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

Hepatitis C Virus (HCV) is an infectious disease than 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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