



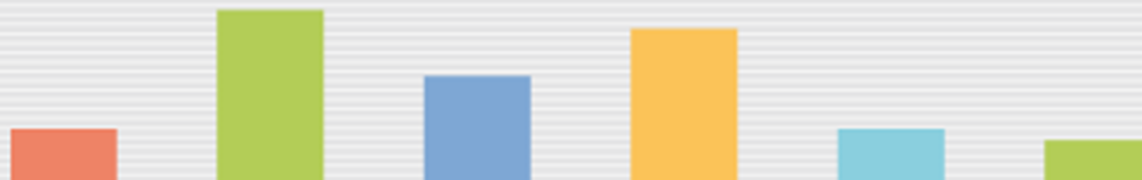
European Monitoring Centre
for Drugs and Drug Addiction

Why are PWID estimates useful in public health in the context of hepatitis B and C elimination plan?

Isabelle Giraudon, EMCDDA

Lisbon, 08-09 June 2017

PDU expert meeting



- 1 Importance of the hepatitis problems**
- 2 What we need to monitor**
- 3 Using PWID estimates**

Global figures – importance of the problem

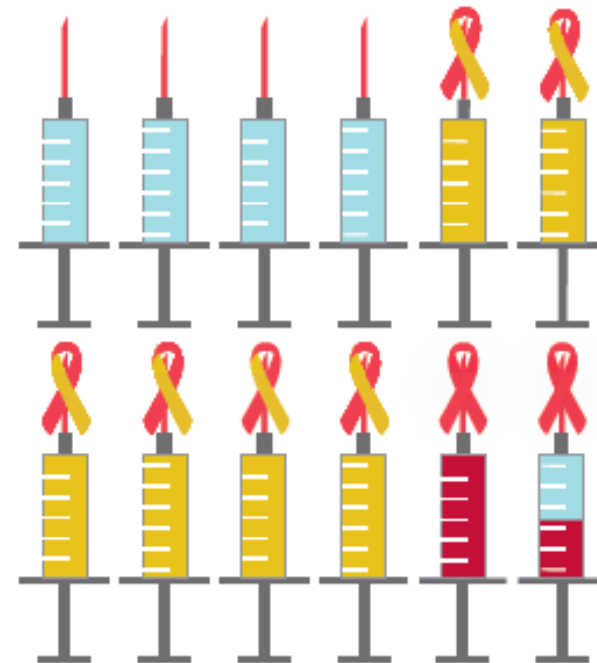
- Estimated 12 million PWID worldwide
- One in two PWID has HCV-antibodies (6 million)
- > 80% of PWID living with HIV are co-infected with HCV

UN World Drug Report 2016

- Injection drug use accounts for 23% of new HCV infections

WHO Global Hepatitis Report 2017

12 million people inject drugs



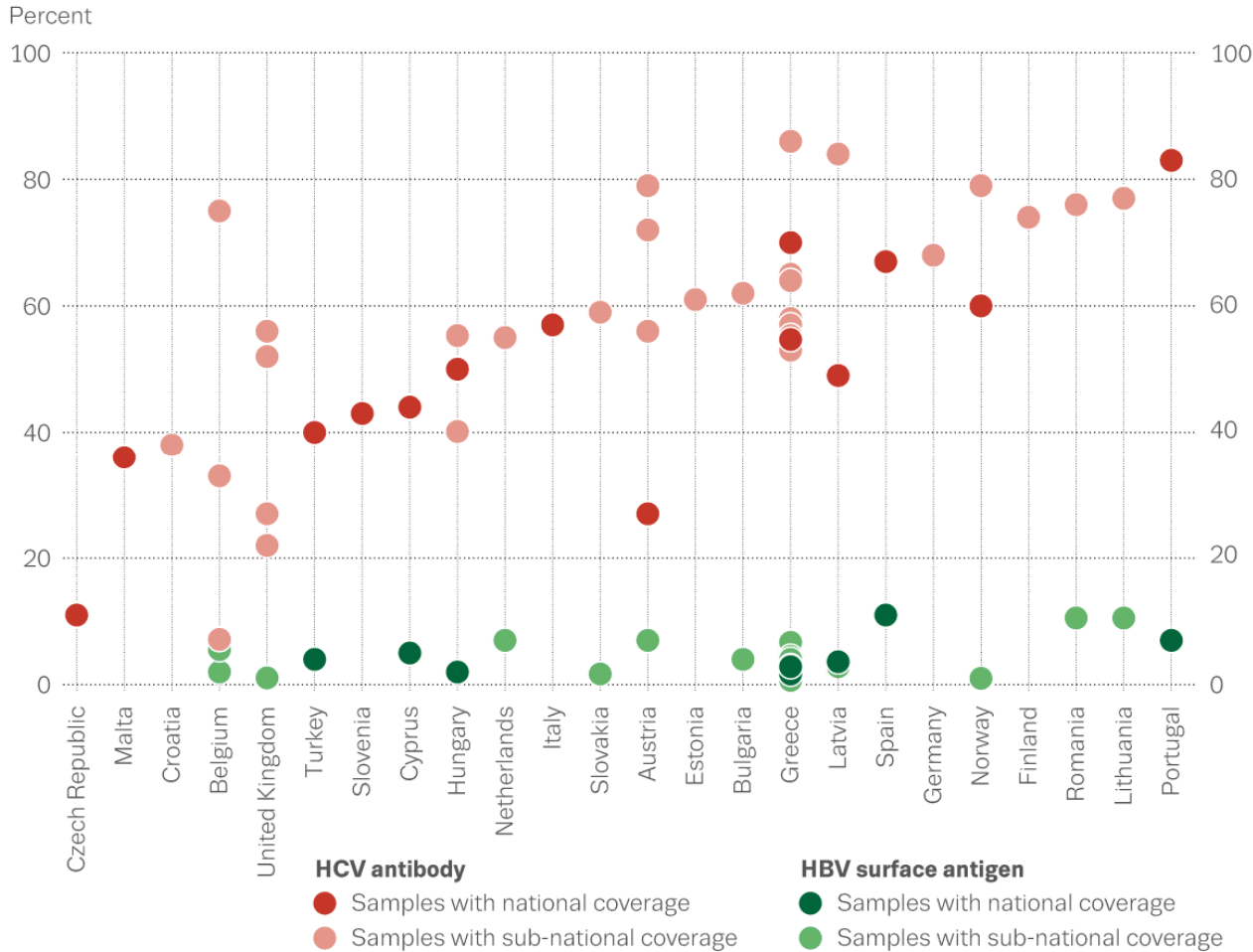
**1.6 million people who inject drugs
are living with HIV**

