Reviewer’s report

Title: Hepatitis C Virus Screening and Treatment in Irish Prisons from a Nurse Managers' Perspectives - A Qualitative Exploration

Version: 0 Date: 02 Oct 2018

Reviewer: Maria Ganczak

Reviewer's report:

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This qualitative study describes Hepatitis C Virus Screening and Treatment in Irish Prisons from a Nurse Managers' perspective.

While I think this is an important topic that warrants investigation, there were several issues with the manuscript itself that are significant enough that they seriously undermine the contributions of the study. I have a number of reservations about this paper. They are outlined below.

Introduction
The authors state: "In Ireland, like other developed countries, injecting drug use (IDU) is now the main route of HCV transmission [3,4]". To add two more references mentioned below would be of value.


Potential transmission routes for hepatitis C in prison include not only sharing needles, but also tattooing equipment, toothbrushes and hair clippers, as well as unprotected sexual contact. This should be mentioned in the Introduction section.

They further state:
Recent advances in HCV treatment including, direct acting anti-virals (DAA), mobile elastography, less restrictive treatment guidelines and the movement of treatment out of hospital based specialist services have revolutionised the HCV treatment landscape (Arain et al. 2016; European Association for the Study of the Liver 2017; Grebely et al. 2017; Zhou et al. 2016).
The authors should be consistent and decide whether to cite references by their numbers or by listing the authors' names.

Methodology
The authors state in the Introduction section that there are 15 prisons in Ireland. However, they further state "The nurse managers of all prison complexes across the Irish Prison Service (IPS) were invited to attend a focus group (...). A total of 12 nurse managers participated in the focus group". Fifteen prisons, but 12 nurse managers; it looks like 3 nurse managers are missing in the study. Please, clarify.

The authors state: "This guideline included a series of (...) questions covering the following areas:..." I would add "safety concerns" as an additional area.

Results
The authors state: "Lack of knowledge among prisoners was seen as barriers to engagement with HCV care" and they cite some opinions of the nursing managers as follows:

"The myths are still out there and it goes to show maybe we need to follow up on that".
"They (prisoners) can be the biggest block not because they are opposed to it but because they don't have the knowledge".

However, the potential reader does not know if there is appropriate hepatitis C awareness and information materials in all relevant languages available in all Irish prisons. This should be explained in the Introduction section and further discussed in the Discussion section.

Discussion
The authors mention

The authors state: "This was of particular relevance for protection prisoners, a growing cohort in Irish prisons due to an increasing gangland culture in Ireland". To add a relevant reference would be of value. Please also check wording and grammar as there seem to be a few errors.

The authors state: "Nurses working in the IPS have a wide range of professional experience and qualifications." However, they state in the Results section "Many nurses had not received phlebotomy training and of those who did were seen to lack confidence in conducting the procedure". Clearly, such neglect in the training and recruiting system should be immediately made up as this is an important risk factor of sharps injury, as well as of contracting BBV infection. To cite a recent study which reported that 28.7% of prison staff had ≥ 1 blood exposure during professional career and 8% - sustained it in the preceding year, would be of value (HBV, HCV, and HIV infection prevalence among prison staff in the light of occupational risk factors, Med Pr. 2017;68(4):507-516).

"Fear of performing phlebotomy was identified by a number of participants. This was linked with the known high levels of BBV infection among prisoners, and the associated risks of needle stick injury and fear that prisoners might use the needle as a weapon." Were nurses working in the IPS familiar with
the post-exposure management? Please, clarify.

"This variation was reported in the two previous Irish prison HCV studies and prison in Ireland are categorised in low, medium and high-risk prisons (Allwright, Bradley, Long, Barry, et al. 2000; Drummond et al. 2014)" and further "It is recognised that peripheral venous access can be challenging in long-term PWIDs due to poor vascular health as a result of years of intravenous drug injection and related medical complications (Kral et al. 1999). Poor venous access may require specialist staff to take blood, which if only available in hospital phlebotomy services can increase stigma, cost and security for prison populations (Harris and Rhodes 2012)" as well as "Adopting a standardised opt-out approach to HCV screening at committal across the IPS has the potential to increase screening uptake, reduce the stigma associated with declaring IDU and increase confidentiality (Meghan D. Morris, Brown, and Allen 2017; Zhou et al. 2016)." etc.

Again, the authors should be consistent and decide whether to cite references by their numbers or by listing the authors' names.

References
Reference 24 is triplicated (references 24, 43 and 44 are the same reference:

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript
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