

NYS DOCS HCV Primary Care Practice Guidelines

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Why Develop HCV Practice Guidelines?

- In 1998, HCV was acknowledged as an emerging infectious disease
- In public sector, push was being made to identify those infected to offer treatment
- NYS DOCS convened a panel of DOCS providers and an outside specialist to develop an evolving guideline

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Some definitions

- Guideline: A statement or other indication of policy or procedure by which to determine a course of action
- Mandate: An authoritative command or instruction
- Evidence Based Medicine: Using clinical endpoint data to guide medical interventions

Primary Care

- Disease overview
 - Acute vs Chronic
 - Epidemiology: identify who to screen
 - Diagnostic tests
 - Disease monitoring
- Reporting
 - County Dept of Health
 - Internal
 - Blinded seroprevalence data

Blinded HCV Seroprevalence Data

- NYS DOH Study to assess prevalence of HIV and HCV in incarcerated persons
 - Preliminary Data
 - Males: 12%
 - Females: 25%
 - 40-50% of those who are HIV infected are also infected with HCV

Who Should Be Screened

- IV Drug Users
- HIV+
- STDs
- Blood transfusion before 1992
- Clotting factors before 1987
- Those with unexplained increased LFTs

Should all incarcerated individuals be screened?

Establishing Treatment Criteria

- Review available guidelines
 - CDC (1997-98)
 - Federal Bureau of Prisons (1997)
- Review expert opinion
 - American Society of Liver Disease
- Evidence based medicine

Treatment Criteria

- HCV Ab positive
- Age 18-59
- Elevated ALT x 4-6 mo
- Adequate synthetic function
- Lab parameters
 - WBC >3,000 cells/mm³
 - ANC > 1,000 cells/mm³
 - Hgb > 10 grams
- Absence of:
 - Chronic HBV
 - Thyroid disease
 - Organ transplantation
 - Significant psychiatric dx*
 - Active substance abuse*

* may require psych clearance

Other Treatment Criteria

- Anticipated incarceration of at least 15 months from the time of the referral
 - Medical Hold
- A highly motivated patient
 - Informed consent
 - Provide background info on HCV and why treatment is being offered
 - Detail potential risks/benefits of treatment

Controversial Issues

- Substance abuse
 - Drug or alcohol abuse during the preceding 6 months
 - Anyone with a history of substance abuse
 - Inmates meeting either of the above two criteria **must** be enrolled in or have completed an ASAT program
 - Not all facilities have an ASAT program
 - Self-study program now available
 - Transfer to another facility

Controversial Issues (2)

- Expected incarceration of 15 months
 - Rationale: best chance of successful therapy is a complete (12 month) course. If therapy is started and then the inmate is released and does not have medical insurance, therapy will have to be stopped
- Liver biopsy
 - Gold standard
 - Viral load

Special Treatment Issues

- HIV
 - Clearance by ID/HIV specialist
- Co-infection with HBV
- Cirrhosis
 - Compensated vs Decompensated
- Pregnancy
 - Teratogenicity of ribavirin
 - Pregnancy testing

Referral to the HCV Specialist

- E Form
 - Email the request for
 - HCV consult
 - Medication order
 - All treatment criteria are listed and data must be listed to fulfill each criterion
 - Approval for consultation given by utilization review and approval of treatment given by Chief Medical Officer

Treatment

- Treatment is based on published recommendations
- But these often lag behind, so latest data needs to be reviewed and considered on a regular basis to provide state-of-the-art treatment

Evolution of Treatment

- IFN-alpha for all naïve patients
- ↓
- IFN-alpha + ribavirin for experienced patients
- ↓
- IFN-alpha + ribavirin for all patients
- ↓
- Pegylated IFN-alpha for naïve patients

Treatment Specifics

- Viral genotype
- Treatment algorithm
- Emphasis on monitoring of potential toxicities of both interferon and ribavirin

Conclusions

- HCV is a large problem in incarcerated populations
- Many unaware of what HCV is, that they are/were at risk, and/or that they can even be tested for it



Conclusions

- Identify those at risk, educate infected patients, and treat appropriate patients
- Incarceration is not a contraindication to HCV treatment and development of guidelines for treatment should be helpful