

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.



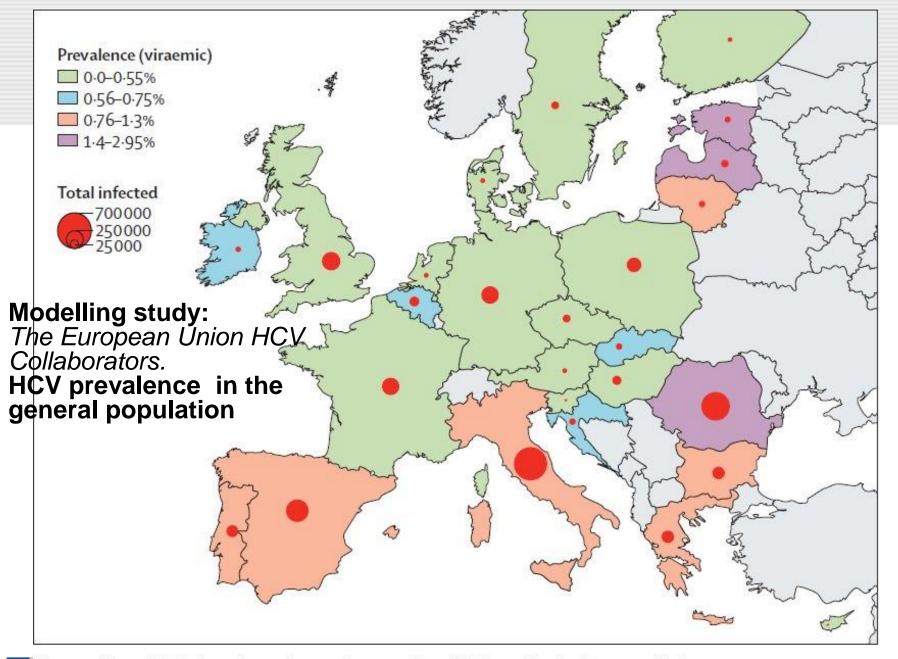
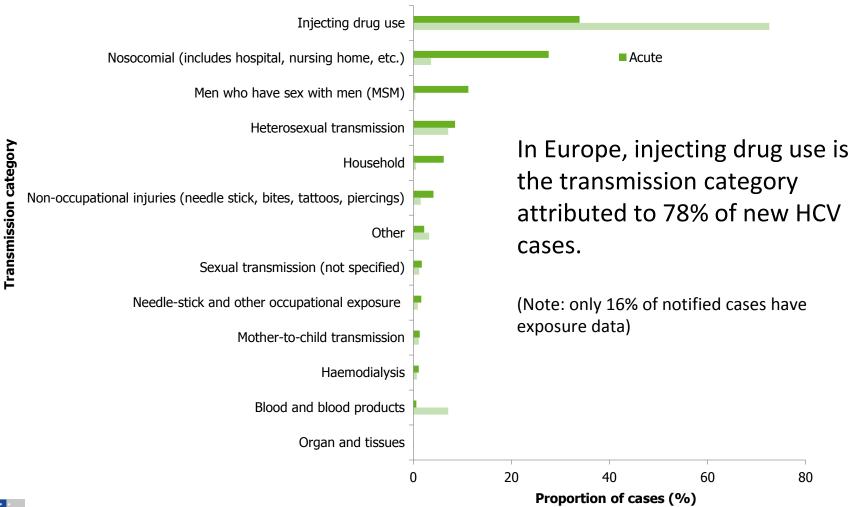


