Post–Hep C Cure, Young Men Who Inject Drugs More Likely to Get Virus Again

Consistent use of medication-assisted treatment for opioid use disorder can apparently reduce this risk.

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After people who inject drugs (PWID) are cured of hepatitis C virus (HCV), young men in particular have a higher rate of reinfection with the virus. Consistent use of medication-assisted treatment (MAT) for opioid use disorder, however, can apparently greatly mitigate the reinfection risk among PWID.

These are the findings of a Canadian study presented by Naveed Janjua, MBBS, of the British Columbia Centre for Disease Control at The Liver Meeting, the Annual Meeting of the American Association for the Study of Liver Diseases, in Boston this month.

Janjua and his colleagues analyzed data from the British Columbia Hepatitis Testers Cohort, which included some 1.3 million people screened for HCV in the province. The analysis focused on 5,702 people with HCV who were treated with direct-acting antivirals and who achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure) and had at least one subsequent measurement of their HCV RNA through April 2019.

The cohort members were classified as having been reinfected with HCV if they had a positive RNA measurement after achieving an SVR12.

A total of 3,704 (65%) of the cohort members were men, 5,298 (93%) were born before 1965 and 1,613 (28.3) were PWID. Among the PWID, 42% received MAT following HCV treatment with medications such as methadone or buprenorphine.

There were 62 reinfections in the overall cohort during 4,835 cumulative years of post-SVR12 follow-up, for a reinfection rate per 100 cumulative years of follow-up of 1.28 reinfections overall, 2.36 reinfections among PWID (who experienced 36 reinfections during follow-up) and 0.79 reinfections among non-PWID (26 reinfections during follow-up). The highest reinfection rates per 100 cumulative years of follow-up were seen among PWID born after 1975, at 6.28 reinfections, and among those coinfected with HIV, at 3.54 reinfections.

The PWID were more inclined to become reinfected during the first two years following their HCV cure.

After adjusting the data to account for various differences between the cohort members, the study authors found that being born after 1975 and being male, as opposed to being born before 1975 and being female, were associated with a 4.3-fold and 4.1-fold increased risk of reinfection, respectively.

There were no reinfections among the PWID who received MAT without interruption, while among those who received MAT with interruptions, the reinfection rate was 3.42 reinfections per 100 cumulative years of follow-up.

The study authors concluded that receiving MAT consistently was protective against reinfection.

“Removal of systemic barriers to treatment access and rapid scale-up of HCV treatment, along with high coverage of harm reduction services, especially [MAT], are needed to achieve HCV elimination,” the investigators further concluded.

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