Hepatitis B & Incarceration in Maine

Jeff Caulfield, MPH
Viral Hepatitis Prevention Coordinator
Maine Center for Disease Control & Prevention
2012-2018 Acute Hepatitis B Rates; Maine & U.S.

- 2015-2018: 457% increase in Acute HBV rate.
- 2015-2017: 729% increase in Acute HBV rate.
- Maine has the 2nd highest rate for Acute HBV in US (2017 CDC).
2018 Acute Hepatitis B; Maine Statewide Risk Factors

- Injection Drug Use: 46.2%
- Ever Incarcerated: 42.3%
- Non Injection Drug Use: 30.8%
- Coinfected with Hepatitis C: 24.1%
- Baby Boomer: 17.3%
- Multiple Sex Partners: 13.5%
2018 Acute Hepatitis B; Rates by Maine County & Location of MECDC Testing

2018 Acute HBV Rates by Maine County

Rate per 100,000

0

15.8

= Jails currently testing in

= Jails we are trying to get into to test

Maine Department of Health and Human Services
Hepatitis Testing & Linkage to Care Project

• Focusing on Maine’s highest burden geographic areas.
• Targeting highest risk individuals; people who:
  o Inject drugs
  o Are incarcerated
  o Are experiencing homelessness
• Testing in facilities connected to highest risk individuals:
  o Federally Qualified Health Clinics (FQHCs)
  o County Jails
  o Recovery centers
  o Shelters
• Prisons:
  o Prisons in Maine already conduct testing
Testing Logistics

- Testing team consists of a pharmacist (project manager) and two nurses.
  - At least one nurse is certified to draw blood onsite

- Screen anyone at facility who opts-in with rapid antibody to hepatitis C test.
  - If positive, patient can opt-in for blood draw

- Blood draw sent to commercial lab for testing:
  - Hepatitis C RNA (HCV RNA)
  - Hepatitis B surface antigen (HBsAg)

- If hepatitis B or C are confirmed, provider appointment is set up.
  - If incarcerated, account is set up so that person can make appointment upon release
Hepatitis Educational Presentations

• Educational presentation given to high-risk populations prior to testing in hopes of increasing testing opt-in.

• Train-the-trainer model for facility staff.

• Hepatitis 101.
Vaccinations in Jail

- Project does not include vaccination.

- Jail’s medical contractor would not allow outside entity to provide vaccinations.

- Jail’s medical contractor does not provide vaccinations.

- Patients vaccinated by FQHC after released from jail at follow up appointment.
Who pays for this testing in jails?

First year:
- Federal CDC’s 1702 grant paid for:
  - Antibody to hepatitis C testing
  - Staff time
- FQHC paid for HCV RNA
- No HBsAg done
- Limited HIV rapid testing paid by HIV prevention grant

Second year:
- Federal CDC’s 1702 grant paid for:
  - Antibody to hepatitis C testing
  - HCV RNA
  - HBsAg
  - Staff time
- Limited HIV rapid testing paid by HIV prevention grant
Challenges of Testing in Jails

- Took many months to convince some jails to allow us to test.

- Fear of cost of treatment.
  - Even though FQHC would pay for treatment

- Used a supportive jail administrator from different county to persuade reluctant jails.

- Medical contractor had stigma and prejudices.

- Medical contractor would not assist with testing or vaccination.

- Current lawsuit against Maine Dept. of Corrections.
Thank you

Jeff Caulfield, MPH
Viral Hepatitis Prevention Coordinator
Jeff.Caulfield@maine.gov
207-287-3817