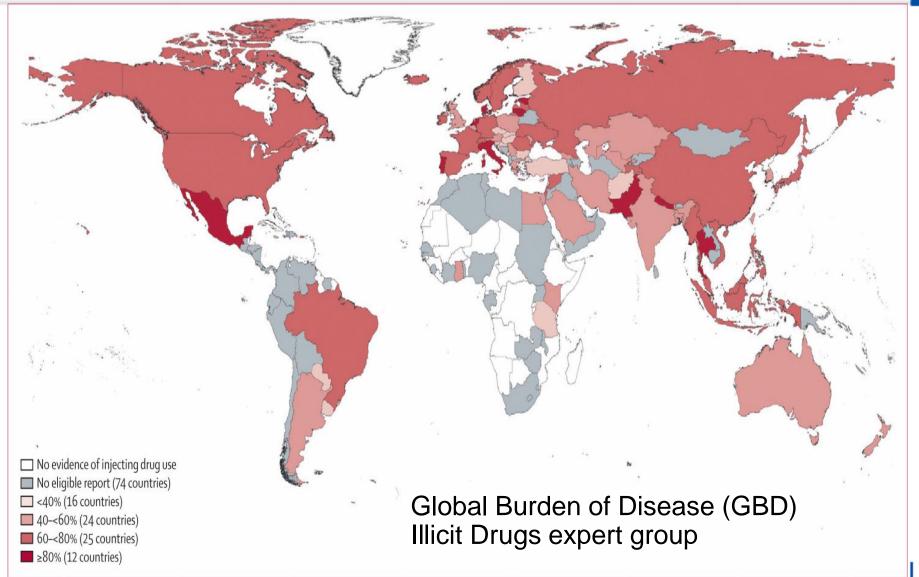
Figure 1: Hepatitis C virus viraemic prevalence and total infected in the European Union

HCV cases by transmission category ECDC Annual Epidemiological Report, 2016

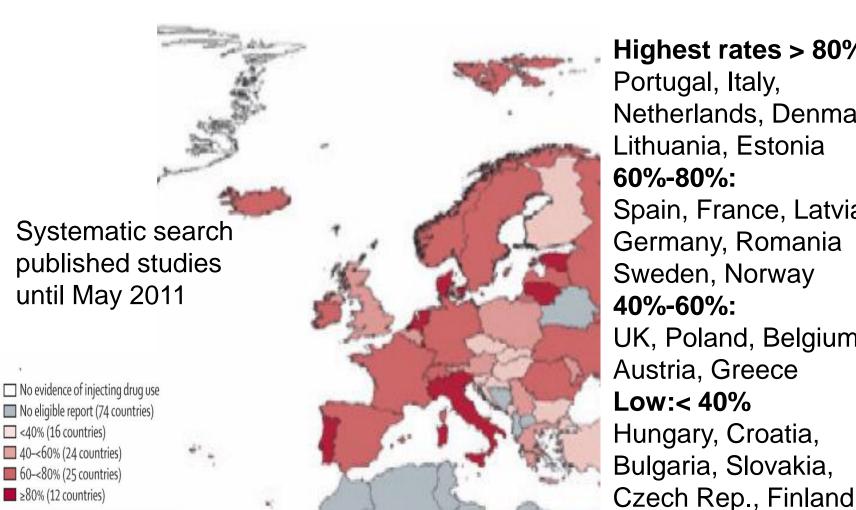




Prevalence of hepatitis C antibodies in injecting drug users, Nelson et al. 2011 in Lancet 378



