Hepatitis C Testing and Treatment in Jails Could Cut Cases in Half

Jails could be a “critical but underused intervention point” for hep C care in the United States.

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A study published in JAMA Internal Medicine assessed the health benefits, costs and cost effectiveness of jail-based hepatitis C virus (HCV) interventions for people who inject drugs. Testing people as they enter jail, starting them on treatment in jail and connecting them to care after release could reduce hep C cases by 47% and deaths by 40%.

“The U.S. set a goal to reduce hepatitis C infections by 90% and deaths by 65% by 2030, but we’re not on track,” said lead study author Lin Zhu, PhD, in a Stanford University press release. “Our findings suggest that jails, which serve a population with far higher hepatitis C rates than the general public, could be a critical but underused intervention point.”

HCV is transmitted via direct blood-to-blood contact, such as through sharing used needles or during childbirth. If left untreated, hepatitis C can lead to serious liver complications, including cirrhosis and liver cancer. There is no vaccine for HCV, but direct-acting antiviral therapy cures chronic hep C in more than 95% of people who complete treatment, which typically takes two or three months.

To learn more about HCV, check out Hep’s Hepatitis C Basics.

The researchers assessed the effectiveness of four different HCV intervention strategies for people using intravenous drugs. The interventions were:

- Testing everyone who entered jail,
- Testing plus support for navigating continued care after release,
- Testing plus treatment during time in jail or
- All three strategies combined.

Based on data from Philadelphia FIGHT, which provides HCV testing and treatment in jails and coordinates continued local care after release, testing reached 91% of people with HCV, testing and treating in jail reached 22% of people and testing plus navigation support reached 48% of people. These percentages served as the base rates of care for each criterion in the jail-based intervention simulation.

After running the base simulation over 500 times, the researchers found that testing at entry, treatment initiation in jail and treatment support after release together reduced HCV cases by 35%, HCV incidence by 47% and HCV-related deaths by 40%.

The researchers also assessed the cost effectiveness of each HCV intervention. For every person-year in jail, testing during jail entry would cost an additional $1,037, testing and HCV navigation following release would cost $1,437, testing plus treatment while in jail would cost $2,468 and all three strategies combined would cost $2,531. When researchers assessed the quality-adjusted life years gained, cumulative costs and incremental cost effectiveness gained for each intervention, they found that the most comprehensive strategy, including testing upon jail entry, treatment during jail time and support while navigating follow-up care out of jail together provided the greatest benefit for the cost.

“Despite restricted jail budgets, these programs for hepatitis C offer substantial health benefits and economic value when integrated into broader public health funding frameworks,” said senior study author Joshua Salomon, PhD, a professor of health policy at Stanford Medicine. “Currently, few large jails have the capacity and funding to implement hepatitis C programs. If adequately resourced, extending these interventions to large and medium-sized jails could accelerate progress toward hepatitis C elimination.”

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