



Monitoring drug-related infectious diseases in Europe

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Introduction

The drug-related infectious diseases indicator (DRID) is one of the five EMCDDA key epidemiological indicators, addressing key aspects of the prevalence and harms of drug use at the European level. This poster provides an update on infectious diseases related to drug use in Europe for the period up to February 2019. It presents an overview of the most recent surveillance data, outbreak investigations, prevention and control measures among people who inject drugs in Europe, collected through the DRID network.

Methods

National experts from the DRID network report quantitative and qualitative data to the EMCDDA through an online data collection tool and workbooks on a yearly basis.

Documenting outbreaks affecting drug users: Outbreak investigations are reported by national experts in reports, peer-reviewed journals and presented at expert meetings.

Reporting newly diagnosed HIV, HBV and HCV cases linked to injecting drug use: EU countries report annually to ECDC newly diagnosed cases of HIV, HCV and HBV infections linked to injecting drug use using the EU 2012 case definitions.

Estimating prevalence of HIV, HBV and HCV among people who inject drugs: The prevalence of blood-borne infections (HIV, HBV, HCV) among people who inject drugs is estimated from seroprevalence studies or from the results of screening (diagnostic testing) routinely done in drug treatment centres or low-threshold services.

Monitoring interventions: Data on the coverage of key interventions among drug users (opioid substitution treatment, OST; needle and syringe programmes, NSP; testing for infectious diseases) are reported to the EMCDDA on a yearly basis.

Results

New diagnoses and outbreaks

In 2017, there were 940 newly notified cases of HIV infection attributed to injecting drug use in the EU, Norway and Turkey. It corresponded to 4.6 % of all new HIV cases with information on the mode of transmission.

While people who inject drugs now account for a smaller proportion of newly notified cases of HIV infection overall, outbreaks among this group continue. Stimulant injection has been identified as a risk factor in at least 4 recent outbreaks (Table 1). This practice has been associated with higher levels of unsafe sex and unsafe injecting.

TABLE 1 | HIV outbreaks among people who inject drugs in the European Union, 2014 -17

Country	City/region	Year	HIV cases	Injected drug associated with infection
United Kingdom	Glasgow	2014-19	156	Cocaine
Luxembourg	Lux./Esch	2014-17	68	Cocaine
Lithuania	Prisons	2016-17	165	Not documented
Germany	Bavaria	2015-16	53	Synthetic cathinones
Ireland	Dublin	2014-15	38	Synthetic cathinones

Also of public health importance are outbreaks of bacterial infections among people who inject drugs. In the UK, the number and proportion of *Staphylococcus aureus* and invasive group A *Streptococcus* infections associated with injecting drug use has increased since 2013. Clusters of wound botulism continue to occur among people who inject drugs, probably due to the environmental contamination of heroin with botulism spores. There were four confirmed botulism cases in Scotland in February 2019 and two confirmed cases in England in late 2018.

Prevalence of HIV and HCV

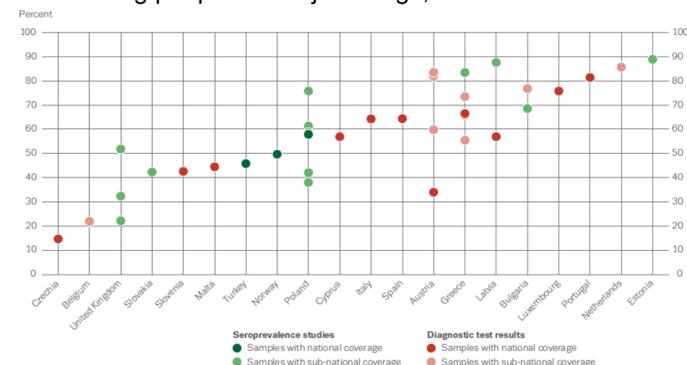
Recent estimates (2016-17) of HIV prevalence are available for 19 countries, with levels above 10 % reported among populations of people who inject drugs in Estonia, Greece, Italy, Latvia, Poland, Portugal, Romania and Spain.

The presence of antibodies to HCV (anti-HCV) indicates present or past infection, either cleared or treated. In 2016-17, anti-HCV prevalence among people who inject drugs varied from 15 % to 82 %. In eight of the 14 countries with national data, more than half of people who inject drugs had been infected with HCV (Figure 1).

Interventions

Data on the coverage of NSP are available for 16 countries for 2017, with only four (Estonia, Finland, Luxembourg and Norway) providing a level of coverage that was above the WHO 2020 target of 200 syringes per injecting drug user.

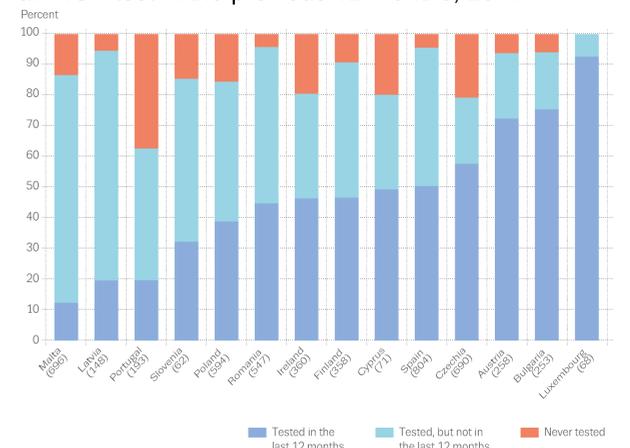
FIGURE 1 | HCV antibody prevalence (percent) among people who inject drugs, 2016-17



OST coverage (share of high-risk opioid users receiving OST), was estimated to be at or above the 2020 target of 40 % in 11 of the 18 EU countries with available data for 2017.

In 9 of the 14 countries with data for 2017, less than half of the people who inject drugs who entered drug treatment had received an HCV test over the last 12 months (Figure 2).

FIGURE 2 | Percentage of people entering drug treatment reporting injecting drugs who had received an HCV test in the previous 12 months, 2017



Conclusions

The cost-effectiveness of prevention, harm reduction measures and treatment to reduce transmission of infectious diseases among people who inject drugs is well documented. Yet, the coverage of these measures is sub-optimal in most Member States. Outbreaks of HIV linked to stimulant injection continue to be a challenge. Reaching the sustainable development goals targets for HIV and viral hepatitis will require scaling up equitable and tailored prevention measures, testing and treatment for people who inject drugs.

The EMCDDA monitors the elimination of viral hepatitis through the elimination barometer, and documents on its website models of care integrated with drugs services to improve testing, referral to care and treatment of infectious diseases among people who inject drugs.

Acknowledgments: The DRID network