



ESTABLISHING SYNERGY FOR MANAGEMENT OF VIRAL HEPATITIS IN CORRECTIONAL HOMES

Presented at the
**9th NATIONAL SUMMIT ON GOOD, REPLICABLE PRACTICES AND INNOVATIONS
IN PUBLIC HEALTHCARE SYSTEMS IN INDIA**

An innovative initiative of the
**Health and Family Welfare Department
Government of West Bengal**

Background



People living with chronic Hepatitis B: 254 Million

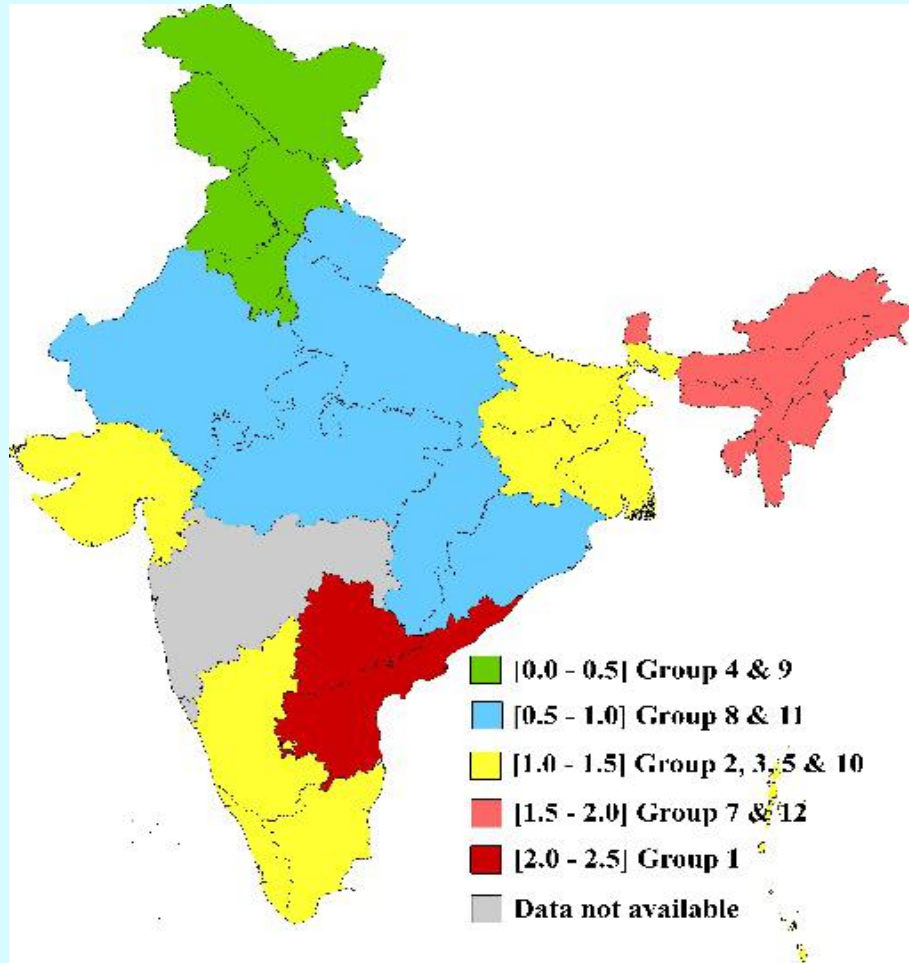
People living with chronic Hepatitis C: 50 Million

