

RE-ENGAGEMENT IN CARE FOR HEPATITIS C IN THE TRAP HEP C PROGRAM: EVERY PATIENT DESERVES A SECOND CHANCE.

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Background: The Trap HepC program in Iceland aims for elimination of HCV infection as a major health threat by targeting those most likely to transmit. Active injection drug use (IDU) carries higher risk of reinfection and treatment discontinuation.

Methods: All patients with HCV in Iceland have been offered DAA treatment since 01/2016 with focus on PWID for treatment scale-up. Patients who discontinue treatment and remain viraemic as well as reinfected patients are reengaged in care and offered retreatment. We present data regarding this group for the first 24 months of the TraP HepC program, 2016-2018.

Results: Of 631 treatment initiated patients, 48 (8%) discontinued (DC). Of these, 21 (44%) DC patients remained viraemic and 21(44%) were PCR negative at 12 weeks (SVR12); three became reinfected later. Of the remaining six (12%) individuals, 3 are deceased and 3 have missing data. Active IDU and homelessness had a relative risk of 3.3 (95% CI 1.9-5.6) and 4.4 (2.4-7.9) respectively for treatment discontinuation ($p < 0.0001$). Among the 543 who completed treatment and achieved SVR12, 31 (6%) reinfections were identified. Of the 24 DC individuals who remained viraemic or were reinfected, 24 (100%) were retreated of whom one is still being treated, one died, one discontinued and remained viraemic, one completed treatment but was later reinfected, and 20 (83%) achieved SVR12.

Of 28 individuals cured after their first treatment but then reinfected, 25 (89%) were cured during a second attempt, 1 is pending SVR12, 3 have no PCR data available and 1 was reinfected a second time

Conclusion: The majority of patients who discontinue treatment with DAA's or become infected can be successfully reengaged in care and retreated. If elimination goals for hepatitis C virus (HCV) infection are to be achieved, these patients need to be given repeat chances of treatment.