

Treating All Incarcerated Individuals Living With Hepatitis C in a US Statewide Carceral System: Scaling Care to Meet a Critical Need

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Background

The prevalence of hepatitis C among incarcerated communities far exceeds that of the general population. In RIDOC, prevalence was 7.1% in 2022.

Incarceration is disruptive to healthcare, introducing barriers and increasing risk for deleterious outcomes of substance use, particularly during community re-entry.

Individuals awaiting trial often have brief, unpredictable lengths of incarceration.

Expanding hepatitis C treatment within carceral systems to include all incarcerated populations is necessary to address the substantial disease burden.

Description of Model of Care

The Rhode Island Department of Corrections (RIDOC) is a state carceral system where all individuals experiencing incarceration are detained, including both those awaiting trial as well as those sentenced to a period of confinement.

Beginning in January 2021, all individuals incarcerated in RIDOC were offered the opportunity to initiate hepatitis C treatment with linkage to care in the community post-release. All data is up to date as of 08/31/2023.

In order to scale and sustain expanded treatment, structural changes were implemented to reduce medication cost and clinical care was reorganized to task shift clinical activities from infectious disease experts to a general internist, advanced practice providers and auxiliary clinical staff.

Effectiveness

Our preliminary data demonstrate the feasibility of expanding hepatitis C treatment to all individuals experiencing incarceration.

Cure was achieved in a substantial number of individuals regardless of their incarceration status when initiating treatment.

However, barriers to continuing care were encountered during the community re-entry phase.

Treatment Demographics at RIDOC since 2017

Total Number of Individuals Treated	236
Average Age	44
Age Range	23-82
Cirrhosis (%)	12%
# of HIV co-infection	<5

RIDOC HCV Treatment Outcomes

Group	Total # Treated			SVR 12 Satus			SVR Results (Among SVR12 obtained)		
		N	%		N	%		N	%
All	236	100.00%	Obtained	166	70.3%	NDVL	155	93.4%	
			Pending	32	13.6%				
			Due but not obtained	37	15.7%				
Completed Treatment at RIDOC	175	74.2%	Obtained	141	80.6%	NDVL	135	95.7%	
						VL Detected	6	4.3%	
			Pending	15	8.6%				
			Due but not obtained	19	10.9%				
Released with Medication	56	23.7%	Obtained	25	44.6%	NDVL	20	80.0%	
						VL Detected	5	20.0%	
			Pending	13	23.2%				
			Due but not obtained	18	31.2%				
Initiated Treatment in Jail	77	32.6%	Obtained	48	63.2%	NDVL	42	87.5%	
						VL Detected	6	12.5%	
			Pending	16	20.8%				
			Due but not obtained	13	16.9%				

Conclusion and Next Steps

Expanded hepatitis C treatment in carceral settings is feasible but requires structural and clinical changes to scale and sustain. Additional research is required to help understand and address barriers to continuing hepatitis C treatment upon community re-entry.

This work was supported by the NIH through grant# K23DA054003 and grant# K23DA055690



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