



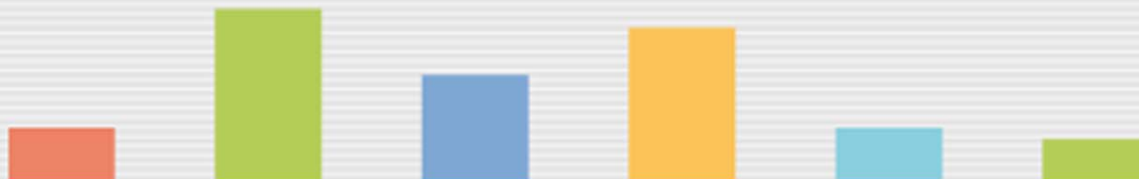
European Monitoring Centre  
for Drugs and Drug Addiction

# Surveillance of hepatitis and hepatitis testing efforts among people who inject drugs

Dagmar Hedrich, EMCDDA

Malta 1 February 2017

HepHIV2017, 31 January – 2 February 2017

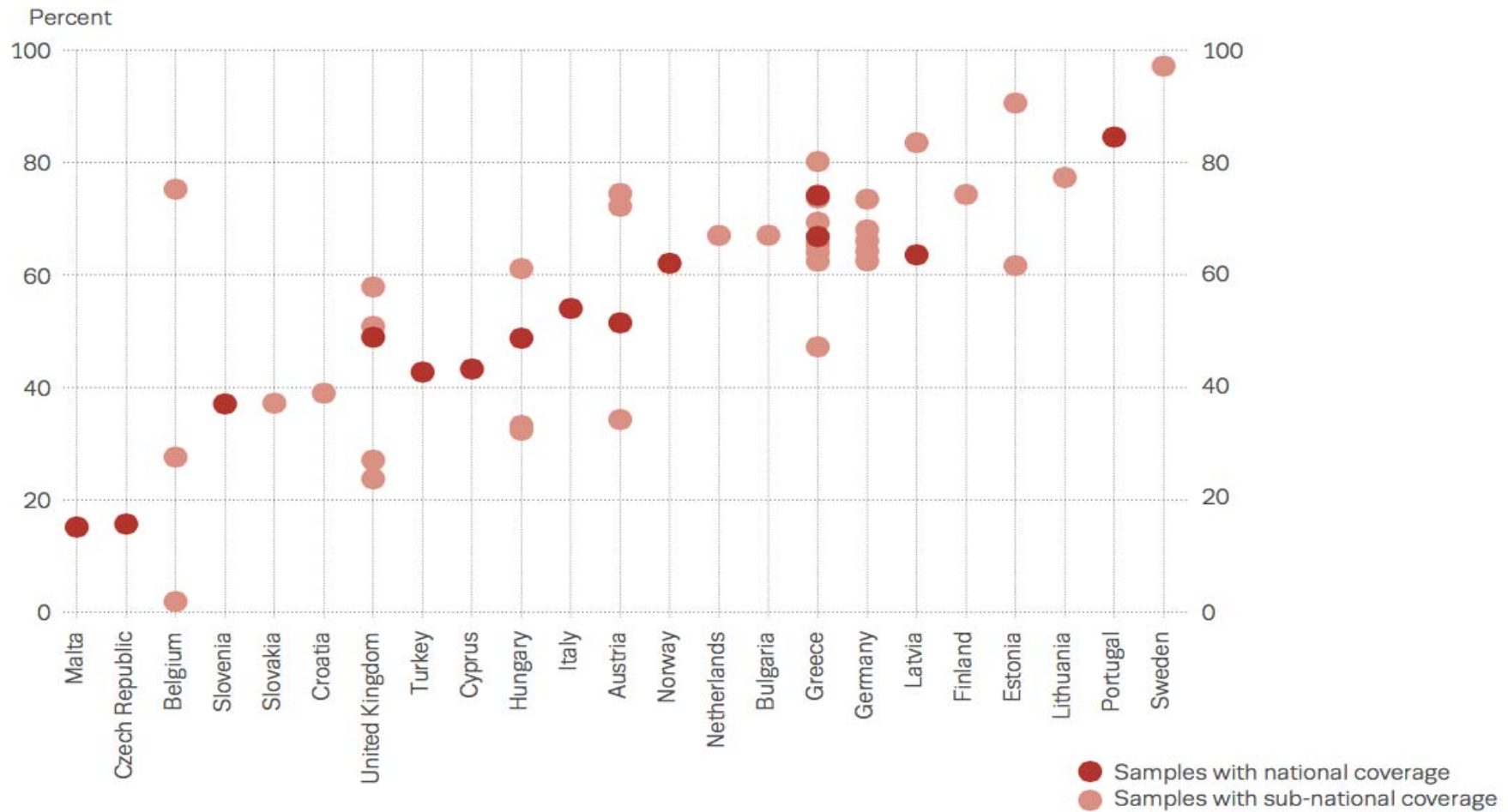




# Setting the scene

# HCV antibody prevalence among PWID

HCV antibody prevalence among injecting drug users, 2013/14



Source: EDR 2016



# HCV among PWID

HCV antibody prevalence 40-80% in most studies among current injectors (5/13 national studies > 50%) (EMCDDA SB 2016)

HCV notifications: ~80% of all notifications with known transmission route (ECDC Annual epidemiological report 2016)

Ratio national vs. PWID studies: 1: 47 (Hahné, 2013)

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 ECDC/EMCDDA guidance (2011)*

