

Early Diagnosis and Treatment of drug-related infections in Italy: the DTPI study

Barbara Suligoï, MD

Director, National AIDS Unit

Istituto Superiore di Sanità, Rome, Italy

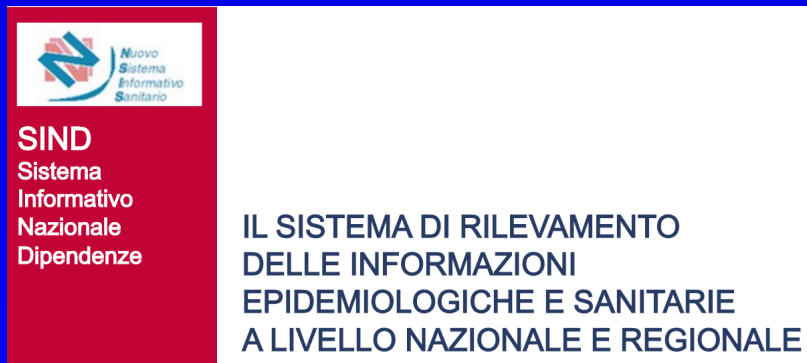
Background

In Italy, since 2010, data on drug-related infections is collected by the **National Information System on Addiction (SIND)** coordinated by the MoH.

SIND reports individual data on PWUD undergoing treatment in local treatment services.

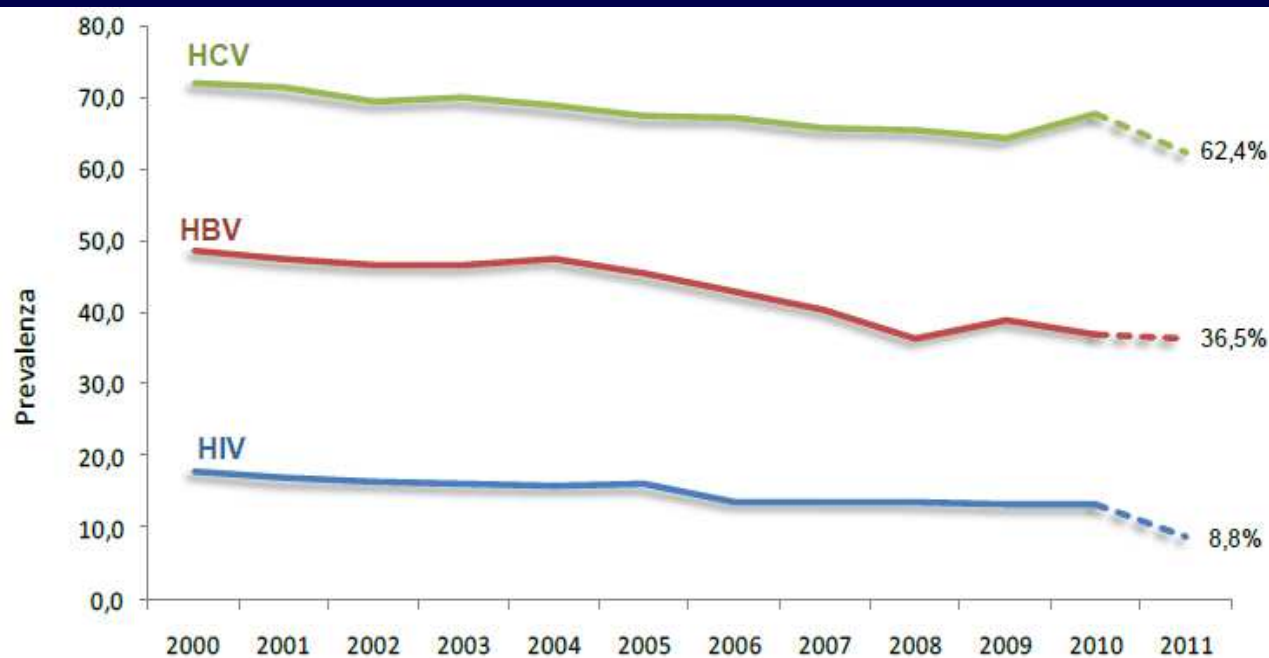
PWUD are offered a voluntary test for drug-related infections.

Only HIV data is reported in aggregate tables.



