

Does Injecting Behaviour Change During Direct Acting Antiviral Hepatitis C Treatment in Persons Who Inject Drugs?

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Background

ADVANCE HCV is a clinical trial treating persons who actively inject drugs (PWID) for hepatitis c (HCV) with direct acting antivirals (DAA) in injecting equipment provision sites in NHS Tayside, Scotland. The trial is ongoing, and collects data on participants' behavioural characteristics including information on injection of illicit substances at baseline and end of treatment. This information can inform whether completing HCV treatment influences injecting behaviours, and the need for ongoing testing post-treatment.

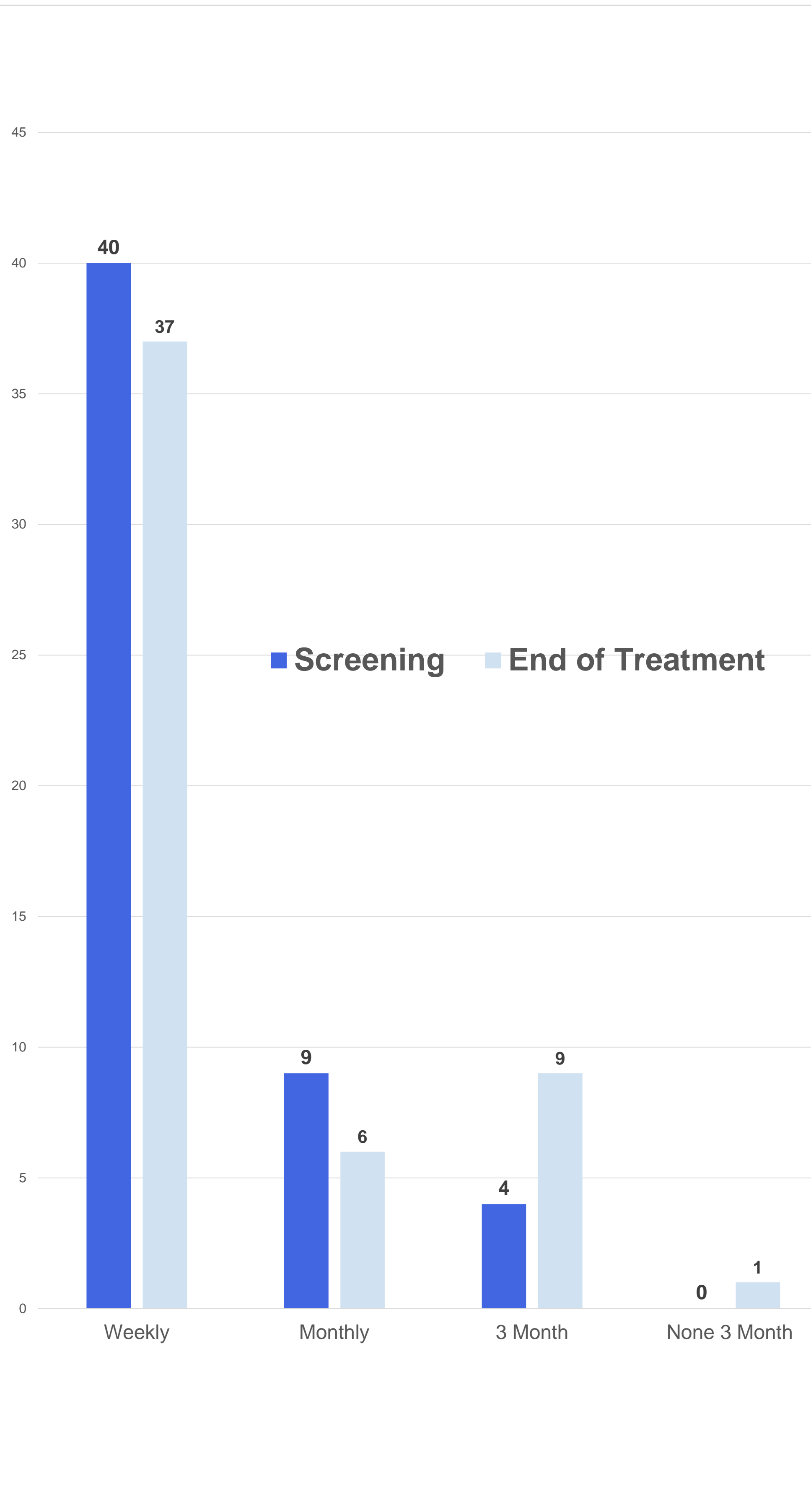
Methods

Participants are asked: 'When did you last inject?' at baseline and end of treatment. Possible answers are: within the last week; within the last month; within the last three months; and not in the last three months. Active injecting (within the last 3 months) is a requirement at baseline.