Prevention and control of infectious diseases among PWID

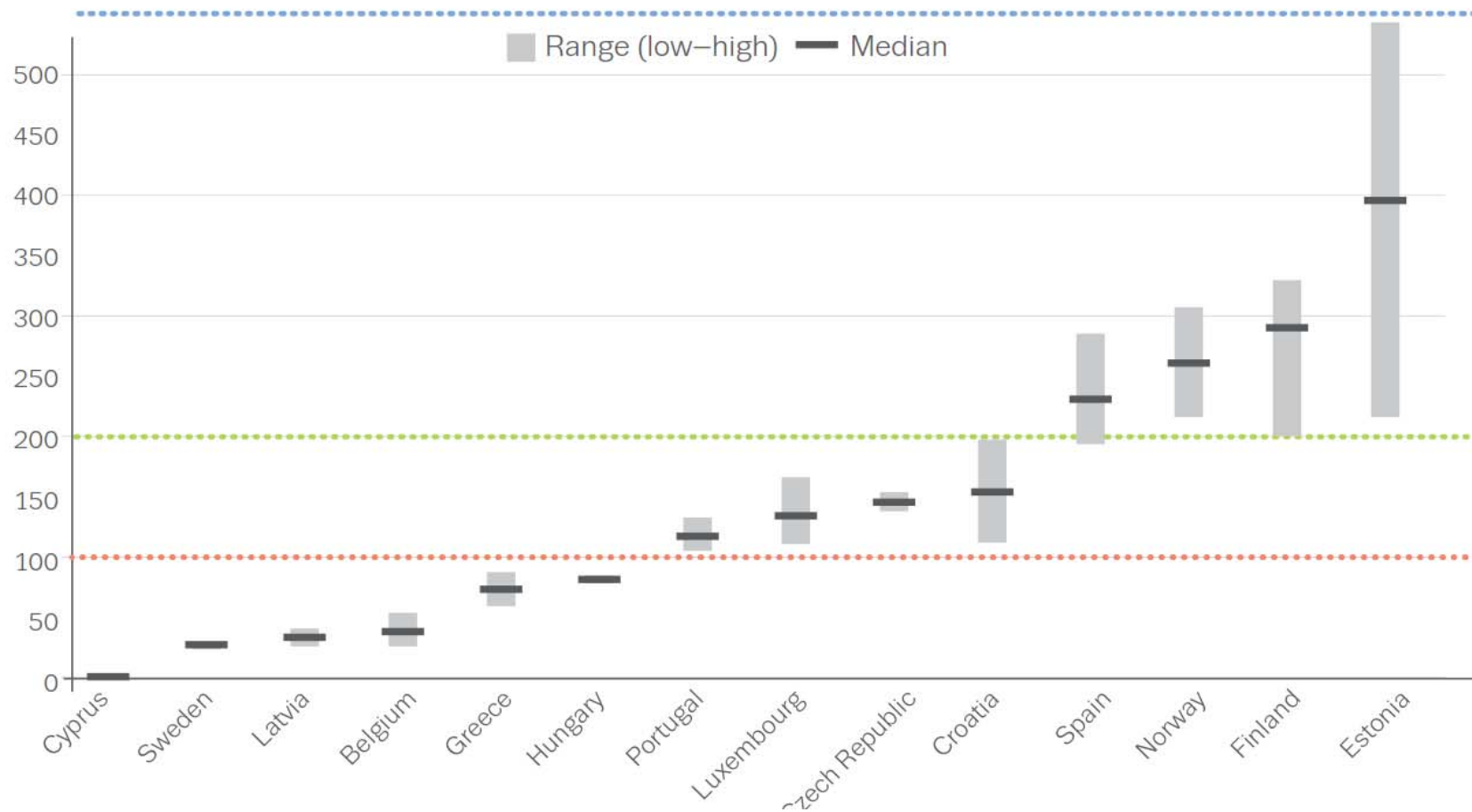
### **Seven recommended measures**

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

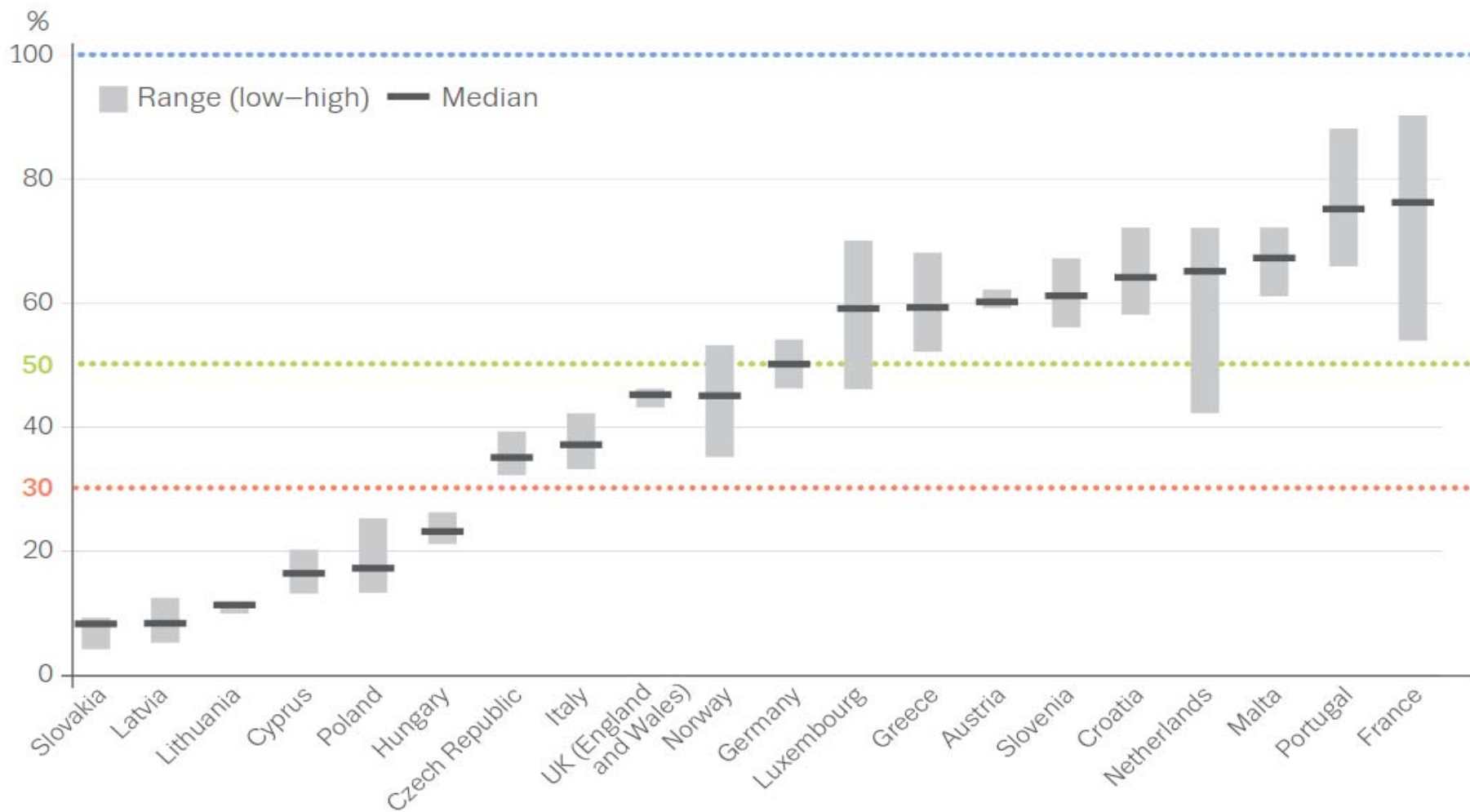


# Syringes distributed through specialised programmes per estimated IDU, 2014

Number of syringes



# Percentage of high-risk opioid users in agonist maintenance treatment (OST), 2014







## 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

# Strategic information is essential

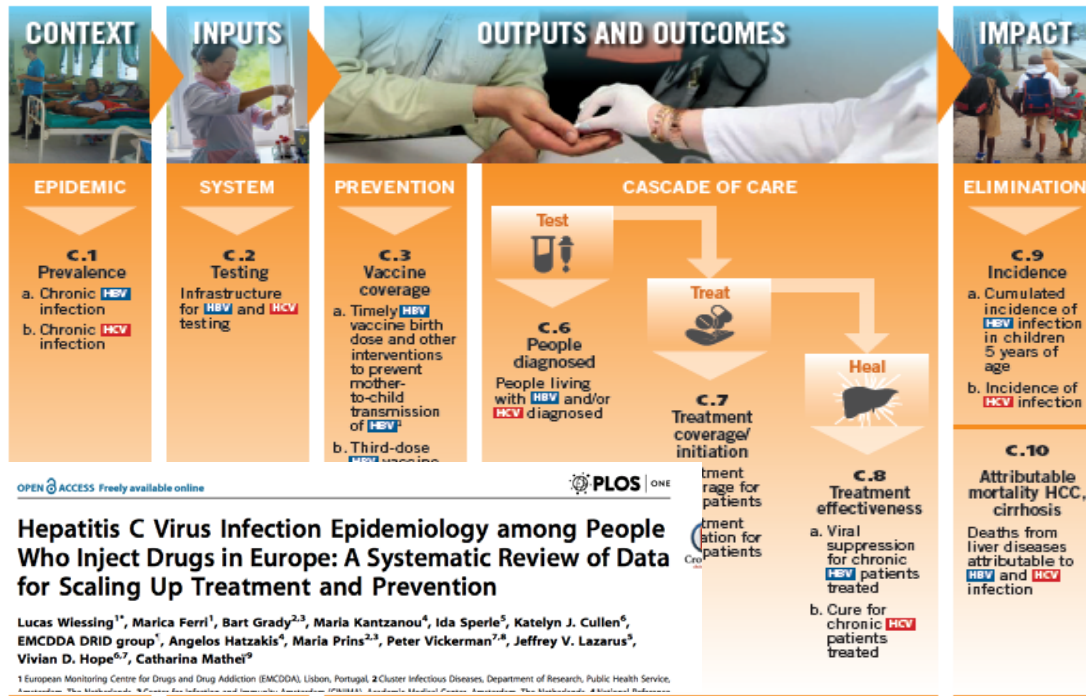
