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# Hepatitis C and Prison Populations

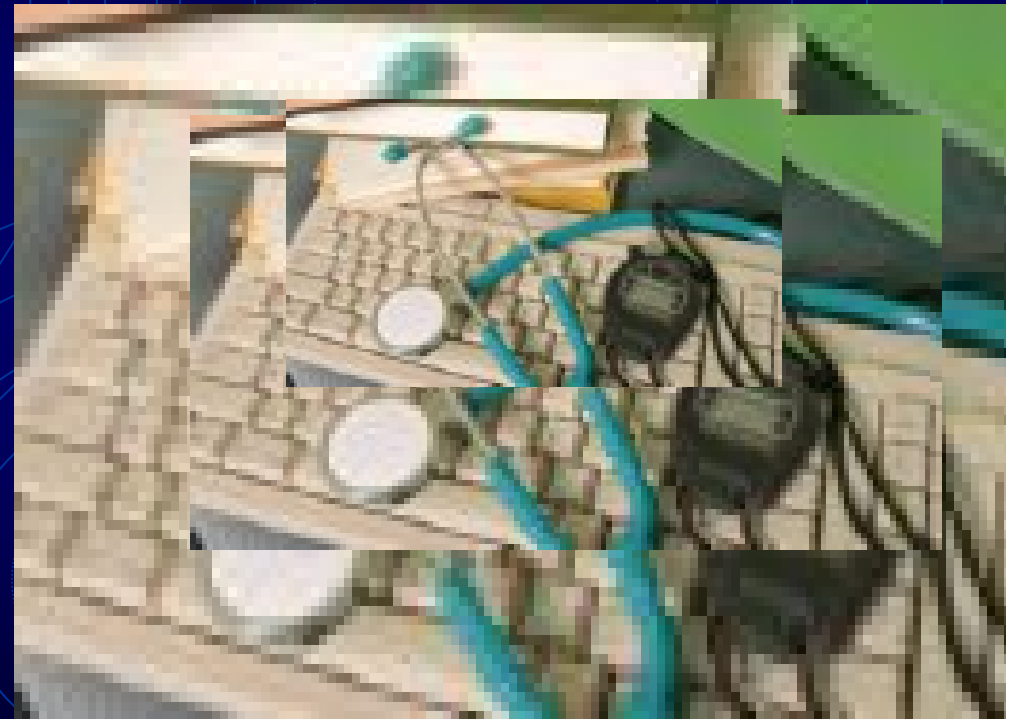
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Clinical Director  
Utah Department of Corrections

# Hepatitis C in America

- Estimated 2.7 million Americans infected with Hepatitis C (HCV).
- Billions are spent annually to combat the illness.
- Number one cause of liver transplantation.
- Infection occurs via body fluids most commonly IV drug use.
- (#2 Powlotsky, #7 MMWR).

# Clinical Course I

- Only a small percentage experience classical symptoms of hepatitis such as jaundice, fever, etc.
- As a result, very few know they have a problem.
- Infected individuals may unwittingly transmit disease.
- An estimated 80% of new infections continue as chronic active disease. This phase can be asymptomatic.



# Clinical Course II

- Chronic active disease can persist for 20-30 years.
- As time elapses the risk for hepatocellular carcinoma, cirrhosis and outright failure increases.
- Diagnosis often occurs when liver function declines to the point the patient becomes symptomatic.

# Hepatitis C Treatment

- In the last few years, effective treatment options have emerged.
- Cure versus Sustain Virological Response (SVR).
- Success rates for SVR vary with genotype but worst case is 52% and the best is 84% (#2 Powlotsky).
- Treatment comes at a cost. On average Utah Department of Corrections spends \$12,000.00 per treatment.

# Community Treatment Options for the uninsured

- "The Utah Department of Health currently receives federal funding from the Centers for Disease Control and Prevention (CDC) to fund one full time Hepatitis C Coordinator with salary and benefits, and a little for travel. There is currently no education or testing budget, as there was, albeit small, when I first began in this position in October 2002. All states have received funding cuts from the CDC. The Utah Department of Health receives no state funding for hepatitis C in Utah."