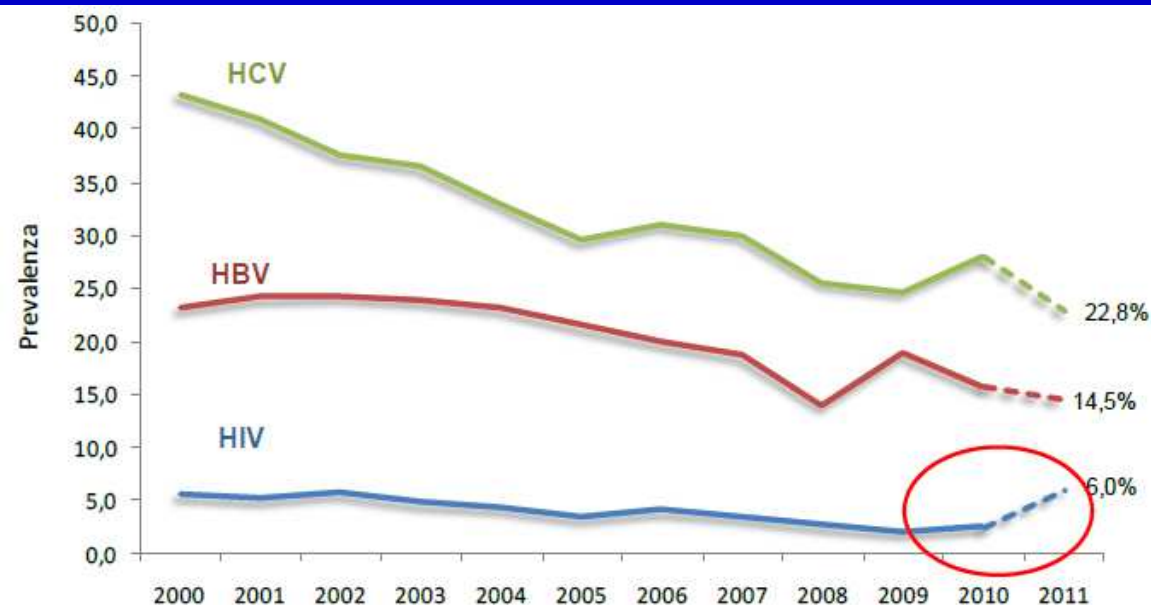
Prevalence of drug-related infections

Returning clients



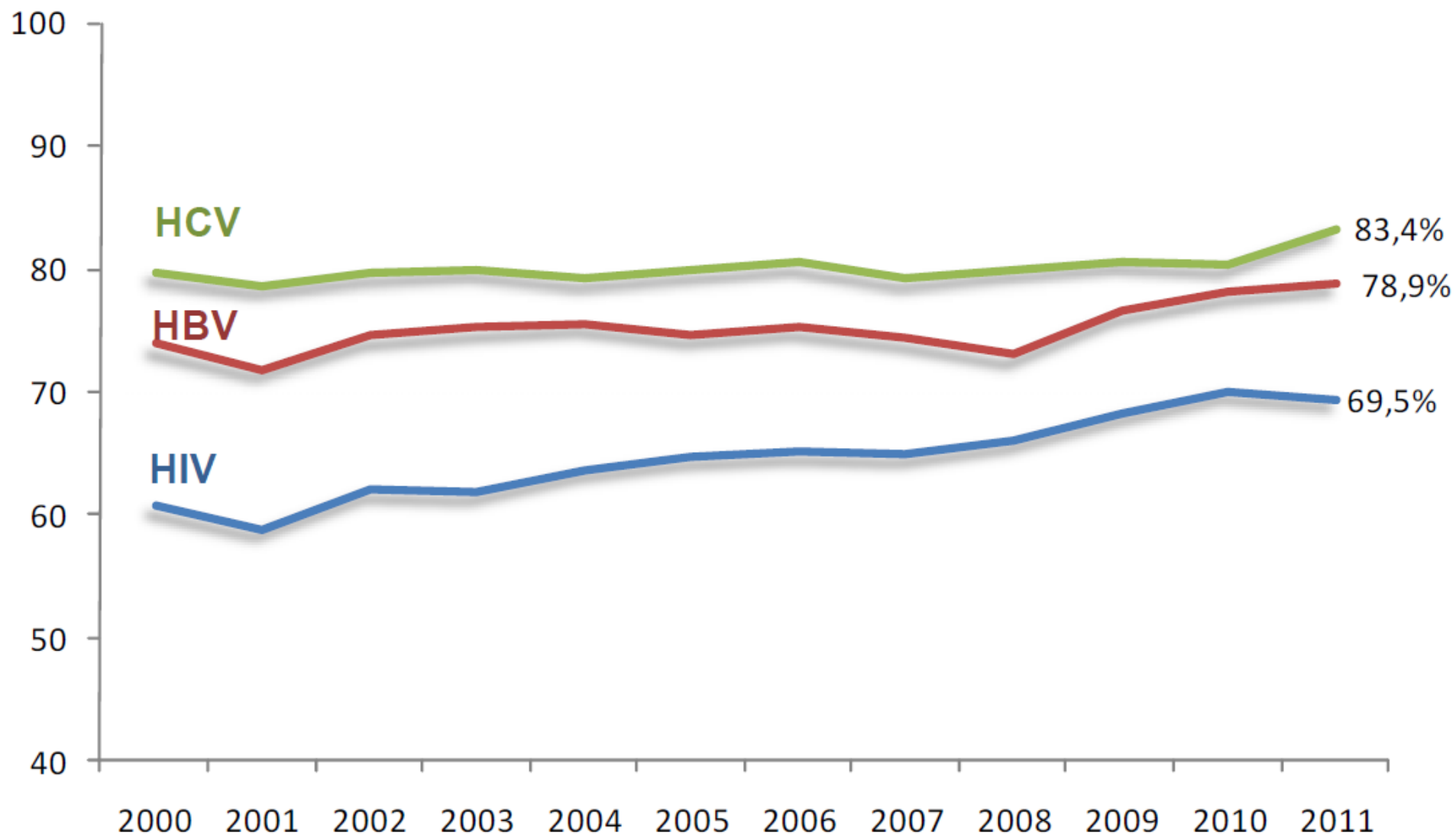
Fonte: Elaborazione su dati Ministero della Salute inviate dalle Regioni e PP.AA.

