Strategies to Mitigate Risk of Recurrent Viremia Among People Who Inject Drugs (PWID) Successfully Treated for HCV Infection

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### Disclosures

- Julie Holeksa has received travel grants from AbbVie.
- Tianna Magel has nothing to disclose.
- Dr. Astou Thiam has received travel grants from AbbVie.
- Letitia Chu has nothing to disclose.
- Rossitta Yung has nothing to disclose.
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- Dr. Brian Conway has received grants, honoraria, travel funding, and holds advisory board positions with AbbVie, Merck & Co, Gilead Sciences and ViiV.



- People who inject drugs (PWID) remain at risk of recurrent viremia (RV) following successful treatment of HCV infection
- Strategies to reduce the occurrence of RV must be incorporated into all HCV treatment programs aimed at this population



#### **Methods**

- PWID treated with DAA's maintained in long-term follow-up
- All were enrolled in long-term multidisciplinary care
- Documentation of ongoing risk behaviours for HCV acquisition with appropriate plan of intervention
- Systematic measurement of HCV RNA every 6 months, more frequently as clinically indicated
- Endpoint: documentation of RV and its correlates





#### Results

- 323 PWID SVR<sub>12</sub> in long-term follow-up
- Mean follow-up: 633 days
- 4 cases of recurrent viremia
- RV cases were:
  - 53 years old (49-57 years)
  - Male
  - All active PWID
  - Rate: 0.63 cases/100 person years
  - 2 individuals currently undergoing retreatment
  - SVR preserved in 98.8% cases



Demographics	PWID DAA; n=323	
Mean age (years)	54 (22-79)	
Female (n,%)	80 (25)	
Tx Naïve (n,%)	254 (79)	
Current Injection Drug use (n,%)	189 (59)	
Cirrhotic (n,%)	52 (16)	
GT1 (n,%)	212 (66)	Л

## **Conclusions/implications**

- Low rates of reinfection among high risk individuals maintained in long-term multidisciplinary care
- Cost-effectiveness of accepting a higher rate of reinfection vs. preventing it



• VIDC patients, staff and supporters who are committed to the success of the program.



# **THANK YOU!**