Melanie Wallentine, M.P.H.  
Hepatitis C Coordinator  
Utah Department of Health

# HCV Treatment For the Unfunded

- Currently no public health programs exist for the treatment of unfunded citizens in the States (Wallentine).
- Prisons and jails exceed current public health standards for the poor or disenfranchised.
- Is this a medical issue or a public health issue?
- Prisons in our country approach this as an individual medical right to care.

# Fulfilling the Obligation to the Individual but Not the Masses

- The public health system is failing to recognize its role to combat and address an infectious disease process that is epidemic in scope.
- Money is always the root of the issue. No difference here.



# Prison Populations in America

- Populations in state and federal prisons have swelled by 700% from 1970 to 2005.
- An additional 200,000 will be incarcerated over the next 5 years.
- 1 in 178 Americans will reside in prison.
- Prison populations are large and growing larger.
- (#1 Pew Trust).



# Corrections and Hepatitis C

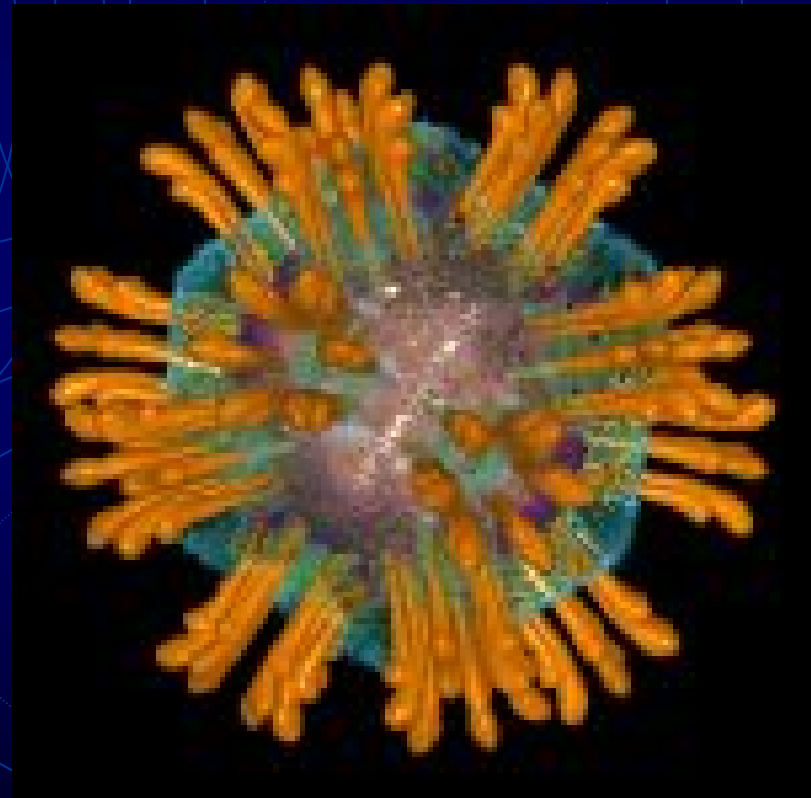
- Although the general population HCV prevalence is 2%, Corrections is estimated to be between 25% and 40% (#3 Macalino, et al.).
- Conceptual repository of HCV infection.
- Cost to address is enormous.
- Community lacks treatment programs for the non-incarcerated.

# Defining the Problem

- HCV is a major health care issue.
- Concentration of disease within correctional institutions is occurring.
- Treatment is expensive.
- No funds available for treatment as part of U.S. public health plan (#4 De Groot).
- Lastly, inmates have a constitutional right to health care.

# Corrections: Missed Opportunity?

- Nationally, state DOCs have had the HCV issue dropped in their laps.
- Once again, is this a public health issue or a correctional issue?
- Felon's right to care greater than poor?
- DOCs must offer treatment for those identified and eligible.



