Title: EXPLORING THE LIVED EXPERIENCE OF HCV REINFECTION

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Background:

Increased rates of HCV reinfection have been observed following the scale-up of direct-acting antiviral (DAA) treatments among people who inject drugs (PWID). Little qualitative research exists surrounding HCV reinfection in the DAA era. Our aim was to explore the lived experience of PWID who have experienced a reinfection in the DAA era.

Methods:

Participants who had experienced reinfection were identified via NHS services across four health boards in Scotland. Interpretative Phenomenological Analysis was chosen to enable a deep exploration of the experience and determinants of reinfection. Participants were interviewed remotely. Analysis focussed on systematically detailing the key features of the experience of reinfection as experienced by individual participants and across the participant group.

Results:

Analysis highlighted similarities and differences in the lived experience of reinfection across the participants. Reinfection was driven by a range of socio-cultural and psychosocial factors, highlighting the importance of the community, familial/peer contexts and environment in shaping reinfection. Participants life histories (e.g., coercive control, dysfunctional childhood relationships, pathogenic social networks) and socioeconomic positioning were more important than a lack of knowledge or low levels of perceived risk of reinfection.

Conclusion:

Although based on in-depth insights into a small number of cases, these findings highlight the need to address the psychosocial and sociocultural determinants of reinfection. Given the results, attempts to increase knowledge about the risks of reinfection are unlikely to succeed. Instead multi-levelled interventions are needed to modify people's interactions with their social environment.

Disclosure of Interest Statement:

This study is part of a PhD project, as such no grants have been awarded in relation to this study.