

Low HCV reinfection rate after treatment in people who inject drugs (PWID) from a prospective cohort in Tbilisi, Georgia

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Authors: Bouscaillou J ¹, Kikvidze T ², Le Pluart D ¹, Butsashvili M ³, Labartkava K ⁴, Kamkamidze G ³, Inaridze I ², Kharshiladze D ², Avril E ⁵, Lacombe K ⁶, Boyd A ⁷, Luhmann N ¹

¹ Médecins du Monde France;

² Médecins du Monde Georgia;

³ Clinic Neolab Georgia;

⁴ New Vector Georgia;

⁵ Gaia Paris France;

⁶ Hospital Saint-Antoine, Service de Maladies Infectieuses et Tropicales, Paris, France;

⁷ INSERM, Sorbonne Université, Institut Pierre Louis d'Épidémiologie et de Santé Publique, Paris, France.

Background and Aims: People who inject drugs (PWID) are often excluded from HCV treatment programs because of concerns that ongoing drug use could give rise to reinfection after treatment. This study assesses the incidence of HCV reinfection after treatment among PWID in Georgia.

Methods: PWID participants of this study were treated in the framework of Georgia's national HCV elimination program, and received a peer-driven intervention during treatment aimed to reduce at-risk behaviors for reinfection. PWID achieving SVR after HCV treatment were followed at 6 and 12 months post-treatment. A control group of PWID with negative HCV-RNA during initial screening who were seeking care at the same community-based needle and syringe program were also followed at 6 and 12 months post-screening. HCV-RNA measurements and socio-behavioral questionnaires were obtained during visits. HCV incidence rates were calculated for each group.

Results: From July 2015 to December 2017, 169 PWID (81.6% of all HCV participants having been cured) cured after treatment and 19 "control PWID" were included and followed during a median 12.3 and 16.7 months, respectively. The two groups were no different in terms of age, sex, education, housing, and occupation ($p>0.05$). Reported injecting drug use during the last 6 months was 56.8% in the post-treatment group and 36.8% in the control group ($p=0.14$). Two people in each group became HCV-RNA positive, corresponding to an incidence rate of 1.2 per 100 person-years in the post-treatment group and 8.3 per 100 person-years in the control group (incidence rate ratio=0.14, 95%CI=0.01–1.97).

Conclusions: In this pilot project, our study demonstrates a low incidence rate for HCV reinfection among PWID in Georgia receiving a peer-driven prevention intervention during treatment. Concerns about reinfection should not be a reason for their exclusion from HCV treatment programs.