Hepatitis C Testing in Local County Jails
NYSDOH Viral Hepatitis Section

Two main initiatives
• HCV Linkage, Care and Treatment
• HCV Rapid Screening Program

Many more, smaller initiatives
• NYS HCV Testing Law
  – Implementation and evaluation
• Hepatitis C Clinical Guidelines development
  – www.hivguidelines.org
• HCV Quality Indicators
  – Similar to eHIVQual
• Hepatitis C Continuity Program
  – Collaboration with NYS Department of Corrections and Community Supervision
NYSDOH Viral Hepatitis Section (2)

- NYS Viral Hepatitis Strategic Plan
- HCV materials development
- Work closely with
  - NYSDOH Bureau of Communicable Disease Control
    - Viral hepatitis surveillance
  - NYS Bureau of Immunization
    - Hepatitis A and B vaccinations
  - NYS Medicaid
  - NYC Department of Health and Mental Hygiene
NYS DOH ↔ NYS DOCCS

NYS Department of Corrections and Community Supervision (DOCCS)

- 54 state facilities, approximately 53,000 inmates

- Longstanding relationship between both agencies.
- NYSDOH AIDS Institute (AI) meets quarterly with DOCCS.
  - AI reviews DOCCS HIV and HCV policies.
  - AI Monitors HIV and HCV quality of care within DOCCS facilities.
    - CD4, HIV viral load, HCV screening, genotype, etc.
Collaborate on a number of initiatives related to HIV and/or HCV infected inmates.

**Hepatitis C Continuity Program**
- DOCCS inmates under treatment for hepatitis C. It promotes treatment upon and after release to the community.
- Makes it possible for treatment to be initiated within DOCCS regardless of length of stay.
- Inmates who initiate treatment prior to release receive timely referral to appropriate community-based health care providers for continuation of treatment.

**Criminal Justice Initiative**
- HIV/STI/HCV prevention interventions, peer educator training, HIV testing and partner services, HIV supportive services, and transitional planning.
- Community-based organizations to provide re-entry assistance for formerly incarcerated individuals living with HIV/AIDS.
- Targeted distribution of Health Resource Portfolios and Work Release Packets containing HIV/STI/HCV prevention information and male and female condoms that are provided to inmates as they leave the facility.
- Prison HIV Hotline. This hotline offers state inmates the opportunity to call collect for HIV/STI/HCV information and counseling.
Local County Jails

- 57 Counties within Upstate New York (excludes NYC).
- Vastly different in structure and organization than DOCCS.
- Structure, organization, and operations vary among the county jails themselves.
- Local Health Departments conduct HIV and HCV testing within the local jail system, but very few.
- Public Health Law regarding HIV/HCV prevention and treatment in state and local county correctional settings.
Public Health Law

Effective date - September 2011

- September 2009 for NYS DOCCS facilities

Correctional facilities policies and practices regarding HIV/AIDS and HCV prevention and treatment must be consistent with current, accepted standards and procedures used to prevent transmission and provide treatment among general public.
Public Health Law (2)

Expectations relate primarily to HCV screening (antibody), education and linkage to diagnostic testing (HCV RNA) and care upon release.

- Hepatitis C screening (antibody screening) during the mandated medical evaluation (within 14 days) for:
  - Those with a risk
  - Born between 1945-1965
  - Anyone with symptoms
  - Anyone who requests testing

Inmates with a positive HCV antibody test must be provided with an appointment for HCV medical care, including HCV RNA testing, upon release.
Public Health Law (3)

Hepatitis C Care and Treatment

- Must incorporate current treatment guidelines.
- Protocols in place to review and update guidelines.
- If contracting with a provider, must ensure guidelines are up-to-date.

Someone entering a local jail currently on HCV treatment at time of incarceration must be able to continue treatment.

- Efforts to contact treating provider and to continue treatment must be documented.
Public Health Law (4)

• **Education**
  – Information on basic HCV facts - prevention, transmission, testing and treatment
  – Directly or in conjunction with a community-based organization
  – Must be provided prior to release

• **Discharge planning**
  – Educational information, condoms, ESAP
  – Medical summaries
  – Referral information (provider and community-based programs)
  – Medicaid enrollment

• **Quality management**
  – Quality medical care must be provided
  – Must have access to qualified/experienced HCV providers
    • For consultation and referral
NYS Hepatitis C Testing Law

Effective January 1, 2014

A hepatitis C screening test must be offered to every individual born between 1945 and 1965.

• Inpatient of a hospital or
• Receiving primary care services in the outpatient department of a hospital or
• In a freestanding diagnostic and treatment center or
• From a physician, physician assistant, or nurse practitioner providing primary care regardless of setting type.

If the test is reactive, follow-up health care including an HCV RNA test must be offered onsite or by referral.

Correctional facilities (state & local) must implement the testing law.
NYS HCV Rapid Testing Program

FREE HCV rapid test kits/controls available to programs serving at risk individuals, including baby boomers.

- Onsite HCV RNA (Quant) testing available through contract with Quest Diagnostics.