6 million are living with hepatitis C



Prevalence among PWID in Europe

Prevalence of HCV antibody and HBV surface antigen among injecting drug users, 2014/15



Typically
40-80% HCV+

5-15% with current
HBV infection
(HBsAg+)

PWID
disproportionally
affected ++
compared to the
general population



Criteria for prioritising health problems

Common Criteria

- Size of problem +
- Seriousness of problem +
- Availability of current interventions +
- Economic or social impact +
- Public health concern +
- Political will to address issue +
- Availability of resources
- Disease of international interest +
- Equity +



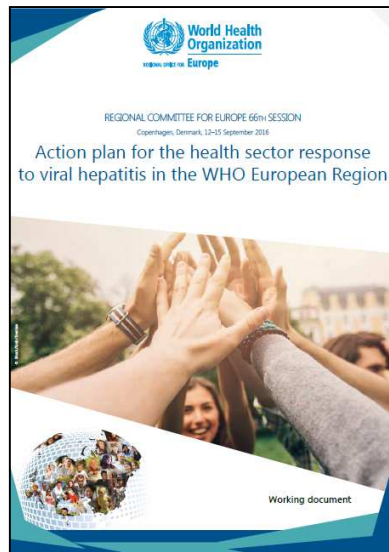
Prioritize and Control Public Health Problems 13

- High prevalence
- HCV epidemic concentrated ++ among PWID
- New HCV treatments since ~2013 are effective ++ well tolerated with ~95% cure
- HBV vaccine available for years – treatment for viral suppression
- Civil society engaged ++
- Commercial interest and lobbying++ for HCV treatment
- Many PWID of former injectors are undiagnosed
- Stigma: underserved PWID, low access to HCV testing and treatment in many countries

Source: adapted from https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/4/prioritize-problems_fg_final_09262013.pdf



In this context: a new global framework for elimination



Source: http://www.euro.who.int/_data/assets/pdf_file/0008/315917/66wd10e_HepatitisActionPlan_160555.pdf?ua=1