Reducing the incidence and prevalence of HCV, and thus the morbidity, mortality and burden on health in the future depends on implementing effective policies and interventions to prevent and treat HCV among PWID.

**Action Plan Health sector response to viral hepatitis in WHO European Region, 2016**



# MONITORING AND EVALUATION FRAMEWORK FOR HBV AND HCV ELIMINATION

## 10 CORE INDICATORS: GLOBAL AND NATIONAL LEVELS



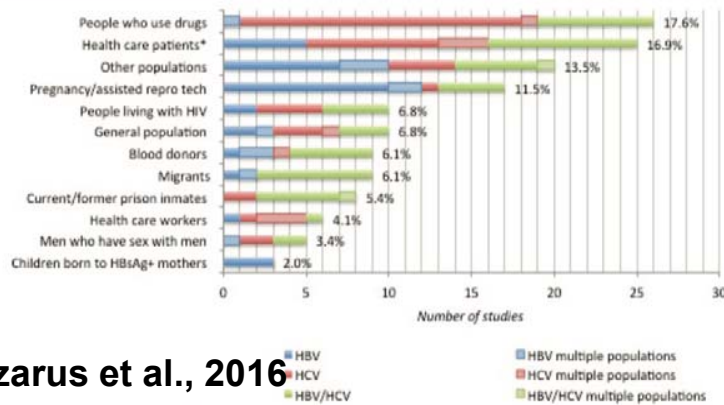
Strategic information is essential to inform decisions in policy planning, implementation and evaluation.

### Hepatitis C Virus Infection Epidemiology among People Who Inject Drugs in Europe: A Systematic Review of Data for Scaling Up Treatment and Prevention

Lucas Wessing<sup>1\*</sup>, Marica Ferri<sup>1</sup>, Bart Grady<sup>2,3</sup>, Maria Kantzanou<sup>4</sup>, Ida Sperle<sup>5</sup>, Katelyn J. Cullen<sup>6</sup>, EMCDDA DRID group<sup>1</sup>, Angelos Hatzakis<sup>4</sup>, Maria Prins<sup>2,3</sup>, Peter Vickerman<sup>7,8</sup>, Jeffrey V. Lazarus<sup>9</sup>, Vivian D. Hope<sup>6,7</sup>, Catharina Mathel<sup>9</sup>

