



# Hep C Relapses Are Uncommon After Being Cured, But Reinfection is a Concern

Certain populations of those treated for hepatitis C are at high risk of reinfection

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People with hepatitis C virus (HCV) very rarely experience a relapse of the virus following achieving a sustained virologic response 12 weeks after [completing treatment](#) (SVR12, considered a cure), Reuters Health reports. However, certain populations of those treated for the virus are at high risk of reinfection. Publishing their findings in *Clinical Infectious Diseases*, researchers conducted a systematic review and meta-analysis of studies including more than 9,000 people with hep C.

The researchers looked at data from 59 studies of post-hep C cure recurrence. They sorted the data according to three groups: the low-risk group, which included those who did not have HIV (HCV monoinfected) and who had no identified risk factors for reinfection with hep C; the high-risk group, including HCV-monoinfected individuals who had at least one identified risk factor for reinfection with hep C, such as injection drug use or being incarcerated; and HIV/HCV-coinfected individuals.

The researchers estimated that the low-risk group had a post-SVR relapse rate of 0.82 per 1,000 person-years (person-years are the cumulative years participants spend in a study; this figure translates to 0.082 percent per year), and a reinfection rate of zero. This translated to a five-year risk of relapse of 0.4 percent.

Among the high-risk individuals, the late relapse rate was zero, while the reinfection rate was an estimated 19.06 per 1,000 person-years. Prisoners had the highest reinfection rate, at 45.48 per 1,000 person-years.

The coinfecting individuals had a late relapse rate of zero and a reinfection rate of 32.02 per 1,000 person-years.

Overall, the five-year rate of hep C recurrence was 0.95 for the low-risk group, 10.67 percent for the high-risk group, and 15.02 percent for the coinfecting group.

To read the Reuters article, [click here](#) (free registration with Medscape is required).

To read the study abstract, [click here](#).

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