



Australia's  
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University

# DAA treatment outcomes and reinfection among people who use drugs

## Good news and pretty good news

Scientia Professor Gregory Dore



Kirby Institute

# Disclosures

- Research grants, travel support, and honoraria: AbbVie, Gilead, Merck
-

# HCV treatment and reinfection for PWID

- DAA treatment outcomes in PWID: clinical trials and observational studies
  - HCV reinfection among PWID: systematic review and meta-analysis
  - DAA uptake and impact in PWID in Australia
  - Strategies to enhance HCV elimination among PWID
-

# HCV treatment for people who use drugs



The NEW ENGLAND  
JOURNAL of MEDICINE

SOUNDING BOARD

## Is It Justifiable to Withhold Treatment for Hepatitis C from Illicit-Drug Users?

Brian R. Edlin, M.D., Karen H. Seal, M.D., M.P.H., Jennifer Lorvick, Alex H. Kral, Ph.D., Daniel H. Ciccarone, M.D., M.P.H., Lisa D. Moore, Dr.P.H., and Bernard Lo, M.D.

“We propose that decisions about the treatment of HCV infection in patients who use illicit drugs be based on individualized risk–benefit assessments, just as they are for other patients.”

July 19, 2001

N Engl J Med 2001; 345:211-214



### Treatment of Hepatitis C Infection in Injection Drug Users

MARKUS BACKMUND, KIRSTEN MEYER, MICHAEL VON ZIELONKA, AND DIETER EICHENLAUB

HEPATOLOGY Vol. 34, No. 1, 2001



Drug and Alcohol Dependence 67 (2002) 117–123

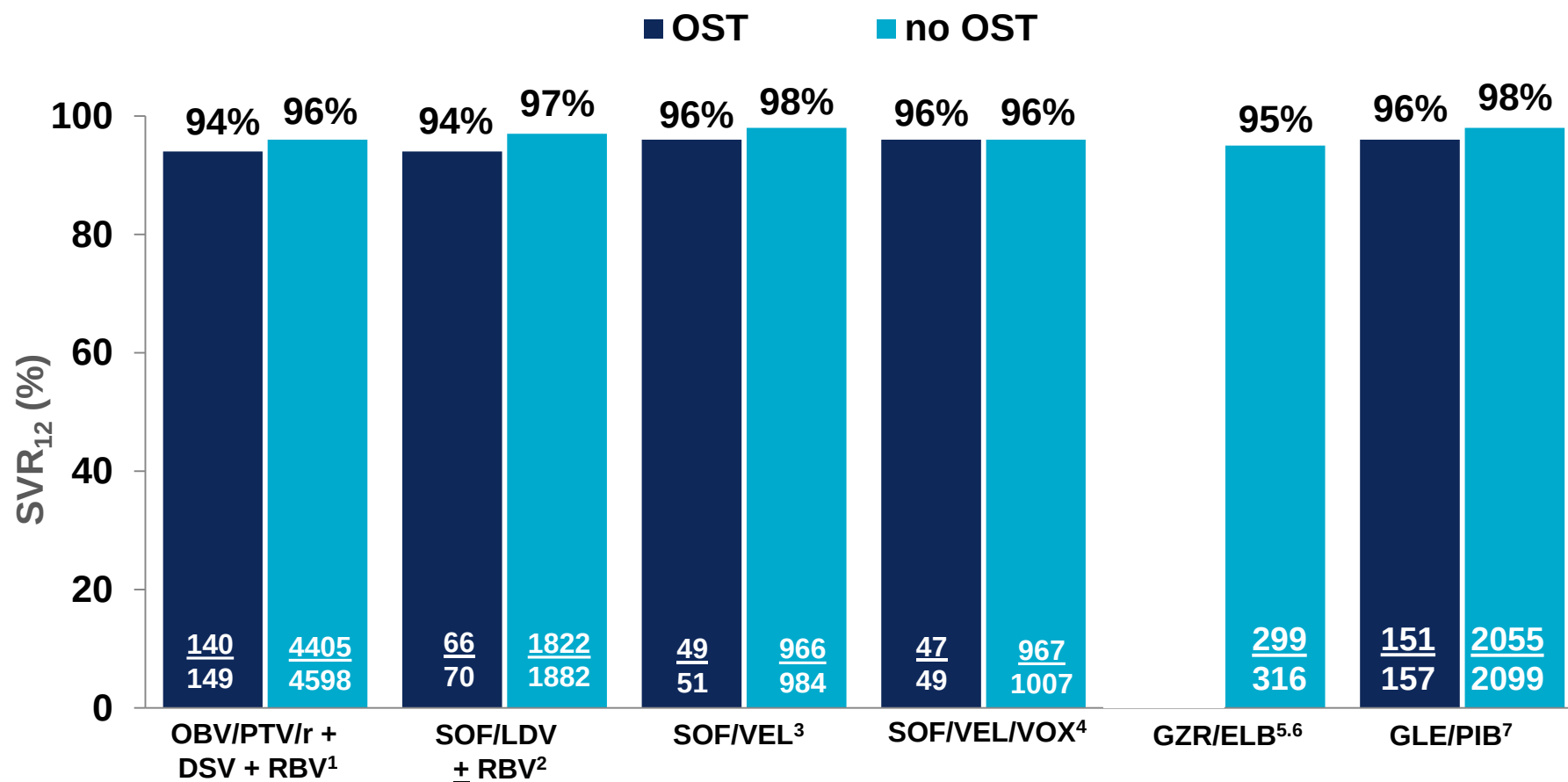
[www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)

