

Mandatory Disease Testing Bill

Hearing – 12 February 2021

Question on Notice

Mr DAVID SHOEBRIDGE: Are you aware of any studies involving prisons, prison populations and Corrective Services officers?

Dr CRETIKOS: I know that there is additional evidence beyond what is presented in this document and perhaps we could provide that on notice should you wish to have that. I just draw your attention to table 7. It describes both percutaneous injuries with source known to be hepatitis C-positive and percutaneous injuries involving large bore catheter needles which are one of the highest-risk types of exposure.

Mr DAVID SHOEBRIDGE: If there is anything further you think would be useful to explain table 7, you have the opportunity to explain it on notice. There is no requirement.

ANSWER

The Justice Health and Forensic Mental Health Network ('the Network') delivers a comprehensive blood borne virus testing and treatment program across the state and has effective, evidence-based policies in place in relation to staff or patients exposed to blood borne viruses. The Network also delivers a Hepatitis B vaccination program.

The prevalence of HIV in inmates in NSW correctional centres is very low, at 0.03 per cent. HIV treatment is extremely effective in suppressing viral load. Known positive inmates are provided treatment to achieve an undetectable viral load, meaning for those on treatment, there is almost no risk of transmission of HIV to another person.

The prevalence of hepatitis C infection in inmates when screened on arrival to NSW correctional centres is now approximately 10 to 15 per cent. This is lower than in the past due to increased access to treatment in the community and in correctional centres.

Treatment for hepatitis C with direct acting antiviral medication became available in March 2016. This treatment can be completed within eight to 12 weeks and has more than a 95 per cent cure rate, meaning almost all people are no longer infectious once treated. The prevalence of hepatitis C infection in inmates is likely substantially lower than the prevalence on entry due to early access to treatment while in custody.

Evidence of this reduced prevalence in correctional centres is provided by the '*Hepatitis in Prisons Elimination*' Program, which was conducted between 2017 and 2019. As part of this project, hepatitis C was virtually eliminated from the 12 participating correctional centres. An early detection program, which includes point of care testing and dried blood spot testing continues at these centres with low rates of hepatitis C cases detected. Most hepatitis C infections detected in these 12 correctional centres are among new inmates.

Since the introduction of the direct acting antiviral treatment, the Network has effectively treated an average of 1,158 inmates per year for hepatitis C.

There have been no incidents of hepatitis C transmission to correctional centre staff in NSW that the Network is aware of, since at least 2016.

In recent years, all inmates have consented to voluntarily undergo testing when asked, pursuant to the current Network policy, in circumstances where they may have put correctional centre staff at risk of contracting a blood borne virus.

The Network has a range of policies and guidelines in place regarding blood borne virus testing, management and immunisation of inmates, as well as management of inmates and staff exposed to blood or body fluids, which can be made available to the committee if required.