ABSTRACT

HCV prevalence in prison systems is ten times higher than the general population, and hence prison systems offer a unique opportunity to control the HCV epidemic. New HCV treatment drugs are very effective, but providing treatment to all inmates is prohibitively expensive, which precludes universal HCV treatment in prison systems. As such, current practice recommends prioritizing treatment based on clinical and incarceration-related factors, including disease staging, remaining sentence length, and injection drug use (IDU) status. However, there is controversy about how these factors should be incorporated because of the complicated tradeoffs. In this study, we propose an analytics approach to support hepatitis C treatment prioritization decisions in U.S. prisons.

(Copies of the paper are available in the AOIS Department offices)