People living with chronic Hepatitis B: 30 Million

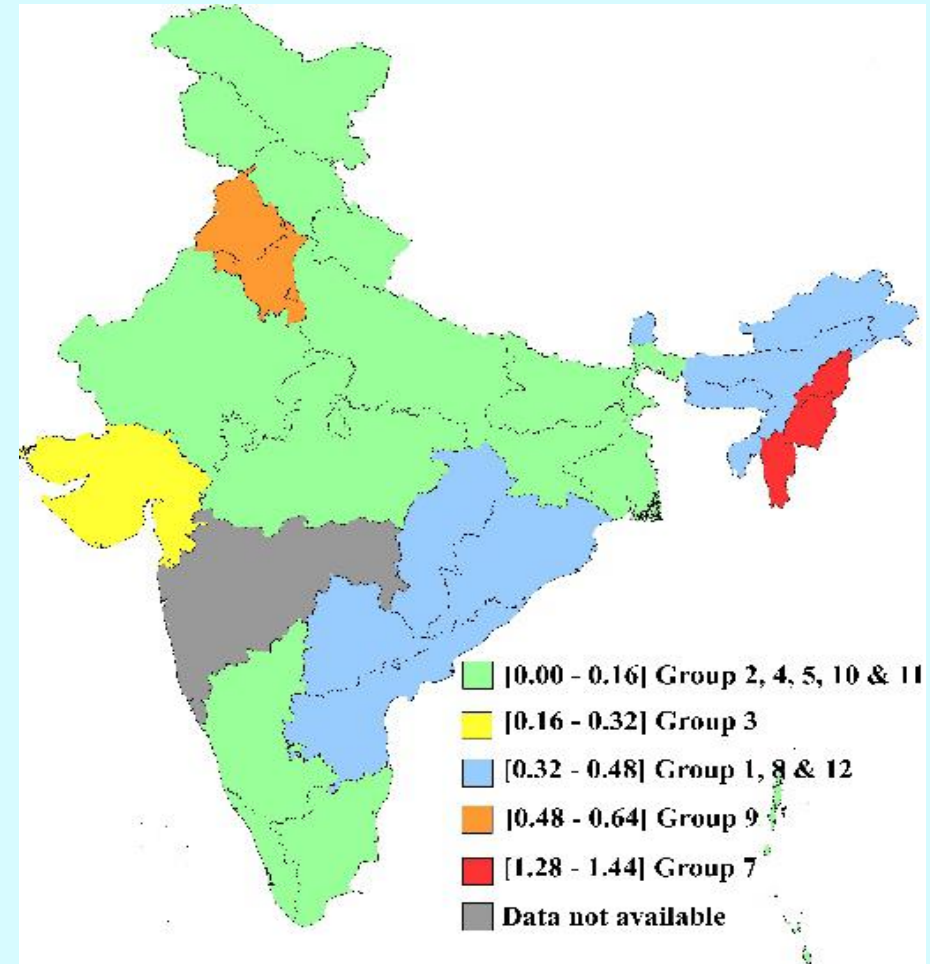
People living with chronic Hepatitis C: 06 Million

- Prevalence of Hep B: 8 times more than HIV
- Mortality: Equal to TB
- The only CD showing a rising trend

Sero-prevalence of Hepatitis B & C (NFHS-4, 2021)



Sero-prevalence of **Hepatitis-B** in **WB** - **1.26%** (against 0.95% national prevalence).



Sero-prevalence of **Hepatitis-C** in **WB** - **0.16%** (against 0.32% national prevalence).

Hep-B/C Prevalence in West Bengal

Population-based survey conducted by the state	HBsAg Prevalence%	Anti-HCV Prevalence %
Gen. Population 2023	0.47%	0.018%
Slum-centric @ Metropolis 2023	0.94%	0.12%
Correctional Home (CH) inmate	1.51%	0.67%













People in prisons are disproportionately affected by hepatitis B and C
(WHO Policy Brief for People in prisons and OCS, 2022)

The Hurdles: Many a slip between cup and lip

HIV care & service in Correctional Homes, Apr-2024 to Jan-2025				
No. of CH-s	No. of convicts & under trials	No. of HIV tests	No. HIV positive	No. linked to ART
60 (59 covered)	4609 & 75608	51437	126	104