### Treating hepatitis C in methadone maintenance patients: an interim analysis

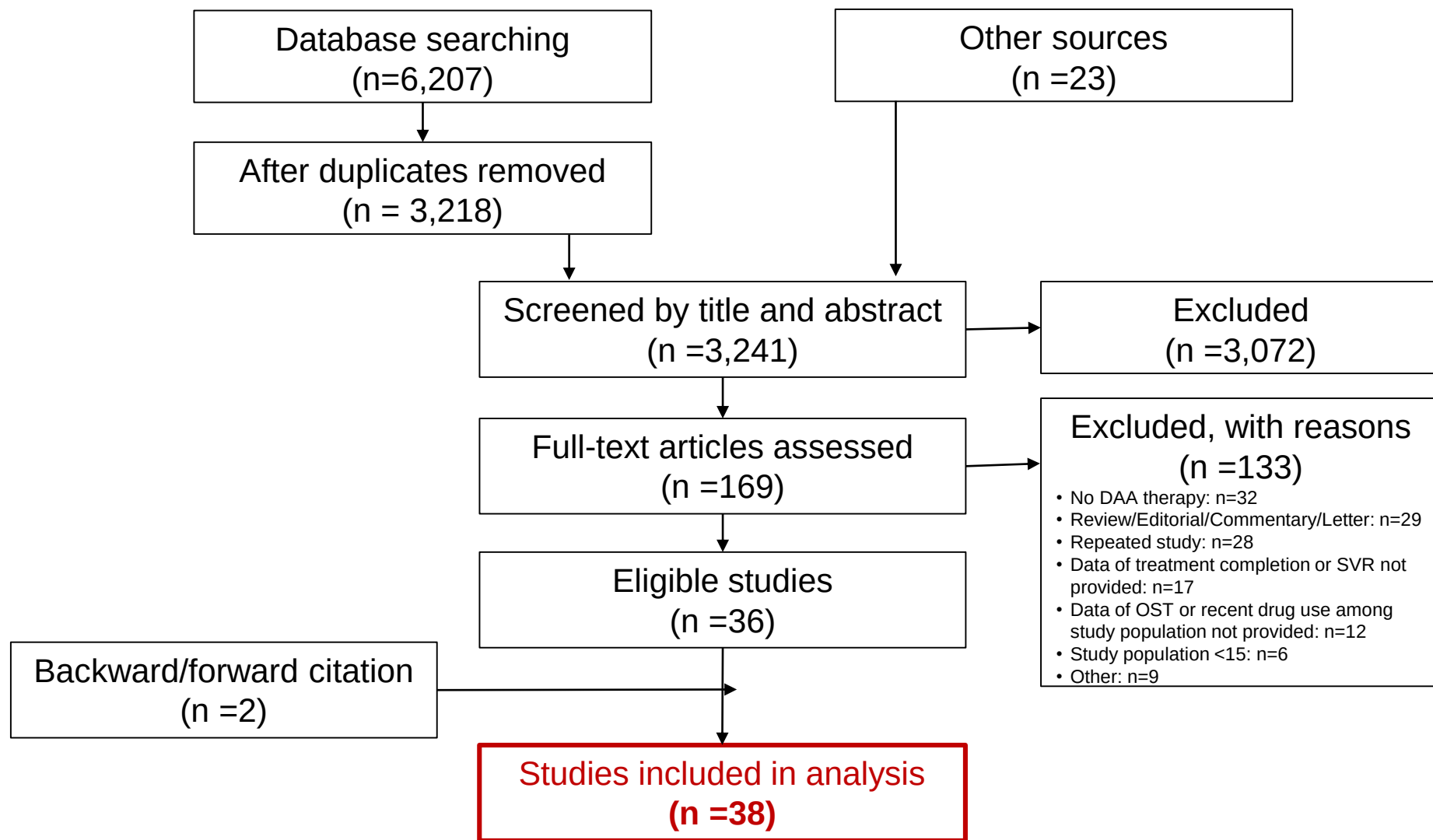
Diana L. Sylvestre\*

Department of Medicine, University of California, San Francisco, Organization to Achieve Solutions in Substance-Abuse (O.A.S.I.S.), 2862 Telegraph Avenue, Oakland, CA 94609, USA

