Hep C Reinfection Rate Reaches 13% for HIV-Positive People Cured in Europe

Large European study finds that more than 1 in 10 people with HIV acquire HCV again.

August 2, 2019 By Liz Highleyman

An analysis from the EuroSIDA cohort found that 13% of people living with HIV who were cured of hepatitis C contracted the virus again, highlighting the need for education and harm reduction services, according to a report at the 10th International AIDS Society Conference on HIV Science (IAS 2019) in Mexico City.

Although almost everyone with hepatitis C virus (HCV), regardless of HIV status, can now be cured with direct-acting antivirals (DAAs), initial HCV infection does not confer immunity, and it is possible to acquire the virus again.

Sarah Amele, of the University College London Centre for Global Health, and colleagues analyzed the risk of HCV reinfection within two years after achieving sustained virologic response (SVR), or continued undetectable HCV RNA at 12 or more weeks after finishing treatment.

While the overall risk of subsequent HCV infection is generally low, reinfection is of particular concern among people who inject drugs, HIV-positive men who have sex with men (MSM) and HIV-negative MSM using pre-exposure prophylaxis (PrEP), Amele noted as background.

EuroSIDA is an observational cohort study of more than 22,000 HIV-positive individuals in over 30 European countries plus Argentina, Israel and Russia. Amele's analysis included 585 participants who had achieved SVR after hepatitis C treatment.

About three quarters of the participants were men, most were white and the median age at the time of SVR was 47. Nearly a third were MSM, and 48% had a history of injection drug use. By region, 44% were from Western Europe, 24% were from Southern Europe (which was defined to include Greece, Israel and Argentina), 17% were from Northern Europe (including the United Kingdom) and 15% were from Central or Eastern Europe or Russia.

HCV genotype 1 was most common (40%), while 31% had genotypes 2, 3 or 4. About 8% had advanced liver fibrosis or cirrhosis. About a fifth (19%) were cured with DAAs, but 81% had used the older and less effective interferon-based therapy. Regarding HIV status, more than 90% were on antiretroviral therapy, and the median CD4 cell count was 514.

Overall, 78 people (13%) acquired HCV again after being cured, defined as testing HCV RNA positive or receiving subsequent hepatitis C treatment within two years after having achieved SVR.

Men were about twice as likely as women to acquire HCV again (15% versus 8%, respectively). The reinfection rate was highest in Western Europe (18%), followed by Eastern Europe (15%), Northern Europe (12%) and Southern Europe (5%). Reinfection was slightly more common among MSM compared with people who inject drugs (16% versus 14%), but this difference was not statistically significant, meaning it could have been due to chance. There was no difference by treatment type, though those treated after the advent of DAAs in 2014 had a lower reinfection rate (10% versus 16%).

After adjusting for other factors, the researchers determined that people from Western and Central/Eastern Europe, those with a CD4 count above 500 and those with advanced fibrosis or cirrhosis had an increased likelihood of acquiring HCV again, while women had a lower likelihood.

“Active surveillance to detect early HCV reinfection (with an offer of early treatment) is essential” and “harm reduction services for people who inject drugs are crucial to reduce rates of reinfection,” the researchers concluded. “Reducing the rate of HCV reinfection is urgently needed to reach the goal of elimination by 2030, especially among marginalized groups.”

Click here to read the study abstract.
