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"People are scared: what they don't know don't hurt them". A qualitative exploration of reasons for low uptake of hepatitis C virus testing in an English prison

Kathryn Jack¹, Paul Linsley², Brian Thomson³, William Irving¹

¹University of Nottingham, School of Life Sciences, Nottingham, United Kingdom; ²University of East Anglia, School of Health Sciences, Norwich, United Kingdom; ³University of Nottingham, School of Medicine, Nottingham, United Kingdom

Email: kathryn.jack@nottingham.ac.uk

Background and aims: The prison population are central to the campaign to eliminate hepatitis C virus (HCV) as a public health threat. In the UK this has led to the introduction of a national 'opt-out' policy, requiring prisoners to be tested for HCV unless they decline, with a target to test 50-75% of those admitted. However, in a representative prison estate in the East Midlands of England (20, 000 prison entrants per annum) this policy has resulted in testing rates of only 13.4%. This qualitative exploration seeks to understand why the rates of test uptake are so far short of target.

Method: This qualitative study examines the experiences of 45 prisoners and 6 nurses of Hepatitis C testing in an English category C prison accommodating men nearing the end of their custodial sentence. The data collection method was face to face audio-recorded semi-structured interviews. The data were coded and analysed according to the research questions. This formed part of a larger study conducted in a realistic framework of evaluation. Interpretation of the data was aided by the use of NVivo and a thematic network approach.

Results: The key themes of *Fear*, *Insufficient Knowledge*, *Stigma*, *Privacy*, *Choice* and *Prison Life* have emerged as the principal barriers to test uptake. *Test Uptake Facilitators* were however identified by participants and a positive notion presented of prison healthcare being a *Health Farm*. It was highly evident that prisoners did not speak to each other about HCV and were fearful of catching this infection. Further, if identified as infected, social rejection by other prisoners was experienced, so fears of being found out were high. Privacy was highly valued and being seen attending the specialist hepatitis nurse clinic led to concerns by some prisoners. Levels of knowledge about all aspects of HCV by both prisoners and nurses were low and there were misunderstandings about the definition of an opt-out approach to testing, contributing to missed opportunities. Furthermore the prison regime, which necessarily prioritises security, can hamper opportunities for healthcare. Utilising time in prison positively to improve health was identified and most prisoners were accepting of the concept of routine testing on arrival.

Conclusion: In order to increase HCV test uptake a significant uplift in all factors affecting prison healthcare delivery, including nurse and prisoner education and support from the prison regime, are required. Providing information to prisoners aimed at allaying fears may encourage test uptake.