

 <p>CD-176200</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	<p>ISSUE DATE: 04/19/90</p>	<p>REVIEW/REVISED: 02/16/15</p>
	<p>EFFECTIVE DATE: 04/19/90</p>	
<p>TITLE: Management of Acute and Chronic Infection Viral Hepatitis</p>		

AUTHORITY:

- A. NMSA 1978, Section 33-1-6.
- B. Policy CD-010100

REFERENCE:

- A. ACA Standard 2-CO-4E-01, Standards for the Administration of Correctional Agencies, 1993.
- B. ACA Standards 4-4356 Standards for Correctional Institutions 4th Edition.
- C. Federal Bureau of Prisons, Clinical Practice guidelines, March 2013.

PURPOSE:

To provide information to staff and inmates necessary for the appropriate prevention and medical management of acute Hepatitis A, and to establish standards of care and clinical guide lines for the chronic Hepatitis B and C.

The NMCD guidelines for screening, testing, counseling, evaluation and treatment are based on the most recent information from the National Institute of Health (NIH), Centers for Disease Control and Prevention (CDC) and other nationally recognized scientific literature.

The Federal Bureau of Prisons (BOP) clinical practice guideline is based upon recommendations of NIH and CDC, as well as current scientific research from a wide variety of sources, and is the standard adopted by the Department for the identification, evaluation and treatment of Hepatitis.

As the BOP clinical practice guideline is updated to reflect new scientific evidence, the NMCD policy will be revised accordingly.

In addition to requiring the contract medical provider to develop protocols consistent with the BOP clinical practice guideline, this NMCD protocol provides specific procedures for screening, testing, notification, and counseling inmates with Hepatitis C.

APPLICABILITY:

All employees of the New Mexico Corrections Department, contracted employees and facilities housing NMCD inmate patients will provide this Standard of Care.

FORMS:

- A. Hepatitis C Consent form (*CD-176201.1*)
- B. Hepatitis B and Hepatitis C form (*CD-176201.2*)

ATTACHMENTS:

None

DEFINITIONS:

- A. Hepatitis A: is caused by the Hepatitis A virus (HAV) and produces self-limited liver inflammation. HAV is a fecal-oral pathogen and is usually transmitted by ingesting contaminated food or water. Acute infection confers immunity and chronic infection does not occur. HAV is vaccine-preventable and vaccination is recommended for patients with HBV, HCV or HIV co-infection or other chronic liver disease.
- B. Hepatitis B: is caused by Hepatitis B virus (HBV) and is transmitted by exposure to blood or genital fluids of infected persons. Approximately 90% of HBV infections in adults produce acute liver inflammation and result in immunity. Approximately 10% of HBV infections in adults result in chronic liver disease. HBV is vaccine-preventable and vaccination is recommended for all persons who are susceptible to HBV.
- C. Hepatitis C: is caused by Hepatitis C virus (HCV) and is transmitted by blood-to-blood contact between infected and non-infected persons. Approximately 85% of HCV infections result in chronic liver disease. Approximately 15% of persons with HCV clear the virus spontaneously within 6 months of infection. HCV is not vaccine-preventable. Vaccinations for HAV and HBV are recommended for all persons with HCV infection.
- D. Other Viral Hepatitides: Other viruses have been detected which cause or contribute to hepatitis (Hepatitis D, Hepatitis E, and Hepatitis G). These are not clinically significant in the US incarcerated population.
- E. Clinical Practice Guideline: Systematically developed, science-based statement designed to assist practitioner and patient with decisions about appropriate health care for specific clinical circumstances.

POLICY: [2-CO-4E-01]

Management of Hepatitis A, B, and C in inmates includes procedures as identified in the communicable disease and infection control program. In addition, the program for hepatitis management shall include procedures for: **[4-4356]**

- When and where inmates are to be tested/screened,
- Hepatitis A and B immunization, when applicable,
- Treatment protocols,
- When and under what conditions offenders are to be separated from the general population.

AUTHORITY:

Policy CD-176200

PROCEDURES: [4-4356]

1. Clinical Practice Guideline and Disease Management Program. The contractor's Regional Medical Director and the New Mexico Health Services Bureau Administrator shall review and approve the protocol annually to ensure that the protocol is consistent with the most recent version of the BOP clinical practice guideline. Documentation of the annual review shall be kept on file in each facility's medical unit.

