

Stemming the Hepatitis C Epidemic in California Correctional Settings

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POLICY BRIEF
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Prisoner HCV Affects Community Health

Policies that support improved access to hepatitis C virus (HCV) prevention education and medical care for incarcerated populations will reduce disease transmission and medical care costs to communities.¹ An estimated 65% of released California state prisoners are re-incarcerated, suggesting a continual cycle of California's 300,000 plus inmates and parolees between communities and correctional systems.² Incarcerated persons have a high frequency of HCV infection; in some prisons, as many as 41% of inmates are infected with HCV.³ Community efforts to prevent and control HCV must include correctional populations.

High HCV Prevalence in California Prisons

HCV is most commonly acquired from injection drug use (IDU).⁴ Studies of inmates in California state correctional facilities revealed that up to 34% of inmates entering prison have been infected with HCV. This compares to a 1.4% prevalence of human immunodeficiency virus (HIV)

among the same population.⁵ One recent study of inmates assessed HCV by risk factor. This study found a 65.7% HCV-positive rate among persons with IDU history.⁶ Among detained or incarcerated juveniles, there is an estimated 2%–3.5% HCV prevalence. IDU history is the predominant risk behavior.⁷

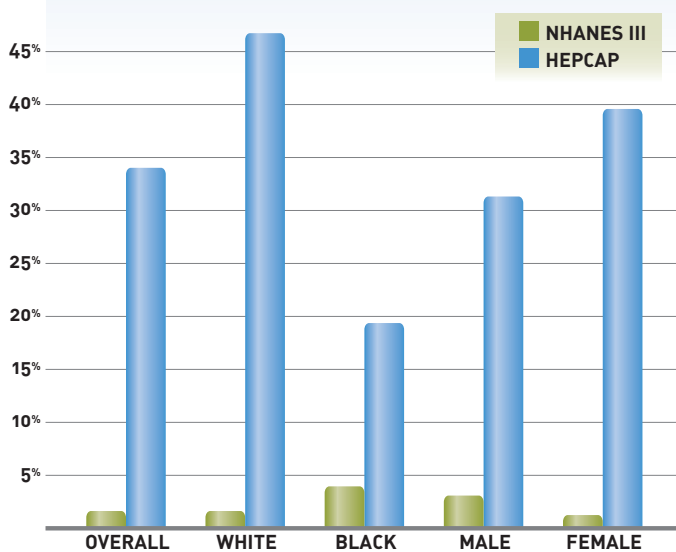
Education in Prisons Key Prevention Strategy

The high prevalence of HCV infection and associated risk factors among inmates necessitates HCV prevention activities in correctional settings. Further, the Centers for Disease Control and Prevention (CDC) recommends that correctional efforts should become a part of prevention and control of hepatitis viruses in the broader community because a substantial number of persons released into the community continue to acquire and transmit these viruses. Hepatitis A and B are vaccine preventable. There is no vaccine to prevent HCV infection; primary prevention must focus on risk reduction education and counseling in a variety of settings, such as correctional health programs and clinics that treat HIV and other sexually transmitted diseases and in substance abuse programs.⁸

Hepatitis C in US Populations VS California Prisons

NHANES III: Prevalence of HCV from the National Health and Nutrition Examination Survey (NHANES) of adult households

HEPCAP: Hepatitis C in CA Prisons



Source: Hepatitis C in CA Prisons (HEPCAP), University of California, San Francisco, (2003).

A recent inventory of HCV education and information resources for both staff and inmates in a sample of California correctional facilities revealed a wide variation among facilities in the quality, amount, usage and availability of HCV resources. Some facilities had full libraries of current information for both staff and inmates; others had nothing. Materials were often not easily accessible by inmates or staff; in one instance HCV materials were kept in a locked room in a health care unit. Some materials were not user-friendly and very few had been developed specifically for correctional populations. Spanish language materials were available in good proportion to English versions, but few materials in other languages were provided.

Improved HCV education programs would include:

- Key HCV educational resource specialists in each facility
- Widely accessible HCV related materials in languages and formats appropriate for inmates and staff
- System-wide resource sharing between facilities⁹

HCV Screening and Treatment Policies Vary

Testing: Controversy exists regarding HCV screening criteria. Some states, such as Indiana, conduct mandatory screening of inmates for HCV and HIV. Wisconsin, on the other hand, uses a risk-based assessment.¹⁰ A one-year national census by the Bureau of Justice Statistics (BOJS) reported that 1,209 of the 1,584 state public and private adult correctional facilities provided testing for HCV infection. Of the 57,018 tests reported, 17,911 (31%) were positive.¹¹

Treatment: Nearly 70% of all state adult correction facilities reported that they had HCV treatment policies. A total of 4,750 inmates received HCV anti-viral therapy during the BOJS census period. According to the report, California prisons, which account for about 10% of the U.S. state prison population, treated 2,024 inmates, more than 40% of all U.S. inmates treated.¹²

Continuity of care for persons transitioning to the community can affect the outcomes of treatment. Health care policy in California prisons is informed by what is available in the surrounding community. Prisons may not implement treatment for patients whose incarceration will not be long enough to complete the treatment if there are no systems in place to transition the patient into care on the outside.¹³

“In some prison systems, HCV has become the single largest cause of death, reminiscent of ... HIV a decade ago.”

