

TABLE 1. Hepatitis and HIV Disease Prevalence

Hepatitis and HIV prevalence in US populations[^]			
	HCV	HBV	HIV
Chronic Infections	4.5 million	1.2 million	0.8 million
New Infections per year	35,000	120,000	40,000
Deaths per year	8,000	5,000	18,000
Hepatitis and HIV prevalence among inmates released from prisons and jails[*]			
Number of infected inmates released	1.3-1.4 million	155,000 ^{**}	98,000-145,000
___% of US population	29-32%	12.4-15.5%	13-19%

[^]CDC, Harold Margolis, Hepatitis Branch.⁴

^{*}Burden of disease among releasees in 1996, CDC, NIJ, Abt survey.⁵

^{**}Hammet et al. noted an extreme lack of HBV data on correctional populations. These numbers are rough period prevalence estimates based on studies done in California (1994) and New York (1987-1997) correctional systems.

TABLE 2. HCV / HBV Screening

<p>Persons who should be tested routinely for hepatitis include:</p> <ul style="list-style-type: none"> ■ Persons residing in correctional facilities ■ IDU, including those who injected once or a few times and do not currently consider themselves to be drug users. ■ Persons with selected medical conditions, including: <ul style="list-style-type: none"> - Persons who received clotting factor concentrates produced before 1987 - Persons ever on chronic hemodialysis; - Persons with persistently abnormal ALT levels. ■ Persons who received blood transfusions, blood components, or organ transplantation before July 1992 ■ Persons diagnosed with HIV infection and sexual partners of persons diagnosed with HIV infection ■ Healthcare and correctional workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood.
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Source: Modified from MMWR, 1998²⁴

TABLE 3. Monitoring HCV Treatment

<p>Table also applies to HCV/HIV patients</p> <ul style="list-style-type: none"> ■ Baseline <ul style="list-style-type: none"> -HIV viral load, CD4, CBC, LFTs, Chem panel, HCV load, genotype -Screen for co-morbid disease -Depression screen (consider anti-depressant prophylaxis) ■ Week 2 <ul style="list-style-type: none"> -CBC -If anemic; erythropoietin ■ 4 week intervals <ul style="list-style-type: none"> -CBC, LFTs, Chem panel -Evaluate mood, adverse effects ■ 12 week intervals <ul style="list-style-type: none"> -HCV VL, HIV VL, CD4 -Evaluate for drug-drug interactions -Screen for IFN-associated thyroid dysfunction (TSH) ■ Check HCV VL week 12 and 24 <p>-Week 12: HCV RNA > 1 log reduction</p> <p>-Week 24: HCV RNA undetectable</p> <p>-If genotype 1, continue TX for 48 weeks. If non-genotype 1, stop therapy after 24 weeks.</p> <p>VL (viral load); CBC (complete blood count); LFTs (liver function tests); Chem (chemistry panel); TSH (thyroid stimulating hormone).</p>
