Broadly Testing, Treating Hep C in Prisons Is a Good Value

But doing so would place a considerable financial burden on prison budgets.

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A broad-based program to test for and treat hepatitis C virus (HCV) among those who pass through U.S. prisons would be cost effective at current drug prices but would nevertheless place a considerable financial burden on prison budgets.

Perhaps one in three U.S. residents living with hep C are inmates in a U.S. prison during any given year.

Publishing their findings in Clinical Infectious Diseases, researchers used mathematical modeling informed by published data and Washington State Department of Corrections individual-level data to project the impact of various strategies for approaching hep C testing, treatment and post-release linkage to medical care among inmates.

The study authors considered risk-factor-based HCV testing, routine testing upon entry into prison or at release, and not testing. They also looked at treating all people with hep C who have at least 12 months remaining on their sentence, treating only those with severe liver fibrosis or cirrhosis, and not treating the virus. Finally, they considered post-release linkage to medical care for those people with HCV with less than 12 months left on their sentence as well as not providing such linkage to care.

The outcomes considered included quality-adjusted life years (QALY, a composite measure of increased life expectancy and improved quality of life); number of HCV cases identified, treated and cured; cirrhosis cases averted; cost for each additional QALY which is known as an incremental cost-effectiveness ratio (ICER) and is used to determine cost effectiveness; costs to the Department of Corrections in 2016 dollars; and budgetary impact, meaning the health care cost per inmate.

Compared with no testing, treatment or linkage to medical care upon release, a program of universal testing, treatment and linkage to care increased the number of people cured of hep C by 23%, decreased lifetime cases of cirrhosis by 54% and cost an additional $1,440 per individual entering prison. This aggressive strategy provided an additional 0.14 QALY, for an ICER of $19,000. An ICER below $100,000 is generally considered cost effective in the United States.

“We expected clinical outcomes to improve with widespread testing, treatment and linkage to care for individuals not treated in prisons but found it notable that it was also the strategy to most efficiently use limited health resources,” Sabrina Assoumou, MD, MPH, an infectious diseases physician at Boston Medical Center and the study’s lead author, said in a press release. “Addressing HCV in prisons will require investment from departments of corrections and public health departments, but we hope these findings demonstrate the value of such an investment and will encourage innovations in financing HCV care among this population.”

To read the study abstract, click here.

To read a press release about the study, click here.

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