# DAA treatment outcomes: phase III trials

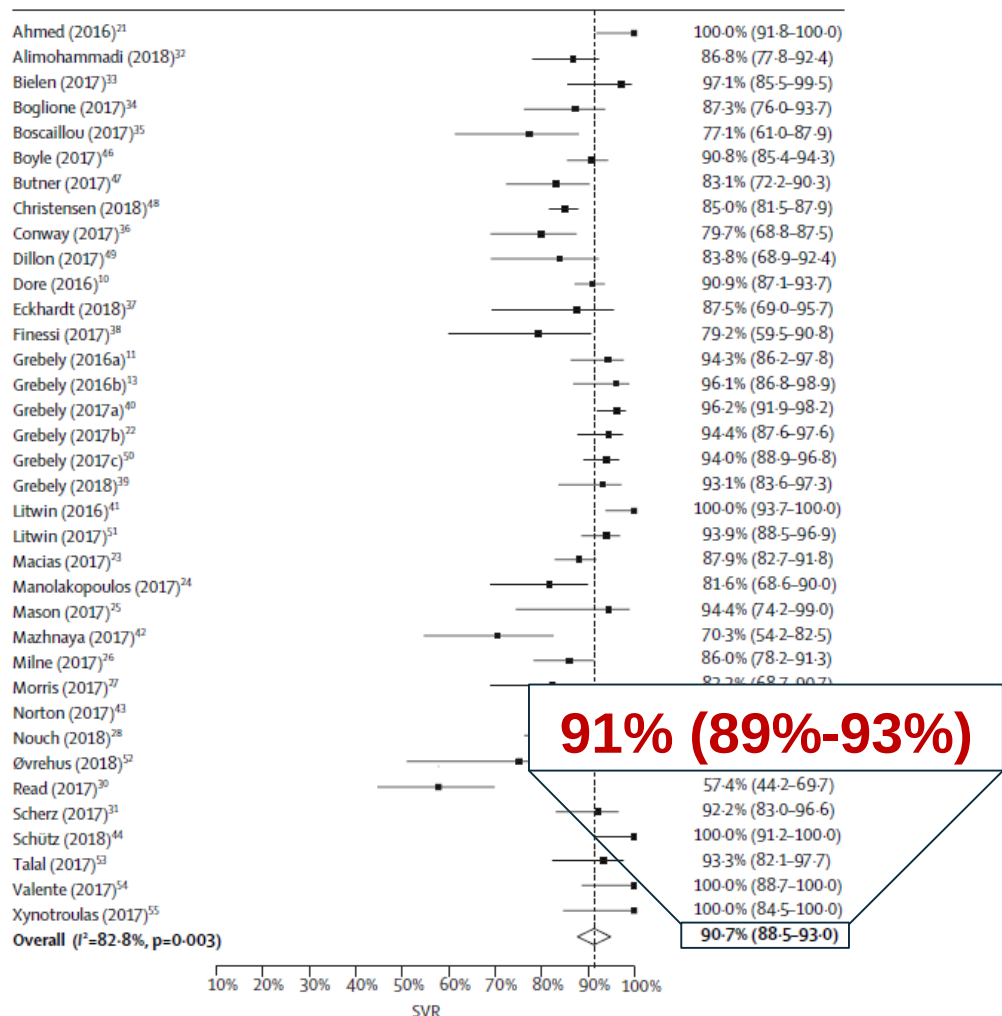


# DAA treatment in PWUD: systematic review

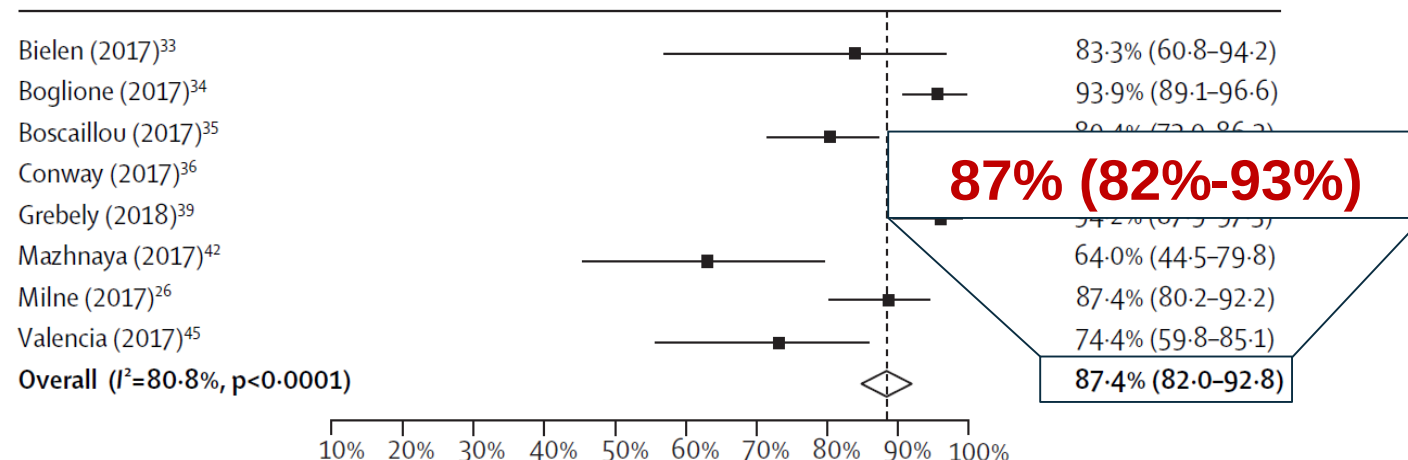


# DAA treatment in PWUD: systematic review

## OAT (methadone/buprenorphine)



## Recent injecting drug use

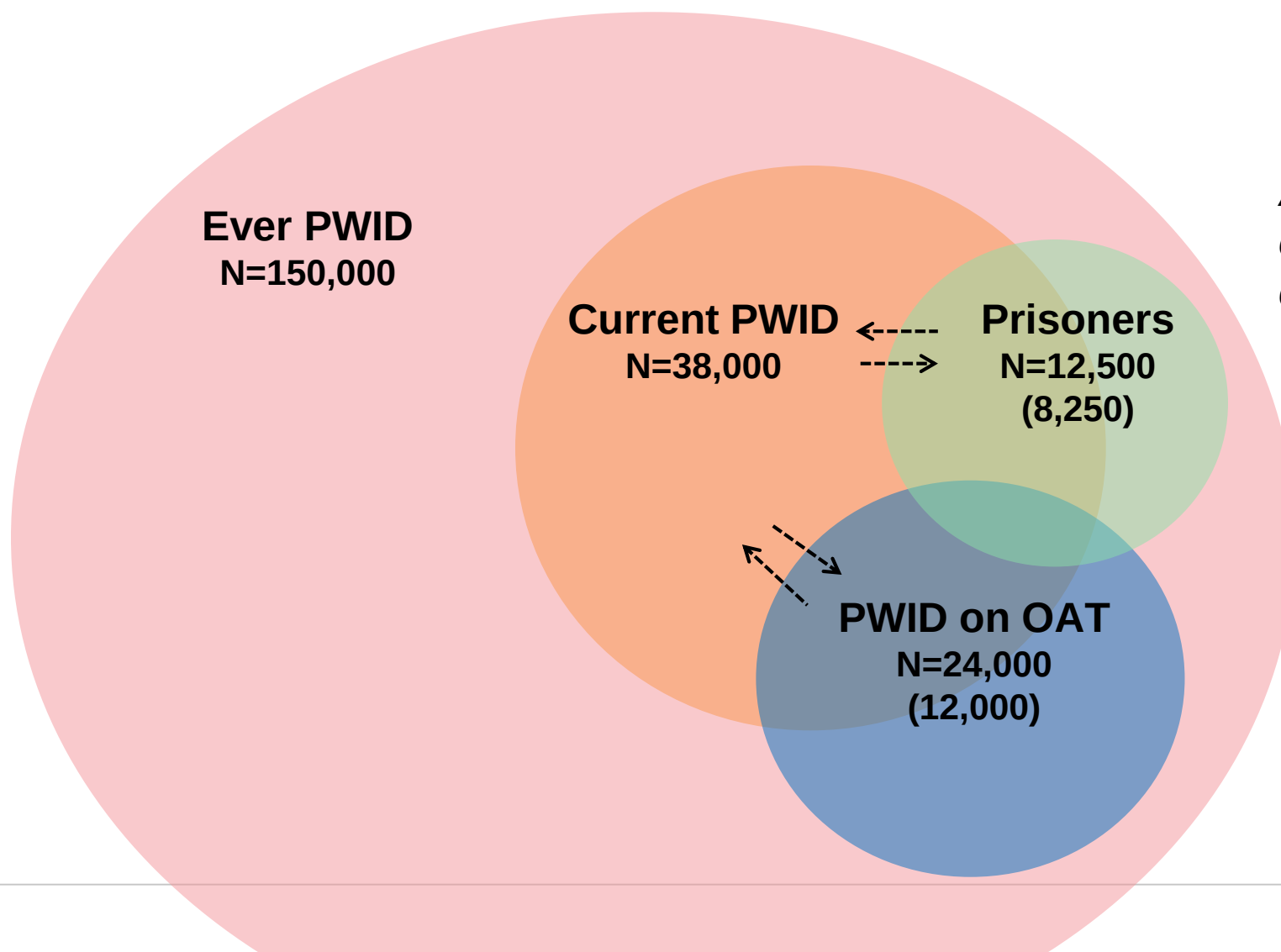


# DAA treatment in PWUD: associated with SVR

|                                                         | Unadjusted models<br>OR (95% CI) | P            |
|---------------------------------------------------------|----------------------------------|--------------|
| Proportion of participants with recent drug use         | 0.95 (0.89-1.02)                 | 0.171        |
| Proportion of participants receiving OST                | 1.08 (0.99-1.19)                 | 0.066        |
| Proportion of men                                       | 0.78 (0.59-1.03)                 | 0.084        |
| <b>Median/mean age</b>                                  | <b>1.06 (1.01, 1.12)</b>         | <b>0.013</b> |
| Proportion of participants with cirrhosis               | 1.00 (0.87-1.14)                 | 0.997        |
| Proportion of treatment experienced participants        | 1.10 (0.90-1.35)                 | 0.324        |
| <b>Proportion of participants with HIV co-infection</b> | <b>0.87 (0.77-0.98)</b>          | <b>0.021</b> |
| <b>Study design</b>                                     |                                  |              |
| Observational                                           | 1.00                             |              |
| Clinical Trial                                          | <b>2.09 (1.23-3.57)</b>          | <b>0.008</b> |
| <b>Study population</b>                                 |                                  |              |
| Recent IDU, with or without OST                         | 1.00                             |              |
| OST, with or without recent IDU/non-IDU                 | 1.47 (0.76-2.84)                 | 0.250        |
| Other                                                   | 0.96 (0.44-2.09)                 | 0.924        |



