

“How many people are infected with hepatitis C multiple times?”

Findings from: [Development of methods for monitoring HCV re-infection](#)

What was the study about?

People who have been successfully treated for hepatitis C are still at risk of becoming infected again (called reinfection). There is currently not much information available about when reinfection happens or what makes it more likely for people to become reinfected.

Why is this important?

It is important to understand why people who have been successfully treated for hepatitis C become reinfected, to develop initiatives that support people to reduce their risk of reinfection and to meet targets to reduce the spread of hepatitis C and new infections.

What did we do?

- We combined different datasets together (called data linkage) to estimate how many people with hepatitis C that are receiving treatment are becoming reinfected.
- We looked at how reinfections of hepatitis C have changed over time.
- We worked with the Hepatitis C Trust to look at what increases the risk of someone becoming reinfected. We did this by interviewing six people who had been reinfected with hepatitis C, to ask about what is stopping people from currently preventing (re)infection with hepatitis C, what could stop or help people to seek testing and treatment, and what could stop or help people to prevent reinfection in the future.
- We looked at which groups should be targeted to help reduce negative effects from hepatitis C reinfection.

Key findings

- Combining data from two different studies gives the following estimate: that roughly 7 out of every 100 people who have had treatment for hepatitis C become reinfected within a year. More people were becoming reinfected within a year of finishing treatment if they had recently injected drugs or if they had been in prison. Overall, there were less reinfections in 2023 compared to in 2015.
- Some people interviewed who injected drugs felt like they could not prevent reinfections of hepatitis C whilst on drugs. Further barriers to prevent reinfections included not knowing about treatment, how hepatitis C can spread, and how to prevent infection. People knew more about how to prevent infections whilst being treated, and peer support and positive experiences of engaging with care helped them feel more able to either prevent further reinfections or to maintain regular hepatitis C testing. Strategies to help prevent reinfection included changing their environment and social circle, prioritising health, and volunteering. However, barriers were unique for each person and dependent on their setting, emphasising the need for a holistic approach to reduce harm, support mental health, and address stigma to prevent reinfections.

What do these findings mean?

These findings have provided an estimate of how many people with hepatitis C are becoming reinfected after treatment, and groups that are at a higher risk of reinfections. People who are most at risk of hepatitis C reinfection should be supported with strategies to reduce their risk, such as providing clean needles, syringes and injection equipment to people who inject drugs and the provision of peer support and education. Further guidance is needed for the testing of these groups to look at reinfections and how people most at risk should be targeted. This will help England to reduce and control hepatitis C infections, and reduce deaths from hepatitis C.

Related publications not already linked to project:

<https://doi.org/10.1101/2025.11.07.25339747>