Hepatitis C in Corrections

Lara Strick, MD, MS
Infectious Disease Physician, WA State Department of Corrections
Clinical Assistant Professor, University of Washington
Corrections Program Director, NW AIDS Education & Training Center

April 8, 2014

Presentation prepared by: Lara Strick
Date prepared: 4/7/14
Conflict of Interest Disclosure Statement

NONE
OBJECTIVES

1. Be familiar with the epidemiology of Hep C in corrections

1. Appreciate the logistical barriers to Hep C treatment in corrections

1. Understand the role of corrections within the Hep C epidemic
Hepatitis C Epidemiology in Corrections

- Older CDC estimates 16-41% of prison inmates are Hep C Ab+ and thus 12-35% have chronic infection
- On average 17.4% of all prisoners are Hep C Ab+
- ~1.4 million of 4.5 million persons in US with Hep C are in jail or prison at some point over course of 1 yr
- Only 12 state prison systems routinely test for Hep C

Hepatitis C Prevalence in WA DOC, 2008-2011

Hepatitis C Ab Positivity Upon Intake

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C Ab+ (%)</td>
<td>16 (19)</td>
<td>15 (18)</td>
<td>21 (25)</td>
</tr>
<tr>
<td>Number</td>
<td>4736</td>
<td>3795</td>
<td>941</td>
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On any given day, approximately twice as many individuals are in prison than jail.

Bureau of Justice Statistics (2007-2008)
Each year, approximately 95% of the 10 million individuals released from the criminal justice system are from jails

The Logistics

• Medical experts vs. general practitioners
• Workload
• Timing of dosing
• Pill line vs. KOP
• Food requirements
• Coordination across agency:
  – Medical, MH, IK, Custody, CD
• Fixed budgets
Intraprison Transmission

• Risk behaviors: needle sharing, unprotected sex, prison/jail tats, Piercings, bonding rituals, fights

• RI study
  – Prevalence HCV 23.1%
  – Incidence 0.4/100 person yrs

• Opportunity to educate

What is the Role of Corrections?
Treatment for Individual Cure

– Addressing medical necessity
– With shortened treatment course more eligible
– Quotas due to workload no longer valid
– Prior treatment failures, now have treatment options
– With ACA, can more be deferred to the community?
– How to prioritize treatment now vs. waiting?
– Can we defer treatment until later stages of fibrosis?
  ▪ Harder to treat, the more advanced the fibrosis/cirrhosis
  ▪ Once cirrhotic, even if treated, ongoing risk of HCC & decompensation
  ▪ Burden of more advance disease will increase with aging of baby boomers, but less may be incarcerated
What is the Role of Correction?  
Treatment for Public Health

– Majority of epidemic behind walls  (16% vs. 1-2%)
– Treatment as prevention, like HIV
– Prior barriers side effects, low efficacy & cost, now just cost
– The future is to treat everyone, regardless of extent of liver disease

Who pays???
End of Presentation

Questions?