

# Feasibility of Rapid HCV Testing Among Probationers and Parolees in Rhode Island

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## Background

Hepatitis C testing has largely been underutilized among probation and parole populations.

- Individuals on probation and/or parole are at an increased risk for HCV and may engage in HCV risk related behaviors.
- Many individuals released from correctional often resume their pre-incarceration patterns of drug use.
- HCV risk may also be related to structural factors, such as: poverty, lack of adequate healthcare, unemployment, untreated mental illness and homelessness.
- Factors related to being on probation or parole may increase HCV risk behaviors; fear of being charged with a probation/parole violation may inhibit probationers who inject drugs from accessing needle exchange and other harm reduction services.

## Aim

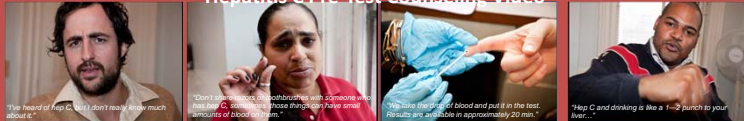
The primary objective of this research was to assess the feasibility and acceptability of rapid hepatitis C virus (HCV) testing within community corrections offices in the greater Providence, Rhode Island area.

## Methods

Individuals actively on probation/parole, who presented at select community corrections offices in the greater Providence, Rhode Island area were eligible to be screened for participation. Of those, individuals who self reported negative or unknown HCV status, were English speaking, at least 18 years old and able to provide informed consent were offered participation in this pilot study. After providing informed consent, participants:

- Completed a pre-video knowledge survey
- Viewed a pre-test counseling video that reviewed HCV prevention, transmission, testing procedures, and a brief overview of HCV care and treatment
- Completed an OraQuick<sup>®</sup> rapid HCV test
- Completed a staff administered risk assessment and post-video knowledge survey

### Hepatitis C Pre-Test Counseling Video



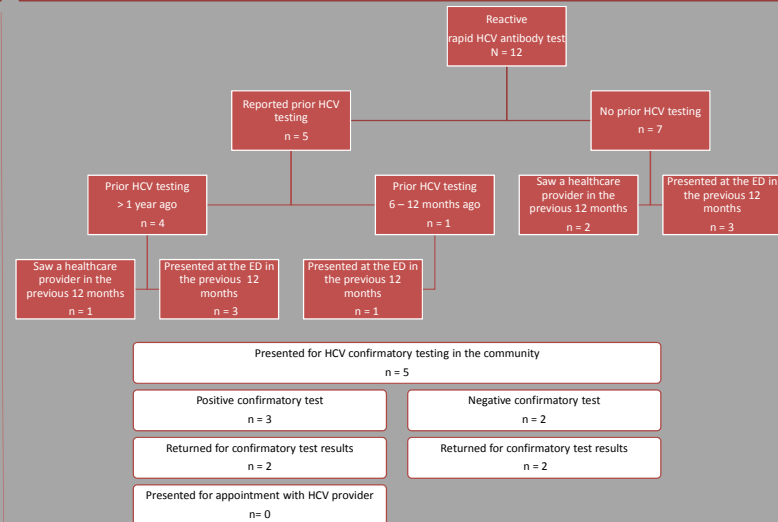
Video available for free download at:  
<http://www.prisonerhealth.org>

- Participants with a reactive rapid test were referred for confirmatory testing at a clinic located in the Greater Providence area. Those with confirmed HCV infection were referred for HCV assessment.
- All participants were offered a monetary incentive (\$20) for the completion of the baseline visit. Those with reactive rapid tests were offered additional monetary compensation at up to three additional visits: follow up confirmatory testing (\$15), delivery of confirmatory test results (\$20) and when presenting for a scheduled appointment with an HCV care provider (\$20).

## Results

Baseline Characteristics by test result	Non-Reactive n = 118	Reactive n = 12
<b>Gender</b>		
Male	95(81%)	9 (75%)
Female	22 (19%)	3 (25%)
Transgender	1 (<1%)	0
<b>Race/Ethnicity</b>		
White (non-Hispanic)	45 (38%)	10(83%)
Black/African American (non-Hispanic)	22 (19%)	
Hispanic	33 (28%)	1 (8%)
Other (non-Hispanic)	18 (15%)	1 (8%)
<b>Covered by health insurance</b>		
	92 (78%)	9 (75%)
<b>Saw a health care provider in the previous 12 months</b>		
1 – 2 times	32(27%)	2 (17%)
3 – 5 times	11 (9%)	1 (8%)
> 5 times	16 (14%)	
<b>Seen in the Emergency Department in the previous 12 months</b>		
1 – 2 times	39 (33%)	3 (25%)
3 - 5 times	16 (14%)	3 (25%)
More than 5 times	7 (6%)	
<b>Participated in drug or alcohol treatment in the previous 12 months</b>		
Unique participants	28 (24%)	6 (50%)
Inpatient	13 (11%)	2 (17%)
Outpatient	21 (18%)	5 (42%)
<b>Injection drug use history</b>		
Ever in lifetime	7 (6%)	10 (83%)
Within the previous 3 months	2 (1%)	4 (33%)
<b>Incarcerated for the offense which resulted in current probation/parole status</b>		
	89(75%)	8 (67%)
<b>Previous HCV test</b>		
< 3 months ago	8 (7%)	
3 – 6 months ago	7(6%)	
>6 months – 1 year ago	8 (7%)	1 (8%)
> 1 year ago	22 (19%)	4 (33%)
Tested, but unsure of date	2 (2%)	

## Results



## Conclusions

- Rapid testing appears feasible in this setting.
- Of those with reactive rapid test results, only 42% reported previous HCV testing even though most had interacted with the health care system at some point during the previous 12 months. This setting presents an opportunity to test and diagnose HCV in individuals who engage in high risk behaviors but are not being tested elsewhere.
- Although we were able to engage individuals in rapid testing at the community corrections office, follow up for confirmatory testing was poor (42% with preliminary reactive rapid tests); none presented for an HCV care appointment. Improved linkage to care is critical, especially given recent advances in HCV therapy.

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