

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. Incarceration is a disruptive experience that introduces barriers to accessing healthcare services and places individuals at increased risk for deleterious outcomes of substance use including communicable disease transmission, particularly during the community re-entry period. This is a critical challenge for the substantial number of individuals who are jailed while awaiting trial, often for brief, unpredictable lengths of stay. As a result, expanding hepatitis C treatment within carceral systems to include all incarcerated populations, including those who are detained briefly, is central to addressing the global hepatitis C epidemic.

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. 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.

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.

Disclosure of Interest Statement: