Information Regarding Hepatitis C Virus (HCV) and HCV Treatment in Arizona Prisons

(October 2017)

We received your letter regarding Hepatitis C Virus (HCV) and treatment of HCV while in the custody of the Arizona Department of Corrections (ADC). Hepatitis C is a very complicated medical condition. The other side of this page has basic information about HCV.

ADC/Corizon prison doctors and primary care providers (PCPs) use guidelines from the Federal Bureau of Prisons (BOP) to diagnose and treat HCV. The guide is called Evaluation and Management of Chronic Hepatitis C Virus (HCV) Infection. ADC’s Department Order 1101: Inmate Access to Health Care, has rules about how you can get medical care, including for HCV. A copy of DO 1101 should be in your law library; if not, please write us. If you want a copy of the BOP guidelines, please write us back and request them.

If you have questions about HCV, put in a HNR and talk to your provider. According to ADC’s DO 1101 and the Stipulation in the Parsons v. Ryan case, you should have regular chronic care appointments if you have HCV. You should not be charged for an HCV appointment because it is a chronic condition. If you cannot resolve your HCV concern by speaking with medical staff, you can file a grievance. If you are not getting the medical care you need for HCV, you can file an informal complaint (Form 802-11), and then a formal medical grievance (Form 802-1). If you have more questions about the medical grievance process, write to us and ask for a free copy of our grievance handout.

Prison Law Office will consider taking action regarding a person’s HCV concern only if you have filed a grievance and received a final level response. Additionally, a final level response is required before a prisoner can file any formal legal action about a medical issue. If you can, send us copies of the requests or grievances you filed, and the responses you got. We have a very limited ability to provide individual help to prisoners with health care needs. We may be able to notify ADC’s attorneys under the Parsons case if we learn of prisoners who have urgent untreated health care needs that could lead to death or serious permanent injury, or are seriously affecting your ability to complete activities of daily living such as eating, walking, or toileting. Under the law, we cannot dictate a specific course of treatment, but we can ask that you be evaluated for care.

Please see other side of this page for additional information about HCV

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General Information about HCV

This information is based upon the May 2017 BOP Guidelines and ADC policies

You should have been tested for HCV when you came to prison, unless you refused the test. If you refused the test, you can ask to be tested at any time. Health care providers generally test for HCV in people with specific risk factors (such as history of injection drug use, improperly sanitized tattoos) or people born between 1945 and 1965. The test (called an “anti-HCV” test) can only tell if you have been exposed to HCV. If the test shows that you have been exposed to HCV, your provider will order another blood test (called a “quantitative HCV RNA”) to figure out if you have an infection now. Once a diagnosis of HCV is made, it is important to identify the form of the virus (called a “genotype”), because each genotype is treated differently. Another important aspect of diagnosis is assessing the condition of the liver.

HCV is a virus that hurts the liver. Most people infected with HCV have no or only mild symptoms. HCV is spread by contact with blood, and not by casual contact. Your body forms scars when it heals injuries. When the liver fixes the damage from HCV, the liver forms scars. This scarring is called fibrosis. Scarring may lead to cirrhosis.

Of the people who have chronic HCV infection, only 10-20% will develop cirrhosis or severe liver disease. About 1-5% of people with chronic HCV infection will die from cirrhosis or liver cancer. It usually takes years or decades to progress to severe liver disease. There is not a test to predict who will progress to severe liver disease.

You may have heard about new medications for HCV like Harvoni and Sovaldi. These drugs, called direct-acting antivirals (DAAs), are very effective. ADC does not give these medications to everyone. ADC prioritizes who will get them. Someone is high priority if they have advanced fibrosis, cirrhosis, liver cancer, are already on treatment when they get to prison, or have had a liver transplant. To be high priority, you also have to have a life expectancy of more than 18 months, and enough time left on your sentence to complete treatment. Some prisons will not prescribe DAAs to people with HCV if they have recently used drugs. According to the May 2017 BOP guidelines, you do not have to pass a urine test to get treatment, unless ongoing drug use is suspected or indicated. The medications for HCV are very expensive, and people in the community often have trouble getting them.

Whether treatment for HCV is necessary depends on many factors and circumstances. Your provider should make a decision based on your HCV genotype, your treatment history, your symptoms, and what other medications you are on, if any. Treatment decisions also depend on how much damage, if any, HCV has caused to your liver.

HCV is a complicated medical condition.
Ask your doctor or primary care provider about your condition and treatment plan.