# Highly effective HCV-therapy and low rate of reinfection in persons who inject drugs and receive opioid agonist therapy

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### **Characteristics of "difficult-to-treat patients"** (= patients with "Borderline Compliance")

- History of or current intravenous drug use 1.
- Opioid agonist treatment (OAT) under stable conditions (on a daily 2. basis in a low threshold facility or pharmacy)
- By judgement of physicians: 3.

Highly unlikely that the patient would regulary ingest his/her tablets for HCV-treatment if they were handed to him/her for selfadministration at home.

 $\rightarrow$  "Directly observed therapy": OAT and DAA's on a daily basis in pharmacy or low-threshold facility

### "Directly observed therapy"

Low threshold facility - Suchthilfe Wien & about 40 pharmacies in Vienna





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Compliance:	e: Virological Outcome:		
Adherence to therapy in the first 88 patients:	Baseline characteristics and virological outcome in the first <b>88</b> patients:		
<ul> <li>A total of only 15 scheduled dates for ingestion of therapy were missed by 88 patients = 0.17 dates per patient</li> </ul>	<ul> <li>male/female:</li> <li>mean age:</li> <li>GT 1/2/3/4:</li> <li>liver cirrhosis:</li> <li>SVR12:</li> </ul>	66/22 39.04 ± 8.9y 60/2/24/2 n = 26 <b>88/88 (100%)</b>	

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# **Reinfection-rate**

**Reinfections:** 5/88 (5.7%)

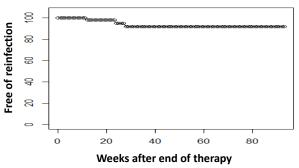
#### Kaplan-Meier probability of being free of reinfection:

(Weeks after end of treatment)

12 weeks 9	7.7%
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- 24 weeks 95.0%
- 48 weeks 91.6%
- 72 weaks 01 00
- 72 weeks 91.6%





## Conclusions

- The concept of "directly observed therapy" is highly effective in treatment of hepatitis C in PWID with "borderline compliance".
- Reinfection-rate is low, despite of continued intravenous drug use in a majority of these patients.
- By successful treatment of these patients further transmission of the virus may be prevented.

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40 Pharmacies in Vienna and Lower Austria

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