Preventing reinfection with hepatitis C: What you need to know

The intent of this publication is to highlight how hepatitis C (HCV) could be transmitted and provide you information to make decisions on how to protect yourself.

You can get hepatitis C (hep C) more than once.

This is weird and a little confusing, and to date we’ve not done a great job of talking about it or preventing it from happening. This fact sheet will explain what hepatitis C reinfection is, why it’s important, and review ways to prevent it from happening.

What is hep C reinfection?
Hepatitis C reinfection is when a person has detectable hep C virus after he/she has been either cured through treatment or after they have spontaneously cleared the virus on their own.

TWO EXAMPLES OF REINFECTION WITH HEPATITIS C

Tom shared a cooker with hep C infected blood in it and becomes infected with hep C. He tests positive for both hep C antibodies and viral load. He waited 6 months to see if he is chronically infected, and found out he cleared the virus on his own. Two years later, Tom shares a syringe with hep C infected blood in it, and becomes infected with hep C again. He waits 6 months to see if he’s infected, tests positive for the virus and learns that he is chronically infected. He will only be able to clear the virus now through treatment.

Amy shared a syringe with hep C infected blood in it and becomes infected with hep C. She waits 6 months to see if she was chronically infected, and her test result tells her that she is. She goes on treatment and is successfully cured. One year later, she shares a syringe with hep C infected blood in it and becomes reinfected with hep C. She waits 6 months to see if she’s chronically infected again, and her viral load test comes back positive, indicating that she is. She will need treatment again in order to clear it.
Background
With many viruses (like the herpes virus that causes chicken pox) or even other hepatitis viruses (hepatitis A or B), you can get it and your body develops antibodies and immunity to fight off any future infection. In other words, if you get it once, you’re not going to get it again.

About 1 in 4 (25%) people clear hep C in the first 6 months of infection. They’ll have HCV antibodies but no more virus to damage their liver. Although there is some evidence that they may have partial immunity to future infections, they can still be reinfected and get hep C again. Some people can clear the virus multiple times, but there’s always a risk that the next time will lead to chronic infection.

Why is this a problem for people who inject drugs?
Reinfection is a major reason why people who use drugs are denied hep C treatment. There is a belief that PWID who get cured will get reinfected if they continue to inject drugs. As a result, many insurance plans will deny access to hep C treatment until a person has been off drugs for a period of time (varies by plan).

While it is true that reinfection can happen in people who inject drugs after hep C treatment, it’s actually not as common as many people assume it to be. Some studies show higher rates of reinfection, especially in areas where there are a lot of people infected with hep C, while others have found the rates of reinfection to be low.

Overall, reinfection rates are lower than the rates of first-time infections. So, people who get infected with hep C once, and then clear it or get cured from it, are less likely to get reinfected again.

We also know that if more people are treated and cured of hep C, you’re less likely to come into contact with it if you share a syringe or other injecting equipment. Also, if people who inject drugs are given good access to harm reduction tools like opiate substitution therapy or syringe access, they are less likely to get reinfected.

Finally, active substance use and fear of reinfection should not be barriers to getting hep C treatment. If you’re ready for treatment, talk to your medical provider about it. If you feel like your life is a little too chaotic right now to start, make a plan to get ready.
**PREVENTING REINFECTION**

**Reinfection of hepatitis C can be avoided.**

If you’re ready to stop injecting drugs, that’s the most direct way to keep reinfection from happening. This is not always easy: Sometimes it can be hard to get into a treatment program, there may not be one that is a good fit for you, or you may not be ready to stop yet.

If you can’t stop, and you want or need to keep injecting drugs, there are things you can do to prevent reinfection. There are several practices for preventing hep C that longtime injectors who have never been infected use to protect themselves. The following list describes them and could be things you can do too:

1. **Set up your own personal rules about not sharing injecting equipment and disposing of syringes**
   - If possible, don’t share anything: syringes, cookers, water, cotton filters and tourniquets for both preparation and injection. If you need to re-use a syringe, clean it out with bleach or other disinfectants (check out the “What Kills Hepatitis C” fact sheet for more info), and do the same with cookers. Cotton filters and water can’t be disinfected if HCV blood gets in them. You’ll need to discard them and get unused cotton filters and fresh water.
   - When done with syringes and works, put them in a sharps container.

2. **Take charge of your drug preparation and injection**
   - Try to take time to slowly and carefully prep your injection. Wash your hands with soap and water before you begin. Wipe down the surface where your drug prep is going to happen with bleach or other cleaners. If you don’t have anything, lay down some newspaper or napkins to prep on.
   - Prep your own drug mix. If you’re injecting with others, volunteer to do the prep and split it with them in a way that does not lead to blood getting into the process. For example, split the drug up before preparing it all so each person has their own. You can also use an unused syringe to draw up the prepped drug and use it to put into each person’s syringe (“backloading” or “front-loading”; check out the Harm Reduction Coalition’s “Getting Off Right” booklet for more safe injecting info).

3. **Separate and/or mark your equipment**
   - Mark your syringes and injecting equipment to avoid mixing your stuff with others’. You can use a permanent marker or scratch off a number on the barrel of a syringe and so on. Store your equipment in a kit that is clearly yours.
   - If possible, keep an extra stash or two of unused syringes and injecting equipment. You can keep one for yourself, and have one for someone else who might need something.

4. **Prepare and plan ahead**
   - If you inject heroin, avoiding withdrawal symptoms and getting dope-sick can lead a person to take more injecting risks than they usually would. Snorting or smoking a little before injecting could take the edge off while you prepare your injection (remain mindful of the risk of drug overdose: inject less if you took a little before). Stockpiling a little methadone or buprenorphine can help during these times, too.

5. **Take a break from injecting for awhile**
   - If you can sniff or smoke your drug, do that for a while. That will give your veins a break and make injecting later a little easier. If there’s no unused syringes or injecting equipment, try sniffing or smoking the drug to avoid sharing works.
   - If you smoke, try not to share pipes, especially if you have cracked lips or sores in your mouth. Blood from a pipe is less likely to transmit HCV, but it can happen. The same is true with sniffing: sharing straws can lead to blood-to-blood contact in the nose. Again, it’s less likely than injecting, but still possible. Grab a few extra straws from a coffee shop so you have some on hand when needed.
Follow-up hepatitis C testing after cure or spontaneous clearance
If you’ve been cured of hep C or are one of the 25% of people who clear it naturally, and you’ve stopped injecting and don’t have other risks, you don’t need to continue to testing for reinfection.

If you still inject, keep testing for hep C. You will still have HCV antibodies, so you don't need an HCV antibody test anymore. To detect if you’ve been reinfected, take the HCV viral load test (sometimes called an HCV RNA test or HCV PCR test). You’ll want to take this test at least once a year, or more often. Talk with your medical provider or HCV test counselor about how often.

For more information on hepatitis C testing, read the Project Inform fact sheet, “Hepatitis C testing for people who inject drugs: What you need to know.”

Final thoughts
Hepatitis C reinfection is not inevitable. If you’ve cleared the virus naturally or through treatment, you can stay hep C negative from here on out by introducing some of the practices in this fact sheet and doing what you can to avoid sharing syringes and other injecting equipment. You likely already use safe injection practices, and the techniques and idea in this fact sheet and “What Kills Hepatitis C” can help even more.

If you want to talk about safer injecting and hep C prevention, and develop a strategy to stay negative, call HELP-4-HEP (877-435-7443) and talk with a counselor.

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