Five Questions Concerning Managing Hepatitis C in the Justice System

Finding Practical Solutions for Hepatitis C Virus Elimination

Anne C. Spaulding, MD, MPH[a,b,*], Madeline G. Adee, cMPH[a], Robert T. Lawrence, MD, MEd[c], Jagpreet Chhatwal, PhD[d], William von Oehsen, JD[e]

KEYWORDS

• HCV elimination • Prison • Jail • Incarceration • Hepatitis C • Medicaid

KEY POINTS

- Most hepatitis C virus (HCV) in the United States is transmitted by injection drug use and most Americans who inject drugs are incarcerated at some point.
- HCV is concentrated in corrections; framework of population health compared with a focus on the individual may be necessary to address the epidemic.
- Surveillance data on HCV in correctional facilities is inconsistent and there are barriers to screening, but opt-out testing can work.
- Current direct-acting antiviral prices are prohibitively high for prison health care budgets; very few incarcerated persons receive treatment.
- There are options available for prison systems to overcome the gap between demand for and availability of treatment.

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[a] Department of Epidemiology, Rollins School of Public Health, Emory University, 1518 Clifton Road Room 3033, Atlanta, GA 30322, USA; [b] Department of Medicine, Morehouse School of Medicine, 720 Westview Dr SW, Atlanta, GA 30310, USA; [c] Alaska Department of Corrections, 550 West 7th Avenue, Suite 1860, Anchorage, AK 99501, USA; [d] Institute for Technology Assessment, Massachusetts General Hospital, Harvard University, 101 Merrimac Street, Floor 10, Boston, MA 02114, USA; [e] Powers Pyles Sutter & Verville PC, 1501 M Street Northwest, Seventh Floor, Washington, DC 20005-1700, USA

* Corresponding author. Department of Epidemiology, Rollins School of Public Health, Emory University, 1518 Clifton Road, Room 3033, Atlanta, GA 30322.
E-mail address: aspauld@emory.edu

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INTRODUCTION

Ignoring the portion of the United States' hepatitis C epidemic made up of persons with a history of incarceration leads to serious underestimations of hepatitis C virus (HCV) prevalence. At present in the United States, even among persons living in households, injection drug use is the most common route of infection with HCV.[1] As an illicit activity, parenteral drug use commonly results in incarceration; almost all people who inject drugs have a history of incarceration.[2,3] To eliminate HCV, the United States must engage the criminal justice system by increasing routine screening and making treatment with the new direct-acting antivirals (DAAs) against HCV accessible to persons who are imprisoned.[4]

The United States leads the world in the rate of incarceration.[5] In the United States, prisons house persons convicted of a crime and serving a sentence of a year or more. Jails detain persons awaiting trial or sentenced to shorter stays. The median length of a jail stay is 2 to 5 days.[6] Six states have unified jail/prison systems. All US correctional facilities have a high concentration of people who inject drugs (PWID) and thus a high prevalence of HCV. Recidivism is common in the US justice system and many persons, once incarcerated, tend to cycle in and out of facilities repeatedly[7] (**Fig. 1**). A 2014 article combined estimates of persons living with HCV who were homeless or institutionalized with those dwelling in households (NHANES [National Health and Nutrition Examination Survey] data). It estimated that 10 million Americans spent at least part of last year incarcerated and likely 30% of all Americans with hepatitis C pass through a prison or jail annually.[8] Among the 1.5 million Americans who are in prison at any given timepoint,[9] the authors estimate that 18%,[9] or 270,000, have antibodies to HCV. State prisons responding to a 2015 survey reported they are aware of about 106,000 (39%) persons so diagnosed.[10] Three-quarters of the 18% (13.5% or 1 in 7) are viremic[1] and thus candidates for HCV treatment once diagnosed.

Prisons, as opposed to jails, serve as particularly important sites to expand access to DAAs, because of the longer duration of sentences, which permits completion of a full course of treatment.[11] Directly observed medication administration helps ensure adherence. Those leaving prison typically have fewer connections to community health resources and so treatment while imprisoned is strategic. Rarely is a person in jail a candidate for starting DAAs, but jails occasionally initiate treatment of persons with advanced disease. Although prison can be a more strategic venue for treatment, few prisons aggressively seek to identify more persons to treat. Two-thirds of state prisons either offer no screening or only offer targeted testing of inmates reporting high-risk behavior, which significantly limits detection and potential treatment in this high-prevalence population.[8,12,13]

Beginning in 2012, more people died of HCV-related infections than of 60 other nationally notifiable infectious conditions, including human immunodeficiency virus (HIV), hepatitis B, and tuberculosis.[14] Nonetheless, hepatitis C has not generated the sense of urgency or diversion of funds associated with other infectious disease epidemics, perhaps because of its slow course, low prevalence in the general population, high cost of treatment, or spread outside the public's eye, primarily within groups that reside in the social shadows of poverty and drug use. As a result, a recent survey showed that the median proportion of people in state prisons with known HCV infection receiving treatment is only 0.49% (range, 0%–5.9%).[10] More and more prisons are being sued for denying treatment to those with hepatitis C, and at least 1 federal judge has declared that withholding medical treatment from a person incarcerated in a state prison constitutes cruel and unusual punishment.[15]