, provides protection from death caused by overdose; 2. the provision of clean drug injection equipment is possible in prison settings and can successfully contribute to a comprehensive programme to reduce BBV transmission; 3. provision of HBV vaccination using the rapid schedules may result in a higher completion rate of the full schedule; 4. also in prison settings, condoms and behavioural interventions promote safer sex.

**Testing for viral hepatitis**

- Actively offer BBV testing to all people in prison upon admission and throughout the time in prison.

Evidence shows that pro-active provision of BBV testing leads to a higher uptake, health promotion and peer education have been shown to increase HIV testing uptake.

**Viral hepatitis treatment**

- Offer appropriate treatment to individuals diagnosed with HCV infection in prison settings, in line with the guidelines applied in the community and meeting the same provision standards as in the community.

Evidence shows that treatment of HCV chronic infections is feasible and effective in prison.

**Continuity of care**

- Actively support and ensure continuity of care between prison and community.

Evidence shows that: 1. release from prison is a key barrier to continuity and adherence to drug and infectious diseases treatment; 2. collaboration and partnership between prison and community health-care services promote and facilitate uninterrupted care; 3. active referral to external services improves treatment adherence.

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**References**


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