HCV-INFECTED PEOPLE WHO INJECT DRUGS (PWID): LONG-TERM ENGAGEMENT TO PREVENT RECURRENT VIREMIA (RV) IN PATIENTS THAT RECEIVED IFN-BASED THERAPIES

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Introduction: PWID are disproportionately represented within the HCV-infected population and unsafe injection practices increase the risk of RV after HCV therapy. Long-term engagement of this population within a multidisciplinary setting with long-term follow-up post-SVR may be critical to reducing the rate of RV. This analysis evaluates the benefits of this intervention among PWID successfully treated for HCV infection with interferon-based therapies.

Methods: A retrospective analysis was conducted among HCV-infected patients who achieved SVR24 on interferon-containing regimens at our centre. This cohort was selected based on continued use of drugs, and ongoing enrollment in multidisciplinary care at our centre to address medical, psychiatric, addiction-related, and social needs. The endpoint of this analysis was the occurrence of (RV) after the achievement of SVR.

Results: In a cohort of 90 active PWID, 70 achieved SVR with IFN-based therapies. Key demographics of individuals achieving SVR included: mean age 53 years, 85% male, 60% genotype 1, 22% cirrhotic, 83% treatment-naïve, 63% using heroin, 59% on opiate substitution therapy (OST), and 57% co-infected with HIV. With a mean follow-up of 6.5 years, there were 5 cases of RV (10.9 cases/1000 PYFU, 95% CI, 0.6816- 0.8513%). Correlates of RV include active stimulant use and HIV-coinfection. No cases of RV were documented 2 years post-SVR.

Conclusion: Maintenance in long-term multidisciplinary care post-SVR may serve to reduce the RV rate in the presence of ongoing risk behaviors. In active PWID in our program, the RV rates were 66% lower than reported in recent meta-analyses. Data are currently being collected on PWID successfully treated and followed in other settings to further inform the issue of RV among all PWID made aviremic through treatment. No cases of RV were documented after 2 years, a finding that may help inform the duration of more intensive follow-up in this population post-SVR to reduce the rate of RV.

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