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# Hepatitis C Continuity Program



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□ December 2005

# The Saga of Hepatitis

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- First there was “hepatitis”
- Then there were “infections hepatitis” and “serum” hepatitis”
- That left other “non-A, non-B hepatitis”
- Now we have hepatitis C, et.al.

# The Ongoing Saga of Hepatitis C

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- ❑ Virus identified 1989
- ❑ NIH Consensus Conference I in 1997
- ❑ NIH Consensus Conference II in 2002

# Current Treatment of Hep C

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- Significant side effects
- Not all respond
- Oral plus injectable treatment for months
- Most with hepatitis C will not die of liver disease
- Progression is usually slow
- Therefore treatment decision should be judicious and deliberate

# Hepatitis C Treatment II

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- ❑ Should be taken consistently and completely
- ❑ Treatment cost IS a factor in the community even if it shouldn't be in corrections
- ❑ There is no "HepCDAP"

# Problems of Inmate/patients Being Released

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- ❑ Release date is hard to predict
- ❑ Should hep C treatment be initiated without adequate time to complete it?
- ❑ Guidelines require expected time to complete treatment before initiating it
- ❑ But what does “expected incarceration time remaining” mean?

# Hepatitis C “Continuity Program”

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- ❑ Developed among DOCS, DOH, DOP, NYCHHC
- ❑ Required inmate/patient cooperation
- ❑ Community clinic chosen by inmate in consideration of Parole location
- ❑ Provides for direct communication between health care staff in corrections facility and clinic in community
- ❑ Parole Officer helps appointment keeping

# From New York City to Upstate

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- ❑ Initial agreement in October 2004 was with NYCHHC
- ❑ Nearly 2/3 of inmates are from NYC
- ❑ Services are now available statewide through network of "Designated AIDS Treatment Centers"
- ❑ DOH developed monitoring system
- ❑ This program could only have occurred in collaboration with DOH

# Results of “Continuity Program”

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- Treatment decisions made on health-related factors
- Patients can receive treatment
- Communication and collaboration have improved