**REDUCED HCV RECURRENT VIREMIA IN PWID WITH TREATMENT INDUCED VIROLOGIC CLEARANCE THROUGH A COMPREHENSIVE MULTIDISCIPLINARY TREATMENT MODEL**

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**Background:** Reducing the rate of HCV recurrent viremia (RV) after a sustained virologic response is critical in shaping support programs for people who inject drugs (PWID). In a recent meta-analysis, it was shown that high-risk individuals such as PWID who engaged in unsafe injection practices had much higher rates of RV compared to low-risk groups. Rates of RV were as high as 32/1000 person-years of follow-up (PYFU). We sought to demonstrate whether lower rates of RV could be achieved in this population within purpose-built multidisciplinary programs with enhanced post-SVR follow-up.

**Methods:** Through a comprehensive retrospective chart review, data regarding HCV diagnosis, treatment and demographic statistics were collected. All active patients having achieved a cure of HCV infection (SVR) as a result of therapy were included. For those with RV, correlates of its occurrence were determined, including HCV-related risk behaviors, as well as various co-morbidities.

**Results:** Seventy active PWID who achieved SVR were included in this analysis, consisting of 30 mono-infected and 40 HIV/HCV co-infected subjects. Of these, 85% were male, 60% genotype 1a/b, and 83% were treatment naïve; 63% used heroin, 70% cocaine, and 58% were on opiate substitution therapy. With an average of 5.5 person-years of follow up, the rate of RV for this population was 12.9/1000 PYFU (95% CI, 0.031 - 0.157%). Four cases of RV were noted in the co-infected cohort - three had genotype 1 and one case was related to disengagement from care. The only correlates of RV were the active use of stimulants.

**Conclusion:** We have convincingly demonstrated that RV rates in PWID can be significantly lower than previously reported. Furthermore, these results are critical in the design of comprehensive programs to address HCV infection in this population of core transmitters.

**Conflicts of interest:** The authors of this work report no conflicts of interest