New clients



Fonte: Elaborazione su dati Ministero della Salute inviate dalle Regioni e PP.AA.

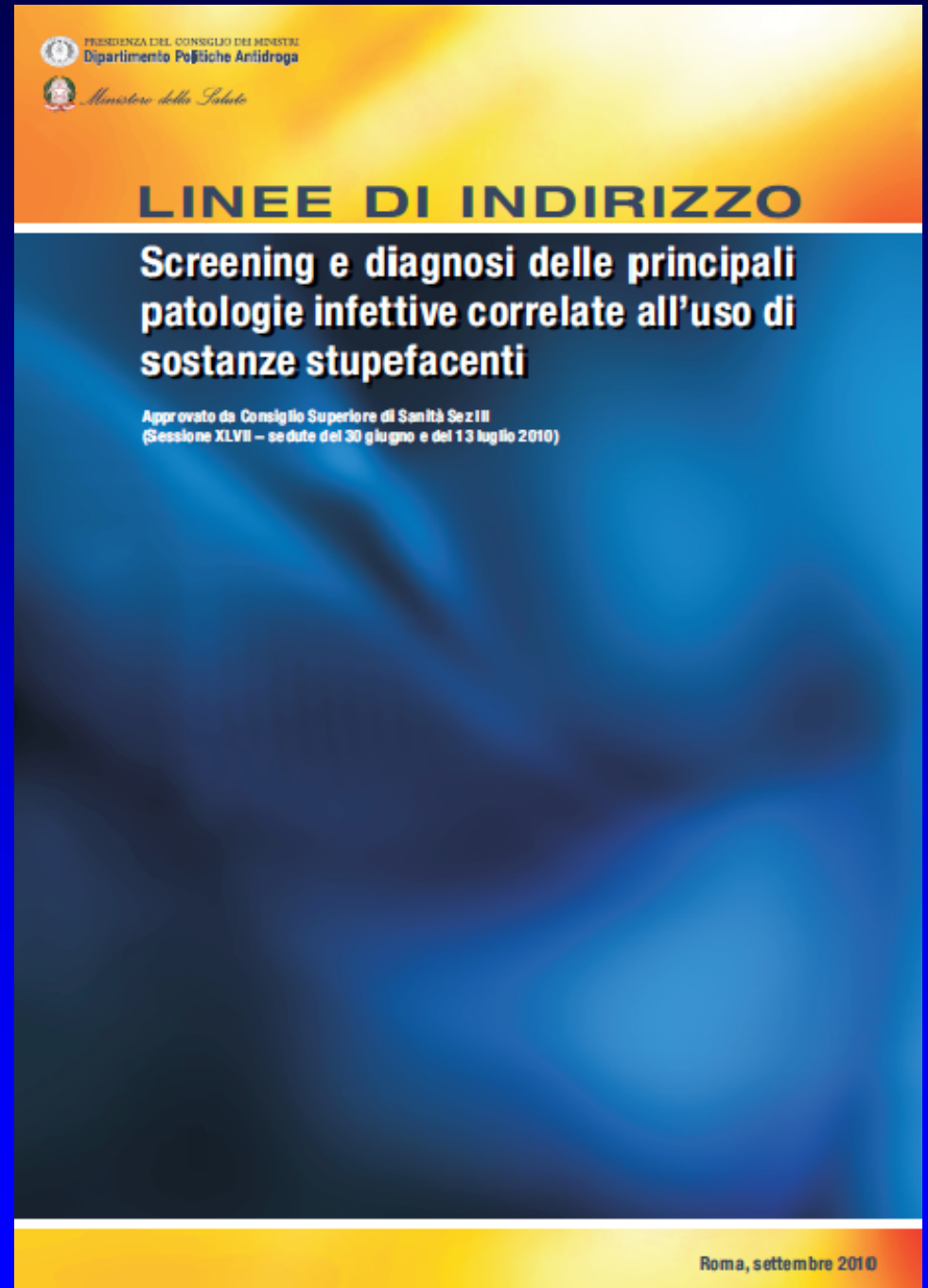
Proportion of PWUD not tested for HIV, HBV, HCV in public drug treatment services



