# Hepatitis C in Wisconsin Jails: Barriers to Testing and Treatment During Incarceration

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## ABSTRACT

**Background:** Justice-involved individuals are disproportionately affected by hepatitis C virus (HCV) infection. Wisconsin's viral hepatitis elimination plan prioritizes this population, yet little is known about jail capacity for testing and treatment.

**Methods:** A 10-item survey was emailed to administrators of 71 county jails and 1 Tribal detention facility to assess HCV testing and treatment practices and barriers. Responses were analyzed descriptively.

**Results:** Thirty facilities (41.7%) responded. Ten jails (33.3%) offered HCV testing; 15 (51.7%) provided treatment. Common barriers to testing included lack of contracted services (40%) and staffing constraints (23.3%). Barriers to treatment included financial restrictions (66.7%) and short incarceration periods (33.3%).

**Discussion:** Limited testing and treatment capacity persists despite Medicaid coverage and effective therapies.

**Conclusions:** Partnerships with local health agencies and policy changes addressing cost and contractual limitations are essential to expand HCV services in Wisconsin jails.

## BACKGROUND

Hepatitis C is a bloodborne virus that causes liver inflammation. If left untreated, the hepatitis C virus (HCV) can cause cirrhosis of the liver, hepatocellular carcinoma, and liver failure. Hepatitis C is not transmitted through casual contact; it is transmitted primarily through sharing injection drug use equipment, sharing household items such as razors or nail clippers, receiving tattoos or piercings in unregulated settings, or through blood transfusions and organ donations received before 1992. HCV also can be transmitted through sexual activity with a person who has hepatitis C.[1]

While hepatitis C is not a vaccine-preventable condition like hepatitis A and B, it can be cured. Direct-acting antiviral (DAA) medications, such as glecaprevir/pibrentasvir (Mavyret) and sofosbuvir/velpatasvir (Epclusa), cure more than 95% of HCV infections. Treatment typically takes 8 to 12 weeks, depending on the medication prescribed,[2] and can be cost-prohibitive for patients who are uninsured or underinsured. Wisconsin lifted its Medicaid restrictions for hepatitis C treatment in 2019, eliminating prior authorization, sobriety requirements, and disease severity limitation.[3] Despite advances in both medication efficacy and access to treatment, certain populations remain disproportionately affected by HCV infection and barriers to care. Justice-involved individuals (those who are incarcerated or on probation or parole) have been identified as a priority population in Wisconsin's Viral Hepatitis Elimination Plan. Approximately 30% of people diagnosed with HCV spend at least part of each year incarcerated.[4]

Wisconsin has 72 counties, 71 of which operate a county jail. The Menominee Indian Tribe of Wisconsin operates a separate detention facility. All county facilities operate independently of the Wisconsin Department of Corrections, and each jail is responsible for the health care of individuals in its custody. Most jails in Wisconsin contract with third-party health care providers to oversee medical services. Limited county budgets can make implementing new programs difficult. For many justice-involved individuals, jail or prison facilities are their only access to medical services. Because of uncertain or brief incarceration periods,

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**Figure 1.** Average Length of Incarceration

