THE HEPATITIS C VIRUS (HCV) CASCADE OF CARE IN THE NEW YORK CITY (NYC) JAIL SYSTEM

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Background: There is suboptimal linkage to HCV care in US prisons. Little data exists on the cascade of care in jails, where length of stay is less predictable. Since 2014, New York City (NYC) Health + Hospitals Correctional Health Services expanded HCV testing and treatment in NYC jails. This study describes the cascade of HCV care of patients incarcerated in NYC jails during the direct-acting antiviral (DAA) treatment era.

Methods: This retrospective observational cohort study included patients admitted to jail during 2014-2017. Data sources included jail health records and the NYC Department of Health and Mental Hygiene HCV surveillance registry. We report cascades for (a) the overall cohort, (b) patients with >10 incarcerations (frequent stay), (c) patients with ≥1 jail stay that was ≥120 days (long stay), and (d) patients with HIV infection (HIV). Univariate logistic regression was used to identify factors associated with receipt of treatment evaluation.

Results: The overall cohort included 121,375 patients with median age of 33 years (IQR 25-44), 88.8% male, and 3.5% HIV-infected. There were 40,338 (33%) patients screened for HCV, with 8,318 (21%) screening positive, 6322 (76%) receiving HCV RNA testing, and 4652 (74%) viremic. Of viremic patients, 1813 (39%) received treatment evaluation, and 248 (5%) started on treatment in jail. Screening rates for the frequent stay, long stay, and HIV cohorts were 72%, 42%, and 90%, respectively. Receipt of treatment evaluation among viremic patients was significantly associated with having frequent stays (OR 1.4, 95%CI 1.2-1.6), long stays (OR 5.7, 95%CI 5.0-6.5), and HIV co-infection (OR 6.8, 95%CI 5.7-8.1).

Conclusion: This is the first description of an HCV cascade of care in a large US jail during the DAA treatment era, including analysis of key subgroups. These data may inform improvements in efficiency of HCV care in jails, including for those with short stays.

Disclosure of Interest Statement:
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