

ELIMINATING HEPATITIS C

Corrections
and Community
Supervision



2019

Hepatitis C in New York State Department of
Corrections and Community Supervision
(NYSDOCCS)

A current study of the surveillance, prevention, treatment and prevalence of Hepatitis C among the inmate population and obstacles that hinder our effectiveness.

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HEPATITIS C IN NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (NYS DOCCS)

SURVEILLANCE

Effective February of 2017, all male and female inmates are screened for hepatitis C virus (HCV) infection at Reception Facilities. Inmates not previously screened will be offered HCV screening at their routinely scheduled health appraisal. Efforts are in progress to actively identify inmates not tested for HCV and offer them testing.

In 2018, 16,578 inmates in NYS DOCCS were tested for HCV in DOCCS. Of those tested, 1,730 were female inmates and 14,848 were male inmates.

DOCCS' contracted laboratory vendor (BioReference) utilizes "reflex testing," whereby a positive antibody result, will automatically lead to testing for hepatitis C RNA. This allows our providers to promptly identify active disease and begin the process for initiating hepatitis C treatment.

Inmates receiving treatment for hepatitis C disease require monthly laboratory testing and evaluation by a primary care provider. Testing for Sustained Viral Response (SVR) or "cure" is performed 12 weeks after treatment is completed.

All inmates identified as having advanced liver fibrosis receive periodic surveillance for hepatocellular carcinoma, regardless of whether they achieve SVR. Inmates with Fibrosis stages of F3 or F4 are monitored with an ultrasound of the liver every 6 months. Those with cirrhosis also receive a baseline endoscopic evaluation to screen for the presence of esophageal varices and periodic surveillance thereafter as indicated.

Inmates who are not being treated for hepatitis C and inmates who failed to achieve SVR, receive an evaluation by a Physician/NP/PA, in addition to laboratory testing at least every 6 months.

PREVENTION

In 2018, an expansion of the New York State Department of Health (NYSDOH) AIDS Institute Criminal Justice Initiative was implemented, which included an increase in HCV-specific services for the incarcerated population. These services include re-entry services, including linkage to HCV care, and peer education provided by community-based organizations (CBOs) throughout the state. Through the fully funded Peer Education Program, DOCCS inmates are trained by staff from the CBOs to become Peer Educators. In this curriculum, inmates learn about hepatitis C prevention, testing, transmission, treatment and harm reduction.

DOCCS, in collaboration with the NYSDOH AIDS Institute, has developed a peer video to be shown in DOCCS Facility Medical Units across the state. In this presentation, formerly incarcerated individuals tell their stories about their experiences related to hepatitis C, in addition to promoting testing, treatment and prevention

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strategies. Health Services Infection Control staff also speak about what to expect through testing and treatment in DOCCS.

DOCCS' Prison Hotline is advertised in all facility medical units. Inmates can seek education and counseling, and/or obtain additional information on hepatitis C through this service. Additionally, DOCCS utilizes educational materials from the NYSDOH, which are available in all medical units. Materials include fact sheets for hepatitis C in prison and in jail, as well as a "Guide for People on Hepatitis C Treatment".

TREATMENT

In 2018, DOCCS treated 730 inmates for hepatitis C disease. As of November 6, 2019, 978 inmates were approved for treatment this calendar year. DOCCS anticipates treating roughly 1,200 inmates in 2019 and we have set a goal to treat 2,000 in 2020.

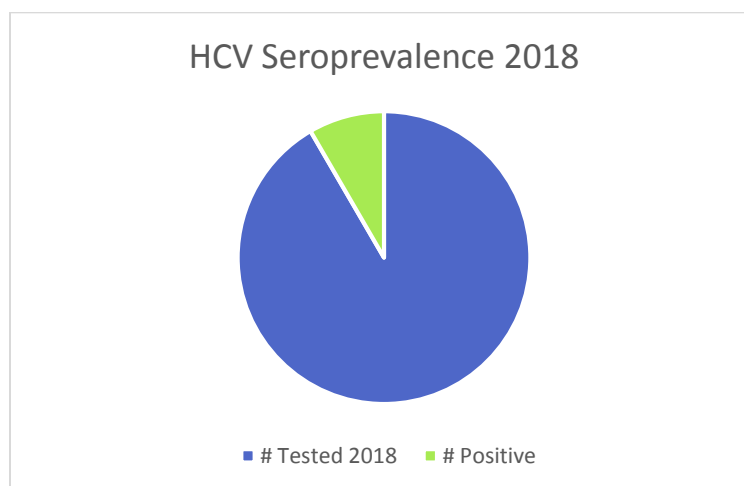
All inmates with chronic hepatitis C disease are worked up, evaluated, and treated. If needed, priority in treatment is given to those with more advanced fibrosis and to those with immunocompromising conditions or extra-hepatic manifestations of hepatitis C.

