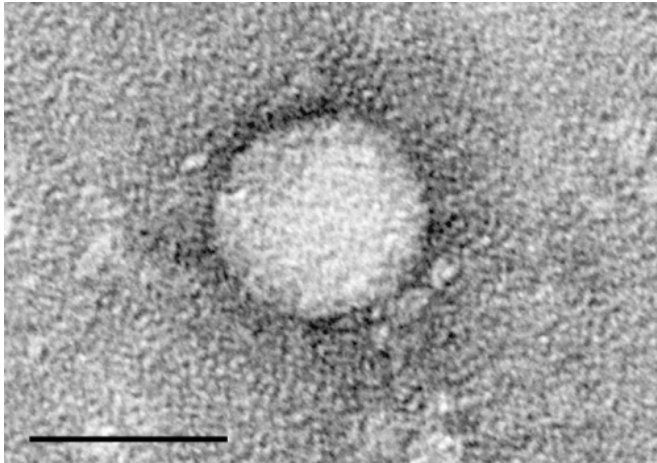


Targeted Hepatitis C testing misses substantial number of cases in correctional setting

19 November 2018



Electron micrographs of hepatitis C virus purified from cell culture. Scale bar is 50 nanometers. Credit: Center for the Study of Hepatitis C, The Rockefeller University.

Results from a new study led by Boston Medical Center (BMC) found routine Hepatitis C testing identified a significant number of cases that would have been missed by targeted testing among a population of individuals in Washington State prisons. Published in the *American Journal of Preventive Medicine*, the authors recommend routine testing in correctional facilities to best identify and treat the disease as part of the national strategy to eliminate Hepatitis C transmission.

It is estimated that 30 percent of the total Hepatitis C (HCV) infected population in the United States passes through the prison system annually, yet there is no widely accepted approach to HCV testing in correctional settings. Approximately 40 percent of state prison facilities, including Washington State, routinely [test](#) for HCV. Other facilities employ the Centers for Disease Control

and Prevention (CDC) recommendation of targeted or risk-based testing, which tests individuals born between 1945 and 1965 as well as those with a history of injection drug use.

Researchers looked at data from Washington State prison HCV testing results to determine whether routine or targeted testing was most effective in identifying cases of disease. From 2012 to 2016, more than 24,000 people were tested for HCV; 20 percent of those people were infected and close to 2,000 people had chronic infections. Of those with chronic infections, nearly a quarter had at least moderate liver disease, putting them at risk for complications.

Infections were more prevalent in individuals born between 1945 and 1965, however nearly 35 percent of infections would have been missed if only targeted testing was performed. With routine testing, five individuals had to be tested to identify a case of HCV, compared to three individuals with targeted testing. This remains a small number in contrast with other infectious diseases, such as HIV, that require testing a large number of incarcerated individuals to identify a single case.

"These data build upon existing evidence supporting the implementation of routine testing for all [individuals](#) when entering a correctional facility," said Sabrina Assoumou, MD, MPH, an [infectious diseases](#) physician at BMC and lead author of the study. "Coupled with treatment, routine testing would identify and cure many cases of HCV, preventing the substantial burden of future liver [disease](#)."

One of the current barriers to routine testing is the high cost of HCV treatment. Even without treatment, those who receive a diagnosis of HCV may make lifestyle changes that can reduce

transmission.

Researchers also note that it is unclear how these findings will generalize to other U.S. prison populations, and believe more research should be done to determine the effectiveness of routine HCV testing across the country.

Provided by Boston Medical Center

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