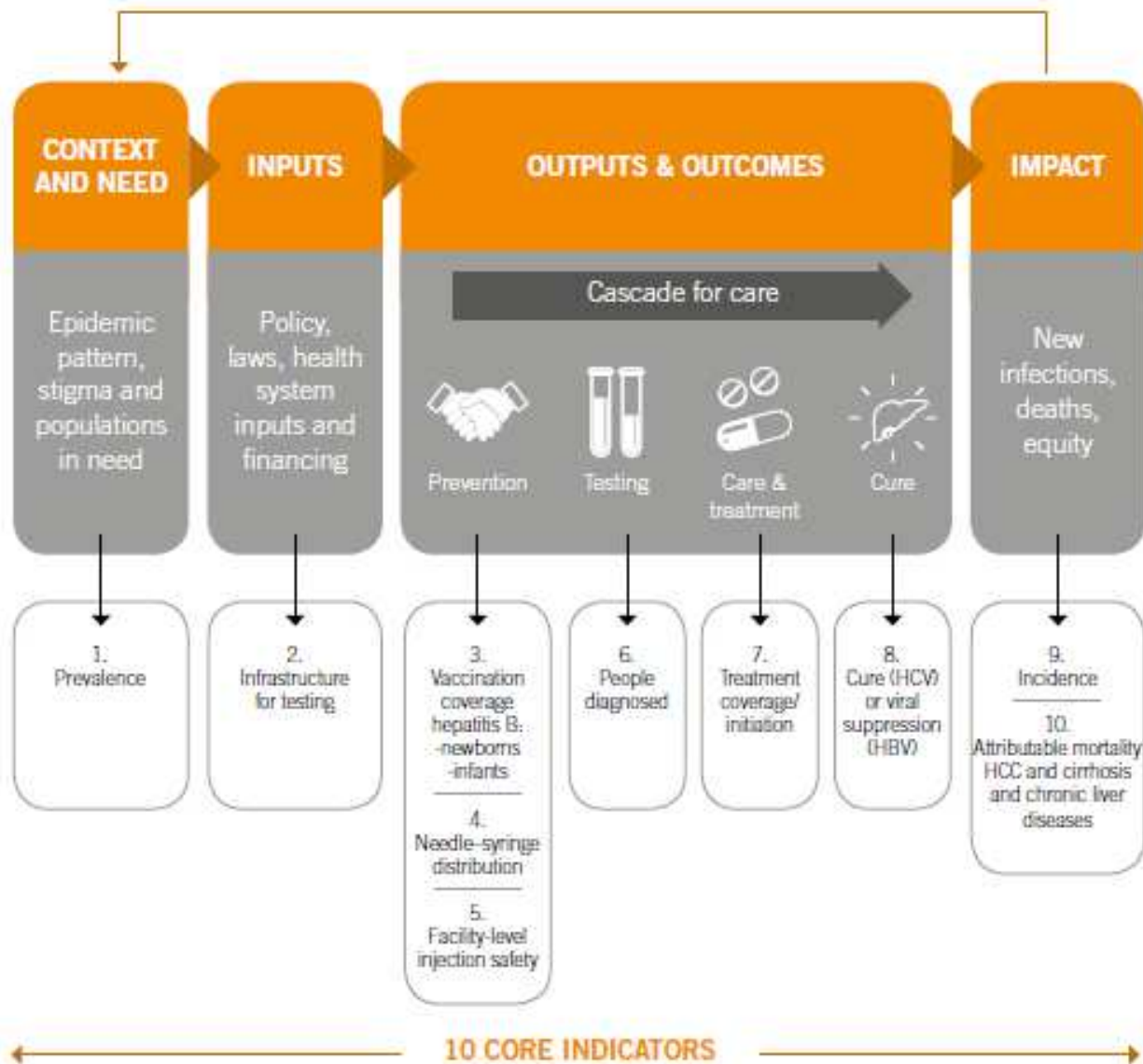
Source: WHO. *Monitoring and evaluation for viral hepatitis B and C: recommended indicators and framework*. Technical report, April 2016. http://apps.who.int/iris/bitstream/10665/204790/1/9789241510288_eng.pdf





What do we need to monitor

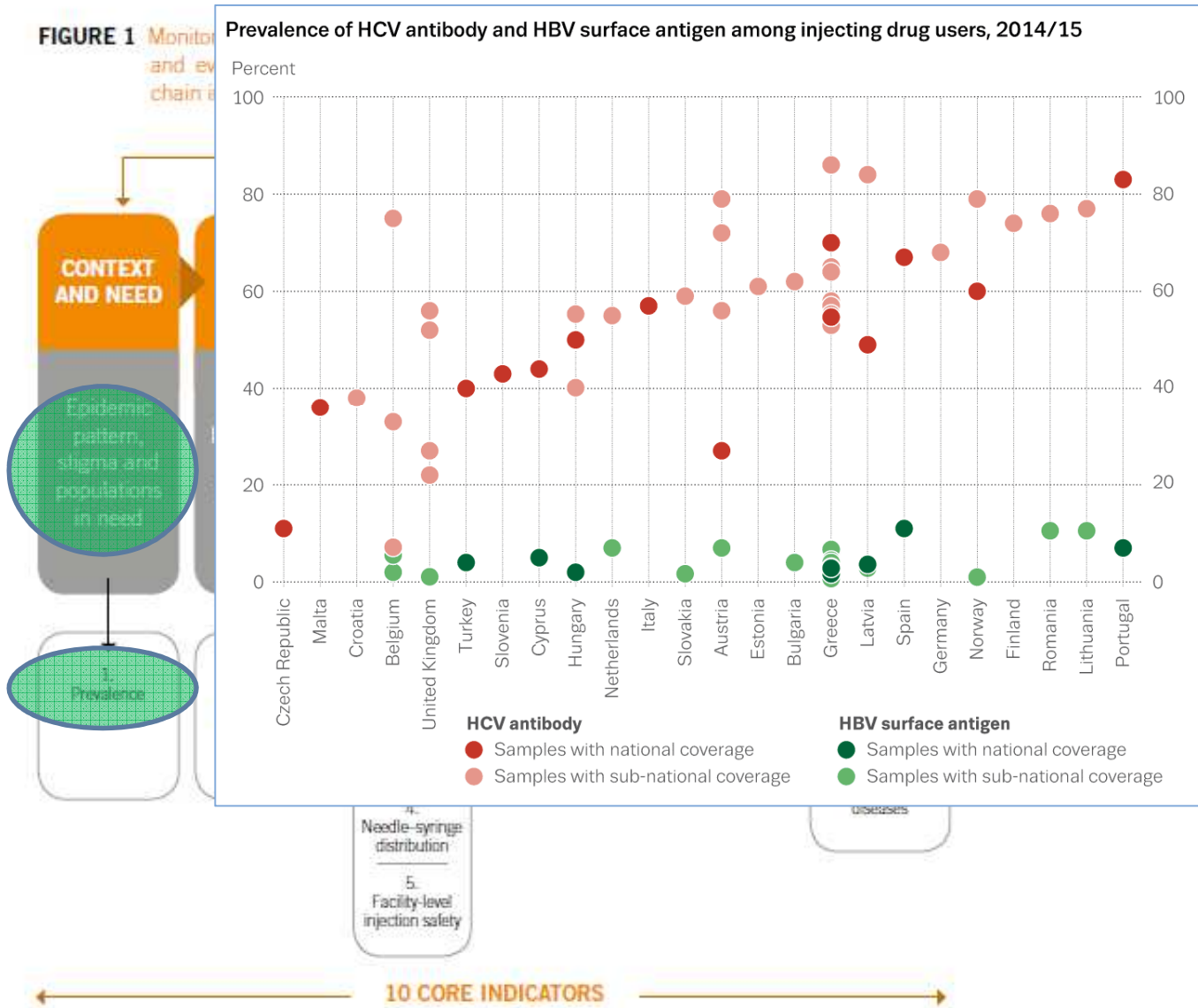
FIGURE 1 Monitoring and evaluation framework: minimum set of 10 core indicators to monitor and evaluate the health sector response to viral hepatitis B and C along the result chain in countries



