

Group 3: general discussions on new indicators and on monitoring of events and outbreaks

1. EPIS platform from ECDC on sharing info in a timely and confidential manner – possible participants:

REITOX Focal Point members

HIV monitoring focal point members

Alternatively, We need more info coming from EWS integrated in DRID... example anthrax in heroine

2. Standardising BSS for all over the EUROPE

Special project on developing a common protocol for BSS organised by EMCDDA

Sources of funding :EC DG research, DG Sanco

Belgium: Serobehavioural studies are very expensive and extensive. Probably too much for monitoring.

Belgium and Latvia + more countries: Keep things simple .Routine testing + short sessions of behavioural interviewing. In Romania and Greece the routine monitoring indicators were enough to detect the outbreak.

Sampling: convenient samples or RDS. Convenient is more effective but not exclusively focused on treatment centers.....maybe low threshold centers or street IDU's

Internet based behavioural monitoring . Could be standardised low cost interviews made in treatment centres and/or low threshold centers out of national jurisdiction- organised by EMCDDA – pilot project

Enforcement from EMCDDA is needed for governments in relation to prioritization of indicators/activities needed for the monitoring /surveillance

3. Indicators of pre-outbreak identification

RAA indicators (were able to identify countries at risk)

Ex:

Less than 100 syringes per IDU

Less than 30% of IDU's on OST

Difficulties:

Very difficult to obtain IDU estimations

Keep in mind injection behaviours shift: stimulants need more syringes

It is important to have continuous time series

4. Other suggested indicators

Bacterial monitoring on Infectious diseases on IDU's : antrax, TB, hepatitis A, syphilis

Local Infections on the side of injections

Endocarditis

5. IDU's are on a decreasing trend. DRID should focus also on noninjectors (example sexual transmitted STI diseases – high risk behaviours).