# Specific Issues



- Limited funding means limited tests performed.
- Cost for treating HCV infected. Medication, staff and consultant fees may exceed \$12,000 per treatment (#8 UDC).

# Testing and Treating

- Penn DOC. GI Doc began widespread testing and fired a year later and testing stopped.
- Utah DOC example: \$400,000 test now and \$125,000 ongoing. Money better spent on GC or Chlamydia?
- What do we with all those Diagnosed?
- Lacking funding, DOC cannot afford to “discover” all those infected.
- Thus, DOC strategy is to diagnose and treat only those clinically indicative of HCV infection or those requesting to be tested (#4 De Groot and #7 MMWR).

# Unique Aspects of HCV in Prison

- How long is the sentence? If the release date is in 4 months, then do you initiate a 6 month treatment plan when post release resources may not exist.
- Drug use is verifiable. Is the inmate off IV drug use. If not, then post treatment use of IV drugs makes the treatment all for naught.
- Chronic active disease state. Monitor liver function for 12 months. Thus, we require at least a 12 month pending sentence for inmates to meet this criteria.

# The Utah Approach I



- Since 1998, UDC provides for HCV testing on a selective basis.
- Only those with symptoms, elevated liver function tests or those requesting testing due to risk factors.
- Those positive for HCV are then put into a monitor/evaluative pool.
- Liver enzymes are drawn at 6 months and 12 months. This minimizes cost and risks associated with liver biopsy.
- If persistently elevated, then they are referred for treatment.

# Utah Approach II

- Custody records are reviewed to ensure no recent evidence of drug use.
- Depression screen is conducted as treatment may worsen depression.
- Sentence matrix must indicate a release date greater than 12 months.
- Lastly, the patient must consent to treatment and pledge to see the process through.

