

## HEPATITIS C MANAGEMENT

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<b>DETAINEE HOSPITAL GUANTANAMO BAY, CUBA</b>	<b>SOP NO: 039</b>
<b>Title: HEPATITIS C MANAGEMENT</b>	<b>Page 1 of 4</b> <b>Effective Date: 11 Mar 03</b>
<b>SCOPE: Detention Hospital</b>	

### I. ENCL:

- (1) Hepatitis C Evaluation and Treatment Data Sheet  
\\nh-gtmo-epo\public\Fh20-Riggs\Working SOPs\SOP Enclosures and Attachments\Encl (1) Hepatitis C Data Sheet for Evaluation and Treatment.doc
- (2) NIH Consensus Statement on Hepatitis C  
\\nh-gtmo-epo\public\Fh20-Riggs\Working SOPs\SOP Enclosures and Attachments\Encl (2) Hep C NIH2002.pdf

### II. BACKGROUND:

All detainees are screened for serologic evidence of hepatitis C to identify infection among this population. The prevalence rate of hepatitis C has been approximated as 2% and depends on the prevalence of drug use, blood transfusion, and unsafe medical practices. Hepatitis C is a major cause of cirrhosis, liver failure, and liver cancer. Treatment of hepatitis C may decrease the risk of progressive liver dysfunction and may prolong life.

### III. POLICY:

Each detainee found to be hepatitis C positive by the ELISA screening test will be offered further evaluation at the medical clinic. Each detainee will be given the appropriate information regarding hepatitis C to make a decision regarding accepting/declining the evaluation and possible treatment of his/her hepatitis. Both the evaluation and treatment will be completely voluntary. The information collected on the evaluation is found on the enclosed data form. The policy thus stated in this SOP has been coordinated through consultation with the Gastroenterology Division, Naval Medical Center San Diego.

### IV. PROCEDURES:

- The following sections deal with the description and elaboration of the Hepatitis C Evaluation and Treatment Data Sheet. Screening for hepatitis C occurs upon arrival of the detainee at Naval Base Guantanamo Bay, NBGTMO.

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- Those found to be positive for hepatitis C by the screening ELISA test represent a possible case of active hepatitis C.
- The detainee with active hepatitis C is infectious to other detainees and JTF personnel via contact with the detainee's blood. Saliva, vomitus, feces, and perspiration are not contagious unless these secretions contain blood. Since there is no current preventive therapy for those exposed to potentially contagious secretions of a hepatitis C patient, information regarding the hepatitis C status of each detainee will be used to follow those exposed to monitor for the development of the infection.
- Hepatitis C infection may result in resolution of the infection by the immune system in 15-40% of cases or may lead to persistent active hepatitis in 60-85%, which may lead to progressive liver dysfunction. Therefore, each detainee with a positive hepatitis C ELISA test will be offered further evaluation of this medical condition.
- The appropriate work-up will be initiated among those detainees who desire evaluation of their hepatitis C including assuring that serologies for hepatitis A, B, C are obtained. Each detainee will be asked about potential symptoms related to hepatitis C and undergo a physical examination. Liver function tests, PT/PTT/INR, hepatitis C RNA viral load, and genotype will also be obtained as shown on the data collection sheet (see Enclosure 1).
- Detainees with a positive hepatitis C ELISA and positive hepatitis C viral load will be diagnosed with active hepatitis C. Those with a negative hepatitis C viral load will be re-evaluated at 4-6 months with a repeat viral load measurement; those negative on both viral load tests will be classified as a false-positive ELISA test or someone who has resolved hepatitis C. This latter group will not be further evaluated and do not require therapy.
- Those who are potential candidates for therapy will be referred to Behavioral Health for an initial evaluation to identify early any psychiatric problems which may preclude therapy with interferon.
- A liver biopsy will be offered to those with active hepatitis C. If the detainee refuses this procedure, therapy will still be offered in appropriate cases.
- Based on the results of the aforementioned tests, each case will be discussed with a board-certified infectious diseases and/or gastroenterologist in regards the initiation of therapy.
- If the detainee meets indications for treatment, the patient will be offered treatment with peg-interferon and ribavirin. Therapy for hepatitis C will be

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administered for 6-12 months depending on the genotype and response to therapy; this assumes that the patient complies with and tolerates the therapy.

- The patient will be closely monitored for potential side effects of the therapy at routine clinic visits. Psychiatry will also follow the detainee while he/she is treated with peg-interferon.
- Since the standard of care for the evaluation and therapy of hepatitis C is evolving, the diagnostic testing and drugs may change over time. Detainees should continue to obtain the standard-of-care of hepatitis C management.
- Detainees refusing therapy will be followed with routine medical clinic visits including liver function test approximately every 6 months or as clinically indicated.
- All patients with hepatitis C, will also be offered vaccination against hepatitis A which is a 2-dose vaccine given 0 and 6-12 months and hepatitis B which is a 3-dose vaccine at 0, 1 and 6 months for all those not already immune.
- Detainees with evidence of hepatitis C cirrhosis will be offered screening for hepatoma with an alpha-fetoprotein (AFP) and/or right upper quadrant ultrasound every 6-12 months.

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**STANDARD OPERATING PROCEDURES**  
**Detention Hospital**  
**Guantanamo Bay, Cuba**

<b>REVIEWED AND APPROVED BY:</b>	
_____ Officer In Charge	_____ Date
<b>IMPLEMENTED BY:</b>	
_____ Director for Administration	_____ Date
_____ Senior Enlisted Advisor	_____ Date
<b>ANNUAL REVIEW LOG:</b>	
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