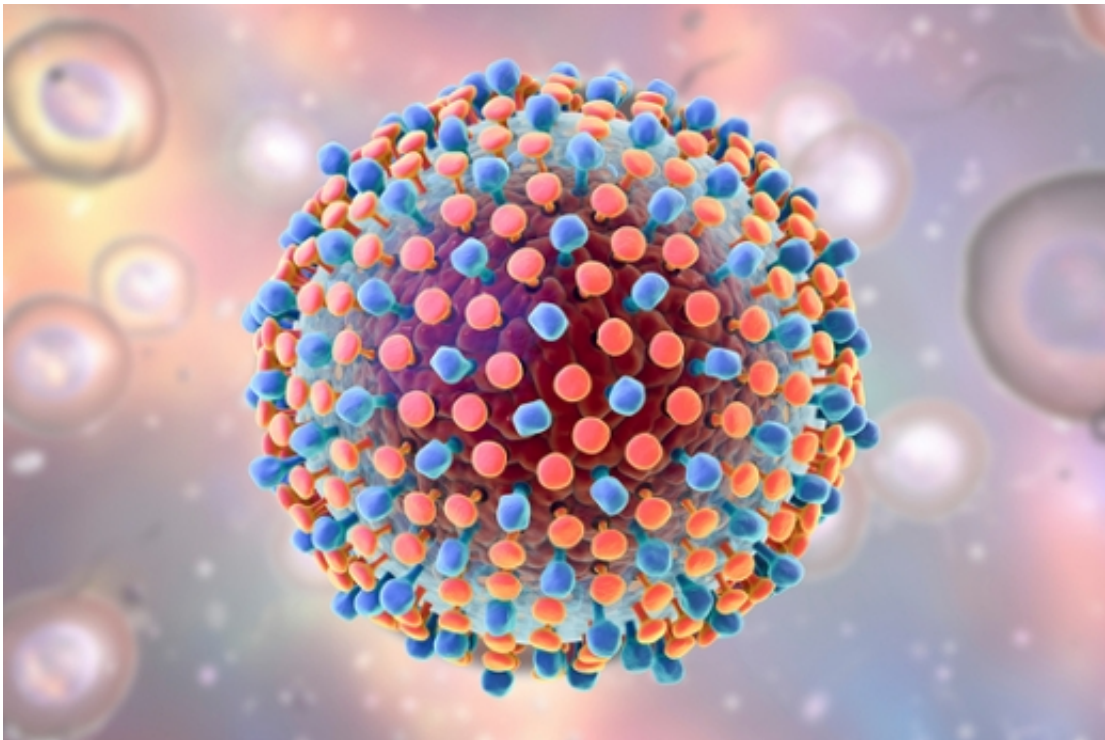


Opioid epidemic possibly linked to hepatitis changes in prisons

September 27 2017, by Melva Robertson



Hepatitis C virus (HCV) is the most common chronic blood-borne pathogen in the United States. Current estimates reveal that currently in the US, about a third of all persons with HCV are incarcerated each year. Credit: Emory University

Researchers from the Emory Rollins School of Public Health and Emory School of Medicine have published a paper in *AIDS Reviews* that examines HIV and hepatitis C virus (HCV) screening in U.S. correctional facilities and the prevalence of HCV in prisons. The paper's

authors conducted a nationwide survey of medical directors and others overseeing health programs in prisons, and examined both published and grey literature (documents created by government, academic, and business entities that have not been published by commercial publishers), to collect data for their review.

"For several years, the prevalence of HCV was decreasing in correctional populations. We believe that's because baby boomers —the population historically hit by HCV the hardest—were aging out of populations entering jails and prisons," says Anne Spaulding, M.D., associate professor of epidemiology and lead author of the paper. "Now, we are seeing a plateau to this decline. About 18 percent of persons who are imprisoned have antibodies to HCV. We hypothesize that as [baby boomers](#) with hepatitis leave, entrants with hepatitis C acquired in the opioid epidemic are replacing them."

U.S. correctional facilities are currently incarcerating a disproportionate number of persons who inject drugs—often the persons who comprise the opioid epidemic. Injection drug use is highly associated with contracting HIV and HCV. Infections can be acquired prior to incarceration and untreated, can spread in the community after release. Many persons are unaware that they are infected with HCV, so Spaulding and her colleagues suggest adopting an HCV screening process similar to what has been successfully implemented to tackle the HIV epidemic.

"It was feasible to screen for HIV in jails and prisons. It is feasible to screen for HCV in jails and prisons," says Spaulding. "Ignoring incarcerated populations when you describe the hepatitis C epidemic is similar to ignoring men who have sex with men when you explain HIV."

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all persons with HCV are incarcerated each year.

Though testing and treating HCV in correctional facilities would increase costs for correctional health care, spending there could decrease HCV transmission in the community, reduce societal disease burden and lower future health care costs associated with end-stage liver disease.

Provided by Emory University

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