High Hep C Cure Rate, High Reinfection Rate Among People Who Inject Drugs

A study conducted in Australia treated people attending a syringe services program.

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A program to treat hepatitis C virus (HCV) among people who inject drugs (PWID) in Australia saw a high cure rate among them but also a high reinfection rate.

Over a 42-month period, researchers recruited people who were actively injecting drugs, had HCV and sought services from a syringe services program (SSP) in Dundee. Ninety-two of the 105 recruits started treatment for the virus. Study findings were published in the Journal of Viral Hepatology.

The 37 people with genotype 1 of hep C received treatment with Olysio (simeprevir), Incivek (telaprevir), interferon and ribavirin. They were treated for 24 weeks or 16 weeks if their viral load declined rapidly during the initial phase of treatment—a phenomenon known as a rapid viral response (RVR). The 57 people with genotypes 2 or 3 of the virus received interferon and ribavirin for 24 weeks or 12 weeks if they achieved an RVR.

The participants' average age was 34 years old. A total of 71.3% were male, and 21.3% were experiencing homelessness. A total of 68.1% were on medication-assisted treatment (MAT) for opioid use disorder (OUD). The participants injected drugs a median of 6.5 times per week.

The study members made weekly study visits at the SSP.

A total of 71.3% of the participants took their daily HCV treatment at least 80% of the time.

Of those with genotype 1 of HCV, 81% achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure) while the cure rate among those with genotypes 2 and 3 was 82.5%. There was no statistically significant difference between these cure rates, meaning that the difference between them could have been driven by chance.

Interferon therapy, which causes severe, flu-like side effects, is now obsolete in the hep C treatment armamentarium. The newer, highly tolerable, shorter regimens promote better adherence and have higher cure rates, including among PWID.

Eighteen months after the participants completed treatment, 19.5% of them had contracted hep C again during 69.8 cumulative years of follow-up. This reinfection rate of 21.5 per 100 cumulative years of follow-up was higher than those seen in other studies involving PWID.

“This trial demonstrates that HCV treatment can be delivered successfully to the target population of treatment-as-prevention strategies,” the study authors concluded. “Scale-up of HCV treatment should be pursued alongside a comprehensive program of harm reduction interventions to help minimize reinfection and reduce HCV transmission.”

To read the study abstract, click here.