Source: Pearlman, B.L. MD, FACP, Paris, JE, PhD, MD. *Hot Topics in Hepatitis C. HEPP Report, June 2004, Vol.7, Issue 6. Brown University, Providence, RI.*

Liberal criteria for providing anti-viral therapy could result in overwhelming demand. Medications for a year of antiviral therapy typically cost \$30,000 to \$40,000.¹⁴ However, withholding treatment based on cost-savings, or history of mental illness or substance abuse creates legal and ethical concerns. Since liver damage from HCV infection can take years to progress, systematic approaches, such as comprehensive evaluation of patients, allow for stratification of treatment candidates. A targeted approach would assess for contraindications to therapy, and utilize biopsy, when indicated, to diagnose progressive liver disease.¹⁵ Inmates with histories of mental illness or substance abuse may have an opportunity to be treated for HCV in a controlled environment while addressing some of these potential relative contraindications.¹⁶

Informed Consent: A prisoner consenting to be screened and tested for HCV must understand the possible implications. Being identified as HCV positive might result in breeches in confidentiality, transfer to another prison or housing unit, the loss of certain privileges; conversely, an inmate may receive excellent counseling, education, care and treatment.¹⁷

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California Legislature Addresses HCV Prison Policy

Assembly Bill (AB) 296, Prevention and Control of Hepatitis C in Prisons and Communities (Negrete-McLeod), would revise provisions of existing law regarding HCV services in the state prison system, which currently are dependent on the availability of funds per appropriation in the annual Budget Act. Awaiting action

“Inmates who participate in health-related programs while incarcerated have lower recidivism ...”

*Source: Centers for Disease Control and Prevention. (2003).

on the governor’s desk, the revision mandates that the California Department of Corrections and Rehabilitation make HCV screening available with no co-payment to an inmate, keep testing confidential, and make HCV information available to all inmates upon intake examination or while providing general information. Education will include, but not be limited to, methods of transmission and

prevention and information about screening and treatment opportunities while incarcerated. As amended, any brochures, printed materials, or other media is to be provided only to the extent that they are provided at no charge by an outside organization or public health agency. The legislation also requires confidential screening offered to those inmates with a history of IDU or other

Hepatitis C: The Silent Epidemic

- The most common blood-borne infection in the United States
- The leading cause of liver disease and liver transplants
- Affects four million Americans and 600,000 Californians
- Causes 1,000 to 1,200 California deaths per year; this number is expected to triple over the next 20 years
- Can take decades to progress
- There is no vaccine to prevent hepatitis C

Source: The Hepatitis C Strategic Plan—A Collaborative Approach to the Emerging Epidemic in California, 2001.

risk factors and upon request. There will be no co-pay by inmates for HCV testing, treatment or follow-up testing. These system-wide provisions are not conditioned upon specific annual funding.¹⁸ The author contends that AB 296 will protect the health of Californians by focusing HCV control efforts in prisons, where they will have the greatest impact at the least cost. Sponsors of the bill state that HCV education can be incorporated into existing prevention curricula and health services, and that every infection averted will save the taxpayer tens of thousands of dollars.¹⁹

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Key HCV Prevention Policy Considerations

Policymakers should consider the following prevention strategies aimed at lowering HCV incidence and decreasing the long-term health consequences among inmates and the greater community:

1. Assess risk factors during intake medical exams and provide voluntary testing for those who report risk-taking behaviors.
2. Educate and counsel on risk reduction in medical and educational settings.²⁰ Model programs should provide support to key personnel and peer educators with quality educational resources, ensure quality and consistency in programs through collaboration between facilities, and include staff training.²¹
3. Vaccinate for hepatitis A and B, with immunization records provided upon release. Vaccinations for hepatitis A and B should be offered to all facility staff.
4. Adopt standard guidelines for HCV screening, medical management and treatment.
5. Provide release planning and counseling regarding HCV transmission.
6. Establish links between correctional health facilities and public health for immunization registries, disease reporting, and referral for medical follow-up and continuity of care.²²



Center for Health Improvement

The Center for Health Improvement (CHI) is a national, nonprofit health policy center dedicated to improving population health and encouraging healthy behaviors.

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