

Hepatitis C and Incarcerated Persons

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Outline

- Terminology regarding incarceration
- Overview of Hennepin County Jail population
- Hepatitis C epidemiology in the incarcerated population
- Systems and patient considerations in obtaining Hepatitis C testing and treatment

Learning Objectives

- Define key terms used in criminal justice
- Outline scope of hepatitis C infection, testing and treatment in the incarcerated population
- Identify system and patient related barriers to diagnosis and treatment of hepatitis C for persons within the criminal justice system

Terminology

Jail

Persons who are pre-conviction and/or pre-sentencing or people with sentences less than 1 year

- County run, Sheriff's Office
- Hennepin County Adult Detention Facility, Hennepin County Workhouse

Prison

Persons with sentences over 1 year

- State and Federally run
- Stillwater, St. Cloud, Lino Lakes, Oak Park Heights, Shakopee

Probation

Alternative to incarceration with supervision

- Completed within the community

Furlough to treatment

- Drug Court
- Rule 25 completed in custody

Parole

Early release from prison with supervision

- Can be revoked and person returned to prison

Hennepin County Jail

- Downtown Minneapolis
 - 2 buildings
- Houses 700+ people
- Average stay
- Substance use
- MOUD program
 - 15-18% of detainees on buprenorphine
 - Great time to start MOUD - withdrawal anyway, risk of OD at release



Risk-factors for the Incarcerated Person

Literacy

- 70% of incarcerated individuals cannot read above 4th grade level
- 25% of formerly incarcerated individuals do not have a high school diploma or equivalent

Homelessness

- 7.3-11.3x more prevalent in incarcerated population

Mental Health

- 44% of people in jails and 37% of people in prisons have history of Mental Illness
- Co-occurring substance use and MI

Health Insurance

- “Medicaid Inmate Exclusion Policy”

<https://governorsfoundation.org/gelf-articles/early-literacy-connection-to-incarceration/>
<https://www.prisonpolicy.org/reports/education.html>

Incarceration & Homelessness: A Revolving Door of Risk (2013). *In Focus, National Healthcare for the Homeless Council*, 2(2).
<https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Medicaid-Coverage-for-People-Who-are-Incarcerated>

HCV in the Incarcerated Population

- Seroprevalence of 9.6-41.1% in prison population
 - 1% in overall U.S. population
 - Similar viral replication rates to community
 - Majority of cases in persons from racial or ethnic minorities
 - Approximately 30% of people in U.S. living with hepatitis C will spend part of the year incarcerated
- Response to treatment is similar to those persons with hepatitis C in the community
- Transmission primarily from IVDU
 - Methamphetamine, heroin, fentanyl

Varan AK, Mercer DW, Stein MS, Spaulding AC. Hepatitis C seroprevalence among prison inmates since 2001: still high but declining. *Public Health Rep.* 2014;129(2):187-195.
Larney S, Zaller ND, Dumont DM, Willcock A, Degenhardt L. A systematic review and meta-analysis of racial and ethnic disparities in hepatitis C antibody prevalence in United States correctional populations. *Ann Epidemiol.* 2016 Aug;26(8)
<https://www.hepatitisc.uw.edu/go/key-populations-situations/treatment-corrections/core-concept/all>
<https://www.cdc.gov/nchhstp/newsroom/2018/hepatitis-c-prevalence-estimates-press-release.html>

Testing and Treatment of Hepatitis C During Incarceration

Hennepin County Jail (and most jails)

Testing - offered

- Opt-in, short stay may preclude
- Hepatitis A&B vaccinations
- Visit to discuss diagnosis

Treatment - not available

- Transient population
 - Risk of resistance if treatment not completed
- Cost

Prison System

Most prisons offer Hepatitis C testing and treatment

- Constitutional obligation to provide adequate healthcare based on a U.S. Court decision
- May take into account medical necessity and release date in determining appropriateness for treatment
- May be ideal time given structure and medical supervision

HCV Treatment: Opportunities and Challenges

Opportunities

- Jails as a public health location
 - Diagnosis can lead to harm reduction behaviors even if treatment is not offered
 - Implementation of programs to connect patients to care are feasible

Challenges

- Jail - lacking infrastructure linking patients to care in the community
- Trust
- Law enforcement and healthcare perspectives on IVDU
- Budgets

Schoenbachler, B. T., et. al. (2016). Hepatitis C virus testing and linkage to care in North Carolina and South Carolina Jails, 2012–2014. *Public Health Reports*, 131(2_suppl), 98–104.

Personal Observations

- Often diagnosis is known
 - New diagnosis is often expected
- Receptive to teaching
 - Sober, reflective
- Stated desire to prevent transmission to others
 - Even if demonstrate less concern for their personal risk
- Very little knowledge of long-term consequences
 - Capacity for management/treatment without support is low
- Health System knowledge is minimal
 - Insurance, making appointment, obtaining medication
- Belief that obtaining treatment requires sobriety

Thank you

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