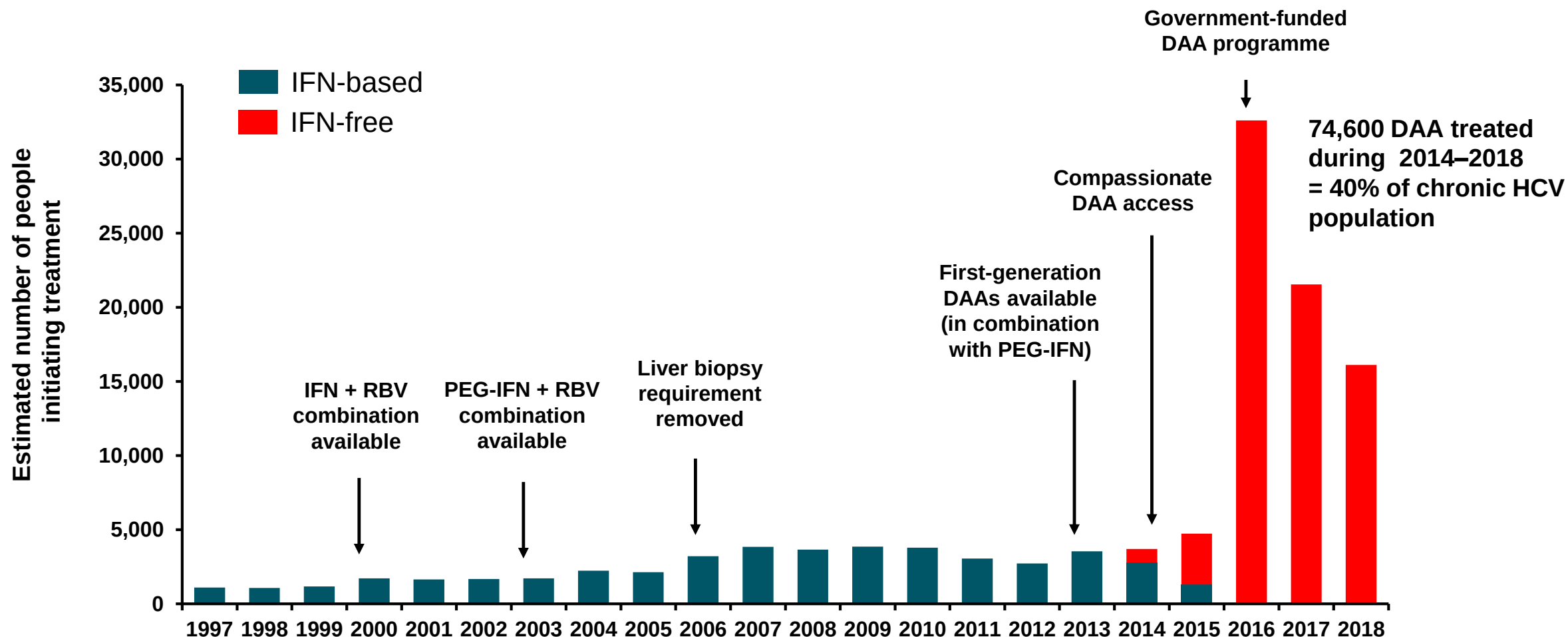
# PWID populations with HCV in Australia: 2016



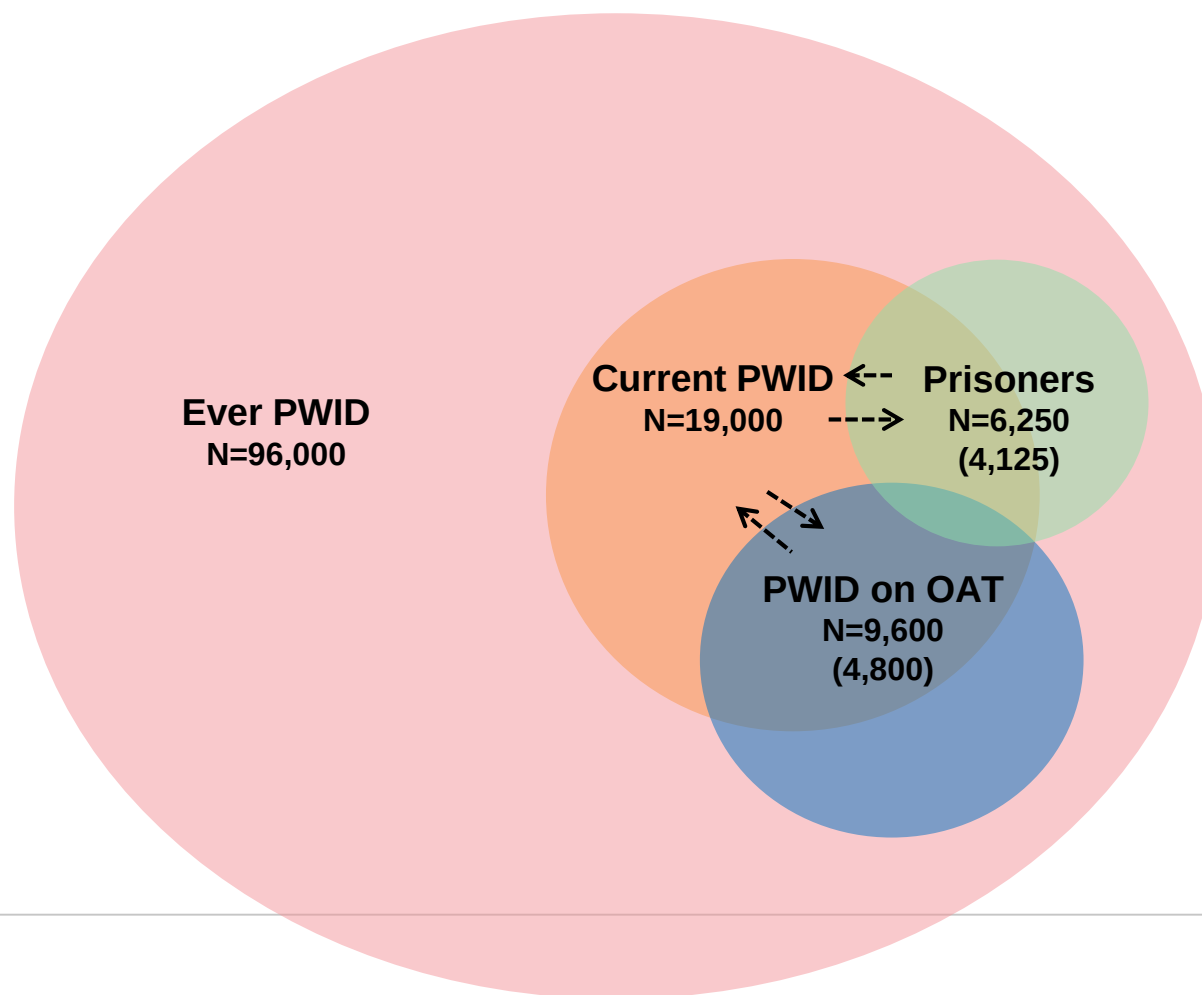
*An estimated 20-25% of current PWID are incarcerated each year*

