

Screening for Hepatitis C in Two North Carolina County Jails

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Background

It is estimated that Hepatitis C Virus (HCV) is at least ten times more prevalent in the correctional population than in the general population. The Communicable Disease Branch Expanded HIV Testing Program supports local health departments and community-based organizations with screening for HIV and syphilis in 27 county jails.

Objectives

To determine the feasibility of integrating HCV with HIV and syphilis screening in North Carolina county jails.

Methods

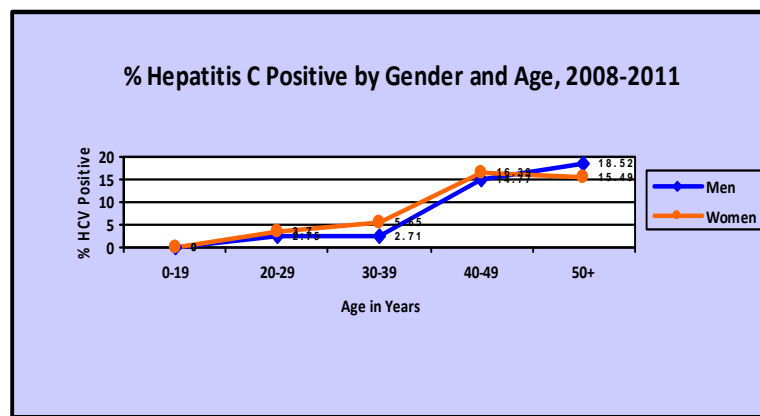
Two county health departments began integrating HCV screening into their Expanded Testing Program in jails in 2008. Specimens were tested for Hepatitis C antibody with Reflex to RIBA by a private reference lab at a cost of \$38 per test. Only acute HCV is reportable to the NC Communicable Disease Branch, so reactive HCV screening tests were self-reported by the health departments. Confirmed positive antibody test results are released, with consent, to the detainee's provider of choice (personal or referred) for further evaluation.

Partners

Northampton County Health Department
 Craven County Health Department
 NC Communicable Disease Branch

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JAIL SITE	MEN (n=1353)		WOMEN (n=584)	
	Tested N	Positive n (%)	Tested N	Positive n (%)
Jail A	1143	75 (6.56)	546	43 (7.88)
Jail B	210	7 (3.33)	38	3 (7.89)
RACE/ETHNICITY				
White NH	419	43 (10.26)	224	25 (11.16)
Black NH	842	34 (4.04)	330	18 (5.45)
Hispanic	60	4 (6.67)	13	0
All Other	10	0	11	1 (9.09)
Missing	22	1 (4.55)	6	2 (33.33)
TOTAL	1353	82 (6.06)	584	46 (7.88)



Implications for Programs, Policy, and Research

Identification of Hepatitis C Virus in high risk populations through integrated testing grants such as Program Collaboration and Service Integration (PCSI) can further demonstrate the need for a national HCV program to detect undiagnosed cases and to educate those testing positive of the need for behavior change.

Results

Between 2008 and 2011, 1,942 detainees were screened for HIV, syphilis, and HCV in two county jails.

- Eight (0.41%) tested positive for HIV, 9 (0.46%) tested reactive for syphilis, and 128 (6.59%) tested positive for HCV .
- Positivity rates for HCV were higher for women (7.88% compared to 6.06% for men).
- White non-Hispanics had a positivity rate twice the rate for black non-Hispanic men and women (10.6% vs. 4.41%).
- Over 70% of HCV positives were over 40 years of age .
- Only two HIV-positive detainees were co-infected with HCV and one with syphilis.
- Cost per positive HCV antibody result: \$577.00 (funds for additional viral load testing would add an additional \$460 per test)

Conclusions

Integrating HCV testing into a jail HIV and syphilis screening program is very productive for identifying HCV positive detainees. However, the cost of additional tests needed to confirm active infection and identify level of disease progression ranges from \$350 to \$570, which creates a barrier for HCV testing offered by a local health department.

