



Hepatitis C (HCV)

Health Care Services

Estimated Scope of the Problem

- Hepatitis C Virus (HCV) is a blood borne pathogen, most often transmitted by blood to blood exposure.
- There is no vaccine available for HCV.
- It is estimated that 23% of the inmates in state correctional institutions (SCIs) are infected with HCV.
- Acute Hepatitis C infection is rare and 15% of inmates clear the HCV virus spontaneously.
- Eighty-five percent of HCV positive inmates develop Chronic Hepatitis C. Of these inmates, 80% are not symptomatic.
- Twenty percent of Chronic Hepatitis C patients progress to cirrhosis (scarring) of the liver, liver failure and severe complications of the disease.
- Ten to fourteen percent of Chronic Hepatitis C patients with cirrhosis progress to hepatocellular cancer.
- Fatigue is the most common symptom of HCV infection and occurs in 20% of patients.

Treatment Protocol Development

The PA Department of Corrections (DOC) has developed a revised Hepatitis C treatment protocol. The protocol includes antibody testing on all inmates entering and presently residing in SCIs. The screening of all inmates will allow the future prediction of prevalence rates for the HCV virus in the DOC population. The overall goal of the Hepatitis C treatment program is to prevent the catastrophic medical risks and costs associated with cirrhosis and liver failure leading to liver transplants. The overall cost for Hepatitis C testing and treatment was nearly \$6M in FY 2002-03.

Treatment Exclusions

The Hepatitis C treatment protocol excludes inmates from treatment for the following reasons:

- Sentence Tail - less than 18 months remaining to serve in prison.
- Medical including:
 - Pregnancy
 - Uncompensated cirrhosis of the liver, thyroid disorders, serious systematic illnesses
 - Pre-existing anemia
 - Coronary artery disease
 - Gout
 - Hypersensitivity to Interferon
- Psychiatric: Seriously mentally ill inmates whose symptoms are not controlled.

HCV viral loads and genotypes are preferred on inmates meeting exclusionary criteria. Genotype 2,3,4 inmates are treated for 6 months. Genotype 1 inmates are further evaluated via non-invasive testing and liver biopsies. Biopsies will be completed at regional HCV evaluation centers.

Currently, 2% of the inmates diagnosed with HCV are excluded from treatment.

Bureau of Health Care Services (BHCS) Activities

- Collection of Hepatitis C treatment statistics from each SCI monthly.
- Continue the BHCS Hepatitis C committee involving BHCS physicians and nurses, medical vendor medical directors, and Department of Public Welfare physicians, to provide guidance on the continued revisions to the Hepatitis C protocol. The committee will review current literature and National Institute of Health and CDC guidelines on the evaluation and treatment of Hepatitis C.
- Continue correctional medical education program on Hepatitis C for inmates.
- Quality Improvement monitors for the Hepatitis C protocol have been implemented. The Hepatitis treatment protocol has been established as a chronic care clinic at each institution.
- Co-infection of inmates with both HIV and HCV will be treated by infectious disease and gastroenterologist specialists in each DOC region.
- The use of Pegylated Interferon in combination with Ribavirin was implemented in FY 2002.

"Our mission is to protect the public by confining persons committed to our custody in safe, secure facilities, and to provide opportunities for inmates to acquire the skills and values necessary to become productive law-abiding citizens; while respecting the rights of crime victims."