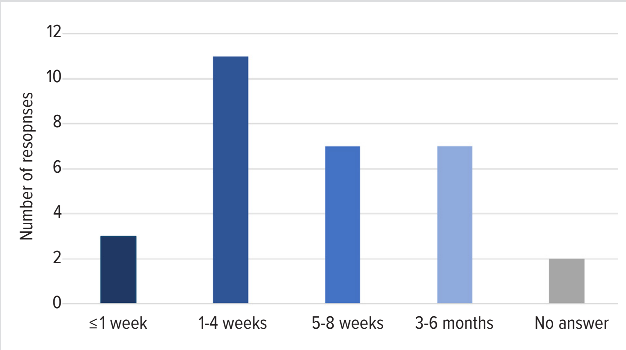
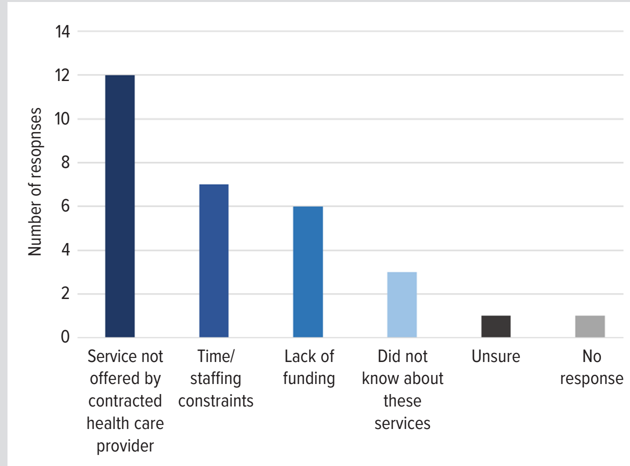



**Figure 2.** Barriers to Hepatitis C Testing in County Jails




Respondents could select more than 1 option.

initiating hepatitis C treatment in jails is challenging. However, hepatitis C testing requires relatively little time – approximately 20 minutes for a rapid antibody test and 2 to 7 days for an RNA confirmatory test. Assessing jail capacity and interest in providing hepatitis C testing and treatment aligns with viral hepatitis elimination planning as directed by the World Health Organization.[5]

## METHODS

A 10-item survey was developed to assess which county jails in Wisconsin provide hepatitis C testing and treatment and to identify barriers to providing these services. This survey was emailed to each jail administrator in the state. Two weeks after the initial email, follow-up requests were sent to administrators who had not yet responded. After 1 month, the survey was closed, and responses were analyzed.

## RESULTS

One survey was sent to each jail administrator for the 71 county jails across Wisconsin and to the Tribal detention facility. Of the 72 surveys sent, 30 responses were received. The survey included questions about each jail's provision of hepatitis C testing and treatment, barriers to testing and treatment, and average length of incarceration.

Eleven jails (36.7%) reported an average length of incarceration of 1 to 4 weeks. Seven (23.3%) jails reported an average length of 5 to 8 weeks, and 7 jails reported an average length of 3 to 6 months. Three county jails reported an average length of incarceration of 1 week or less, and 2 facilities did not provide an answer.

Ten facilities (33.3%) reported offering hepatitis C testing, while 20 jails (66.7%) indicated that testing was not offered. Of the 30 responses received, 12 jails (40%) reported that their contracted health services provider did not offer hepatitis C testing, 7 (23.3%) reported time and/or staffing constraints as barriers to testing, 6 (20%) cited lack of funding, and 3 (10%) reported being unaware of testing services. Respondents were allowed to select more than one response.

Fifteen facilities (51.7%) reported offering hepatitis C treatment, and 14 (48.3%) reported that treatment was not provided. One respondent did not answer this question. Of the 15 jails that provided hepatitis C treatment, 12 (80%) reported that individuals receiving treatment prior to incarceration were allowed to continue treatment upon admission, 8 (53.3%) reported that a contracted health care provider would prescribe DAAs, and 6 (40%) reported that treatment would be provided if the person was incarcerated for the duration of treatment. Respondents were allowed to select more than one response.

Ten (66.7%) jails reported that hepatitis C treatment was not offered due to financial restrictions, 8 (53.3%) reported that treatment was not a service offered by their contracted health care provider, and 5 (33.3%) reported that inmates were not in custody long enough to complete treatment. Five facilities also reported that providers were hesitant to start treatment for individuals with an unknown length of incarceration, 4 (26.7%) reported insufficient staff capacity to monitor or administer the medication, 1 facility (6.7%) reported that health care staff were unfamiliar with treatment protocols, and 1 facility (6.7%) did not provide a response. Respondents were allowed to select more than one response.