Using PWID estimates

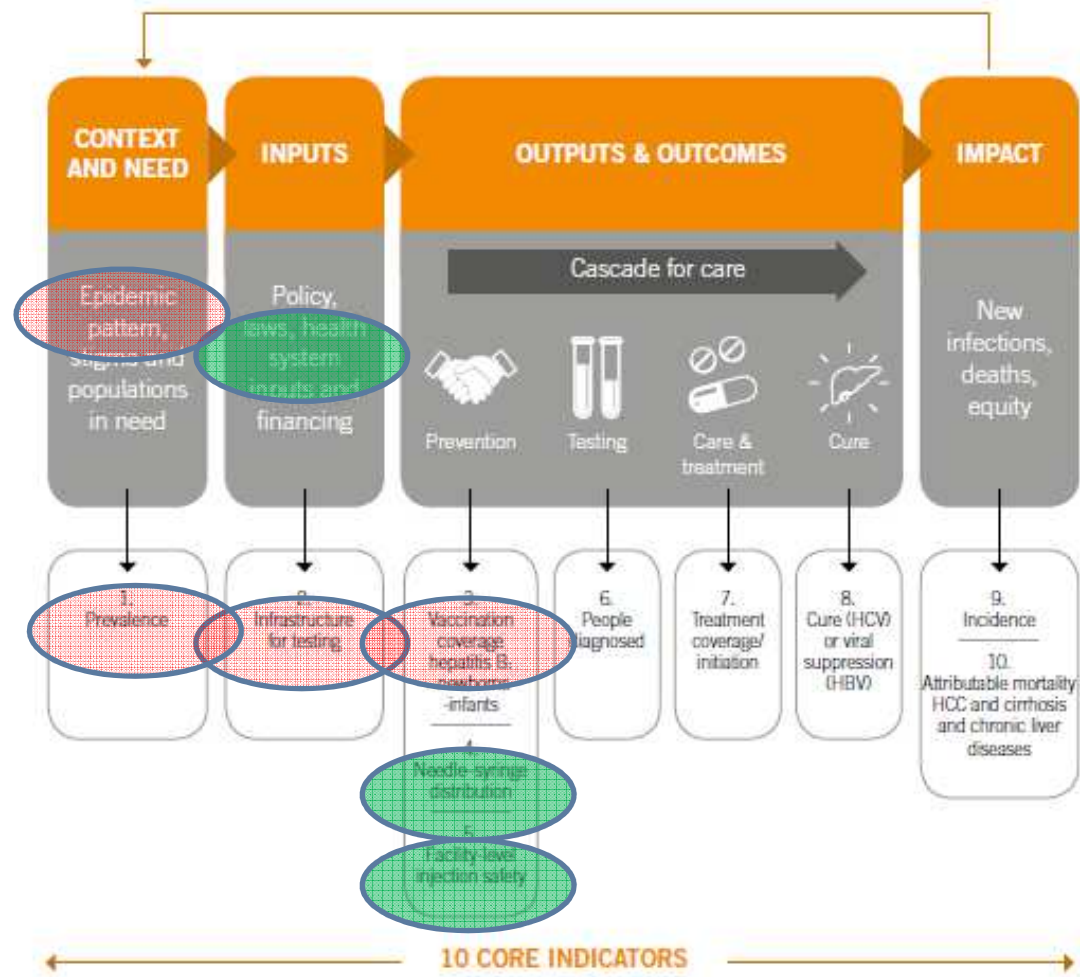
PWID Target population(s) for prevalence estimates