Any deviation from the established protocols must be approved by a physician, documented in the offender's medical file, and supported by clinical evidence

2. Screening. Inmate shall be provided educational information on the transmission, natural history, and medical management of HCV infection. The contract medical provider's qualified staff will perform and document this function on intake at the Receiving and Diagnostic Units.

Identifying persons with chronic HCV infection requires screening asymptomatic persons, since the majority of persons with HCV are not ill. The Centers for Disease Control and Prevention (CDC) recommends screening persons at increased risk of infection, since identifying persons with HCV infection provides an opportunity for patient counseling, medical evaluation and treatment. Candidates for risk-based testing include inmates who have ever:

- injected illegal drugs,
- received a blood transfusion or organ transplant prior to July 1992,
- received a clotting factor transfusion prior to 1987,
- been on long-term hemodialysis, or
- received tattoos or body piercings while incarcerated.

Appendix 1, Inmate Hepatitis Fact Sheet, shall be distributed to all inmates at intake by the contract medical provider's qualified staff at intake in the Receiving and Diagnostic Units. Based upon the information provided, the inmate may submit a Health Services Request to receive a test to determine the presence of hepatitis infection.

Appendix 1, Inmate Hepatitis Fact Sheet, shall be made available to all inmates in the medical units. At any time during incarceration, may submit a Health Services request to receive testing.

3. Testing. In addition to the risk-based testing required in Section 2, "Screening," the contract medical provider shall routinely test inmates for HCV infection based on clinical indication including:

- Signs and symptoms of hepatitis,
- elevated ALT levels of unknown etiology,
- Concurrent infections with HIV or HBV,
- Presence of medical conditions strongly associated with HCV infection such as cryoglobulinemia, membranoproliferative glomerulonephritis, and porphyria cutanea tarda.

Non-infected inmates on chronic hemodialysis should be screened for HCV infection by assaying ALT levels, monthly; and anti-HCV by immunoassay, semiannually.

Staff and inmates should be tested for HCV infection following percutaneous exposures to blood.

Tests for HCV infection should be performed by appropriately accredited laboratories, and ordered and interpreted by appropriately qualified health care providers in accordance with the established protocols, consistent with the BOP clinical practice guideline. The preferred screening test for HCV infection is an immunoassay that measures antibodies to HCV antigens.

4. Notification and Counseling. All HCV-Ab positive patients must be notified and counseled concerning Hepatitis C infection. During the course of evaluation via chronic care clinics, further counseling may be indicated and tailored to specific co morbid conditions associated with the inmate’s medical status. This counseling may include advice concerning management of depression, alcoholism, weight reduction if obese, control of diabetes, and control of other medical problems.

5. Evaluation and Treatment. Evaluation and treatment of Hepatitis C shall be conducted in accordance with protocols established by the contract medical provider, consistent with the BOP clinical practice guideline and approved by the New Mexico Health Services Bureau Administrator prior to implementation.

Appendix 2, Consent for Hepatitis C Evaluation and Treatment, shall be completed prior to initiating treatment.

If the inmate declines evaluation and/or therapy, a refusal of treatment form should be completed, and signed by the medical provider and the inmate. The form should be faxed to the New Mexico Health Services Bureau Administrator and the original placed in the inmate’s medical file.

6. Compliance. Compliance with this NMCD policy and the established Department approved Disease Management Program will be monitored via routine and case-specific audits and record reviews conducted by the New Mexico Health Services Bureau Administrator.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

02/16/15

Date

Hepatitis C Antiviral Treatment INFORMED CONSENT AND CONTRACT

Antiviral treatment of Hepatitis C is reserved for those eligible patients who understand the commitment to therapy; will tolerate and comply with the course of treatment; and agree to avoid all activities which may worsen their liver disease or infect themselves or others with the Hepatitis C virus. If an inmate is considered for Hepatitis C treatment the inmate must sign this contract prior to moving on thru Phase 1 work-up.

_____ I understand that the Hepatitis C antiviral therapy may be of no benefit to me and that it may not eradicate my Hepatitis C infection and that it may be discontinued because of side effects or failure.

_____ I have been informed that the side effects of treatment of Hepatitis C may include fatigue, body aches, and other serious side effects which may persist throughout the course of treatment and I have read and understand the handouts about the side effects. I may ask for a change in work assignment to one less physically demanding, reduced work hours or discontinuation of work assignment while on Hepatitis C antiviral treatment.

_____ I understand that I should be tested for HIV before treatment, as the presence of the HIV virus could seriously impact my Hepatitis C infection and treatment.

