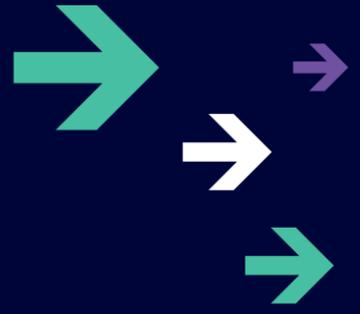
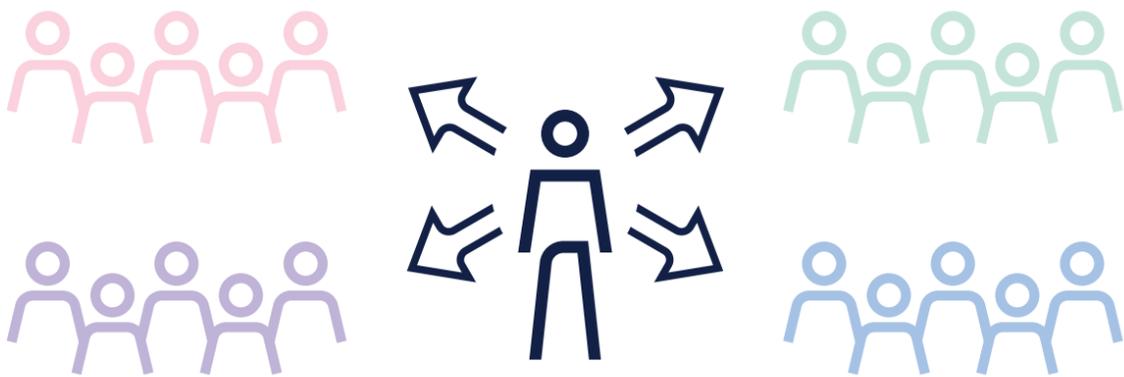


HCV Reinfection in People Who Inject Drugs



>70% of all new hepatitis C infections occur in **people who inject drugs**¹

Each PWID can **spread HCV to ~20 others**, predominantly in the first 3 years of infection²



Perceived risk of reinfection may hinder willingness of HCPs to provide treatment^{2,3}
Persons who have been successfully cured can no longer transmit the virus to others.¹

AASLD/IDSA guidelines state: **“Active or recent drug use or concerns regarding reinfection are not contraindications to treatment”**¹



Resolved infection **does not confer immunity**. **Reinfection is possible in anyone** after viral cure or spontaneous clearance **if exposed to HCV**^{4,5}

What is reinfection?

Detectable virus following a cure or spontaneous clearance.^{4*} Reinfection rates are higher in active PWID without harm reduction.^{4,5}

How is it different from virologic failure?

Relapse generally occurs within 4 weeks after completing treatment and is driven by reemergence of the same HCV GT/strain.⁴

Reinfection Rates^{6*}:



*per 100 person years

*Cure is defined as undetectable virus ≥12 weeks after HCV treatment, also known as sustained virologic response.

HCV can survive on dry surfaces and injection equipment for **up to 6 weeks**.⁷

Strategies to reduce the risk of HCV reinfection in PWID include^{1,8}



Needle exchange programs



Substance use disorder treatment or medication



Treating injecting partners or groups



Re-treatment without stigma or discrimination

At least **annual HCV-RNA testing** is recommended for **PWID with recent injection drug use** after they have spontaneously cleared HCV infection or have been successfully treated¹



Abbreviations

AASLD, American Association for the Study of Liver Diseases; GT, genotype; HCPs, health care professionals; HCV, hepatitis C virus; IDSA, Infectious Diseases Society of America; IDU, injection drug use; PWID, people who inject drugs; RNA, ribonucleic acid.

References

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