

Lack Of Follow-Up After End Of Treatment And Recurrent Viremia Among Pwud Treated For Hcv Infection

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Background:

Despite current guidelines prioritizing people who use drugs (PWUD) to receive HCV treatment, many healthcare providers remain concerned about the possibility for re-infection after cure. An approach to mitigate this may be to identify those at particular risk and evaluate interventions to reduce its occurrence. We hypothesize that patients who attend their SVR12 appointment will have lower rates of re-infection than those who miss this appointment, as this can be understood as a function of patient stability and commitment to HCV cure.

Methods:

We analyzed charts of all active PWUD patients (drug use <6 months of treatment initiation) who received all-oral DAA HCV therapy and who currently have a positive HCV-RNA. We then stratified them based on attendance of their SVR12 appointment.

Results:

From 12/14 to 04/18, 142 active PWUD have initiated HCV therapy. Of these, 108 achieved SVR12, 2 were lost to follow up, 3 discontinued, 25 are still on treatment or are awaiting final bloodwork, and 4 experienced what can be classified as a late relapse or early re-infection. Of those with recurrent viremia (RV) (n = 4), none attended a visit scheduled at the SVR12 time-point. RV was diagnosed 14-52 (median 22) weeks after EOT. Of the 4 cases of RV, all were actively injecting drugs. All were of the same HCV genotype as noted at baseline and genotypic analysis is underway to differentiate relapse from reinfection.

Conclusion:

RV was associated with disengagement from care after EOT. Although this may simply be a correlate of poor treatment adherence and a predictor of relapse, it is possible that it defines a population at particular risk of early re-infection. More intensive follow-up post-EOT may be indicated in some HCV-infected PWUD with ongoing injection drug use to plan interventions to reduce risk behaviors for HCV re-infection.

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