Fonte: Elaborazione su dati Ministero della Salute inviati dalle Regioni e PP.AA.

September 2010
Italian Drug Policy Department

Guidelines for the screening and diagnosis of the most relevant drug- related infections



*DTPI: Early diagnosis and treatment
of drug-related infections (2013)*

Objectives of the study

- To increase the uptake of serological testing for HIV, HBV and HCV among PWUD attending public drug treatment services
- To assess the prevalence of HIV, HBV and HCV
- To analyse at-risk sexual behaviors associated with the above mentioned infections (UNGASS indicators)

Methods

Participating centres: 9 public drug treatment services accepted to participate



Study period: June 2013 - June 2014

Inclusion criteria: all individuals (both injectors and non-injectors) who accessed the DTS in the study period

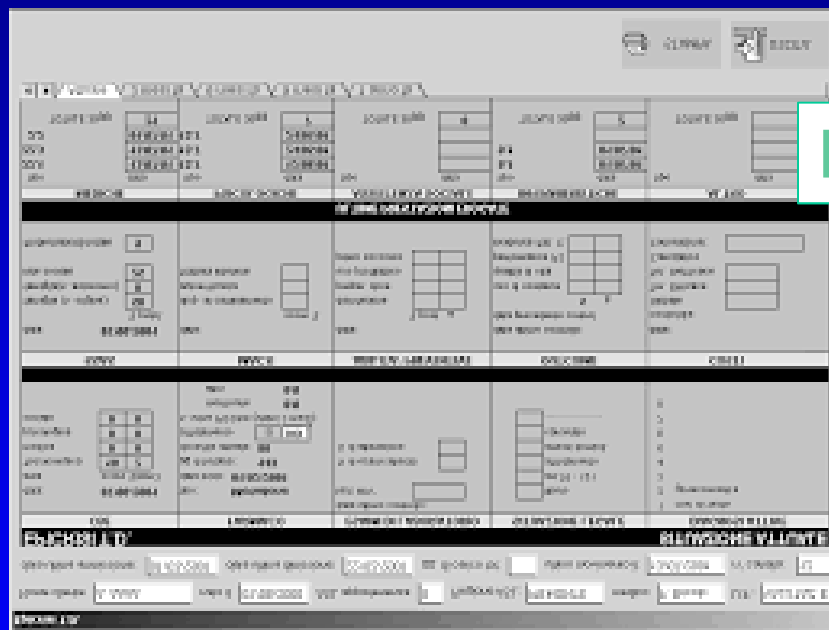
Serological testing: HIV, HBsAg, HBsAb, HBeAg, HBeAb, HBcAb, HCV Ab

Individual information: socio-demographic characteristics, drug use, sexual behavior

