EC Partnership

Hepatitis C reinfection

Factsheet

This fact sheet focuses on re-infection with hepatitis C from 1st March 2016, since the new treatments for hepatitis C treatments (Direct Acting Antivirals; DAAs) became widely available in Australia

How common is reinfection with hepatitis C?

Short answer: We don't really know

Longer answer: As treatments with DAAs have only been widely available for just over a year, and treatment courses are generally 8-12 weeks long, there just **haven't been enough people treated, or enough time passed**, to know how often those who are treated with DAAs become re-infected with hepatitis C.

- There is currently **only one published study** on reinfection following DAA treatment that did not exclude people currently using drugs. This study reported six re-infections at 24 weeks following treatment among 301 people receiving opioid substitution therapy.[1] Meta-analyses from previous treatment regimens suggest a 6-16% rate of reinfection within five years.[2]
- We will **learn a lot more over the next year or two** about re-infection rates, as more clinical treatment data becomes available
- We expect that over time there will be an **initial increase in re-infections**, as more people who inject drugs are treated and then exposed to re-infection. This should then be **followed by a decrease** in reinfections, as fewer people who inject drugs will be infected with hepatitis C due to increase treatment, thus chances of re-infection will decrease.[3]

Is it a problem to be re-infected with hepatitis C?

- **Not in terms of eligibility for treatment** – people who are re-infected are able to be treated again with DAAs, and can access these DAAs on the Pharmaceutical Benefits Scheme (PBS) at the subsidised price.
- **Not in terms of who is being treated** – to eliminate hepatitis C we must interrupt transmission of the virus, which in Australia is mainly transmitted by unsafe injecting practices. This means we **need to treat people who currently inject drugs** – some of which will continue unsafe injecting practices and thus be exposed to reinfection. If we don't have any re-infections, that suggests that we aren't reaching the right group of people for treatment.
- **Not in terms of costs to the healthcare system** – under the risk-sharing agreement between pharmaceutical companies and the Australian government, if annual treatment targets continue to be met, the cost for each additional person treated beyond the annual targets is covered by the pharmaceutical companies.[4]

Can someone who is treated re-infect themselves with hepatitis C?

- **It's highly unlikely**; there has never been a confirmed case of someone re-infecting themselves through using injecting equipment they had used before treatment, although it is theoretically possible.
- However, a person who is treated could be re-infected with the same strain of the hepatitis C virus **if they continue to share** injecting equipment with someone they had injected with before they were treated, who is infected with hepatitis C.
- Using **sterile needles, syringes and other injecting equipment every time** is the best way to prevent against re-infection with hepatitis C. If you do share equipment you should be **re-tested** for hepatitis C (and encourage those you share with to also be tested and treated if necessary.

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[1] *Dore et al 2016 Ann Int Med*
[2] *Among populations with at least one identified risk factor for reinfection (injecting drug use or prison), as reported in Simmons et al 2016*
[3] *Martinello et al 2017 Current HIV/AIDs Rep*
[4] *See information sheet here from Hepatitis Australia for more information about the costs of hepatitis C treatment in Australia*