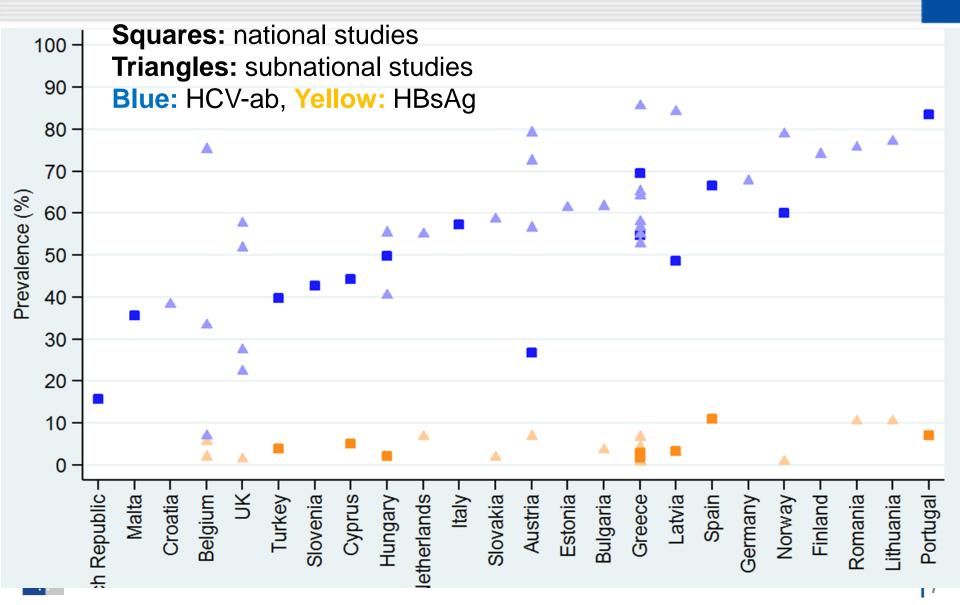
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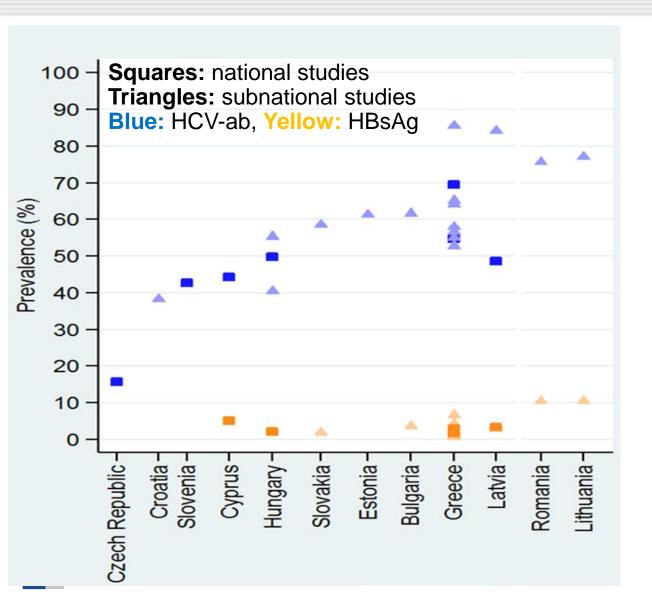
Highest rates > 80%: Portugal, Italy, Netherlands, Denmark Lithuania, Estonia 60%-80%: Spain, France, Latvia, Germany, Romania Sweden, Norway 40%-60%: UK, Poland, Belgium, Austria, Greece Low:< 40% Hungary, Croatia, Bulgaria, Slovakia,



Anti-HCV, HBsAg among PWID (2014/2015) available national and subnational data



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 disproportionally 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 exinjectors with chronic HCV will develop HCV-related morbidity in the future.



Effective responses are known

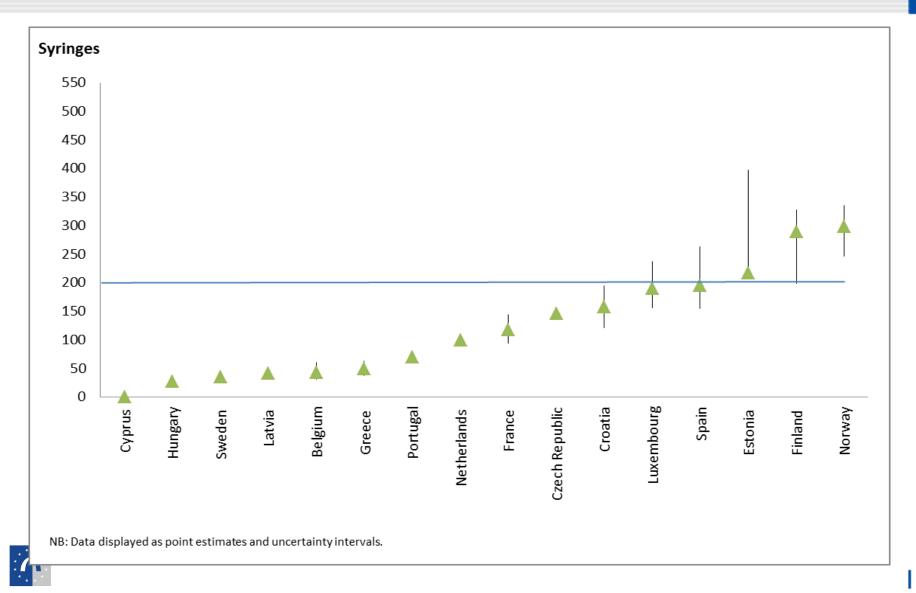
Joint European guidance (ECDC & EMCDDA, 2011)

