

Alina S. Mohiuddin
Undergraduate
Loyola University, New Orleans LA

Mentor's Name: Lisa Moreno-Walton, MD, MS
Louisiana State University Health Sciences Center, Department of Emergency Medicine

“Hepatitis C Among Incarcerated Patients in an Urban Emergency Department ”

In Louisiana, the incarceration rate is especially high. However, the burden of infectious diseases among the incarcerated population is even higher. Louisiana has one of the highest rates of incarceration, as well as a high prevalence of Hepatitis C. One-third of the total HCV cases in the US are among the incarcerated population. Barriers to care such as improper health insurance, delayed access, and inadequate care impair proper treatment for diseases. The Centers for Disease Control and Prevention (CDC), states that 90% of people infected with HCV are able to be cured so long as they receive proper treatment. Despite there being a cure (Harvoni) for HCV, infections continue with high rates of morbidity and mortality among the incarcerated population in Louisiana. At University Medical Center New Orleans (UMCNO), one of the first emergency department based hepatitis C Virus (HCV) testing programs was initiated in 2015. Many in-custody patients visit our ED, averaging more than 200 visits per month. This study aimed to estimate follow up rates, demographics, and prevalence rates of HCV among the prisoner population seen at UMCNO.

This was a retrospective chart review of 285 in custody patients who presented to the ED at UMCNO, March 1, 2013 to October 1, 2017. All screened positive for HCV. Review of the medical record to determine if a referral order was placed, an appointment was given, and if they attended the appointment. Those linked to care were assessed for initiation and completion of treatment. Demographic information was collected including race, gender, and age. All statistical analyses were carried out using SAS 9.4. Basic descriptives, such as mean, median, standard deviation and frequencies were calculated. Fisher's exact or Pearson's chi-square tests were used to evaluate the associations between the variables.

Analysis of our study population revealed there were 249 males (87%) and 36 (13%) females. Patients self-identified as black (172), white (97), other (15); others (included NULL, patient declined, or other). Of all patients, 87 (30.53%) were referred for follow up care, 184 (64.56%) not referred, and 14 were lost to follow up (4.91%). There were 38 (13.33%) patients who attended an appointment: 16 (42.11%) UMC, 18 (47.37%) a prison facility, and 4 (10.53%) outside facilities. There were 239 (83.86%) who did not attend an appointment, 8 we are unsure. Only 17 out of 38, (30.36%) patients that attended an appointment completed treatment.

Referral rates 30.53% compared to 70% for the general population at UMCNO. Of all incarcerated patients only 13.33% attended an appointment. While data from the prison system was limited either because of loss to follow-up, patients expired or were released, we can still make some observations. This study sheds light on the disproportionate burden of HCV among incarcerated patients. Although there were no significant differences between gender and race and receiving treatment for HCV, the rate of infection was higher among Black people than White. Even though a seemingly large portion of patients are getting diagnosed with HCV, only a small amount (30.53%) are receiving referrals and an even smaller amount are completing follow up appointments with a healthcare provider; this illuminates the pronounced disparity

between rates of infection and rates of treatment among the incarcerated population in regards to HCV.