*An estimated 30% of current PWID are on OST*

# HCV treatment uptake in Australia: 1997–2018



# PWID populations with HCV in Australia: 2019

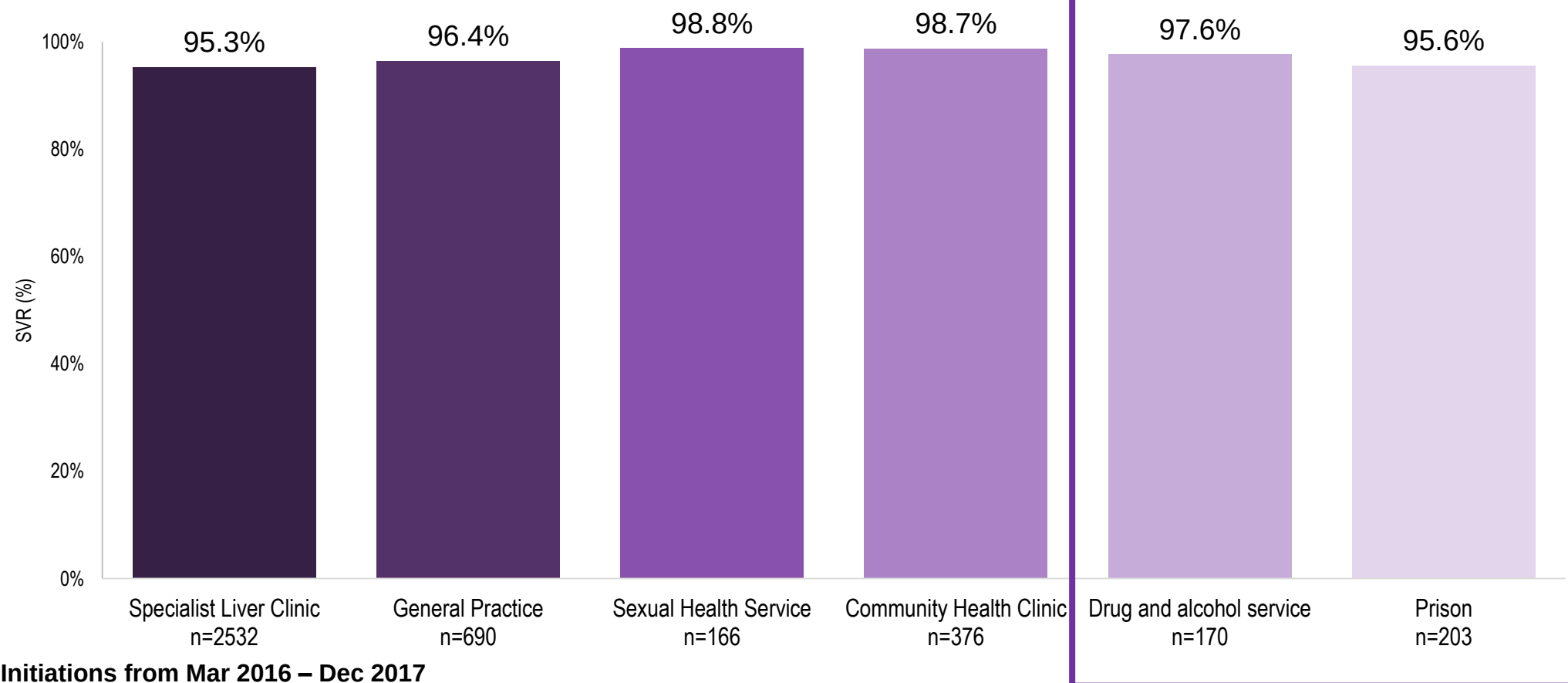


## *Estimated reductions:*

- *Ever PWID 36%*
- *Prisoners 40%*
- *Current PWID 50%*
- *PWID on OAT 60%*

# High DAA efficacy across all service models

REACH-C study: Per protocol analysis\* (n=4,513)

