HCV Before, During, and After Prison: From Khakis to Outreach

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Diagnosis: April, 2010
Conviction and Sentence: September, 2010 through April, 2012
Prison Life with HCV

- Stigma
- Lack of treatment access, outdated regimens
- Care coordination struggles
- Uncertainty. Failure to maintain medication schedules due to random acts of craziness
- Failure to provide proper/any referrals to community agencies post-incarceration
Community Outreach through Tacoma Needle Exchange

- “Pierce County’s rates of acute — or short-term — hepatitis C infections is among the highest in Washington and higher than the state’s rate, with two infections for every 100,000 residents in 2014. That’s quadrupled from an acute infection rate of 0.5 percent in 2010.”

- “In 2015, Washington state had 64 acute hepatitis C cases that were diagnosed that met the criteria. Pierce County had 22 of them, and that’s over a 200 percent increase for us since 2013.” - Kimberly Desmarais, viral hepatitis coordinator for the Health Department.

What Can We Do?

- In 2016, Tacoma Needle Exchange continued to provide low/no barrier access to program participants, including 53 HIV rapid screening tests (0 reactive), and 67 HCV rapid screenings (17 reactive).
- Syringe Exchange Programs (SEPs) are often one of the first places persons being released from jail or prison will reach out to for services.
- Develop a working relationship with SEPs, prison health officials, community corrections officers/probation/parole. Reduce the fear and stigma for someone seeking assistance for their health.
- Think outside of the box: Prison tattoo programs? Syringe exchange in prison?
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