<sup>1</sup> European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon, Portugal, <sup>2</sup> Cluster Infectious Diseases, Department of Research, Public Health Service, Amsterdam, <sup>3</sup> The Netherlands, <sup>4</sup> Centre for Evidence and Research, Institute of Public Health, <sup>5</sup> Institute of Public Health, <sup>6</sup> The Netherlands, <sup>7</sup> The Netherlands, <sup>8</sup> The Netherlands, <sup>9</sup> The Netherlands

### Optimising the HCV care continuum (Zhou et al., 2016)



### Lazarus et al., 2016

\* Excluding people living with HIV and people tested for reasons relating to pregnancy or use of assisted reproductive technology.

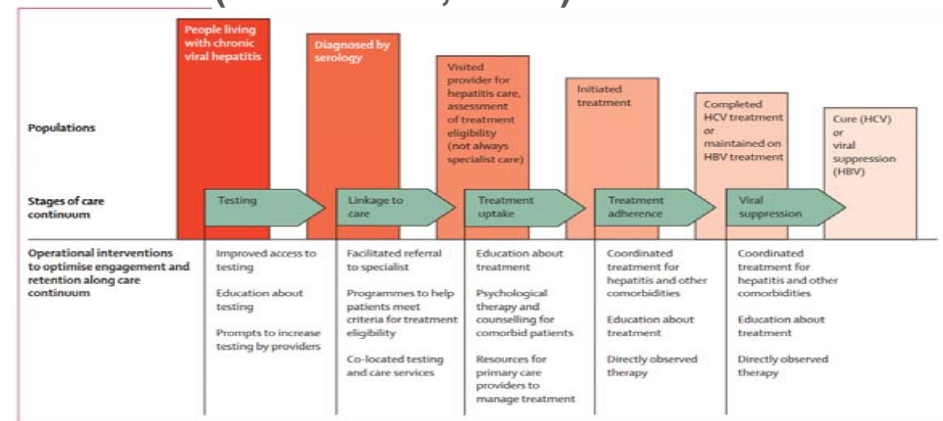


Figure 1: Overview of the chronic viral hepatitis care continuum. Operational interventions that cover testing, linkage to care, treatment uptake, treatment adherence, and viral suppression or cure. HBV=hepatitis B virus. HCV=hepatitis C virus.

FIGURE 4. Number of studies reporting on each disease and proportion of studies by population categories in the review.

# 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



# Steps needed

# WHO Monitoring and evaluation framework

## PWID-related indicators 1/2

### **Context/Epidemic:**

Estimate of the size of PWID population (KI: High-risk drug use) Prevalence of HCV and related risk behaviours (KI: DRID) Infections among recent injectors (incidence)

### **Inputs/System:**

National drug policies, HCV treatment frameworks, legal and regulatory context of key-responses (National Reports, publications and published studies);



# WHO Monitoring and evaluation framework

## PWID-related indicators 2/2

### EU-Minimum Quality Standards in Demand Reduction:

*Treatment services provide voluntary testing for blood-borne infectious diseases, counselling against risky behaviours and assistance to manage illness;*

<http://www.emcdda.europa.eu/best-practice/guidelines>

**Outputs/outcomes:** number in effective treatment (OST); treatment system data, Syringe programme data: syringe provision, paraphernalia, modalities & geo-location.

**Impact:** Liver-related mortality among drug users (KI: DRD, component mortality)








European Monitoring Centre  
for Drugs and Drug Addiction

# Acknowledgements

RTX Focal Points & DRID expert network,  
EMCDDA colleagues

[dagmar.hedrich@emcdda.europa.eu](mailto:dagmar.hedrich@emcdda.europa.eu) [emcdda.europa.eu](http://emcdda.europa.eu)

 [twitter.com/emcdda](https://twitter.com/emcdda)

 [facebook.com/emcdda](https://facebook.com/emcdda)

 [youtube.com/emcddatube](https://youtube.com/emcddatube)

 [flickr.com/photos/emcdda](https://flickr.com/photos/emcdda)

# European Drug Summer School 2017

## EUROPEAN DRUGS SUMMER SCHOOL

Illicit drugs in Europe: demand, supply and public policies

26.6–7.7.17

Two-week course in Lisbon with EMCDDA experts and keynote speakers

### Registration

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

Phase 2: 13 February – 7 April

Phase 3: 17 April – 2 June



[www.drugsummerschool.cies.iscte-iul.pt](http://www.drugsummerschool.cies.iscte-iul.pt)