## DISCUSSION

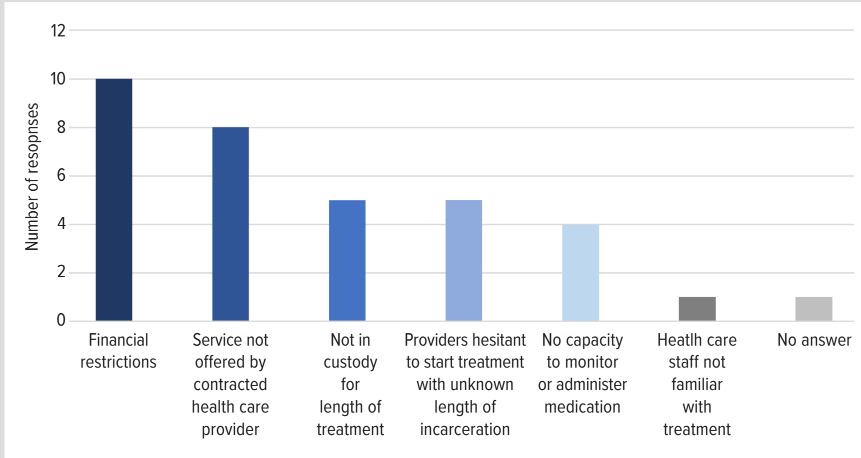
Jails hold individuals in custody for shorter periods than state correctional institutions, making initiation of hepatitis C treatment difficult. Once started on a treatment regimen, a person should complete it without interruption. For jails with an average length of incarceration of less than 8 to 12 weeks, effective completion of HCV treatment is unlikely. Pre-release referrals to treatment providers can be made, or individuals may be transferred to state custody based on sentencing; the Wisconsin Department of Corrections provides hepatitis C testing and treatment.[6] Seven county jails reported an average length of incarceration of 3 to

6 months (Figure 1). These facilities could be prioritized for discussions about HCV treatment implementation.

Fourteen county jails were unable to offer hepatitis C testing services, largely due to existing agreements with contracted health care providers. Lack of funding and time and staffing constraints were also reported as limiting factors (Figure 3). Wisconsin DHS can assist local and Tribal health departments in implementing rapid and confirmatory hepatitis C testing in county jails.

Wisconsin county jails incarcerate approximately 12 000 individuals at any given time.[7] To receive hepatitis C treatment while incarcerated, 80% of responding facilities reported that individuals must already be receiving treatment prior to incarceration and provide the medication to be administered. This may explain the disparity between the 10 facilities providing testing and 15 facilities providing treatment. While Wisconsin Medicaid covers the cost of hepatitis C treatment,[3] coverage is suspended during incarceration, and the cost-prohibitive nature of DAAs means many county inmates will be unable to complete treatment. Additionally, lack of insurance coverage prevents jails from generating revenue through the 340B Drug Pricing Program.[8] Financial restrictions and service exclusions from third-party health care contractors further impede treatment for incarcerated individuals. Without addressing these policy barriers, hepatitis C treatment for inmates in county jails is unlikely to become widely available in Wisconsin.

**Figure 3.** Barriers to Offereing Hepatitis C Treatment




Respondents could select more than 1 option.

## CONCLUSIONS

While the provision of hepatitis C treatment for individuals in jail custody remains a significant challenge, testing provided by outside agencies eliminates cost barriers and limitations imposed by existing contracts with third-party health care providers. Wisconsin DHS will continue to engage community partners, including jails, as part of viral hepatitis elimination planning. Individuals who know their hepatitis C status can receive counseling on prevention measures to reduce transmission and can be connected with treatment navigation resources upon release. Ongoing surveillance of hepatitis C and the development of new partnerships among the Wisconsin Department of Health Services, local and Tribal health departments, and county jails across Wisconsin align directly with the State's viral hepatitis elimination plan.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