Treatment for Opioid Addiction Is Tied to a Low Hep C Reinfection Rate

Researchers followed people with a drug-injection history who had been cured of hepatitis C and were receiving addiction treatment.

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People who have a history of injection drug use and are receiving medication-assisted treatment (MAT)—such as methadone, buprenorphine or naltrexone—for opioid use disorder have a low hepatitis C virus (HCV) reinfection rate after they are cured of the virus.

Publishing their findings in Clinical Infectious Diseases, a research team led by Matthew J. Akiyama, MD, MSc, an assistant professor of medicine at Albert Einstein College of Medicine in New York City, recruited participants from the PREVAIL study. This was a randomized, controlled study that assessed various means of providing care for 150 people with an injection drug use history who were receiving MAT in the Bronx.

The new extension study included 141 participants who had been cured of hep C. They made visits every six months for up to 24 months. Sixty-two percent of them were men, and the overall group had an average age of 52 years old.

A total of 114 of the participants made at least one study visit. Following the 24-week mark after they completed their hep C treatment, 22 (19%) of these individuals reported ongoing injection drug use.

Three people, all of whom reported injecting drugs during the follow-up period, were reinfected with HCV during a cumulative 246 years of follow-up, for a reinfection rate of 1.22 cases per 100 cumulative years of follow-up—considered a low rate. However, among those who reported ongoing injection drug use during follow-up, the infection rate was 7.4 cases per 100 cumulative years of follow-up.

“HCV reinfection was low overall, but more common among people with ongoing [injection drug use] following [direct-acting antiviral] therapy on [opioid-assisted treatment], as well as those who were not confident in the ability to avoid contracting HCV, homeless or living with a person who injects drugs,” the investigators concluded. “Interventions to mediate these risk factors following HCV therapy are warranted.”

To read the study abstract, click here.

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