

VIRAL HEPATITIS AND THE CRIMINAL JUSTICE SYSTEM

The unique circumstances of the criminal justice environment create opportunities to reach an underserved population with viral hepatitis prevention and treatment services. However, correctional facilities must grapple with several issues, including uncertainty about who will pay for these services, a lack of screening and treatment guidelines, and a need for staff training

Viral Hepatitis is an Important Issue Facing the Criminal Justice System

Hepatitis B and C are highly prevalent in correctional facilities.

Although the prevalence of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections in correctional facilities is not known with certainty, a number of indications point to their being very common:

- Studies of prison populations in California, Virginia, Connecticut, Maryland, and Texas have found evidence of HCV infection in 29%-42% of inmates, and national figures for HCV infection among incarcerated populations estimate that 15%-30% of inmates across the country may be HCV positive.
- A California survey found that half the incoming women and a third of incoming men tested positive for hepatitis B virus infection.
- Injection drug use is the primary transmission route for HCV. High-risk sexual behaviors (such as unprotected sex with multiple partners) and injection drug use are the major

transmission routes for HBV. A substantial majority of prison and jail inmates – as much as 80% – have serious drug problems, including injection drug use.

Transmission can occur within and beyond the corrections setting

Many inmates already have chronic HBV or HCV infection when they enter prison or jail. Because symptoms are often mild or nonexistent, inmates may not know they are infected and can unwittingly transmit the virus to others through injection drug use, consensual sex, rape, and tattooing with contaminated equipment. Transmission can also occur as a result of sharing personal items, such as razors or toothbrushes. There is also a high risk of transmission to the larger community outside of the facility if an inmate continues to practice high-risk drug use and sexual behaviors after release.

The Criminal Justice System Faces Particular Challenges in Responding to Hepatitis B and Hepatitis C

Awareness of viral hepatitis as an important public health issue is growing, but correctional facilities face a number of unique issues as they try to respond:

- Currently, no specific federal guidelines exist for screening or treating inmates who may be at risk or who are already infected with HBV and HCV, although such guidelines are currently being developed. Such guidelines should provide facilities with assistance in developing and implementing policies for routine screening, immunization, and medical evaluation and management.
- Viral hepatitis prevention measures, including screening, immunization, and treatment can be expensive. States and communities will need to identify sources for funding these services within correctional facilities, as well as develop policies for continuing care (such as completing immunization or therapy) after the inmate's release.

- Variable length of sentences and constant movement of inmates within and between facilities makes ensuring complete immunization, monitoring chronic infections, and establishing and carrying out treatment regimens difficult.
- Antiviral therapy for chronic hepatitis B and chronic hepatitis C is complicated, has limited effectiveness, and is not appropriate for everybody. Facilities that have instituted viral hepatitis treatment programs have found that periodic training and updates for correctional health and pharmacy staff are needed for successful programs. Successful HIV/AIDS treatment programs in correctional facilities also may provide some useful lessons learned.
- Many inmates have other illnesses and conditions, such as HIV, tuberculosis, diabetes, or mental illness. Treatment of an inmate's hepatitis B or hepatitis C may not be the highest priority for the correctional health staff if a beneficial outcome is uncertain.

Despite these challenges, the unique circumstances of the correctional environment create an unparalleled opportunity to reach a population that has been resistant to or unreached by education and interventions and to provide them with beneficial prevention and treatment services:

- Vaccines are available for hepatitis A and hepatitis B, providing a real prevention opportunity.
- Many correctional facilities already have education, prevention, and treatment programs focused on HIV, sexually transmitted diseases, and substance abuse. Viral hepatitis prevention, screening, and treatment messages could build on these existing efforts.

To Learn More About This Topic

Read the overview fact sheet in this series on drug users and hepatitis –

“Viral Hepatitis and IDUs.” It provides basic information, links to the other fact sheets in this series, and links to other useful information (both print and Internet).

Visit websites of the Centers for Disease Control and Prevention (www.cdc.gov/idu) and the Academy for Educational Development (www.healthstrategies.org/pubs/publications.html) for these and related materials:

- *Preventing Blood-borne Infections Among Injection Drug Users: A Comprehensive Approach*, which provides extensive background information on HIV and viral hepatitis infection in IDUs and the legal, social, and policy environment, and describes strategies and principles of a comprehensive approach to addressing these issues.
- *Interventions to Increase IDUs' Access to Sterile Syringes*, a series of six fact sheets.
- *Drug Use, HIV, and the Criminal Justice System*, a series of eight fact sheets.
- *Substance Abuse Treatment and Injection Drug Users*, a series of six fact sheets.

Visit the CDC's Viral Hepatitis website (www.cdc.gov/hepatitis) for information materials and on-line training for health professionals.

Visit these other websites:

- Advisory Committee on Immunization Practices: www.cdc.gov/nip/ACIP/default.htm
- Association of State and Territorial Health Officials: www.astho.org
- National Commission on Correctional Health Care: www.nccc.org
- National HCV in Prison Coalition: www.hcvprisonnews.org

Check out these sources of information:

Advisory Committee on Immunization Practices, CDC. Protection against viral hepatitis: recommendations of the Immunization Practices Advisory Committee (ACIP). *Morbidity and Mortality Weekly Report* 1990;39(RR-2):1-26. www.cdc.gov/mmwr/preview/mmwrhtml/00041917.htm

Association of State and Territorial Health Officials (ASTHO). Hepatitis C and incarcerated populations: the next wave for correctional health initiatives. Washington (DC): ASTHO; November 2000.

Centers for Disease Control and Prevention (CDC). Hepatitis B outbreak in a state correctional facility, 2000. *Morbidity and Mortality Weekly Report* 2001;50(25):529-532. www.cdc.gov/mmwr/PDF/wk/mm5025.pdf

Centers for Disease Control and Prevention (CDC). Decrease in AIDS-related mortality in a state correctional system – New York, 1995-1998. *Morbidity and Mortality Weekly Report* 1999;47(51):1115-1117. www.cdc.gov/epo/mmwr/preview/mmwrhtml/00056161.htm

Centers for Disease Control and Prevention (CDC). Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. *Morbidity and Mortality Weekly Report* 1998;47(RR19):1-39. www.cdc.gov/mmwr/preview/mmwrhtml/00055154.htm

Advisory Committee on Immunization Practices, CDC. Hepatitis B virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP). *Morbidity and Mortality Weekly Report* 1991;40(RR13):1-39.
www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm

National Commission on Correctional Health Care. Position statement on management of hepatitis B virus in correctional facilities. April 13, 1997.
www.ncchc.org/links/statements.html

National Commission on Correctional Health Care and Society of Correctional Physicians. Joint position statement on management of hepatitis C in correctional institutions. November 7, 1999.
www.ncchc.org/links/statements.html

National Institutes of Health. Management of hepatitis C: 2002. Consensus Development Statement #116. June, 10-12, 2002.
http://consensus.nih.gov/cons/116/116cdc_intro.htm

Reindollar RW. Hepatitis C and the correctional population. *American Journal of Medicine* 1999;107(6B):100S-103S.

Spaulding A, Greene C, Davidson K, et al. Hepatitis C in state correctional facilities. *Preventive Medicine* 1999;28(1):92-100.



Department of Health and Human Services

<http://www.cdc.gov/idu>

Through the Academy for Educational Development (AED), IDU-related technical assistance is available to health departments funded by CDC to conduct HIV prevention and to HIV prevention community planning groups (CPGs). For more information, contact your CDC HIV prevention project officer at (404) 639-5230 or AED at (202) 884-8952.