



PRISON LAW OFFICE
General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Director:
Donald Specter
Managing Attorney:
Sara Norman
Staff Attorneys:
Rana Anabtawi
Patrick Booth
Claudia Ceseña
Steven Fama
Alison Hardy
Sophie Hart
Jacob Hutt
Rita Lomio
Margot Mendelson

Information Regarding Hepatitis C Virus (HCV) (Updated April 2022)

Hepatitis C Virus (HCV) is an infectious disease that can cause serious liver problems. Infection mostly happens from sharing bodily fluids, including when sharing needles. HCV infection is usually slowly progressive and may not result in clinically apparent liver disease in many patients. Generally, approximately 5% to 30% of HCV patients develop cirrhosis (a serious liver disease) over a 20- to 30-year period of time, although some patients develop serious liver disease more quickly. Various factors are thought to influence how quickly the disease develops. For example, drinking alcohol will or can make the disease get worse much faster.

Any person in CDCR can ask to be tested for HCV. A blood test is used to determine if a patient is infected with HCV.

HCV is treated with Direct Acting Anti-viral (DAA) medication (pills). The newest DAA medications work for almost all patients, must be taken for between two and six months, and require careful monitoring to make sure there are no serious side effects. The medication costs tens of thousands of dollars for each patient.

In July 2018, CDCR said everyone diagnosed with HCV is eligible to get DAA medication. Since then, CDCR has treated approximately 20,000 HCV patients with the medication. They say there are about 3,000 people who remain to be treated (and new patients are always being identified). There are three Priority Groups (1, 2, and 3) for HCV treatment. Priority is determined based on the current risk of harm to you. Those in Risk Group 1 should be treated before those in Groups 2 and 3, and those in Group 2 should be treated before those in Group 3. Also, there are factors that can exclude patients from HCV treatment. The page from CDCR medical's HCV Care Guide (April 2021) that explains Priority Groups and exclusion factors is copied on the back of this letter. The full HCV Care Guide is available at your law library.

Advice regarding HCV Treatment in CDCR

If you have a question or request about HCV or treatment for it – including which Priority Group you are for treatment, and when you will be offered medication – you should put in a 7362 (“sick call”) form and ask your yard doctor (if you are in an inpatient unit that does not use Form 7362s, ask the RN on duty and the doctor at your next appointment). If you cannot resolve your question or request after that, submit a medical appeal using Form 602-HC (the blue appeal form). Filing a 602-HC regarding HCV treatment should result in a written response from medical staff. If the appeal is not fully granted you should re-submit it to the Headquarters Level, which should then send you a response. Prison Law Office will consider asking prison medical officials about your HCV concern if you send us a Headquarters Level response to a 602-HC about the issue (urgent cases are an exception). A Headquarters Level Response to a 602-HC is also usually required before you can file your own formal legal action about a medical issue.

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SUMMARY		DECISION SUPPORT		PATIENT EDUCATION/SELF MANAGEMENT	
HCV Patient Risk Stratification					
Risk Group		Clinical Examples			
1* (Highest)		<ul style="list-style-type: none">Any previous FibroScan, FibroTest or liver biopsy demonstrating stage 3 or 4 fibrosis (≥ 9.5 kPa)Cirrhosis otherwise diagnosedDiagnosis of decompensated cirrhosis (see page 4)Diagnosis of hepatocellular carcinoma (see exclusion criteria below)HIV co-infection and any previous FibroScan, FibroTest or liver biopsy demonstrating greater than stage 1 fibrosis (> 7.0 kPa)Liver Transplantation (consult with transplant and HCV specialists required)Women of childbearing age who wish to get pregnant in the next 12 monthsSerious extra-hepatic manifestations of HCV (e.g., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)			
2 (Medium)		<ul style="list-style-type: none">Any previous FibroScan, FibroTest or liver biopsy demonstrating stage 2 fibrosis (> 7.0 kPa)Age > 50 years oldHIV or HBV co-infectionPatients with diabetesHCV genotype 3Body mass index > 30 kg/m²GFR < 30Does not meet any priority group 1 criteria			
3 (Lowest)		<ul style="list-style-type: none">Any previous FibroScan or FibroTest demonstrating stage 0-1 fibrosis (≤ 7.0 kPa)Does not meet any priority group 1 or 2 criteria			
<i>*Risk Group 1 patients will be treated by experienced primary care providers, HCV champions, or the HQ HCV Central Treatment Team.</i>					
HCV Treatment Exclusion Criteria					
Treatment Exclusion Criteria					
Release Date Exclusion					
Clinical History				Minimum # of Months*	
Not cirrhotic				5	
Decompensated cirrhotic and/or previous Direct Acting Agents (DAA) treatment failure				8	
<i>*Patients will be excluded from treatment consideration in CCHCS if they will be released before the evaluation and course of treatment can be completed. The minimum # of months noted above shows the minimum number of months of incarceration needed to complete HCV therapy based on patient factors.</i> More time may be required in some cases.					
Exclusion Criteria: HCV Treatment (all)					
<ul style="list-style-type: none">Life expectancy < 12 months that cannot be remediated by treating HCV, by transplantation, or by other directed therapyInability to cooperate with treatmentInability to give informed consentPregnancy or inability to practice contraception					
Exclusion Criteria: DAA			Exclusion Criteria: RBV		
<ul style="list-style-type: none">On a medication contraindicated for use with DAA and unable to substituteAllergy to DAAAllergy to Ribavirin (RBV) (if regimen requires RBV)			<ul style="list-style-type: none">Poorly controlled or unstable cardiopulmonary diseaseAnemia; hemoglobin < 11 g/dl or hematocrit $< 33\%$Allergy to RBVInability to practice contraception during and for 6 months after treatment completion (teratogen)		