# COMPREHENSIVE HCV SERVICE DELIVERY MODEL FOR ACHIEVING MICRO-ELIMINATION OF HEPATITIS-C AMONG THE INCARCERATED POPULATION OF HARYANA AND CHANDIGARH, INDIA

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#### Background:

The need for a comprehensive HCV service delivery model for the high-risk groups such as prisoners was felt to achieve the 2030 global targets for elimination of hepatitis C virus (HCV).

## Description of model of care/intervention:

Participants were screened in 9 prisons at Haryana and 1 prison at Chandigarh either at the time of incarceration or via screening camps using anti-HCV rapid diagnostic tests (RDT). For all participants found HCV RDT+ reflex blood draw was used for HCV RNA and pre-investigations. APRI and FIB-4 scores were used to determine the liver staging (non-cirrhotic is APRI <2 & FIB-4 <3.5 and cirrhotic is APRI >2 & FIB-4 >3.5). Prison medical officers initiated all the non-cirrhotic patients on treatment on site and cirrhotic cases via telemedicine with the gastroenterologists at the tertiary hospitals. Test of cure (SVR12) was assessed with HCV RNA test done 12 weeks after treatment completion.

## Effectiveness:

**15,274** inmates were screened from April 2021 to May 2022. Of the **4.4%** (n=**683**) HCV antibodypositive, **97.9%** (n=**669**) completed an RNA test. Of those who had RNA completed, **76%** (n=**465**) were HCV RNA+, of those **80.4%** (n=**374**) initiated treatment, **79.5%** (n=**284**) completed treatment, **35.9%** (n=**102**) had a SVR cure assessment, and SVR was achieved in **89.2%** (n=**91**) patients. The median days and IQR for turnaround time from RDT screening to RNA results is 4 days, IQR 3-7 (n= 617) and for initiation on treatment after receipt of RNA results is 10 days, IQR 5-21 (n= 231).

#### Conclusion and next steps:

Post the FIND activities this model was transitioned to government partners for delivery of HCV services in prisons. This HCV care model proved to be effective in delivering the complete HCV care within the prison setting using existing prison medical staff and could be replicable to increase access of HCV care.

#### **Disclosure of Interest Statement:**

None