

TABLE 1. HCV Testing is Recommended for the Following Persons

Persons who should be tested routinely for hepatitis C virus (HCV) infection include:

- Persons who have injected illegal drugs, including those who injected once or a few times many years ago and do not consider themselves drug users.
- Persons who were ever on chronic hemodialysis.
- Persons with persistently abnormal alanine aminotransferase levels.
- Persons diagnosed with HIV infection.
- Sexual partners of persons diagnosed with HIV infection.
- Persons residing in correctional facilities.
- Persons who received a transfusion of blood or blood components before July 1992 and persons who received an organ transplant before July 1992.
- Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood.

Source Consulted: *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease. MMWR October 16, 1998: 47(RR19);1-39*

TABLE 2. Factors Associated with Sustained Response to aIFN Therapy

- early normalization of ALT levels
- low serum HCV-RNA levels
- HCV genotype other than genotype 1
- mild chronic hepatitis on liver
- biopsy age <45 years

TABLE 3. Suggested Inclusion Criteria for Hepatitis Treatment in Prisons[^]

- Persistently elevated ALT levels
- Detectable HCV RNA
- A liver biopsy indicating either portal or bridging fibrosis or at least moderate degrees of inflammation and necrosis (For more discussion of the necessity of the liver biopsy, see Wong J. Cost effectiveness of ribavirin/interferon alpha-2b after interferon relapse in chronic hepatitis C. *Am J Med.* 2000 Apr 1; 108(95): 366-73.)
 - No infractions for illicit alcohol or drug use
 - Commitment to discontinue alcohol or drug use
 - Control of major medical illnesses, including HIV infection (CD4+ count usually >400)
 - Good control of any psychiatric illness, especially depression
 - Age >18 and <60
 - Pregnancy test negative
 - Depending on genotype, length of stay in prison > 6-12 months from initiation of treatment (if after care cannot be ensured, some systems may require a longer stay)
 - No signs of decompensated liver disease
 - Transaminases greater than upper limits of normal
 - Platelet count >75,000/mL
 - Hematocrit >30%, albumin >3.5mg/dL, creatinine <1.5 mg/dL, INR* <1.2
 - Thyroid function tests normal, no elevated autoantibody titers (ANA, AMA)*
 - Absence of advanced cirrhosis on liver biopsy
 - Before treatment with ribavirin:
 - No evidence of coronary heart disease
 - Birth control, if conception possible (men and women)
 - Women should have monthly pregnancy tests if conception is possible

Patients for Whom Treatment is Not Recommended:

Including those who do not meet the criteria described above as well as:

- Patients who have infractions for alcohol or injection drug use (Treatment should be delayed until these behaviors have been discontinued for >6 months.)
- Patients with major depressive illness, cytopenias, hyperthyroidism, renal transplantation, evidence of autoimmune disease, or who are pregnant.

[^]Some correctional facilities, such as the Adult Correctional Institute of Rhode Island, have developed their own criteria.

*INR= international normalized ratio; ANA= antinuclear antibody; AMA=antimicrosomal antibody