FIGURE 1 Monitor and evaluate chain of



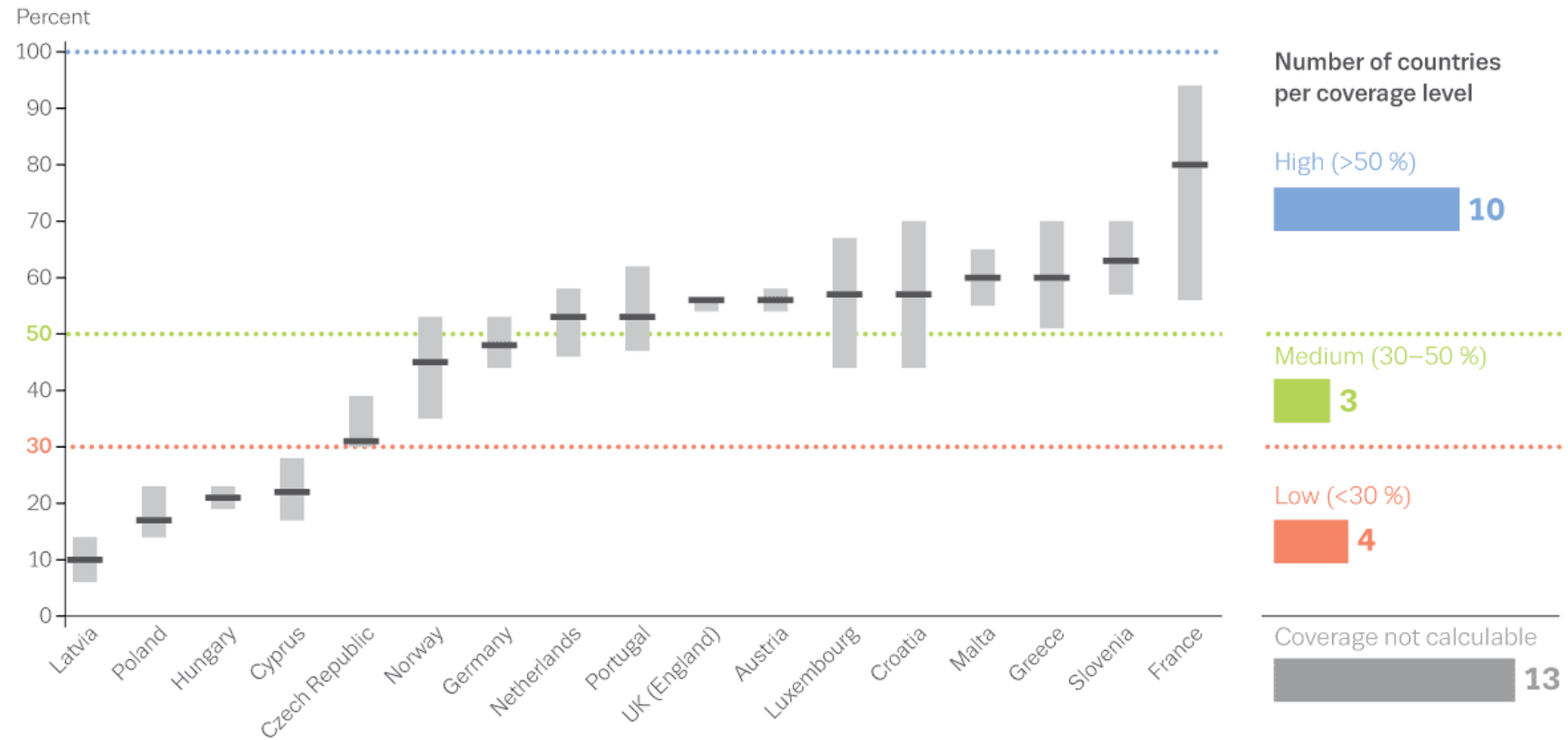
PWID Target population for intervention coverage

FIGURE 1 Monitoring and evaluation framework: minimum set of 10 core indicators to monitor and evaluate the health sector response to viral hepatitis B and C along the result chain in countries



Coverage of OST / HROU (PWID?)

