Risk and prevention of drug-related infections in the Baltic and South Eastern EU member states - focus on HCV

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MEP FRIENDS OF THE LIVER GROUP MEETING
Main messages

• In Europe, people who inject drugs (PWID) are a main group for HCV transmission.
• A significant proportion has not been diagnosed.
• Prevention coverage is low in several SE-European countries.

• Access to testing and diagnosis needs to be increased.
• Reducing HCV burden in established epidemics relies on upscaling harm reduction and increasing access to HCV treatment.
Modelling study: The European Union HCV Collaborators. HCV prevalence in the general population.
In Europe, injecting drug use is the transmission category attributed to 78% of new HCV cases.

(Note: only 16% of notified cases have exposure data)

Global Burden of Disease (GBD) Illicit Drugs expert group

Highest rates > 80%:
Portugal, Italy, Netherlands, Denmark
Lithuania, Estonia

60%-80%:
Spain, France, Latvia, Germany, Romania
Sweden, Norway

40%-60%:
UK, Poland, Belgium, Austria, Greece

Low:< 40%
Hungary, Croatia, Bulgaria, Slovakia, Czech Rep., Finland
Anti-HCV, HBsAg among PWID (2014/2015)
available national and subnational data

**Squares:** national studies

**Triangles:** subnational studies

**Blue:** HCV-ab, **Yellow:** HBsAg
South-East Europe and Baltics: Anti-HCV, HBsAg among PWID (2014/2015)

HCV-ab prevalence in **national** studies above 40%:
- Slovenia, Cyprus
- Hungary, Greece, Latvia

HCV-ab prevalence > 40% in **subnational studies**:
- Hungary, Slovakia, Estonia, Bulgaria, Greece, Latvia, Romania and Lithuania
HCV among PWID

HCV antibody prevalence 40-80% in most studies among current injectors

HCV notifications: 78% of all notifications with known transmission route reported to ECDC related to injecting drug use (ECDC Annual epidemiological report 2016)

Plus potentially large population of chronic, asymptomatic ex-injectors to be included in future health care estimates
Why are PWID disproportionately affected?

• Drug injecting = highest risk of HCV transmission
• HCV easily transmitted via syringes & paraphernalia
• Transmission during first 2 years of injecting (typically when users are young);
• HCV has been ‘around’ since 1980s = long periods of infection – ageing cohorts;
• Potentially large population of asymptomatic ex-injectors with chronic HCV will develop HCV-related morbidity in the future.
Effective responses are known

*Joint European guidance (ECDC & EMCDDA, 2011)*
Prevention and control of infectious diseases among PWID

7 recommended measures

- Injection equipment, paraphernalia
- Vaccination
- Drug dependence treatment
- Testing
- Infectious diseases treatment
- Health promotion
- Targeted delivery of services
Number of syringes per PWID, 2015

Syringes

Cyprus  Hungary  Sweden  Latvia  Belgium  Greece  Portugal  Netherlands  France  Czech Republic  Croatia  Luxembourg  Spain  Estonia  Finland  Norway

NB: Data displayed as point estimates and uncertainty intervals.
Percentage of high-risk opioid users receiving opioid substitution treatment, 2015

# 2017 Risk Assessment

<table>
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<tr>
<th>Country</th>
<th>HIV notification rate high and/or HIV prevalence high/increasing</th>
<th>HCV prevalence: medium/high or increasing</th>
<th>Problem opioid users in substitution treatment (%)</th>
<th>Syringe sper injecting drug user per year (2)</th>
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Source: For estimates of HIV and HCV prevalence, number of opioid substitution treatment clients, number of syringes provided, and estimated size of injecting drug user and problem opioid user populations, EMCDDA Statistical Bulletin 2016. (*) Based on rates of newly diagnosed HIV infections with injecting drug use as mode of transmission per 100 000 general population. Source: ECDC, The European Surveillance System. 2014 HIV surveillance data are still preliminary and reporting delays are likely. (**) Syringes given out by specialised needle and syringe programmes, not including pharmacy sales. (*) See notes below:

Bulgaria: Two subnational studies among PWID, one in Sofia and another one in Sofia and seven other Bulgarian cities showed increases in HIV prevalence from in recent years compared to 2008 values. Overall, HCV prevalence among injecting drug users in eight Bulgarian cities increased between 2008 and 2013, while a study carried out in Sofia alone found increases in HCV levels until 2012. Estonia: Local studies found HIV prevalence rates among people who inject drugs of 61.8 % in Kõrve-Jarve (2012) and 46 % in Narva (2014). Greece: Studies indicate that although HIV prevalence among injecting drug users remains stable or may be decreasing, it is still much higher than the pre-epidemic level. Hungary: A subnational study shows an increasing HCV prevalence trend between 2010 and 2013, although levels are still low (approx. 30 %). In 2014, HCV prevalence among injecting drug users reached 60.9 % in Budapest, the capital city, with a national level of 49.7 % prevalence. See: Gyetvay and Sarkadi, 2015. Ongoing increases in stimulant injecting in Hungary. See: Tafián et al., (2015); Rácz et al. (2016) . Romania At 27.5 %, HIV prevalence among injecting drug users has dropped compared to the previous year, but still remains high relative to the pre-epidemic level. Turkey: National HCV prevalence among injecting drug users in Turkey increased from 23.5 % in 2008 to 45.1 % in 2013, and fell to 42.8 % in 2014, with provisional 2015 data showing a further decrease. Free provision of sterile injecting equipment through needle and syringe programmes is not available in Turkey.
Improving responses

Strategic information is essential to inform decisions in policy planning, implementation and evaluation.
In Europe, people who inject drugs are a main HCV transmission risk group.

A significant proportion has not been diagnosed.

There is a lack of access to testing.
Improving responses for PWID

- Strengthening prevention (scale up harm reduction) and providing treatment.
  - High levels of OST&NSP combined help to reduce transmission;

- New treatments are as relevant and effective for PWID as for other populations;
  - Treatment offers cure and prevention of transmission
  - Barriers to treatment include low diagnosis rates, restrictions to access and high costs
Challenges

• Prevention coverage is low in several SE-European countries – and in Latvia and Lithuania.

• **Reducing HCV burden in established epidemics relies on upscaling harm reduction and increasing access to HCV treatment.**

• Better and more complete data and reporting are required to improve the estimate of the scale of the problem and to inform efforts to prevent and treat viral hepatitis among IDUs.
Acknowledgements

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