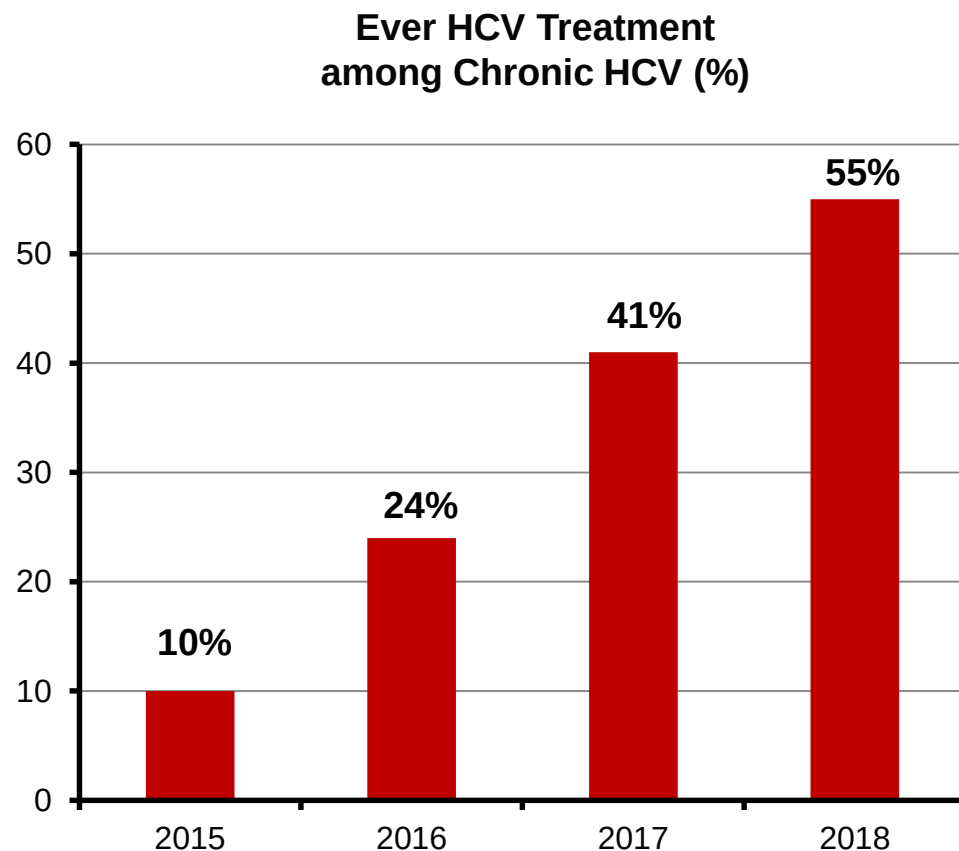


Initiations from Mar 2016 – Dec 2017

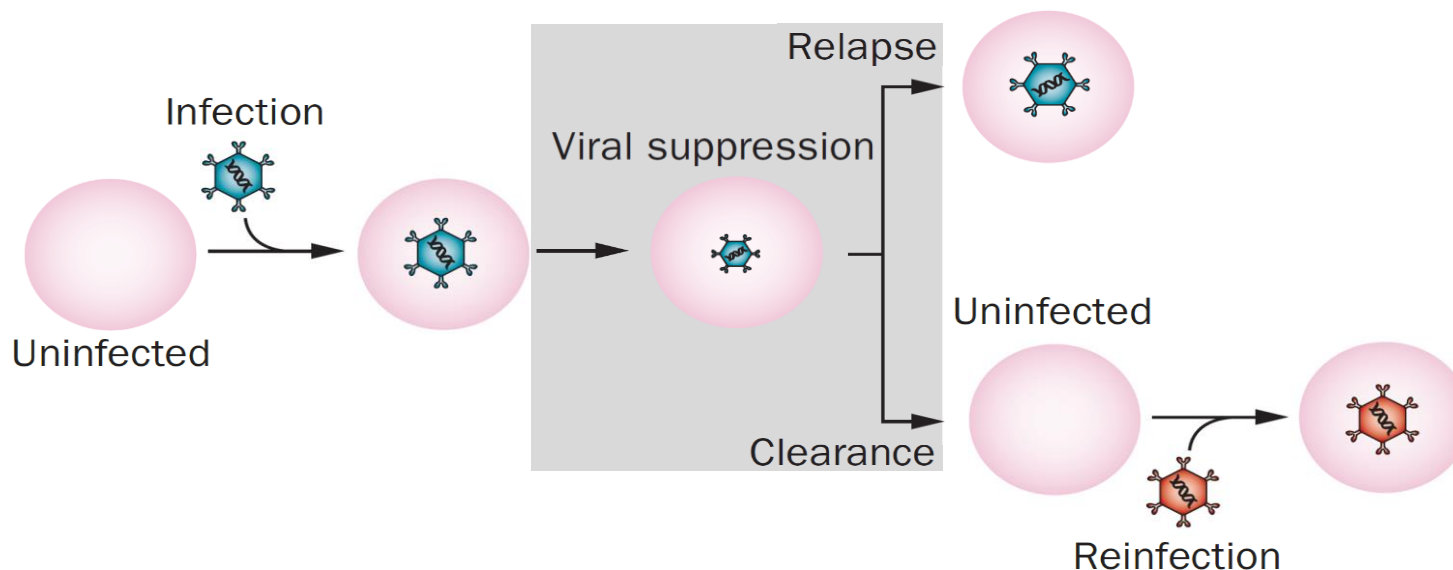
\*(n=903 with unknown SVR; 17%)

# DAA uptake high in current PWID

Annual Needle Syringe Program Survey (n = 2,000-2,500)

