



Illinois
Department of
Corrections

Pat Quinn
Governor

S. A. Godínez
Director

James R. Thompson Center
100 W. Randolph Street, Suite 4-200
Chicago, IL 60601

Telephone: (312) 814-3017
TDD: (800) 526-0844

Hepatitis C and the IDOC – Fact Sheet
Louis Shicker – IDOC Agency Medical Director

* Please note – the information presented is based on current data and recommendations. It leaves room for future adjustments and does not address the past approaches to care for Hepatitis C offenders.

Natural History

- Incidence in general US population is 1.4% (~4.5 million people)
- It is a bloodborne pathogen
- 15 -20% clear the virus and have no medical consequence
- 80% have chronic hepatitis C
- ~25 % of those will go on to have significant liver disease – ultimately cirrhosis (liver failure) and increased incidence of hepatocellular carcinoma. This takes many years to develop (25 – 30). Alcohol and drug abuse can accelerate the progression.
- There are 6 genotypes with some subsets
- Genotype 1 is most common in US
- Hep C is the number one reason for requiring liver transplantation
- Over the years there have been different regimens developed for treatment. Currently Sofosbuvir/Interferon/Ribavirin is the main treatment regimen which lasts 12 weeks.
- The drug company price for this regimen is approximately \$100,000. This does not include initial evaluations and blood work and sometimes specialty consultation / testing for clearance.
- Current cure rates are approximately 95% - a significant improvement over past regimens with a low side effect profile.
- This is essentially the first time in medical history that an invasive virus can be cured

Hepatitis C & Corrections

- Given the high incidence of Hepatitis C in Correctional populations, the cost of treatment, and the complexity of disease, DOC's nationally cite this medical issue as their greatest current challenge.
- Reported incidence nationally range from 16% -35% of incarcerated population
- High incidence of risk factors amongst prisoners – i.e intravenous drug abuse - etc.

- Results in an increased incidence of Hepatitis C complications amongst prisoners i.e. cirrhosis, Hepatocellular Carcinoma, etc.
- National Guidelines are written and updated by the AASLD and the IDSA The FBOP also publishes guidelines and the most recent one was published as an Interim Guidance for the Management of Chronic Hepatitis C Infection – May 2014
- AASLD and IDSA are recommending that greater numbers of infected patients undergo treatment, however, they recognize that prioritization is necessary. The VA and Medicaid programs also have priority driven criteria.
- The groups that most need treatment are:
 - a) Greater levels of fibrosis (Grade 3 and 4)
 - b) Those with extra-hepatic manifestation of Hep C such as Cryoglobulinemia -Vasculitis
 - c) Those who have had a liver transplant
 - d) Those with Nephrotic Syndrome or Glomerular Nephritis
- Other groups to consider for secondary priority are:
 - a) Those co-infected with HIV
 - b) Those co-infected with Hepatitis B
 - c) Fibrosis stage 2
 - d) Porphyria Cutanea Tarda
 - e) Type 2 Diabetes Mellitus (insulin resistant)
 - f) Other co-existing liver disease
 - g) Debilitating Fatigue

Hepatitis C and the IDOC

- Current number enrolled in Hepatitis C clinic is 1940.
- Several months ago we began a universal screening program at Intake – our rates of positivity are between 8 and 10% thus far; we anticipate the identification of greater numbers of infected offenders. Expected number will be approximately 4500-5000.
- We have had a tele-medicine program with the University of Illinois Infectious Disease group since November 2011 and they manage those offenders with Hepatitis C deemed eligible for treatment. (They also manage our HIV + offenders).
- We have had several guideline drafts over the past 15 years – our most recent one is from May 2014. Since 2011 we have collaborated with the UIC specialists in creating the guidelines. With new drugs coming at the end of this year we expect to update our guidelines in the beginning of next year
- Through the University of Illinois tele-medicine program we qualify for 340B pricing on the medication. Our current cost of treatment per patient is approximately \$60,000.
- Although we evaluate individuals on a case by case basis, the exclusion criteria generally followed are:
 - a) Length of stay – 12 months from diagnosis and arrival to parent facility
 - b) Stable mental health status
 - c) Other medical conditions under control
 - d) No contra-indications to the medications
 - e) Fibrosis level of < 3

- We use APRI calculation to help assess who has more severe disease; that is followed up with another blood test that helps screen for level of disease (FibroSure). We no longer require liver biopsy.
- Since the telemedicine program began we have treated 209 offenders; 8-10 are currently on treatment and 52 are currently being worked up for Hepatitis C treatment.
- In fiscal year 2013 the Department spent approximately \$8,000,000 for both HIV and Hepatitis C medication.
- New medications and new guidelines / recommendations can certainly alter the factors considered for treatment.