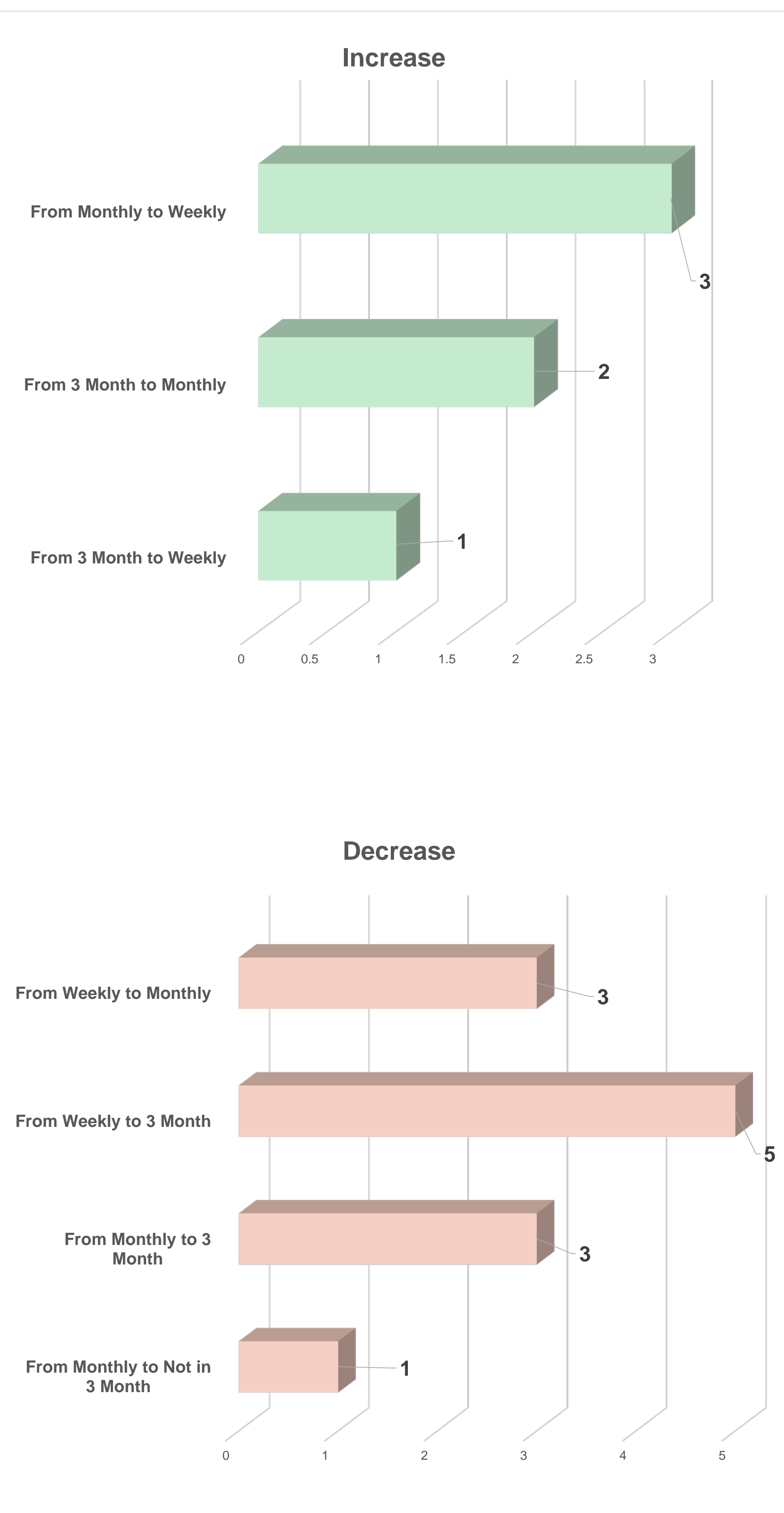
Results

Data are currently available for 53 randomised participants. Most (35) reported no change in injecting frequency following HCV therapy; 12 reported decreased frequency; while 6 reported increased frequency. Of those reporting no change, 32 injected in the last week; 2 in the last month; and 1 in the last three months. Of those who decreased post-treatment: 3 went from within the last week to within the last month; 3 from within the last month to within the last three months; and 5 from within the last week to within the last three months; and 1 from within the last month to not within the last 3 months. Of those who increased post-treatment: 3 went from within the last month to within the last week; 2 went from within the last three months to within the last week; and 1 went from within the last three months to within the last month.

