NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

Diagnosis and Management of Hepatitis C

Position Statement

Jails and prisons in the United States should adopt opt-out education, testing, and treatment programs for hepatitis C virus infection (HCV) for all people newly admitted into the correctional facility in accordance with the following recommendations:

1. Patient education: Hepatitis C education should include information on modes of transmission, prevention strategies, screening recommendations, and curative treatment options.
2. Testing: Testing should include HCV antibody testing followed by reflex HCV RNA testing, if antibody positive, to confirm chronic HCV infection.
3. Treatment: Treatment should include timely access to curative direct-acting antiviral (DAA) medications in accordance with current evidence-based treatment guidelines. Patients taking DAAs before admission should be continued on treatment at the time of incarceration.

Correctional systems should adopt HCV treatment strategies that are optimal for their settings. These may include training of on-site primary care providers, referral to on-site or off-site specialist care, or providing care through telehealth modalities.

Patients with HCV should receive evidence-based treatments for co-occurring substance use disorders, including medications for opioid use disorder (OUD).

Correctional systems should include adequate funding for HCV treatment programs in their health care budgets and pursue procurement strategies that maximize drug access and cost-effectiveness, including assessing eligibility for federal Medicaid waiver and Ryan White HIV/AIDS Program funding. Federal and state legislation, funding opportunities, and Centers for Medicare and Medicaid Services actions relevant to incarceration are changing rapidly, and facilities should stay current with the latest updates.

Correctional systems should evaluate their HCV programs by assessing relevant outcomes that will drive continuous quality improvement of patient care.

Discharge planning for residents with HCV should incorporate strategies that support continuity of care. These include providing antiviral medications at the time of release to bridge care, assisting with benefit applications such as Medicaid enrollment, coordinating with community partners to support psychosocial needs, linking to treatment for OUD, providing education on harm reduction strategies, and adopting patient navigator models.

Residents with untreated HCV who are discharging from jails or prisons should be provided linkages to community-based HCV treatment services.

Discussion

Many residents of U.S. correctional facilities have histories of exposure to HCV infection before incarceration. Exposures to HCV can also occur during incarceration, potentially through nonsterile injection drug use and unregulated tattoo practices. An analysis of state prison populations estimated that 8.7% of residents have

chronic HCV infection, a nearly ninefold higher prevalence than in the U.S. general population.[1] Many residents with HCV infection are unaware of their infection, their risk of developing serious liver disease, and the potential for transmission of HCV to others.

The U.S. Preventive Services Task Force recommends universal HCV screening for all adults at least once during a lifetime as well as screening for people with risk factors for HCV infection, including incarceration. HCV screening includes initial testing for anti-HCV antibodies; if positive, this is followed by confirmatory polymerase chain reaction testing to identify chronic HCV viremia.[2] The Centers for Disease Control and Prevention (CDC) and the American Association for the Study of Liver Diseases/Infectious Diseases Society of America (AASLD/IDSA) recommend universal opt-out HCV screening for people entering U.S. jails and prisons.[3-5] Opt-out HCV screening programs have been effectively implemented in both jail and prison settings.[6] HCV screening programs should include counseling to residents on HCV modes of transmission, prevention strategies, and curative treatment options. HCV educational efforts can be augmented by peer-to-peer education that has proven effective in the carceral setting.[7]

Incarcerated residents diagnosed with HCV infection should have timely access to curative treatments with DAAs in accordance with the most current evidence-based treatment recommendations.[4] Newly admitted residents who are receiving DAA treatment for HCV should be continued on their medications. HCV treatment programs that adopt a range of strategies have been effectively implemented in U.S. jails and prisons.[8-10] Treatment models include training of on-site primary care providers, referring patients to on-site or off-site specialists, and providing care through telehealth modalities. Clinical competencies of correctional health care professionals can be enhanced through investments in continuing medical education and innovative telementoring programs such as the Extension for Community Healthcare Outcomes program.[11] HCV patients with co-occurring substance use disorders should have access to recommended treatments for OUD. Treating OUD is associated with lower rates of HCV reinfection in people who have been successfully treated for HCV with DAAs.[12]

The availability of curative treatments for HCV is a historic advancement in modern medicine: HCV elimination is now an achievable goal. A proposed national plan to eliminate HCV highlights the strategic priority of diagnosing and treating underserved patient populations, including those who are justice-involved.[13] The collective commitment of correctional health care professionals will be vital to the success of this national initiative. The broad implementation of curative treatments for HCV in U.S. jails and prisons will advance the well-being of incarcerated residents, help address health inequities, and promote the public health of our communities.

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