

ADDRESSING THE HEPATITIS C EPIDEMIC IN CRIMINAL JUSTICE SETTINGS THROUGH ACADEMIC-PUBLIC HEALTH PARTNERSHIPS

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Background:

People who inject drugs in the United States tend to be inconsistently engaged in health care. Lack of a national infrastructure for health informatics makes monitoring trends in hepatitis C virus (HCV) screening, linkage to care and treatment difficult for this population. Collaboration across multiple agencies is therefore necessary to fill the data gaps required for accurate epidemiologic descriptions.

Methods:

Since 2011, we have convened quarterly meetings involving the leadership of the Wisconsin (WI) Department of Corrections (DOC) Health Services Bureau, The WI Department of Public Health AIDS/HIV and Viral Hepatitis Program (DHS), the WI State Laboratory of Hygiene (WSLH), and the Division of Infectious Diseases at the University of Wisconsin (UW). A main goal of this collaboration was to perform necessary database linkages to characterize the continuum of HCV care for incarcerated individuals. HCV testing data were obtained through a database maintained by WSLH, which conducts all fee-exempt HCV screening for DOC. Matching by first and last name, date of birth, and a unique identification number assigned by DOC, individuals were linked to DOC pharmacy data and to surveillance reports maintained by DHS.

Results:

12,176 adults were admitted to the WI DOC between 1/1/11 and 12/31/15 and underwent risk-based testing for HCV. Of these, 2,634 were HCV seropositive and 2,047 were confirmed to have active HCV infection based on nucleic acid (PCR) testing. By the end of 2015, 381 individuals diagnosed with active HCV (18%) had been treated with direct acting antiviral (DAA) drugs while in prison.

Conclusion: We have created a longitudinal dataset describing the history of incarceration, HCV testing, linkage to care, and treatment for a high priority population. As efforts to scale-up HCV treatment proceed, this cohort will provide a useful framework for studying state-wide HCV control.

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