Evidence of substance abuse, the risk of reinfection (including using or possessing syringes and tattoo equipment) and chronic non-compliance with medical care may be noted but will not serve as an exclusion for care.

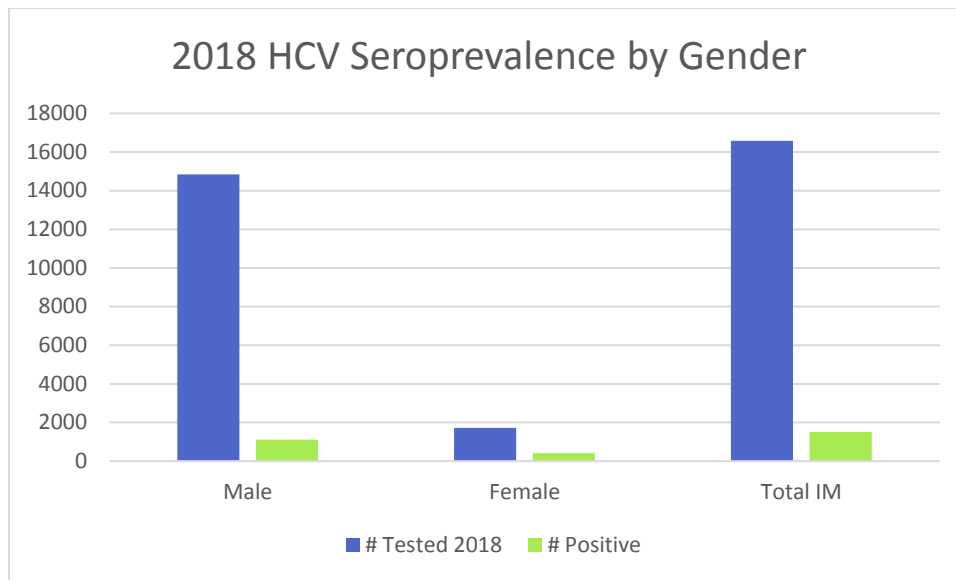
DOCCS hepatitis C treatment guidelines are drafted following recommendations by the American Association for the Study of Liver Diseases (AASLD) and follow FDA guidelines. DOCCS utilizes the most current direct acting antiviral medications to treat inmates with hepatitis C. Primary care clinicians provide direct patient care in our setting and complications related to the treatment of hepatitis C are mild and infrequent.

PREVALENCE

In 2018, the average population in DOCCS was roughly 46,500. 16,578 hepatitis C tests were completed in DOCCS during 2018 which resulted in 1,515 hepatitis C antibody positive tests.



- 9.1% of incarcerated individuals who were tested for hepatitis C in 2018 had positive antibody results.



- 14,848 males and 1,730 females were tested for hepatitis C in 2018 which resulted in 1,105 HCV (+) males and 410 HCV (+) females.
- 89.6% of HCV tests performed in 2018 were for males and 10.4% were for females.
- 7.4% of males tested and 23.7% of females tested in 2018 were positive for HCV.

OBSTACLES

Burden on Primary Care -

The most difficult obstacle faced providing hepatitis C care and treatment is the lack of providers needed to oversee the work-up, prescribe the treatment and ensure appropriate monitoring and follow-up take place. At the time of this report, Health Services has high vacancy rates - a Clinical Physician 2 vacancy rate of 21%, Nurse Practitioner vacancy rate of 20% and a Physician Assistant vacancy rate of 20%. With the abundance of incarcerated individuals that require care for other chronic diseases combined with the severity of our staffing levels, providers are often forced to triage patients based on medical urgency. This can cause a delay in initiation of hepatitis C treatment.

Direct acting antiviral drugs have become the standard treatment for hepatitis C disease. These medications have significantly improved treatment of chronic hepatitis C with shorter duration of treatment, minimal side effects, and high cure rates; however, they come at a very high cost. DOCCS continues to improve practices to provide effective, up to date hepatitis C treatment at the lowest possible cost. This can also be a challenge.

The ability to track HCV testing, treatment and cure rates in DOCCS has proven to be a challenge for a variety of reasons. Laboratory data, which is necessary to evaluate testing numbers and success rates after treatment, must be obtained from our contracted laboratory. This often requires DOCCS health services staff to organize the received reports and extract relevant data. DOCCS is actively pursuing the integration of an Electronic Health Record (EHR). With a comprehensive system in place, DOCCS would be able to maintain and track accurate statistics related to testing results, treatment and cure rates.

DOCCS is establishing a dedicated team of health professionals to focus solely on hepatitis C disease. Through telemedicine, our goal is to continue to increase the number of individuals treated and cured in

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DOCCS. Through this team, DOCCS will gather valuable data which can be used to identify trends in areas such as genotype, track liver disease and closely monitor cure rates. Our goal is to treat 2,000 individuals next year, as well as lay the ground work for dynamic research as it relates to hepatitis C in DOCCS.