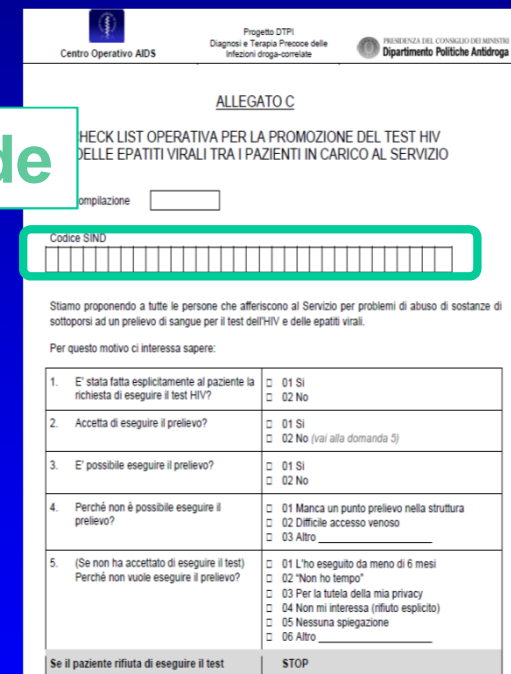
Anonymous linkage between SIND and DTPI data

SIND form
(socio-demographic and drug use information)

DTPI form
(questions on HIV testing, sexual behavior)



Encrypted code



ALLEGATO C
CHECK LIST OPERATIVA PER LA PROMOZIONE DEL TEST HIV DELLE EPATITI VIRALI TRA I PAZIENTI IN CARICO AL SERVIZIO

Codice SIND

Stiamo proponendo a tutte le persone che afferiscono al Servizio per problemi di abuso di sostanze di sottoporsi ad un prelievo di sangue per il test dell'HIV e delle epatiti virali.

Per questo motivo ci interessa sapere:

1. E' stata fatta esplicitamente al paziente la richiesta di eseguire il test HIV?	<input type="checkbox"/> 01 Sì <input type="checkbox"/> 02 No
2. Accetta di eseguire il prelievo?	<input type="checkbox"/> 01 Sì <input type="checkbox"/> 02 No (vai alla domanda 5)
3. E' possibile eseguire il prelievo?	<input type="checkbox"/> 01 Sì <input type="checkbox"/> 02 No
4. Perché non è possibile eseguire il prelievo?	<input type="checkbox"/> 01 Manca un punto prelievo nella struttura <input type="checkbox"/> 02 Difficile accesso venoso <input type="checkbox"/> 03 Altro _____
5. (Se non ha accettato di eseguire il test) Perché non vuole eseguire il prelievo?	<input type="checkbox"/> 01 L'ho eseguito da meno di 6 mesi <input type="checkbox"/> 02 "Non ho tempo" <input type="checkbox"/> 03 Per la tutela della mia privacy <input type="checkbox"/> 04 Non mi interessa (rifiuto esplicito) <input type="checkbox"/> 05 Nessuna spiegazione <input type="checkbox"/> 06 Altro _____

Se il paziente rifiuta di eseguire il test STOP

SIND reports HIV results in aggregate tables, no linkage with individual data

As a research study, we would collect individual HIV results

Results 1

- Linkable records were sent by 5 out of the 9 initially participating services
- 406 individuals were included
- Males: 83.7%
- Italian: 84.8%
- Median age: 38 years
- MSM: 5.7%

