RARE HCV RE-INFECTION AFTER DAA TREATMENT IN AN INTEGRATED ALL-UNDER-ONE-ROOF CARE SETTING

Claudia Bernardini[1], Luis Falcato[1], Nathalie Scherz[2,3], Philip Bruggmann[1,3]

[1] Arud Centre for Addiction Medicine, Zurich, Switzerland
[2] Department of Internal Medicine, Hospital Centre Biel, Switzerland
[3] Institute of Primary Care, University Hospital Zurich, Switzerland

Background: Treating people who inject drugs (PWID) is crucial to achieve the WHO goal of hepatitis C (HCV) elimination. After successful treatment, this population remains at risk for re-infection. We show real life data about re-infection incidence after HCV treatment with DAAs in an integrated care setting of a low-threshold opioid agonist treatment (OAT) in Switzerland, where - beside full range of medical and social care –prevention-measures like sterile injection paraphernalia dispensation and peer-education are provided.

Methods: All patients with a diagnosis of opioid or stimulant use disorder and an observational period of a minimum of 24 weeks after SVR following HCV DAA treatment have been included in this retrospective analysis. Results of HCV RNA tests after SVR and the time-period of re-infection surveillance have been assessed during July 2014 und January 2018.

Results:57 patients were included (77% male, mean age: 48 years). 97% were in OAT, 2% had a stimulant use disorder. Additional substance use disorders (cocaine: 46%, alcohol: 40%), and advanced liver disease (25%) were prevalent. Lifetime injection drug use has been reported for 24 patients (42%). In total follow-up period of 98.88 years (min. 0.51, max. 3.43, median: 1.66) 1 HCV re-infection occurred resulting in 1 re-infection per 100 person-years.

Conclusion: HCV re-infection after DAA treatment in an integrated care setting also offering prevention measures was rare. HCV follow-up care for PWID in an all-under-one-roof setting has the potential to prevent re-infection and therefore contribute significantly to the WHO goal of HCV elimination.

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