



VOLUME 4: MEDICAL SERVICES	Effective Date: 10/2/12
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4.31.2 HEPATITIS C MANAGEMENT PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. HEPATITIS C MANAGEMENT GENERAL OVERVIEW

The treatment of Hepatitis C virus (HCV) is dynamic, as new therapies are continually under development. The California Correctional Health Care Services’ (CCHCS) HCV treatment program shall be based upon the recommendations of medical experts in the field. Guidelines for management of HCV infections in the California Department of Corrections and Rehabilitation (CDCR) are outlined in the CCHCS Care Guide: Hepatitis C. Clinicians are encouraged to use the Care Guide to assist in the medical evaluation of HCV infected patient-inmates to determine the status of their liver disease and their eligibility for therapy.

As outlined in the CCHCS Care Guide: Hepatitis C, determination of eligibility for treatment is based on the patient-inmate’s HCV genotype, extent of disease (stage of fibrosis on biopsy, when indicated), overall health status, custody factors (such as time remaining to serve), and other factors which contribute to success or failure of treatment. Treatment inclusion and exclusion criteria are outlined in the CCHCS Care Guide: Hepatitis C.

There is no vaccine or preventive therapy for HCV at this time. Practicing standard precautions to prevent exposure where exposure to bloodborne pathogens may occur is the only effective preventive measure. Education is also important, to help patient-inmates avoid lifestyle choices which can lead to infection, such as obtaining tattoos while in prison.

II. RESPONSIBILITIES

The CCHCS Statewide Chief Medical Executive (SCME) has overall responsibility for compliance with this procedure. The SCME will designate the Headquarters’ CCHCS HCV Oversight Committee’s leadership and membership and oversee its operation.

The institution’s Chief Executive Officer (CEO) is responsible for compliance with this procedure. The CEO shall establish specific mechanisms in the institution in order to carry out these responsibilities.

III. PROCEDURE

A. Testing for HCV

1. Except in certain circumstances provided by law, testing of patient-inmates for HCV is voluntary.
2. Testing for HCV infection shall be requested by a patient-inmate or recommended by a clinician based on the patient-inmate’s history of high risk behavior, exposure, or evidence of possible liver disease.

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B. HCV Oversight Committee

1. Responsibilities

- a. The HCV Oversight Committee shall provide direction and guidance for HCV care within CCHCS consistent with CCHCS-approved clinical guidelines and Care Guides.
- b. HCV Oversight Committee activities include but are not limited to the following:
 - Providing consultation on HCV cases;
 - Determining eligibility of genotype 1 patient-inmates for treatment;
 - Monitoring the management of all patient-inmates receiving treatment for HCV.
- c. The HCV Oversight Committee shall maintain a master log of referred cases and their treatment recommendations.
- d. The HCV Oversight Committee shall meet at least every 14 calendar days to review treatment authorization requests and to assess management of patient-inmates on therapy.

2. Committee Membership

- a. The HCV Oversight Committee members shall be comprised of headquarters and institution health care staff with expertise in treatment of HCV.
- b. The Committee members shall be appointed by the SCME, or designee, and shall report to the SCME or designee.
- c. One member of the HCV Oversight Committee shall be designated as the Chairperson by the SCME, or designee.
- d. The HCV Oversight Committee shall consist of at least two members but may be greater than two members at the discretion of the SCME or designee.

C. HCV Forms

1. Clinical forms shall be updated, as necessary, for implementation of Care Guide recommendations. New or revised forms shall be submitted through the Clinical Guidelines Committee to the CCHCS Forms Committee for approval.
2. All completed HCV related forms, approved by Clinical Guidelines Committee and the CCHCS Forms Committee, shall be filed in the patient-inmate's electronic medical record including but not limited to the following:
 - a. Appropriate HCV Treatment Flowsheets
 - CDCR Form 7411, HCV Flowsheet- Pegylated IFN/Ribavirin
 - CDCR Form 7416B, HCV Flowsheet – Boceprevir
 - CDCR Form 7416T, HCV Flowsheet - Telaprevir
 - b. Treatment Follow-Up Form
 - CDCR Form 7413C, Primary Care HCV Treatment Follow-up Form
 - c. End Of Treatment Form For Genotype 1
 - CDCR Form 7413D, HCV Treatment Referral Form: End of Treatment Evaluation (Genotype 1)

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d. Consent For Treatment Form

- CDCR Form 7414A, Hepatitis C Treatment Consent/Agreement (7414B, Spanish)

e. Informed Refusal/Ineligibility

- CDCR Form 7414C, Hepatitis C Treatment Informed Refusal/Ineligibility (7414D, Spanish)

IV. REFERENCES

- California Penal Code Sections 4500 and 7500
- CCHCS Care Guide: Hepatitis C, March 2012