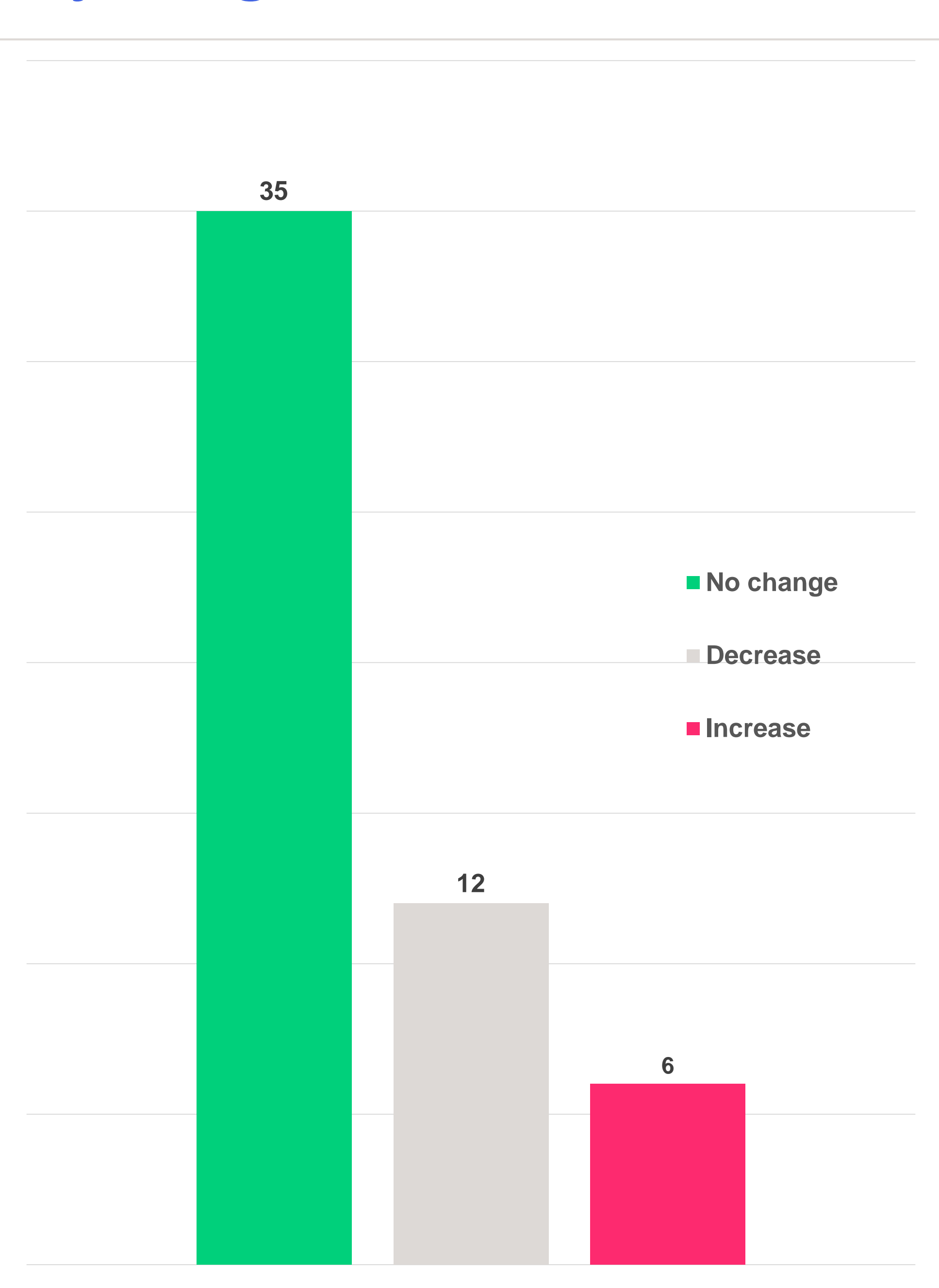
Injecting Frequency Screening v End of Treatment



Changes in Injecting Frequency End of Treatment



Injecting at End of Treatment



Discussion

Thus far, the majority of those who have completed HCV treatment in Advance have not changed their injecting frequency. This suggests that despite completing HCV therapy, there is an ongoing risk behaviour which warrants continual HCV testing in PWID to monitor for re-infection post-treatment and harm reduction interventions. This has implications for HCV elimination strategies.

Acknowledgements

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