Prevention and control of infectious diseases among PWID

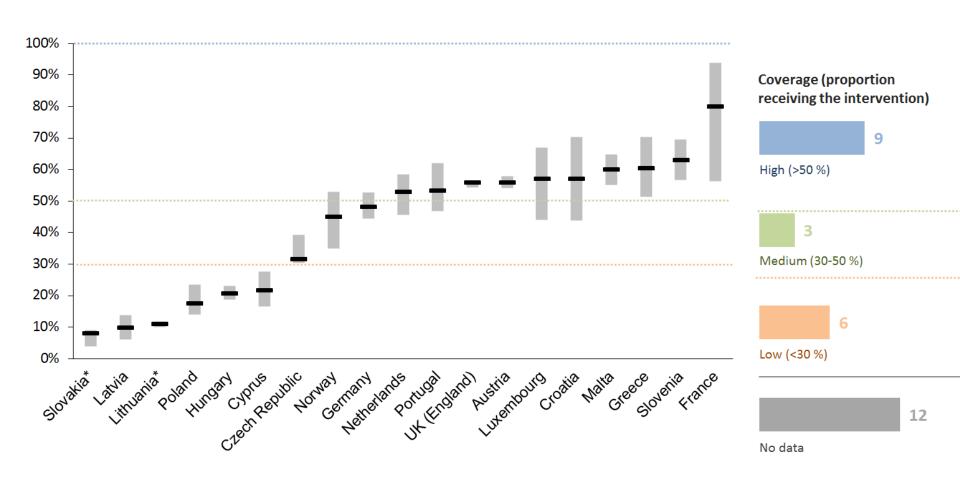
7 recommended measures

- Injection equipment, paraphernalia
- Vaccination
- Drug dependence treatment
- Testing
- Infectious diseases treatment
- Health promotion
 - Targeted delivery of services

Number of syringes per PWID, 2015



Percentage of high-risk opioid users receiving opioid substitution treatment, 2015



Source: Workbooks 2016. *DRID Rapid Communication, 2016.



2017 Risk Assessment

Country	HIV notification rate high and/or HIV prevalence high/increasing	HCV prevalence: medium/high or increasing	Problem opioid users in substitution treatment (%)	Syringe sper injecting drug user per year (2)
Bulgaria*				
Cyprus			22	1
Estonia*				217
Greece*			60	50
Hungary*			21	28
Latvia			10	42
Lithuania			13	
Poland			17	
Romania*				
Slovakia			8	
Turkey*				no NSP available

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. (1) 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. (2) 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 and another one in Sofia and seven other Bulgarian cities showed increases in HIV prevalence t 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 Kothla-Jarve (2012) and 48 % in Narva (2014). Greece: Studies indicate that although HIV prevalence among injecting drug users remains stable or may be decreasing, it is still low (approx. 30 h). In 2014, HCV prevalence among injecting drug users reached 60.9 % in Budapest, the capital city, with a national level of 48.7 % prevalence. See: Gyarmathy and Sarós; 2015. Ongoing increases in stimulant injecting in Hungary. See: Tarján et al., (2015); Rácz et al. (2016). Romania At 27.5 %, HIV prevalence among injecting drug users has dropped compared to the previous versus that the prevalence of the previous versus has dropped compared to the previous versus high relative to the previous versus high relative to the previous versus has dropped compared to the previous versus high relative to the previous versus has dropped compared to the previous versus high relative to the previous



Improving responses

Strategic information is essential to inform decisions in policy planning, implementation and evaluation.

http://www.emcdda.europa.eu/publications/insights/hepatitis-c-among-drug-users-in-europe



INSIGHTS

Hepatitis C among drug users in Europe

Epidemiology, treatment and prevention

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 <u>and</u> 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

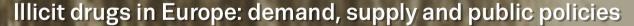
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European Drug Summer School 2017





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Registration

Phase 1: 17 October – 3 February (early-bird discounts)

Phase 2: 13 February – 7 April

Phase 3: 17 April – 2 June

