

in partnership  
with



# Dr Robert James

*Birchgrove, UK*

**COMPETING INTEREST OF FINANCIAL VALUE  $\geq$  £1,000**

Statement

None

Date: December 2015

Re-infections should not be  
retreated

Robert James

# 3 Reasons

1. Cost
2. Efficacy
3. Impact on the epidemic

# Cost

- You can't even afford to treat people once!



# Efficacy: Acute v Chronic

- “Due to the higher treatment success rates for AHC when compared to chronic HCV...”  
(BHIVA 2013)
- “If initiation of anti-HCV treatment is delayed for more than 1 year after onset, rates of SVR are halved...” (NEAT Consensus Panel 2011)
- For DAA sparing regimes only...

# Efficacy: Acute v Chronic

- The only relevant criteria for treatment with DAAs is liver damage.



~~Acute HCV~~



# Impact on the epidemic

- Re-treatments almost exclusively issue for
- IDUs
- MSM who like to party





# Impact on the epidemic -MSM

- Partying and getting enjoyably trashed are remarkably resistant to behavioural interventions



- Reinfection of MSM at 25% in 2 years in London

Martin et al. HCV reinfection incidence and treatment outcome among HIV-positive MSM in London. *AIDS*. June 3, 2013 (epublication)

# Re-infection: Treat or wait?

- Sex and drug use commonly reduce with age
- Chronic HCV still takes years to cirrhosis

Fahmy, V. et al. 'Prevalence of illicit drug use in people aged 50 years and over from two surveys', *Age and Ageing*, 2012; **41** (4): 553-556

Smit et al. Risk of hepatitis-related mortality increased among hepatitis C virus/HIV-coinfected drug users compared with drug users infected only with hepatitis C virus: a 20-year prospective study. *J Acquir Immune Defic Syndr* 2008; **47**: 221–22

# Re-infection: Wait

- Treat on clinical criteria
- Treat when a person's liver is damaged





# FIVE NATIONS CONFERENCE

on

# HIV and Hepatitis

8–9 December 2014

Queen Elizabeth II Conference Centre

LONDON

British HIV Association  
**BHIVA**

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GRUPO DE ESTUDIO DE HEPATITIS  
VIRICAS - SEIMC

