

Committee request for information

- There is a higher prevalence of hepatitis C in Australian prisons than the community. However, hepatitis C is more than 95 per cent curable through treatment with the direct acting antivirals (DAAs) which became available in March 2016.
- The Justice Health and Forensic Mental Health Network's recent clinical data has found the prevalence of people living with hepatitis C in prisons is now likely much lower than previously due to an increase in treatment in correctional centres (CCs) and the community. Recent testing of those with risk factors to CCs has found a prevalence of hepatitis C in inmates on entry to CCs of between 10 and 15 per cent. Overall hepatitis C prevalence in NSW prisons may be lower due to early access to treatment while in CCs.
- Phase 1 of the Hepatitis in Prisons Elimination (HIPE) Program involved testing more than 1,000 individuals from 12 correctional centres between 2017 and 2019. It found a prevalence of hepatitis C of 11 per cent. Through this program, hepatitis C was virtually eliminated in all 12 centres. An early detection program (EDP), 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 detected in these 12 CCs are among new inmates.
- The Network also started a hepatitis C point of care testing pilot program on new to custody inmates received at the Metropolitan Remand and Reception Centre at Silverwater. In the first four weeks since the pilot started in January 2021, 120 people were tested, with 16 found to be positive with active disease, a prevalence of 13.3 per cent. The pilot will run until June 2021 when the findings will be reviewed.
- Dried blood spot testing started in July 2018. For the period 12 July 2018 to 2 October 2020 3,359 tests were conducted for hepatitis C with 414 positive results, a prevalence of 12.3 per cent. For the same period, 2969 tests were conducted for HIV with just one positive diagnosis (0.03 per cent).
- The Network delivers programs for the identification and management of blood borne viruses in correctional centres across NSW and operates the HIPE Program, which started in 2017. The Network also delivers a Hepatitis B vaccination program.
- All new to custody inmates undergo a reception screening assessment and, if identified as at risk of blood borne viruses, are scheduled for EDP testing for HIV, hepatitis C and hepatitis B with consent.
- During the period 2017 to 2020, 10,191 inmates on average per year have been tested for HIV, hepatitis C and hepatitis B through the EDP (this does not include private prison operators).
- Since the introduction of the DAAs in 2016, the Network has treated an average of 1,158 inmates per year for hepatitis C.
- The incidence of HIV in NSW correctional centres is very low and known positive inmates are on treatment with an undetectable viral load meaning there is almost no risk of transmission of HIV to another person. HIV cannot be transmitted through saliva.
- 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.
- Hepatitis C infections do occur in correctional centres in NSW, with 147 inmates confirmed as having contracted hepatitis C while in custody since 2017.
- In partnership with Corrective Services NSW (CSNSW), the Network and other organisations provide blood borne virus education and resources to inmates regarding harm minimisation.
- The Chief Executive of the Network and the Commissioner of CSNSW also recently supported a recommendation to improve blood borne virus and harm reduction training for staff in the NSW custodial system.
- The Network has 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.