

REINFECTION IN THE DAA ERA: A QUALITATIVE EXPLORATION

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Background:

Scotland has majorly scaled up DAA treatment to people who inject drugs, however reinfection rates have also simultaneously risen. To date, there is very little qualitative research exploring the experience of HCV from the perspective of people who use drugs, and no research exists surrounding healthcare professionals (HCPs). With this DAA scale up, we had a relatively unique opportunity to study both patients and HCPs in relation to reinfection.

Methods:

Patients: 9 individuals who had experienced reinfection after successful DAA treatment were interviewed via telephone. Interviews were analysed using Interpretative Phenomenological Analysis. Personal Experiential Themes were formed for each participant, using the participants own words and researcher interpretation. These were clustered together to form Group Experiential Themes.

HCPs: 13 HCPs who work to diagnose, treat or prevent HCV were interviewed via Teams. Interviews were analysed using reflexive thematic analysis. Interviews were coded, initial themes were generated and then further developed.

Results:

The key finding was that of power and control. HCPs used cost of treatment to encourage treatment adherence and discourage further reinfection. Patients felt worthless and undeserving of retreatment. Reinfection was viewed as complex in nature by both; early life, environment and drug use as a coping mechanism were associated with reinfection. HCPs spoke of a lack of resources impacting patient care, with patients often feeling isolated from services. Stigma also played a role in patients engaging with health services.

Conclusion:

This study provides a unique and timely insight into reinfection. Patients need support in key areas relating to stigma and self-worth, as well as providing access to harm reduction and social services. For HCPs, increased resources and further training will allow staff to better support patients during, and after, reinfection. This study provides new insight around the factors which create reinfection potential, which is particularly important as we move towards elimination.

Disclosure of Interest Statement:

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