Coverage of opioid substitution treatment (percentage of estimated high-risk opioid users receiving the intervention)

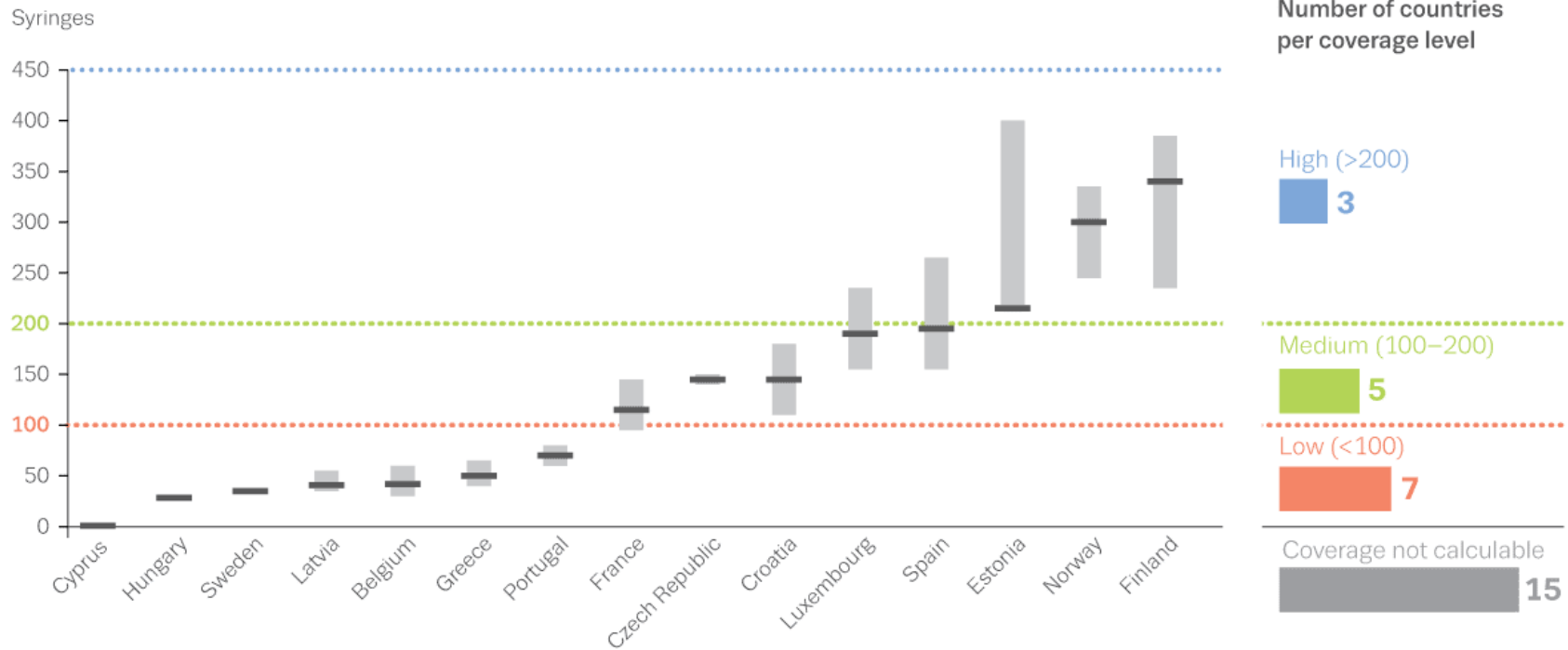


NB: Data displayed as point estimates and uncertainty intervals.



Coverage of syringe programmes / PWID

Coverage of specialised syringe programmes: number of syringes provided per estimated injecting drug user

