THE ROAD TO HEPATITIS C VIRUS (HCV) ELIMINATION: RE-INFECTIONS AFTER SUSTAINED VIRAL RESPONSE (SVR), WHY WE MUST RETEST AND OFFER RETREATMENT

Authors:
Tait JM[1,] Stephens BP[1], Sharkey C[1], Dillon JF[1,2].

Ninewells Hospital and Medical School NHS Tayside[1], University of Dundee[2]

Background:
If elimination of HCV is to be achieved, then recognition that re-infections after successful treatment can and does occur is vital. It must be detected, and retreatment offered. It is important to provide harm reduction advice to people who inject drugs (PWIDs) after treatment and encourage retesting yearly. But is the rate the same for all?

Methods:
We reviewed our re-infection rate for all people who had achieved an SVR between 1998 and 2018 to identify the number of re-infections. Included in the study was anyone who had a history of Intra venous drug use, had a documented SVR (PCR undetected) 12 weeks after completion of treatment and subsequently became PCR positive. Testing was encouraged in all PWIDs who accessed our drug services.

Results:
There were 1283 SVRs achieved, of those 990 had IVDU as the documented risk factor. In this group there were 79 re-infections. The overall re-infection rate was 7.9% (79/990). For those on opiate substitution therapy at the time of treatment the rate was 10.7% (79/735) and for those currently injecting it was 31.5% (24/76).
61 who were re-infected have been retreated, 6 are still on treatment. All others completed treatment, with 38 having second SVR, one relapsed after treatment and we are waiting SVR data on 16. Of those not retreated, 3 spontaneously resolved their infection, 6 died, 6 are in follow up and 3 have been lost to follow up.

Conclusion:
The re-infection rate is 10.7% for people on opiate substitution therapy and 31.5% in PWIDs. It is important to retest all people who have had an SVR and are at risk of re-infection and to provide effective harm reduction advice and HCV retreatment. This study has shown that this group can be retreated successfully.

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