

ENSURING APPROPRIATE FOLLOW-UP AND ACCESS TO SCREENING FOR PEOPLE AT ONGOING RISK FOR HCV RE-INFECTION POST-CLEARANCE; A NEGLECTED STEP IN THE HCV CASCADE OF CARE

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HCV reinfection was seen in 25.7% of those rescreened post-treatment but the majority have never been rescreened. Post-treatment HCV screening is a vital component to achieving HCV elimination among PWUD with ongoing risk factors.

BACKGROUND

In today’s hepatitis C (HCV) elimination efforts, much attention has been targeted toward the expansion and ease of access to direct acting antiviral (DAA) therapy among people who use drugs (PWUD) to achieve HCV cure. However, much less attention has been paid to the measures needed during and post-treatment to prevent HCV reinfection including broadened access to such things as opioid agonist therapy (OAT) and needle exchanges.¹ While early evidence shows that HCV reinfection rates are low among PWUD, until such time as the prevalence of HCV is greatly diminished, careful attention needs to be paid to mechanisms for regular testing post-viral clearance for those with ongoing risk factors. Opioid agonist therapy (OAT) has been associated with a lower risk of reinfection, while recent drug use and recent injection drug use (IDU) increase the rate of reinfection substantially.² Despite an increased risk of reinfection, retreatment with DAA therapy has been shown to be highly effective. Active drug use with or without IDU should not be considered as factors excluding PWUD from accessing HCV treatment.³

METHODS

A review of all known HCV cases living in southern New Brunswick, Canada was undertaken in December 2020 to optimize monitoring of HCV prevalence. Among those post-HCV treatment who acquired their initial HCV infection from high-risk activities and remained local to the area, medical records were reviewed for evidence suggesting ongoing risk factors post-treatment. If present, laboratory results were reviewed to determine whether re-screening was performed to monitor for re-infection. Evidence of ongoing risk factors included ongoing positive urine drug screens and/or hospital and outpatient visit documentation of ongoing snorting and/or injection drug use.

DISCUSSION

Treatment with DAA therapy has made HCV elimination a possibility; however, significant work remains to decrease prevalence sufficiently among PWUD to a place where the likelihood of reinfection is very low in the presence of continuing risk factors. In the absence of decreased prevalence, routine rescreening for HCV to quickly identify reinfections among individuals with ongoing risk factors is vital to HCV elimination efforts. As shown here, rescreening is not occurring in the majority of cases. Among the roughly one-third who were rescreened, one-quarter had reinfected suggesting the reinfection may not be as infrequent as previous data suggests. It is also vital that adequate resources be available to offer PWUD all available options to prevent reinfection.

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Table 1. Demographics overall and by rescreening status for HCV-treated patients

	HCV re-screening completed (n=35)	HCV re-screening not completed (n=62)	Total (n=97)
Mean age, years	44.4	40.0	41.6
Female	25.7%	33.9%	30.9%
Has a primary care provider	55.9%	63.2%	67.2%
Rural residence	11.4%	19.7%	16.7%
On opioid agonist therapy	73.5%	66.1%	68.8%

RESULTS

As of December 2020, 206 (84.4%) of the 244 cases treated for HCV were acquired through high-risk activities and available for follow-up. Of the 206, 99 (48.1%) are suspected of having ongoing risk factors for HCV reinfection and 2 (2.0%) had no information available regarding ongoing risk factors. Rescreening of 35 (35.4%) was completed post-treatment and after last high-risk activity was noted. Demographics are seen in Table 1. Among those rescreened, 9 (25.7%) had re-infected with 5 (55.6%) having been treated in the previous 12 months. At the time of rescreening 84.6% (n=22) of those who continued to be HCV-negative were on OAT versus 44.4% (n=4) of those who re-infected. Two (22.2%) of the reinfections had previously reinfected and had been re-treated.