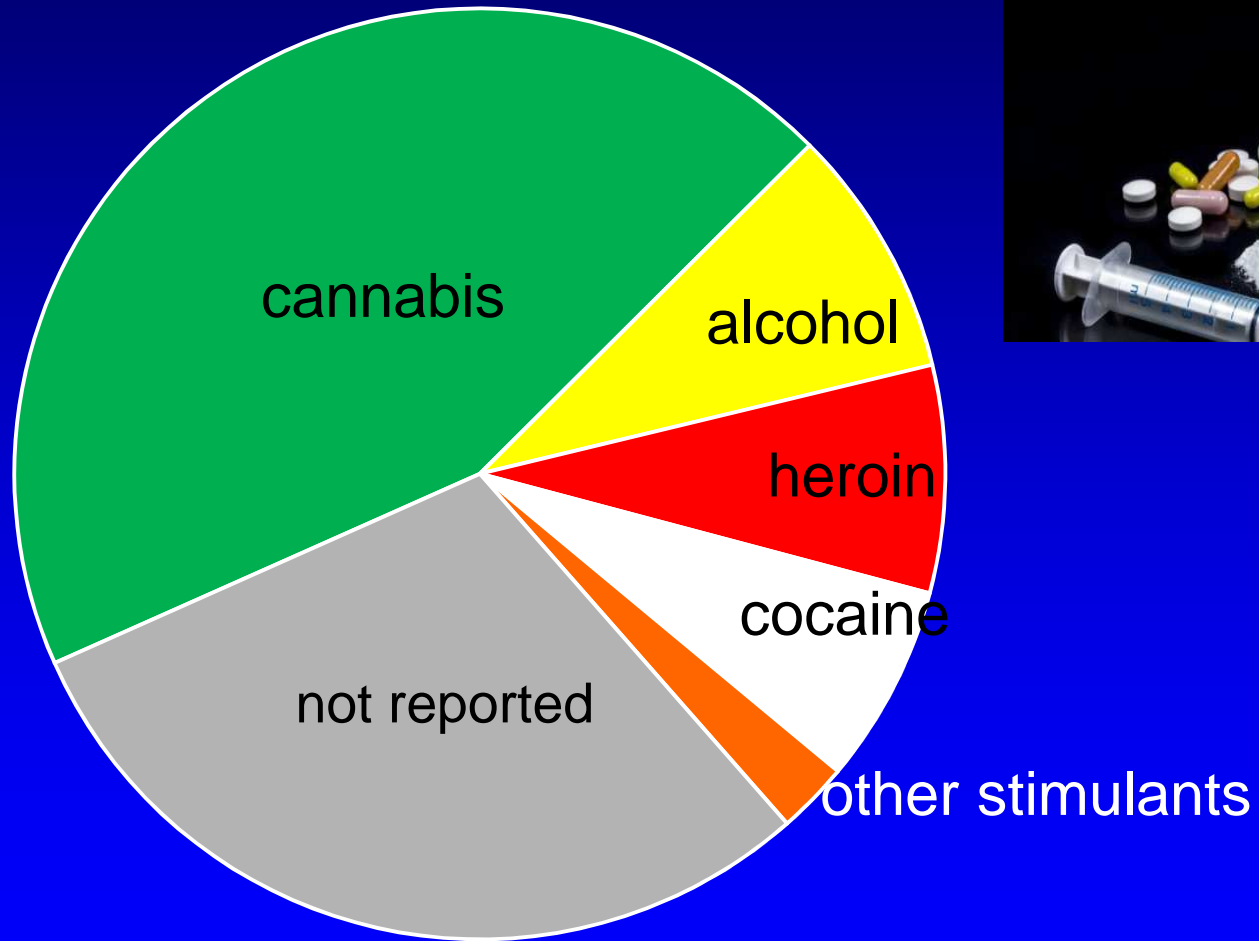


Results 2

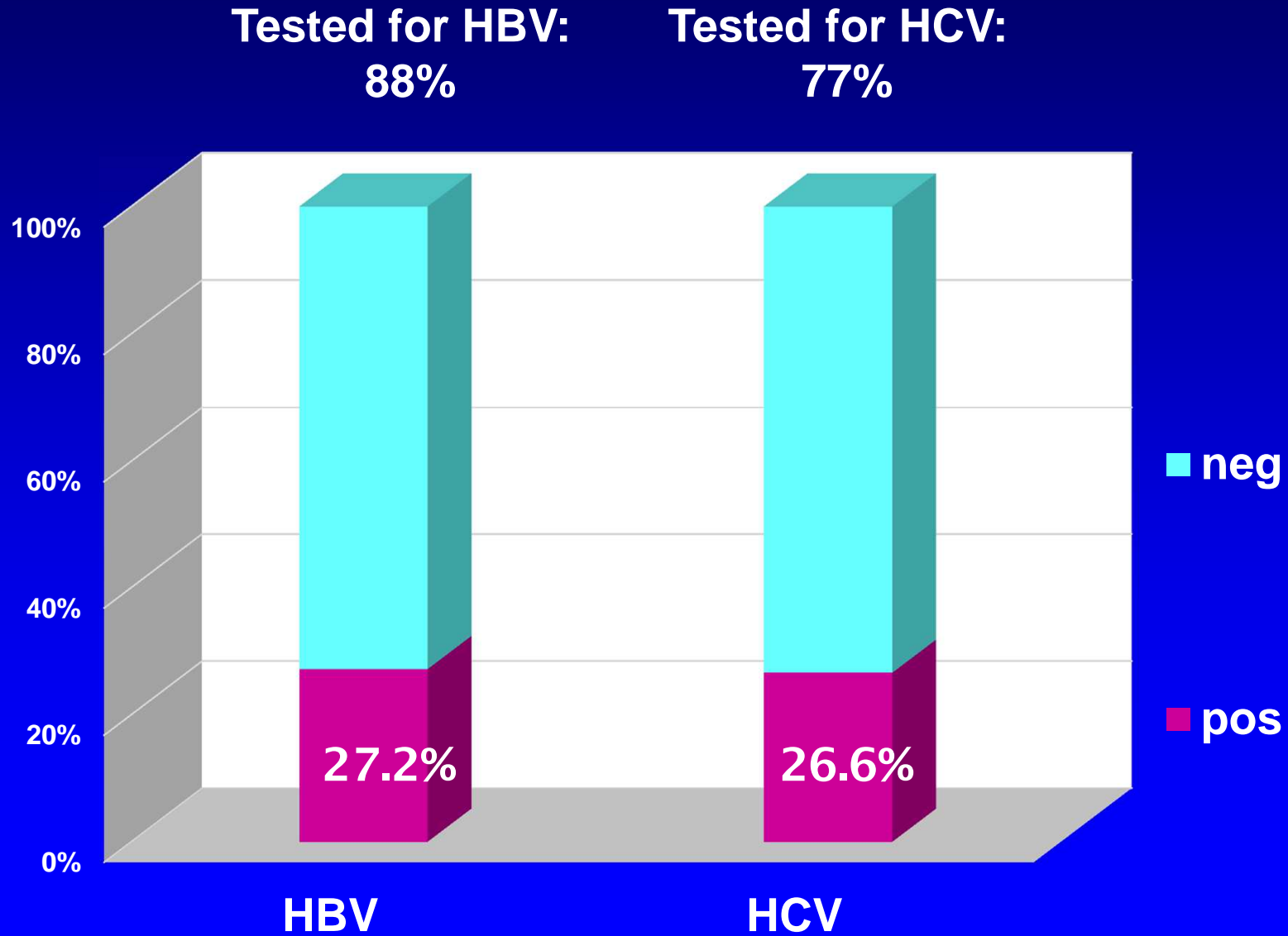
- Syringe exchange lifetime: 22.2%
- Syringe exchange in the last 12 months: 5.7%
- Use of sterile equipment in last injection: 75% (UNGASS 21)
- Age at sexual debut: 50% at 15-17 years (UNGASS 15)
- N. of partners lifetime: 35% between 5 and 20 partners
- Condom use in last sexual intercourse: 28.4% (UNGASS 20)



Primary drug use



Testing uptake, HBV and HCV prevalence



Comparison of data between SIND and DTPI study

	SIND (2014)	DTPI (2014)
No. of PWUD included	165 000	406
Males, median age	→ 83%, 37ys	→ 84%, 38ys
Use of cannabis	18%	44%
Use of heroin	56%	8%
Tested for HBV	25%	88%
HBV+	2.7%	27.2%
Tested for HCV	24%	77%
HCV+	10.9%	26.6%

Conclusions and lessons learnt

- In DTPI the uptake of serological testing was high
Health staff motivation and appropriate procedures are crucial : participating services were well organised
- HBV and HCV prevalences were higher than those reported by SIND even though the proportion of injectors was lower
 - 1) *Higher testing coverage allows to detect more infections*
 - 2) *Non injectors represent a large pool for the circulation of drug-related infections and should always be offered serology testing*
- Participants reported young age at sexual debut and low condom use
Education on safe sexual behaviors, prevention of STI and promotion of HBV vaccination are urgently needed

Practical problems

- Difficulties in data linkage between SIND and DTPI (several treatment services did not report the SIND bar code in the DTPI form)
- Inconsistencies and missing data in the SIND form (e.g., use of injecting drugs)
- Was there an unpredicted selection bias for services participating in the study? (those with less injectors, more compliant clients, more motivated health personnel, providing enhanced testing offer)
- HIV results were not made available (treatment services were worried about individual data protection)

Incidence of new HIV diagnoses, Italy: IDU (per 100 000 IDU) vs. general population (per 100 000 inhabitants)