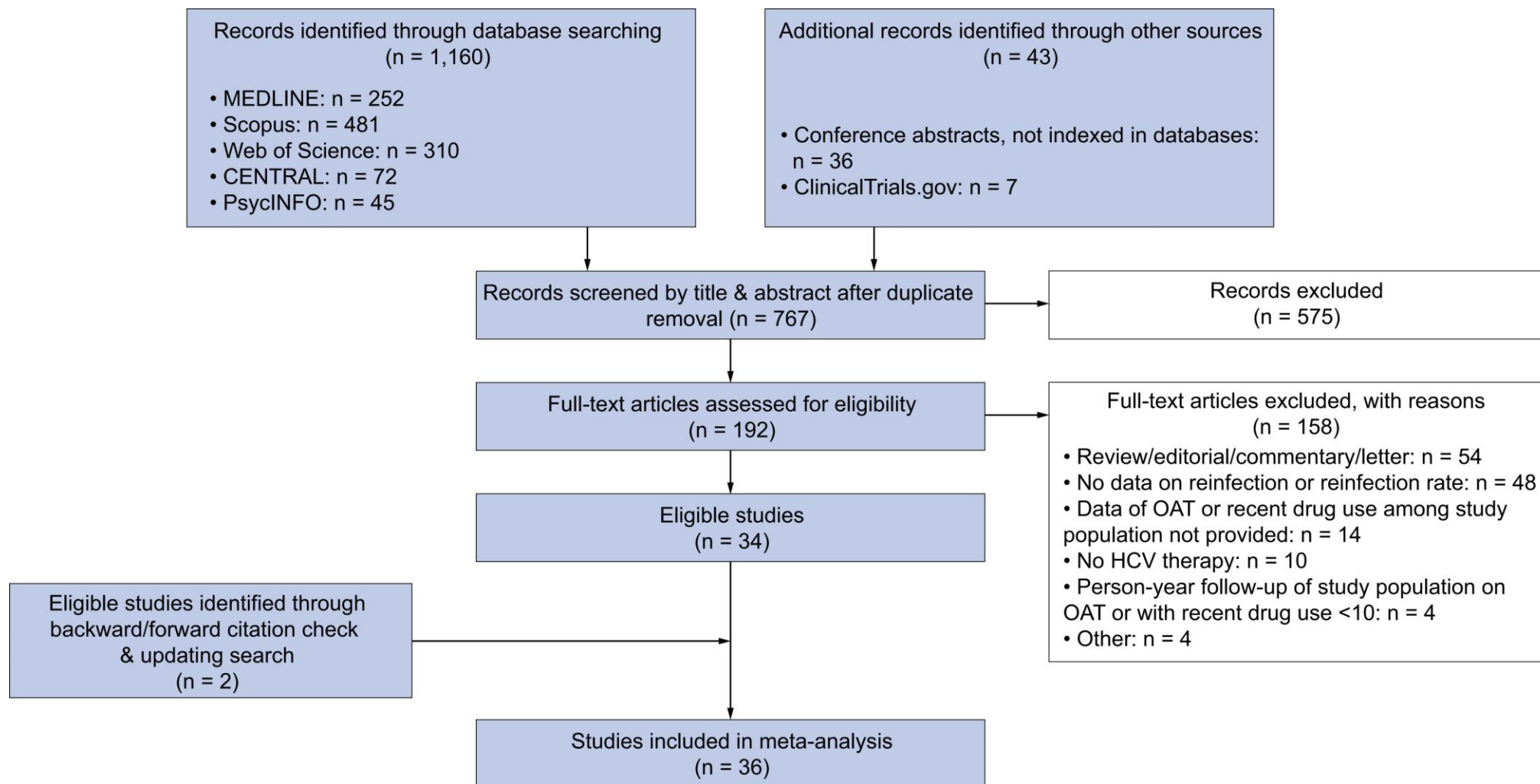


# HCV reinfection: detection methods

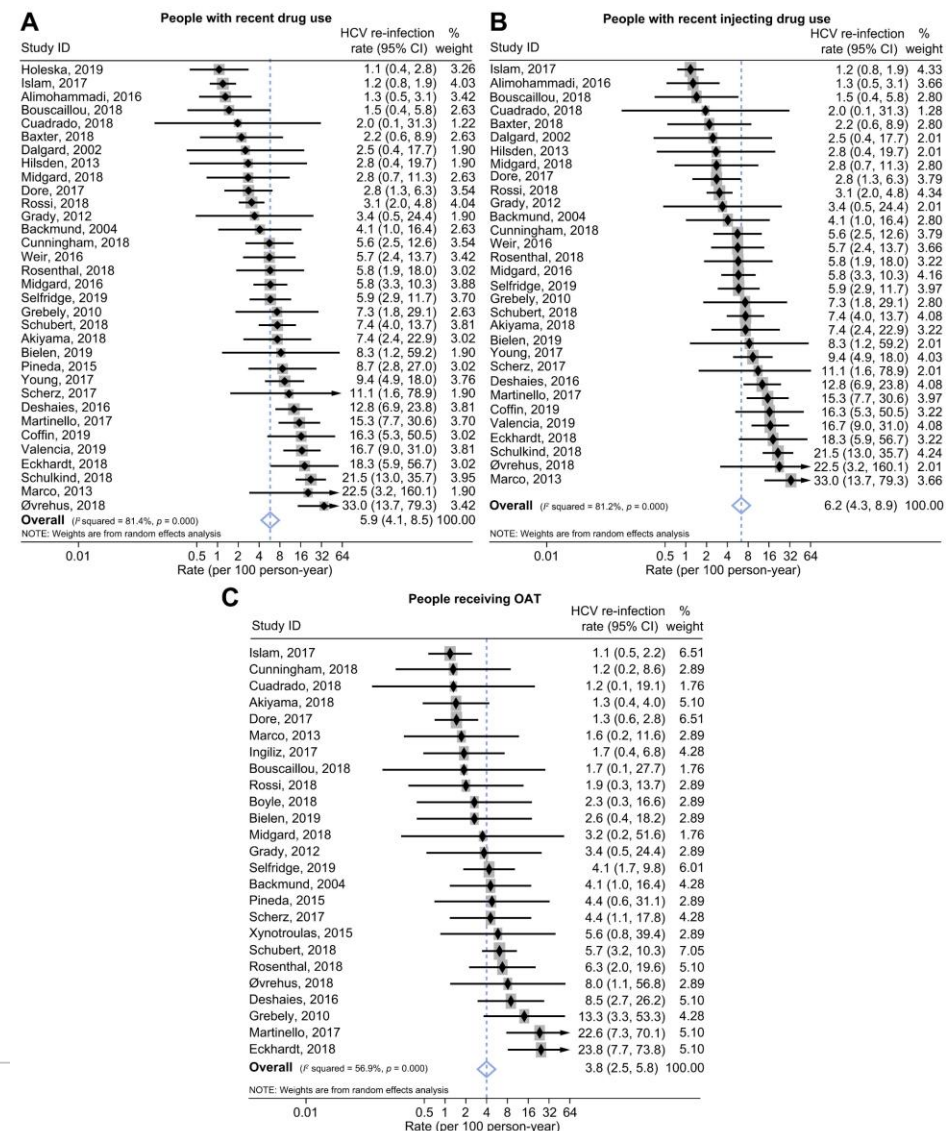


- **HCV RNA testing**
  - HCV RNA+ following undetectable HCV RNA at SVR12 = reinfection
- **HCV genotyping**
  - Genotype (e.g. 1a to 3a) or subtype (e.g. 1a to 1b) switch = reinfection
- **HCV sequencing (Sanger or Next Generation Sequencing)**
  - Nucleotide divergence/phylogenetic analysis

