The elimination of viral hepatitis among people who inject drugs in the EU

Monitoring data from the EMCDDA

T. Seyler, F. Pericoli, for the DRID network - VHPB April 2023
Methods: the elimination barometer

Monitoring and evaluation framework: indicators to monitor and evaluate the health sector response to viral hepatitis B and C among people who inject drugs

**CONTEXT AND NEED**
- Key population size and HBV/HCV prevalence

**POLICY**
- Inclusive viral hepatitis national policy

**PREVENTION, TESTING AND TREATMENT**
- Prevention coverage: NSP, OST, HBV vaccination
- Testing coverage and treatment access

**IMPACT**
- New infections

2020 targets:
- Data available
- Inclusive policy adopted
- 200 sterile syringes per person who injects drugs
- 40% OST coverage
- HBV vaccine available in prison
- 50% of people chronically infected are diagnosed
- Treatment to be available and affordable for all
- 30% reduction in incidence (baseline: 2015)

Adapted from Monitoring and evaluation for viral hepatitis B and C: recommended indicators and framework, World Health Organization (2016).
Methods

EMCDDA Reitox national focal points

- **DRID network**
  - Seroprevalence studies
  - Routine diagnostic tests in drug treatment services
  - *Ad-hoc* surveys among experts

- **PDU network**
  - Indirect statistical methods for denominators

- **HR network**
  - Programmatic data

Context and need: denominators

Imputation model: EU27+Norway PWID population size of 520,000 [375,000 – 722,000]
Context and need: HCV prevalence

Figure 4. Prevalence (%) of active HCV infection (HCV RNA+) among PWID, by country, 2021 or latest available data

Note: The level of evidence is assessed separately for sero-prevalence studies (SP) and routine diagnostic tests (DT) on: PWID case definition, sample size, type of settings, number of sites, type of biological sample. SP are also assess sampling method; DT for: timeliness, periodicity, geographical coverage.

Source: EMCDDA
Context and need: HBV prevalence

Figure 5. Sero-prevalence studies: Prevalence (%) of active HBV infection (HBsAg+) among PWID, by country, 2021 or latest available data

Note: The level of evidence is assessed separately for sero-prevalence studies (SP) and routine diagnostic tests (DT) on: PWID case definition, sample size, type of settings, number of sites, type of biological sample. SP are also assessed sampling method; DT for: timeliness, periodicity, geographical coverage.

Source: EMCDDA
Prevention: opioid agonist treatment
Prevention: needle and syringe provision

![Graph showing needle and syringe provision across different countries with Luxembourg, Norway, Finland, Greece, Czechia, Estonia, Spain, Belgium, Latvia, France, Portugal, Croatia, Lithuania, and Italy represented.]
Prevention: combined OAT/NSP coverage

Figure 8. Number of clean syringes distributed per PWID and proportion of high-risk opioid users in opioid substitution treatment, European countries, 2021 or latest available data.
Continuum of care among PWID (ever-injectors, n=7504) receiving drug services in Greece, April 2022 (source: Greek Reitox Focal Point of the EMCDDA)

Total number of PWID in drug treatment: 7504
- Number of PWID in OST units: 6952
- Number of PWID in Drug free programmes: 552

53% Initiated and completed treatment
63% Approved and subscribed any treatment
Impact: trends in HCV-RNA prevalence

WHO target

Reduction in HCV viraemic prevalence by 80% from baseline (in general population and PWID)

- 68%

14.5%
Conclusions

- **Below target in terms of data availability**
  - Update of the DRID protocol: models of monitoring from study designs from Germany, Greece, Sweden, Luxembourg

- **Below target in terms of coverage of intervention**
  - Update of the joint ECDC/EMCDDA joint guidance: A package of technical reports on evidence reviews, expert panel consultation, models of good practice
Conclusions

- Below target in terms of coverage of intervention

- Models of care in drug services

- Models of care in prisons

1. Ocaña (ES): comprehensive harm reduction package provided to drug users
2. Milan (IT): HAV and HBV vaccination for people in prison and prison staff
3. Luxembourg (LU): test & treatment activities
4. Berlin (DE): interventions addressing viral hepatitis for females in prison
5. Montpellier (FR): guaranteeing continuity of HCV care and treatment after prison release
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