_____ I understand that the course of treatment may continue for 15 months and that periodic blood testing will be a necessary part of the Hepatitis C antiviral treatment program.

_____ I understand that antiviral treatment of Hepatitis C may cause serious psychiatric side effects, especially depression and anxiety.

_____ I understand and I agree to be treated for side effects of Hepatitis C antiviral treatment with psychiatric medications if required.

_____ I understand that I must not become pregnant, or attempt to impregnate my spouse, during my Hepatitis C antiviral treatment, or for six (6) months after cessation of treatment. I understand that I must use two (2) forms of birth control during sexual activity during and for six (6) months after antiviral treatment ends.

_____ I understand that my failure to comply with the treatment, or it's monitoring, will result in discontinuation of the antiviral treatment.

_____ I understand that alcohol and/or illicit drugs injure the liver and that drinking alcohol and using illicit drugs is forbidden, and if I am caught using alcohol or illicit drugs, therapy will be discontinued.

_____ I understand that I must abstain for any activity which permits exchange of body fluids which may transmit the Hepatitis C virus, or other blood-borne pathogens. This includes tattooing, sexual activity in prison, sharing needles and intranasal drug use. If I am caught participating in any of these activities, antiviral treatment may be discontinued.

_____ I understand that proof of participation in a Therapeutic Community or Out Patient Substance Abuse program as recommended may be required before antiviral treatment may be started.

_____ I understand that I will be required to undergo random blood or urine testing for substance abuse and that any positive test may result in discontinuation of, or loss or eligibility, for Hepatitis C antiviral treatment.

_____ I understand that completion of this contract does not guarantee that I will be endorsed for Hepatitis C antiviral treatment.

_____ initialing above and my signature below signify my understanding of, and agreement to comply with, the requirements discussed and contract above. I understand that failure to comply may result in loss of eligibility for Hepatitis antiviral treatment, or discontinuation of treatment in progress.

_____ /_____/_____
Inmate signature Date

_____ /_____/_____:_____
Provider Signature Date Time

PATIENT NAME	NMCD #	DOB	FACILITY

Hepatitis B and Hepatitis C

The liver is one of the most important organs in your body. The liver is necessary for your survival. It does many jobs.

- The liver is the largest solid organ in the body, about the size of a football
- The liver carries out a large number of critical jobs, including the changing of food into energy and nutrients needed to sustain life
- The liver also works to get rid of harmful substances such as alcohol, certain drugs and environmental toxins. It eliminates these as well as other waste products from your body
- The liver makes bile to aid in digestion.

Hepatitis B is a liver disease caused by the Hepatitis B virus. It damages the liver and causes it to not work well. Most people with Hepatitis B recover within 6 months of exposure. Those who don't recover are at risk of developing cirrhosis (scarring) of the liver, liver cancer, and liver failure. Hepatitis B vaccine will protect you from getting infected.

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). It damages the liver and causes it to not work well. Most people with Hepatitis C will not recover and will develop chronic (long term) Hepatitis C which can lead to cirrhosis, liver cancer, and liver failure. There is no vaccine for Hepatitis C.

Some of the reasons to think you might be infected with Hepatitis B or Hepatitis C: Please check if the answer is yes.

- Have you ever injected or inhaled drugs (even once)?
- Have you received a blood transfusion or organ transplant before July 1992?
- Did your mother have HBV or HCV when you were born?
- Do you have HIV?
- Have you ever had unprotected sex (sex without a condom or other latex barrier) with multiple partners, oral, vaginal and anal?
- Have you ever had a sexually transmitted disease (STD)?
- Have you ever had tattoos or body piercings?
- Were you born between 1945 and 1965 (HCV)?
- Have you ever lived with an infected person?
- Are you a man who has had sex with men?

If you answered yes to any of the questions you may be at increased risk of Hepatitis B or Hepatitis C infection and should consider getting a first test or repeat testing.

Stop the spread of Hepatitis B and Hepatitis C

- Hepatitis B vaccination for people who have not been exposed is the best way to prevent infection
- Do not share razors, toothbrushes, or other personal items
- Do not share needles
- Do not share needles for tattoos or body piercings
- Do not have sex with other inmates

Take care of yourself,

♥ Get Tested

♥ If you have not had Hepatitis B ask for the Hepatitis B vaccination

♥ If you have Hepatitis B or C talk with your medical provider about the best plan to treat your disease.

♥ Be safe

- Do not share razors, toothbrushes or personal items.
- Do not have sex with other inmates
- No tattoos or body piercings
- Do not shoot drugs