

RE-INFECTION IN PEOPLE WHO INJECT DRUGS IS FREQUENT BUT UPTAKE OF RE-TREATMENT IS HIGH IF PROVIDED AT A DRUG TREATMENT CENTER SETTING

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Background:

Re-infections after successful treatment for hepatitis C among in people who use drugs poses a significant risk for the elimination of hepatitis C and for the individual person. Frequent testing and re-treatment with-out stigma is essential to maintain elimination. Treatment for hepatitis became available free of cost in Denmark in November 2018.

Methods:

Prospepective cohort study, including people treated for HCV at a center providing opioid substitution therapy in Odense Denmark. Study initiated in 2019 and provided protocolled follow-up until 2022. The participants were screened every 6 month with a venous and a dried blood spot multiplex nucleod acid test for HIV, HCV and HBV and was provided re-treatment if infected. The study performed liver function tests, Fibro-scan and quality of life assessments as well as counselling on preventing re-infection and assistance in identifying injection partners that should be offered at test. Primary outcome for the study was reinfection rate.

Results:

From February 2019 to September 2021, 75 persons entered the study either at the beginning of DAA therapy (Cohort A n=31) or after completed therapy (Cohort B n=44). In cohort A 16 participant (52 %) had been treated pre-universal access and were re-infected at entry. The median follow-up time from first ended treatment to participant leaving the study was around 3 years and 3 months (924 days, range 715-1075 days). Median age was 46 (range 30-73), 25.3 % were women. All were of Caucasian (90.6%, 9.3% missing) ethnicity. In total 79% had their own place to live and 32% lived with a friend or a partner. Recent injecting (within past 3 months) were reported by 39% with heroin and cocaine being the most frequent drugs. Only 92% of participants had been incarcerated. Among participants 11 (14,6%) were re-infected at least once during the study period. At end of study one participant had still not entered therapy for re-infection.

Conclusion:

Re-infection poses a significant and ongoing risk for people who use drugs. Frequent follow-up can detect re-infections and prompt treatment.

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