# Post-treatment HCV reinfection: systematic review



# Post-treatment HCV reinfection: systematic review

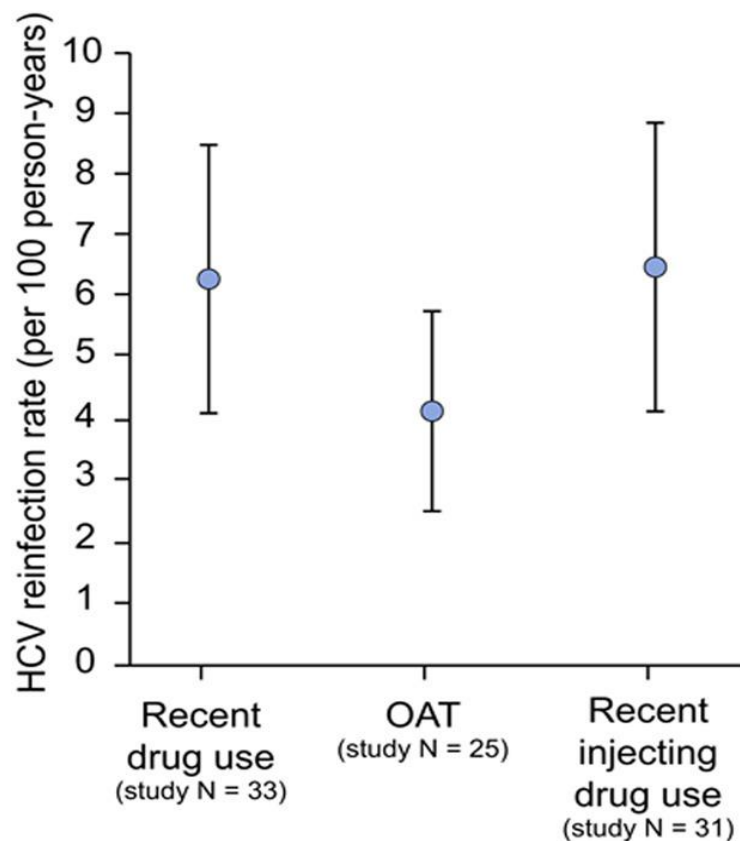


IFN studies =  
5.4/100 py

DAA studies =  
4.6/100 py



# Post-treatment HCV reinfection: systematic review

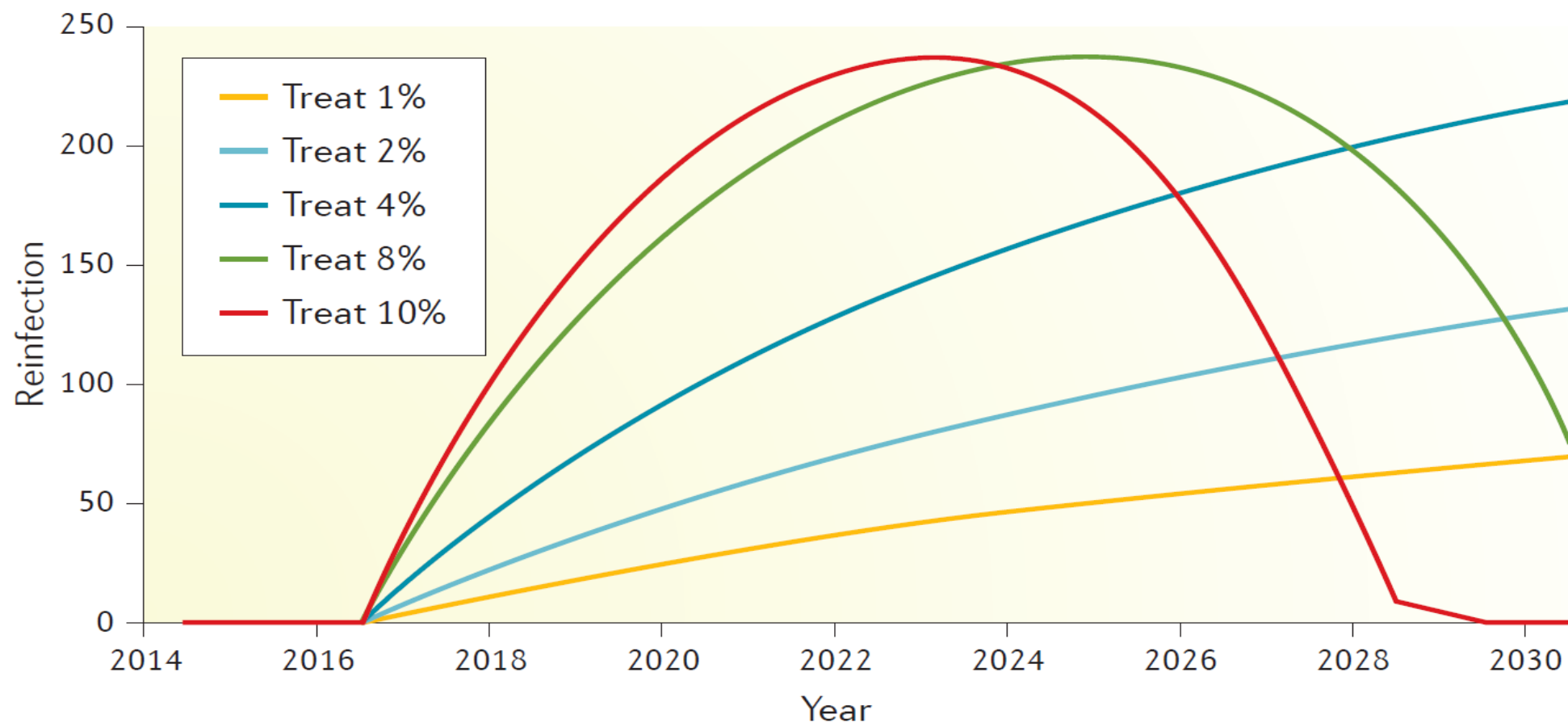


**HCV infection rate in various  
study populations,  
based on recent drug use & OAT status**

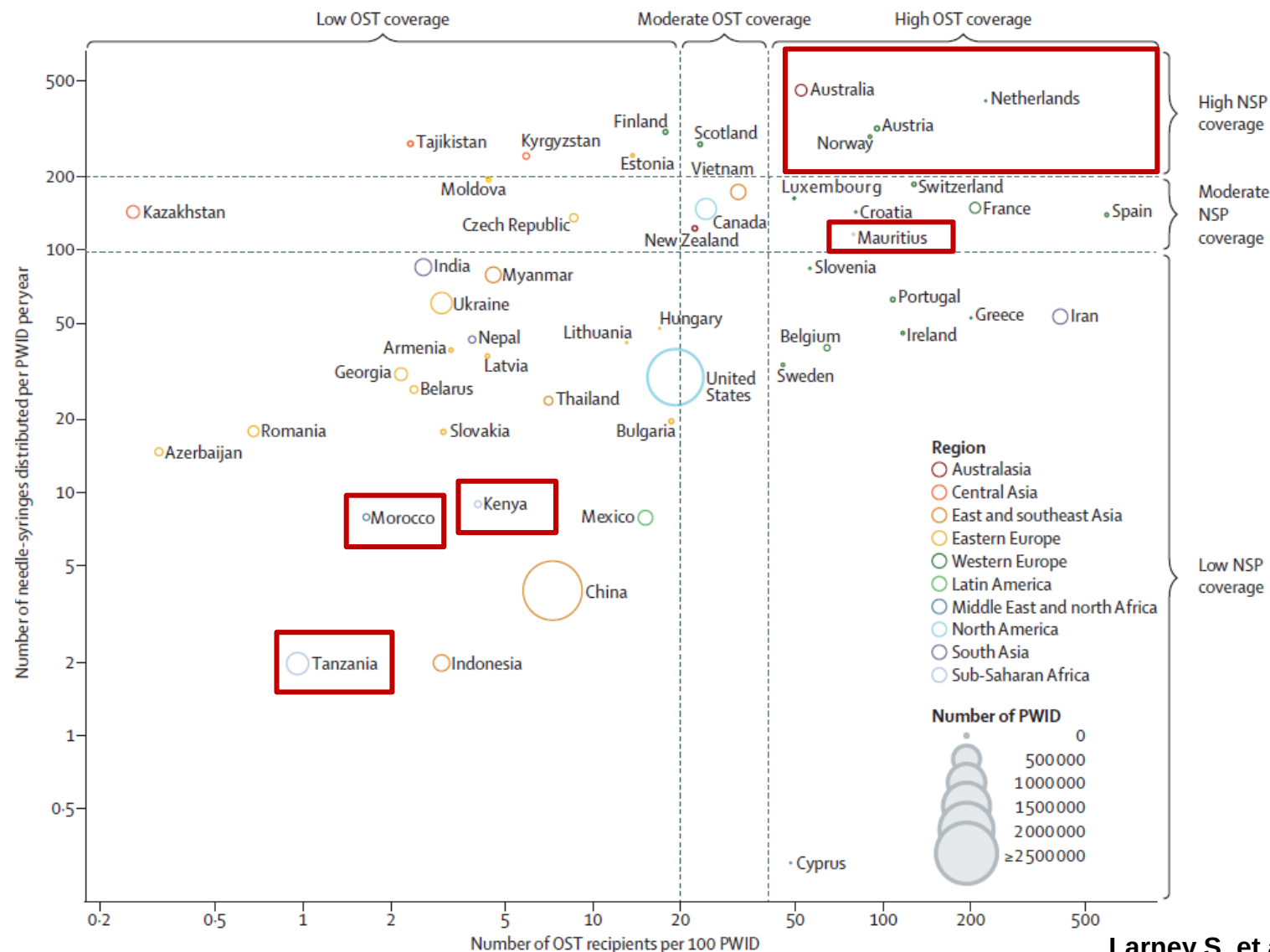
# HCV reinfection: strategies to address

- **Acknowledgement:** there will be cases of HCV reinfection; if there are no cases, it is not a current PWID population
  - **Harm reduction optimisation:** HCV reinfection incidence will reflect HCV primary infection incidence in the setting
  - **Individual-level strategies:** treatment of injecting partners and networks should be considered
  - **Rapid scale-up:** a slow scale-up will create HCV 'susceptible' PWID without reduction in viraemic pool
  - **Access to re-treatment:** without stigma and discrimination
-

# HCV reinfection: strategies to address



# Global OST and NSP Coverage among PWID



**Only 1% of PWID live in countries with high coverage of both NSP and OST**

# World Hepatitis Day Seminar



## DRUG USE AND HUMAN RIGHTS: THE MISSING PIECE OF THE HEP C ELIMINATION PUZZLE?



**PLEASE JOIN US**

**6:00pm–8:00pm, Monday 29 July**  
**Kirby Institute, UNSW Sydney**

**RSVP ESSENTIAL BY 12 JULY**

*Hosted by:*

**Scientia Professor Gregory Dore** Kirby Institute, UNSW Sydney

**Mr Jonathon Hunyor** Public Interest Advocacy Centre

*Presentations:*

**The Hon Michael Kirby AC CMG** Patron, Kirby Institute, UNSW Sydney

**Professor Andrea Durbach** UNSW Law & Australian Human Rights Institute, UNSW Sydney

**Dr Janani Shanthosh** The George Institute & Australian Human Rights Institute, UNSW Sydney

**Associate Professor Kate Seear** Faculty of Law, Monash University; Academic Director, Springvale Monash Legal Service

**Ms Annie Madden** PhD Student, Centre for Social Research in Health, UNSW Sydney

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Dr. Richard Gray  
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Dr. Philip Bruggmann (Switzerland)  
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Prof. Julie Bruneau (Canada)  
Dr. Jordan Feld (Canada)



**@GregDore2** for “All things Hep C”