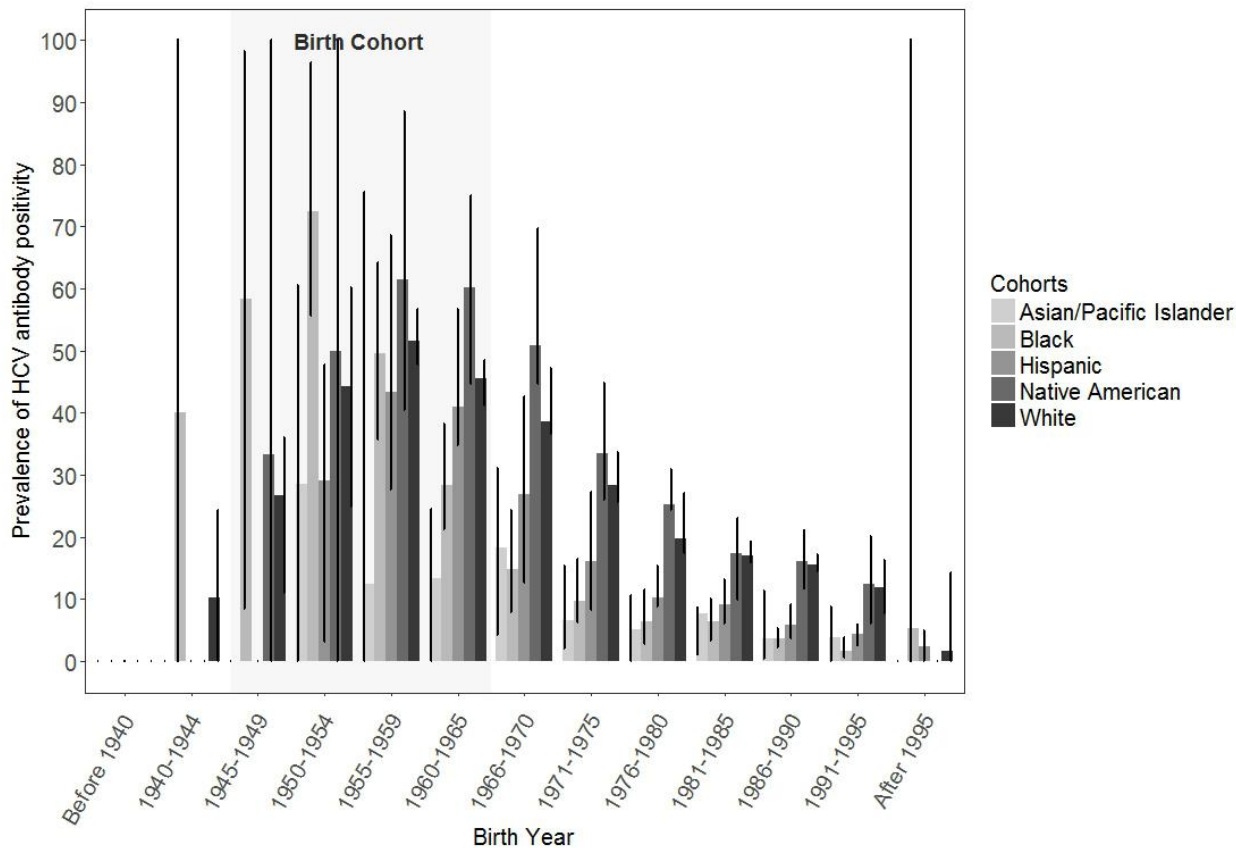


DESCRIPTION OF THE TREATMENT ALGORITHM AT WASHINGTON STATE

DEPARTMENT OF CORRECTIONS AS OF JULY 16, 2018

To facilitate Hepatitis C Virus (HCV) testing and treatment, Washington State Department of Corrections (WADOC) has created a centralized database including all individuals in the system. Once an individual is diagnosed with chronic HCV, Aspartate Aminotransferase-to-Platelet Ratio Index (APRI) scores help to prioritize treatment evaluation. APRI scores are also used to determine if additional evaluation is required prior to treatment initiation. Patients with intermediate APRI scores (0.5–1.5) undergo fibroscanning to determine their liver fibrosis stage.

Appendix Figure 1. Proportion of hepatitis C virus (HCV) antibody seropositivity among entrants to Washington State Department of Corrections Prisons (2012–2016) by race/ethnicity.



Notes: This figure shows that of individuals born between 1945–1965, blacks and Native Americans had the highest prevalence of HCV antibody positivity. Each birth cohort includes 5 years, and the mean and variance of seropositivity prevalence within each interval was calculated. Means and SDs were used to determine 95% CIs. Each error bar is constructed using a 95% CI of the mean.

Appendix
Hepatitis C Testing and Patient Characteristics in Washington State's Prisons Between 2012 and 2016
Assoumou et al.

Appendix Table 1. Liver Fibrosis Staging for Entrants to Washington State Department of Corrections With Chronic Hepatitis C 2012–2016

Liver fibrosis stage	APRI	APRI	FIB-4
	(thresholds 0.7 and 1.0) N=1,588 (%)	(thresholds 0.5 and 1.5) N=1,588 (%)	(thresholds 1.45 and 3.25) N=1,588 (%)
F0-1	1,219 (77)	942(60)	1,245 (78)
F2-3	160 (10)	555(34)	287(18)
F4	209 (13)	91(6)	56(4)

APRI, Aspartate aminotransferase to platelet ratio; FIB-4, Fibrosis-4; F0-F1, no fibrosis-mild fibrosis; F2-F3, moderate liver fibrosis; F4, severe fibrosis or cirrhosis.