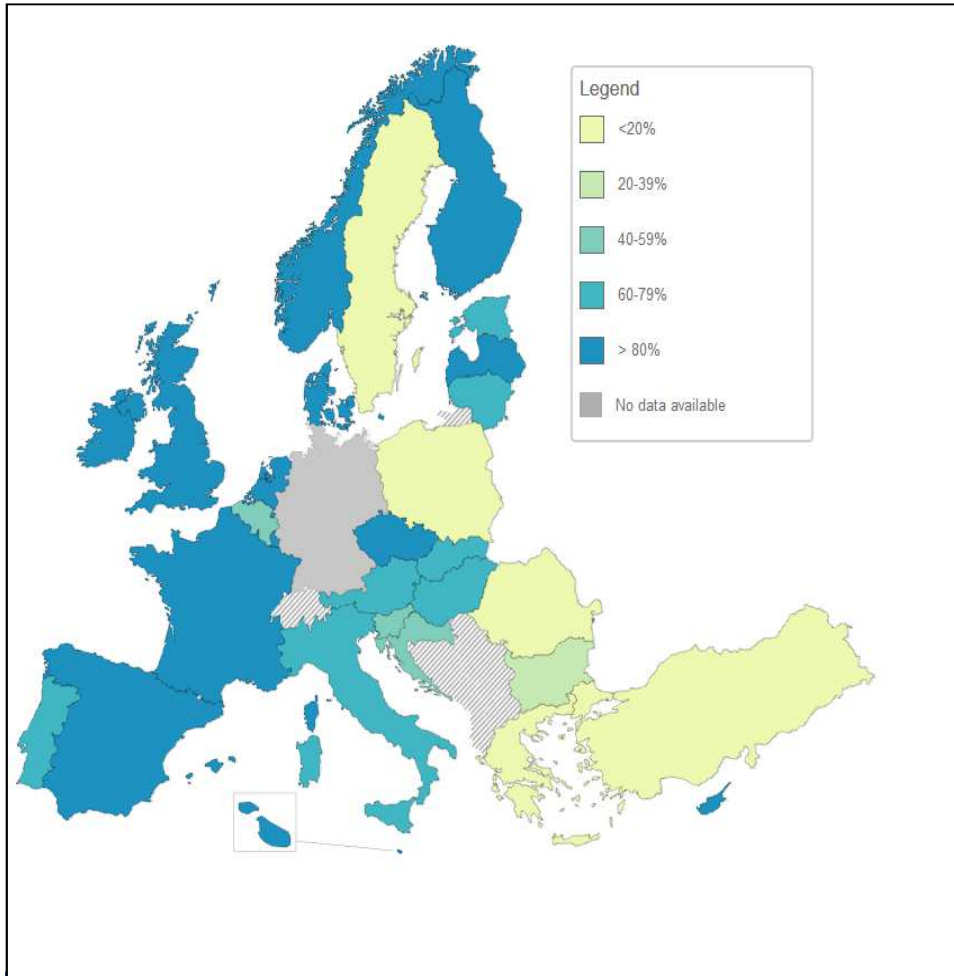


NB: Data displayed as point estimates and uncertainty intervals.



Syringes: geographical coverage of sites. Number per estimated PWID

Towards more 'local estimates' of the needs and coverage



Geo-coverage:
Outlets providing free
injecting equipment
(% of NUTS-III territorial
units)
(shows NUTS-II for AT, IT, NL, ES)



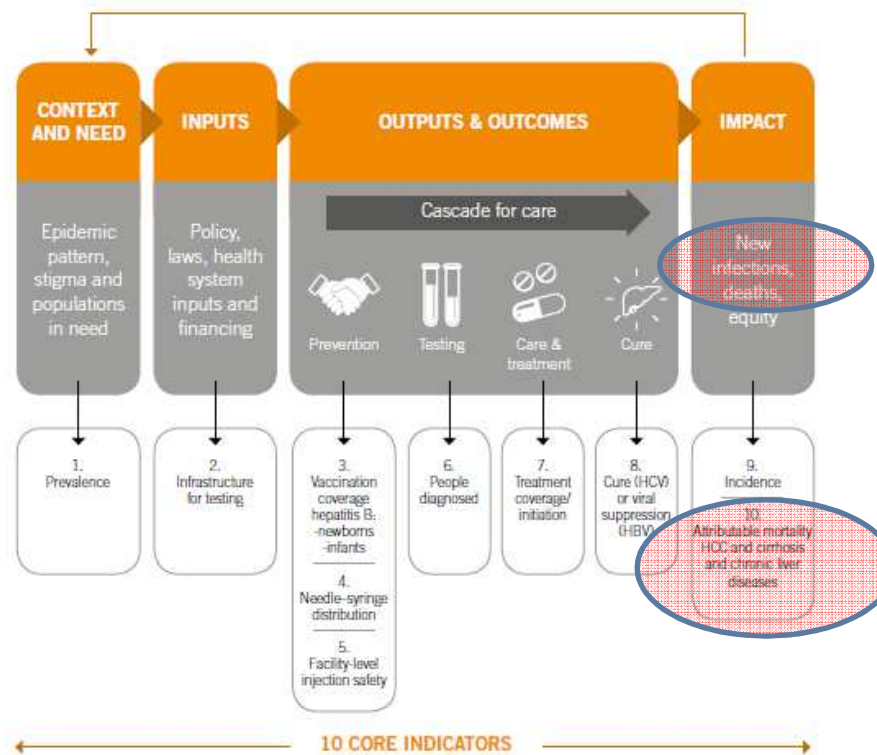
PWID: a component of the multi-indicator 'HIV risk assessment'

Country	HIV-related indicators		Indicators of transmission risk		Intervention coverage indicators	
	HIV cases (i)	HIV prevalence trend	HCV prevalence increasing or medium/high HCV prevalence	Injecting drug use prevalence increasing or high	Problem opioid users in substitution treatment (%)	Syringes distributed by specialised programmes (ii) (per injecting drug user per year)
Austria					60	340-485
Belgium*						37
Bulgaria*						
Croatia					64	154
Cyprus					16	1
Czech Republic					35	154
Denmark						
Estonia				2009		345
Finland*				2012	<30%	290
France					76	
Germany					50	
Greece*					62	72
Hungary*				2008-09	23	81
Ireland*					46	
Italy					37	
Latvia				2012	8	33
Lithuania					13	
Luxembourg*				2009	77	240
Malta					67	
Netherlands				2008	65	
Norway*				2013	45	261
Poland					17	
Portugal				2012	75	150
Romania*						
Slovakia					8	
Slovenia*					61	
Spain*				2012	>50	230



