Treatment outcomes for Indigenous and non-Indigenous inmates with hepatitis C in New South Wales prisons

To the Editor: Davis and colleagues recently described outcomes for Indigenous and non-Indigenous people in the Northern Territory who received antiviral therapy for chronic hepatitis C virus (HCV) infection.[1] They showed similar outcomes when comparing eight Indigenous people with 88 non-Indigenous people who were assessed for sustained virological response (SVR) after interferon-based treatment — SVR was achieved by 50% and 61%, respectively. Outcomes of therapy for HCV infection in Indigenous Australians had not previously been reported.

Here, we extend this observation by reporting the outcomes from a de-identified database held by the hepatitis service of the Justice Health and Forensic Mental Health Network in New South Wales. As these data were de-identified and collected for quality assurance purposes, ethics approval was not sought.

Treatment services for HCV infection have been available in NSW correctional centres for more than a decade.[2,3] Of 788 people treated with pegylated interferon and ribavirin over the period May 2002 to December 2012, 136 (17.3%) were Indigenous (Box). During this period, 16.9%–22.9% of inmates in NSW were Indigenous.[4] Those receiving treatment were recorded as Indigenous (ie, Aboriginal or Torres Strait Islander), white and of English-speaking background, or from a culturally and linguistically diverse background. There were no differences between these groups in the distribution of viral genotypes (predominantly 1 and 3) and the SVR rates were closely comparable, although the proportion of women (who have more favourable treatment outcomes) was higher in the Indigenous patient group.

It is unfortunate, but encouraging, that a period of incarceration can provide the opportunity for curative treatment for HCV infection, and that similar outcomes are achieved by Indigenous and non-Indigenous inmates. The advent of simpler and better tolerated interferon-free therapies for HCV infection in the next few years will further enhance this treatment opportunity.

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Comparison of age, sex, HCV genotype and treatment outcomes for white English-speaking, Indigenous and CALD prison inmates who received interferon-based treatment for HCV infection, New South Wales, 2002–2012*

	Total (n = 788)	White (n = 527)	Indigenous (n = 136)	CALD (n = 125)	P†
Mean (SD) age, years	40.2 (8.6)	40.7 (8.6)	39.2 (8.4)	39.1 (8.8)	0.06
Men	673 (85.4%)	455 (86.3%)	106 (77.9%)	110 (88.0%)	0.03
HCV genotype					0.65
Number assessable	769	511	134	124	
Genotype 1, 4 or 6	351 (45.6%)	224 (43.8%)	69 (51.5%)	58 (46.8%)	
Genotype 2 or 3	390 (50.7%)	269 (52.6%)	60 (44.8%)	61 (49.2%)	
Unknown	28 (3.6%)	18 (3.5%)	5 (3.7%)	5 (4.0%)	
Outcome					0.70
SVR achieved (intent-to-treat analysis)	296 (37.6%)	193 (36.6%)	51 (37.5%)	52 (41.6%)	
SVR not achieved	78 (9.9%)	49 (9.3%)	16 (11.8%)	13 (10.4%)	
SVR not determined	414 (52.5%)	285 (54.1%)	69 (50.7%)	60 (48.0%)	
SVR achieved (evaluable patients)	296 (79.1%)	193 (79.8%)	51 (76.1%)	52 (80.0%)	0.93
Reasons SVR not determined					0.46
SVR assessment pending	52 (12.6%)	39 (13.7%)	8 (11.6%)	5 (8.3%)	
Still on treatment	65 (15.7%)	37 (13.0%)	17 (24.6%)	11 (18.3%)	
Did not complete treatment	59 (14.3%)	39 (13.7%)	10 (14.5%)	10 (16.7%)	
Lost to follow-up‡	238 (57.5%)	170 (59.6%)	34 (49.3%)	34 (56.7%)	

HCV = hepatitis C virus. CALD = culturally and linguistically diverse. SVR = sustained virological response. * Data are number (%) unless otherwise stated. † One-way analysis of variance and χ^2 tests were used to test for differences between white, Indigenous and CALD groups. ‡ Loss to follow-up was predominantly because of release from prison.