THE HEPATITIS INTENSIVE TEST AND TREAT INITIATIVE AT HM PRISON BULLINGDON IN BICESTER, UK

EMILY MONGALE1 AND ELAINE LAWSON2
CARE UK1 AND THAMES VALLEY HCV OP NETWORK2, UK

PRE-PANDEMIC PHASE: THE STATE OF AFFAIRS

The Hepatitis Intensive Test and Treat (HITT) initiative, supported by The Hepatitis C Trust, Care UK and the Thames Valley HCV operational delivery network, aimed to test over 95% of the prison population at HM Prison Bullingdon (Bicester, UK) over a 5-day period, to be followed by HCV treatment initiation.

1060 (97%) of people in prison screened from 29 February to 4 March 2020

PANDEMIC PHASE: THE PROBLEM

The UK national lockdown, instituted on 23 March 2020, resulted in HCV staff in prisons being redeployed to support the national emergency pandemic response. Blood-borne virus (BBV) testing was de-prioritised or ceased in many English prisons, which were affected greatly by the COVID-19 pandemic, either by the infection of prisoners or the impact on staff capacity due to shielding, sickness and operational capacity. Meanwhile, inmates who tested positive awaited treatment.

THE SOLUTION

Prison nurse-led clinic implemented to start and manage treatment for the PCR+ patients from the HITT initiative

A simplified assessment process using FIB-4 and telemedicine to enable specialists and clinical nurses to assess patients remotely

A multidisciplinary team involving the prison, hospital, prison peers and pharmacy teams facilitated patient diagnosis, assessment and drug delivery to the prison

HM Prison Bullingdon was a prison in England that continued with BBV testing in reception throughout the entire lockdown period, so new PCR+ patients could continue to be identified (post-HITT patients*).

35 treatment starts occurred remotely during the lockdown period

POST-PANDEMIC: FUTURE PERSPECTIVES

Refine and adapt the pathway through internal training of staff and development of robust standard operating procedures

Future-proof pathway in case of any subsequent peaks or lockdowns

Further evaluate the benefits of telemedicine vs face-to-face appointments for reducing the number of no-shows

*New patients identified via the BBV testing at reception throughout the lockdown period (Mar–Aug). Of the 27 HCV RNA+: N=3 were released prior to HCV RNA+ result coming back; N=21/24 were screened for treatment (1 declined treatment/1 under the influence when tried to screen/1 released 2 days later); N=21/24 were started on treatment. Emily Mongale and Elaine Lawson, personal communication.