To develop a multidisciplinary program for diagnosis and treatment of HCV infection in PP of 3 prisons and evaluate the effectiveness and safety of treatment for HCV.

**BACKGROUND**

- To eliminate hepatitis C virus (HCV) infection in institutionalized patients is necessary to reduce risk of transmission in general population.
- There is a high prevalence of HCV infection in prison population (PP).

**PURPOSE**

To develop a multidisciplinary program for diagnosis and treatment of HCV infection in PP of 3 prisons and evaluate the effectiveness and safety of treatment for HCV.

**MATERIAL AND METHODS**

Multidisciplinary program (prison physicians, hospital pharmacists and physicians of infectious diseases) from June 2016 to September 2018 was designed.

- HCV serology tests
- HCV+ serology
- Medical assistance and drug dispensing: twice a week
- HCV genotype
- Hepatic fibrosis stage

1. HCV-PP with F4-F3 stage were treated
2. HCV-PP received therapy regardless of hepatic fibrosis stage

**RESULTS**

- HCV serology tests: 2068 patients
- 181 patients HCV+

1. 136/143 (91.1%) EOT
2. 103/114 (90.4%) SVR12

- Gender: 125 (69.1%) males
- Patient type: 157 (86.7%) naïve
- HIC coinfection: 49 (27.1%) HIV/HCV coinfected
- Therapy: 118 (65.2%) patients treated for 12 weeks
- Withdrawal treatments: 5 (2.8%)
- HCV recurrence: 4 (2.2%) patients

**EFFECTIVENESS**

1. HCV genotype:
   - G1a: 19%
   - G1b: 33%
   - G2: 28%
   - G3: 18%
   - G4: 1%
   - G-unclear: 1%

2. Hepatic fibrosis stage:
   - F4: 38%
   - F3: 28%
   - F2: 19%
   - F0-1: 15%

**SECURITY**

1. Adverse effects:
   - 1 (0.5%) hepatic decompensation
1. Deaths:
   - 1 (0.5%) death

**CONCLUSION**

1. The multidisciplinary program allowed diagnosed and treated all PP with HCV infection, although some withdrawal treatments were recorded. 2. EOT and SVR12 were achieved in the most patients. An AE leading a death.