Program Eligibility (infrastructure to support rapid testing)
- Valid CLIA permit
- Policies and Procedures
- Linkage to care agreement (HCV RNA and/or medical evaluation)
- QC Plan & Bloodborne Pathogen Policy
- Staff and Device Training
- Data collection and reporting
Local Jail HCV Rapid Testing Pilot Project

Local Jail Pilot Project

Purpose and Goals:
• Offer 6 months of free HCV rapid test kits and controls to interested local jails that have infrastructure to conduct HCV rapid testing.
• Increase the number of people who know their HCV status.
• Increase the number of HCV positive persons who get linked to HCV care and treatment.
• Better understand the HCV prevalence in NYS local county jails.
Local Jail HCV Rapid Testing Pilot Project

Program Components for the Pilot Project:
- CLIA Permit
- Policies and Procedures
- Training (OraSure Technologies and Viral Hepatitis Section Staff)
- Linkage Agreement (referral for HCV RNA testing upon discharge)
- Data Collection

✓ Surveyed all NYS local jails in January 2015 to determine interest, feasibility and current HCV testing activities.

✓ Held conference calls, provided technical assistance and trainings.
  - 18 expressed interested with 4 enrolling into pilot project.
  - Kicked off summer 2015 and ended in December.
Local Jail HCV Rapid Testing Pilot Project

Identified challenges to HCV screening in local jail settings:

Facility Challenges
- Limited staff to conduct testing, maintain data and manage program
- Concerns regarding costs of HCV treatment
- Contracted medical services
- Uncertain length of stay (sentenced vs. un-sentenced inmates)
- Referral agreements for follow-up care
- Tracking of referrals upon release

DOH Challenges
- Identifying entity to assist with disseminating information to the local jails.
- Ensuring information filtered through multiple levels within jail to champion who supported the project (RNs, Nurse Administrator).
- Designing an enrollment plan that was feasible for facility staff.
Local Jail HCV Rapid Testing Pilot Project

Overcoming Challenges

- Worked with facilities to design a structured implementation timeline.
- Provided templates (Policy & Procedure, MOU/linkage agreement, CLIA compliant laboratory reporting forms: temperature, results and control logs).
- Connected local jails with potential linkage resources within their regions.
- Mailed free educational packets to jails following HCV 101 training sessions.
Local Jail HCV Rapid Testing Pilot Project

Overcoming Challenges (2)

• Conducted calls with group to discuss offering/acceptance of tests, tracking of referrals, technical assistance needs, and to share best practices.

• Collected monthly required data and entered into electronic system by Viral Hepatitis Section staff.

• Ordered and arranged delivery of additional supplies upon request.
Benefits & Lessons Learned

Small projects can have big benefits

- 4 Local Jail Pilot conducted 177 tests with 26 reactive results.
- Ability to provide more technical assistance and support with smaller number.

<table>
<thead>
<tr>
<th>Number of Tests Conducted</th>
<th>Number of Reactive Results</th>
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<tbody>
<tr>
<td>177</td>
<td>26</td>
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</table>

Reactivity Rate = 14.6%
# HCV Rapid Testing Jail Pilot Referral Data (n=26)

<table>
<thead>
<tr>
<th># Reactive</th>
<th>Referral Made (Yes or No-Refused)</th>
<th>Referral Kept (Yes, No or Pending)</th>
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<tbody>
<tr>
<td>26</td>
<td>Yes = 22</td>
<td>Yes = 13</td>
</tr>
<tr>
<td>No-R = 4</td>
<td></td>
<td>No = 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pending = 4</td>
</tr>
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</table>
### HCV Rapid Testing Jail Pilot

**Risk Factor Data (n=177)**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Number Reported</th>
<th>Percent</th>
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<tbody>
<tr>
<td>IDU</td>
<td>72</td>
<td>41%</td>
</tr>
<tr>
<td>Sex w/multiple partner</td>
<td>107</td>
<td>60%</td>
</tr>
<tr>
<td>Tattoo</td>
<td>46</td>
<td>26%</td>
</tr>
<tr>
<td>Born between 1945-1965</td>
<td>11</td>
<td>6%</td>
</tr>
<tr>
<td>Body Piercing</td>
<td>11</td>
<td>6%</td>
</tr>
<tr>
<td>Sex w/HCV infected partner</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Household contact</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Snorted Drugs</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Occupational Exposure</td>
<td>1</td>
<td>1%</td>
</tr>
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Benefits & Lessons Learned

Importance of Education

• Legislation is just the beginning
  – Need to assist with dissemination of information throughout all levels of the correctional system.

• HCV 101
  – Changes in HCV treatment landscape
  – Community resources for HCV Care and disease management

• Educational resources
  – Access to a variety of materials that meet the needs of the culturally and linguistically diverse incarcerated population.
Benefits & Lessons Learned

Importance of Networking

• Identify champions within the correctional community.
  – Create opportunities to present at meetings, conferences, annual statewide events.
  – Learning facility barriers to hepatitis screening helps inform DOH strategic planning for overcoming challenges.

• Identify facility level champion to promote HCV screening, diagnosis and linkage to care.

• Collaborate with internal and external partners to meet the interconnected needs (healthcare, housing, mental health, substance use, etc.) of individuals released back into the community.
Resources

AIDS Institute - Viral Hepatitis Section
• Technical assistance on HCV testing, treatment, etc.
• HCV educational materials (consumers and providers)

NYSDOH Hepatitis Website
• Information on HCV prevention, testing, guidelines and recommendations.
• www.health.ny.gov/hepatitis

NYS Hepatitis C Testing Law
• www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/providers/testing_law.htm
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