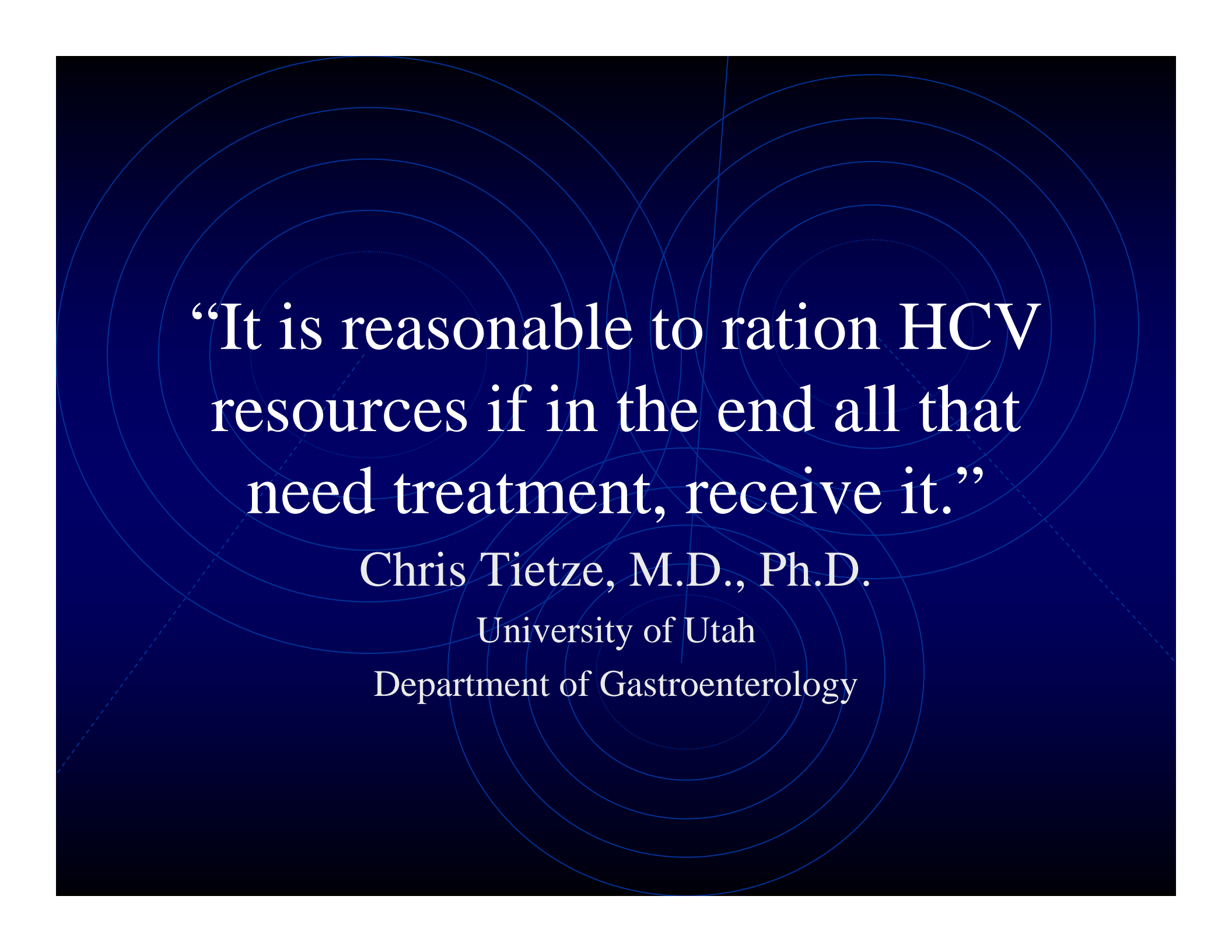
# Utah III

- Battery of Lab tests done.
- A referral is then made to a Hepatologist.
- Genotype and Viral load (Genotype I) testing is performed and a liver biopsy is done.
- If biopsy confirms chronic active disease, then treatment with interferon and ribavarin is initiated.
- Limited to 10 active treatment patients. Wait time is approximately 2-6 months for the initiation of treatment.
- The gauntlet yields approximately 35% of those with HCV willing to be treated.

# Criteria Dual Purpose



- The strict algorithm adopted by most DOCs nation wide serves a dual purpose.
- Culls those with HCV into a group wherein treatment is likely to be successful.
- And it diminishes the number of patients treated. Important point to note.
- We are doing the ethical and legal minimum due to a lack of funding.



“It is reasonable to ration HCV  
resources if in the end all that  
need treatment, receive it.”

Chris Tietze, M.D., Ph.D.

University of Utah

Department of Gastroenterology

# Rationed Care Justified

- The selective screening and treatment plans are rationed health care.
- This process is reasonable and necessary.
- For example, if resources are finite, then testing all for HCV at the cost of removing lipid lowering medications (example) is not ethically acceptable.
- Other health care needs take precedence over HCV with its 20-30 yr natural history (#2 Palowsky).

# Where does this issue Belong: Correctional Medicine or the Public Health Agencies?

- HCV impacts all communities.
- Average lengths of stay are less than 3 years in Utah (#8 UDC).
- The DOCs do not own an obligation to address an infectious disease that spans many years, when their responsibility for health care is on average only a few years.



# This Approach, Although Necessary, Is Missing the Public Health Boat.

- Prison is a wonderful opportunity to diagnose and treat a captive patient group.
- Treating while incarcerated will address the HCV issue for the public health good.
- Prisoner today means potential neighbor tomorrow.
- **Aggressive testing and treatment of this group could be the single most effective HCV public health strategy.**

# Next Steps

- Federal funding addressing HCV in prisons (Obama vs Economic downturn).
- Mandating treatment for HCV while incarcerated (must come with funding).
- Intake testing of sentenced inmates.
- Transitional care to allow ongoing treatment as an inmate progresses from prison to parole.

# Closure

- HCV is everyone's concern.
- Prisons provide an opportunity to diagnose and treat the largest known reservoir of infected individuals.
- Currently marginal efforts are being made, limited by funding.
- This is a public health issue with an excellent screening test and effective treatment.
- National Public Health efforts need to focus on funding solve this issue.

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