- However, reach of health programmes in CHs is sub-optimal in general.
- Movement from CH to Designated Treatment Centre entails transport, security coverage
- Visit of mobile teams from District Health set up – periodic; logistic hurdles
- High Turnover/transfer of detainees (UTs)
- Missed opportunities - screening to viral load and management

Intervention: The Process flow

Screening	Scenario	Blood collection of screened positive for further tests	Viral load estimation	Baseline investigation	Referred for care (All HBsAg-positive, and all test positive for both anti-HCV and HCV RNA)	Adherence monitoring
Prison-based Whole blood FPT (HBsAg and anti-HCV) – right at entry	1	Single window collection at CH for both viral load and baseline tests 	In-house TrueNat PCR (point-of-care) 	Specimen reaches nearest TC Lab 	Regional Referral TC 	Done by Regional Referral TC when incarcerated. Follow-up after release is supervised by DNO & Viral Hepatitis -TC.
	2	Single window collection at CH for both viral load and baseline tests 	At nearest Lab facility with TrueNat PCR 	Specimen reaches nearest TC Lab 	Regional Referral TC 	
	3	Single window collection at nearest TC Lab (inmates taken to TC under security) 	Sample sent from TC Lab to linked SRL through specialized courier 	TC Lab 	Regional Referral TC 	

Service Offered

- Screening services are made operational in all 60 CHs.
- Whole blood finger prick test (WBFPT) have been introduced to make screening easy at prison set up. (*West Bengal is the first state to roll out the WBFPT for HepB*).
 - CH staff, with training by Health teams, are able to sustain the service.
- Four Central Correctional Homes (CCHs) have been made as Regional Referral Treatment Center for Viral Hepatitis.
 - Three of them have the point-of-care facility for Viral Load estimation (TrueNat PCR).



Prison-based
Screening of
CH inmates for VH
(B and C)
– whole blood FPT

Prison-based Point-of-care
viral load estimation for
Hepatitis B & C at
Baharampur CCH (Regional
Referral TC)



Prison-based Point-of-care viral load estimation for Hepatitis B & C at Baharampur CCH (Regional Referral TC)

Tele-medicine & Tele-mentoring

Telemedicine in Correctional Homes: from Feb-2024 till date			
Total teleconsultations	Consultations with Super-Speciality Hubs		CHs where telemedicine functional
2579	Gastro 358, Nephro 165, TB 20, Paed 11, Onco 06, Obs 01	Total 561	18

- Specifically for viral hepatitis, CHs are linked with Viral Hepatitis Treatment Centers through tele-mentoring for treatment guidance.

Outcome / Impact

FY	Hepatitis B screened	Hepatitis B positive	Hepatitis B linked to care	Hepatitis C screened	Hepatitis C reactive	HCV viral load done	Hepatitis C put on treatment
2022-23	23713	142	45	23713	61	36	20
2023-24	28496	201	181	28496	225	206	90

- Operational hassles of movement of inmates to outside TCs have been minimized.
- Onsite testing and/or effective mapping with nearest lab resulted in prompt initiation of treatment.
- Turn-around time from screening to initiation of treatment has come down from 1.5 months to less than a week.
- Effective follow-up of released inmates made possible by linkage with District Health Authorities.

LESSONS LEARNT

- Elaborate hands-on training and motivation of CH Staff/ long-term convicts made it possible to overcome the initial hesitancy.
- An excellent example of convergence of National Health Mission and Dept. of Correctional Services.



WAY FORWARD

- Increasing the number of Regional Referral Treatment Centers from 4 to 9 i.e. all the Central Correctional Homes in the State.
- Follow-up treatment at parent CHs to be made functional so as to reduce the staying time in the Regional Referral Treatment Center.
- Setting up of Drug Depots in parent CHs
- By March 2025, telemedicine facility will be extended to all 60 CHs.
- Hep B vaccination of Hepatitis B screened negative inmates



THANK YOU