



**harm reduction**  
COALITION

# **Reframing Reinfection: Public Health Strategies for the Era of Hepatitis C Elimination**

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“HCV reinfection should be minimized but not feared as we work towards HCV elimination. Rather reinfection should be viewed as an indication of uptake of hepatitis C treatment in the populations most likely to sustain ongoing HCV epidemics.”

Falade-Nwulia et al., Understanding and addressing hepatitis C reinfection in the oral direct acting antiviral era. *J Viral Hepat.* 2018 Jan 6. doi: 10.1111/jvh.12859. [Epub ahead of print]

# Principles of HCV reinfection management:

1. Risks are low, predictable, and tolerable
2. Strategies can contain & minimize risk
3. Public health collaboration supports benefit design

# Treating PWID with DAAs: SIMPLIFY

- Phase 4, open-label, international multi-site study
- 103 participants with recent injection drug use
- Daily sofosbuvir + velpatasvir for 12 weeks
- 97% completed treatment; 94% SVR
- One case of reinfection (longer term follow-up on-going)

Grebeley et al., Sofosbuvir and velpatasvir for hepatitis C virus infection in people with recent injection drug use (SIMPLIFY): an open-label, single-arm, phase 4, multicentre trial. *Lancet Gastroenterol Hepatol*. 2018 Jan 5. pii: S2468-1253(17)30404-1. doi: 10.1016/S2468-1253(17)30404-1. [Epub ahead of print]

# What do we know about reinfection?

- Relatively low rates among treated PWID (1.21 – 4.9/100 per year)
- Knowledge evolving: most data from INF era; mostly smaller samples & relatively short follow-up
- Risk factors include active IDU, especially frequent injecting (cocaine, methamphetamine), younger age, social determinants

# Strategies for Prevention

- Combining MAT (methadone, buprenorphine) with high-coverage syringe access yields greatest reduction in HCV incidence
- Case management and peer support can be effective in addressing broader needs (e.g. housing, mental health)
- Social network approaches to HCV treatment among PWIDs (“treat your friends”)

# Designing for Reinfection Risk Management

- Remove barriers to HCV treatment initiation in clinical settings serving PWID population
- Remove restrictions on buprenorphine prescribing
- Develop financing mechanisms for community-based harm reduction supports & peer navigation
- Explore payment models to optimize reinfection counseling & support

“If the heroin doesn’t  
get me, the hepatitis C  
will....”

We can and must  
change this narrative