PWID: to monitor the burden of disease

FIGURE 1 Monitoring and evaluation framework: minimum set of 10 core indicators to monitor and evaluate the health sector response to viral hepatitis B and C along the result chain in countries



On impact:

PWID estimates for modelling the burden of disease, together with cohort studies and mortality statistics with specific cause of deaths



Re incidence and new infections: some questions and challenges to the PWID experts

- Who are the injectors? Are they 'captured' by the current estimates? Is the level of infection risk changing among PWID?
- Chemsex
- HIV Outbreaks/clusters linked to homelessness
- NPS/stimulant injections? e.g, 'high risk injection' related to stimulants and methyphenidate

27. Police Scotland reported that related practices included: communal injecting, users injecting each other due to rapid onset of effects and loss of fine motor control, needle sharing, injecting in unsanitary environments, high-risk injecting (in the neck and groin), and preparation with citric acid to improve water solubility, which additionally increases the corrosive nature of the substance *in vivo*.

Source.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/598494/ACMD_s_further_advice_on_methylphenidate-related_NPS_Mar_17.pdficular in Scotland

Conclusions

- PWID estimates are essential for public health monitoring of DRID epidemiology and responses:
- PWID disproportionately affected → Target Population for intervention, for coverage measurement and for monitoring the burden of disease
- Some PWID estimates still old or missing
- There are opportunities for better prevention of infection risk, infectious diseases testing, and access to vaccination and antiviral treatment → Need for planning interventions and for monitoring progresses



References




Hepatitis C among drug users in Europe: epidemiology, treatment and prevention. Hickman & Martin (Eds.) *EMCDDA, Lisbon, 2016*

CHAPTER 1 Hepatitis C virus infection among people who inject drugs: epidemiology and coverage of prevention measures in Europe

Isabelle Giraudon, Dagmar Hedrich, Erika Duffell, Eleni Kalamara
and Lucas Wiessing



DRID meeting 14-16 June - joint day with ECDC



PROGRAMME


Viral hepatitis among people who inject drugs in Europe

Joint meeting between the ECDC European Network for hepatitis B and C surveillance and the EMCDDA expert network on drug-related infectious diseases (DRID)

14 June 2017
EMCDDA, Conference Centre, Praça Europa 4, Cais do Sodré, 1249-289 Lisbon, Portugal

Background and objectives of this joint event

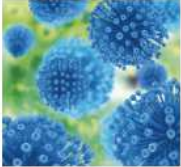
The main reason for convening ECDC and EMCDDA experts to a joint meeting day is to benefit from the diverse expertise and experience across both networks for a discussion about how Europe can improve its response to hepatitis B and C among people who inject drugs and achieve the targets for elimination set out by the World Health Organization. The joining of the ECDC and EMCDDA networks will prepare the ground for fruitful discussion and exchange around practical evidence-based strategies, for sharing achievements and examples of good practices and for identifying solutions to common challenges.




'Lisbon Hepatitis week', 12-16 June 2017 hosted by the EMCDDA

The joint day follows the fourth meeting of the ECDC Hepatitis B and C Network (12-13 June) which will bring together experts from across the EU to discuss how Europe can improve its response to the epidemics of hepatitis B and C, with a focus on surveillance.

The joint event is followed by the EMCDDA DRID annual expert meeting where specialists from across Europe discuss the latest developments in drug-related infectious diseases in Europe, covering the main topic areas of epidemiology, responses and monitoring.





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Drug-related infectious diseases (DRID) expert meeting

EMCDDA, Lisbon, 14-16 June 2017



The EMCDDA DRID expert meeting brings together specialists from across Europe to discuss the latest developments in drug-related infectious diseases in Europe, covering the main topic areas of epidemiology, responses and monitoring.

The meeting provides a space for sharing and discussing new studies, new findings and experiences at regional, national and European level. It also aims to facilitate technical work around the collection and analysis of the different components of this key epidemiological indicator: prevalence of infections among drug users, surveillance data and behavioural data. The overall purpose of this event is to reinforce and improve the completeness, robustness and utility of the information collected and analysed in order to inform policy decisions and developments in the field. The DRID expert meeting focuses on the following topics: outbreaks, incidents and emerging risks, regional assessment of HIV risk and responses; and follow-up of the assessment of the implementation of the DRID Key indicator.

[EMCDDA/ECDC Hepatitis week](#)

On this page

- [Key documents](#)
- [Resources](#)
- [Expert Presentations](#)
- [Outputs of the meeting](#)

Presentations, supporting documents, list of participants available from

<http://www.emcdda.europa.eu/meetings/2017/drid>

Planned outputs

- Joint press releases with ECDC
- DRID Rapid Communication report 2017






European Monitoring Centre
for Drugs and Drug Addiction


Acknowledgements

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EMCDDA colleagues Eleni Kalamara and Dagmar Hedrich

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