

HIV treatment cascade and epidemiological analysis of the new HIV outbreak in injecting drug users from Luxembourg

Carole Devaux , PhD
Infectious Diseases Research Unit
Department of Infection and immunity





Drug use and HIV infection in Luxembourg

✓ Stabilization in the prevalence of problematic drug use and a reduction in associated mortality but overall increase in the number of IDUs in the past 10 years

2015: 2500 active IDUs estimated **2016:** 3.063 et 3.585 IDUs registered in 2 harm reduction programs

✓ Since 1983, 202/1184 (17%) new HIV infections were due to injecting drugs.

152/202 (75.2%) patients were coinfected with HCV 13/202 (6.4%) with HBV and 11/202 (5.5%) HBV/HCV

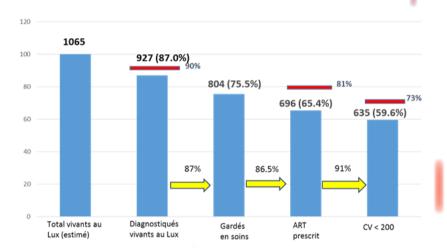


- IDUs: 30% of new HIV infections in 2016
- HIV prevalence of 9% in IDU.



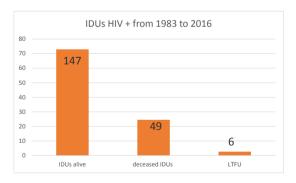


HIV Cascade of care, Luxembourg, 2015





Mortality in IDU infected with HIV

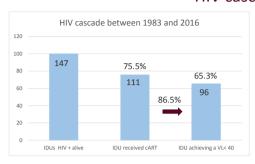


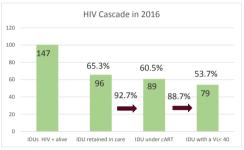
Since 1983, 202/1184 (17%) new HIV infections were due to injecting drugs



No estimation of HIV + IDU non diagnosed

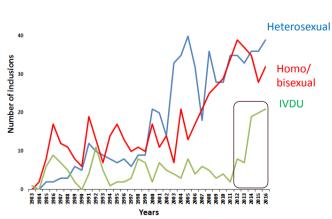
HIV cascade in IDU







HIV outbreak in IDU

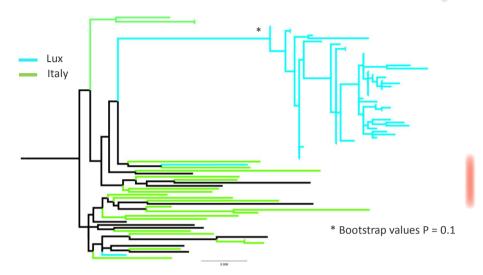


- 2013-2016: 67 $\,$ new IDU cases included in the HIV cohort at the National Service of Infectious Diseases
- Only 3 new IDU diagnosed in 2017 (meeting expert, treatment access, and reinforcement of prevention)



2013-2016: 35 IDUs belongs to 1 subtype B cluster of 45 patients

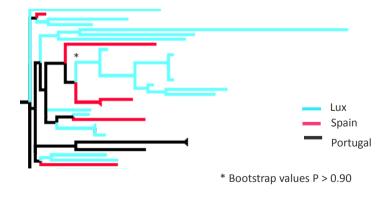
11 /21 patients identified in 2016 and all at the drug consumption room





2013-2016: 8 IDUs belongs to one CRF-14BG cluster of 12 patients

Cluster localised in the south of Luxembourg



4 cases belong to 4 other clusters (2 MSM, 1 heterosexual, 1 CFR42)



Epidemiological and clinical data

	Median age (IQR)	Sexe	Birth Country	Median inclusion viral load (IQR ^a) cp/ul	Median CD4 (IQRª) cells/ul	HCV Infection	HCV genotype
Cluster HIV B (n =33)	34 (30 – 38)	Male: 22 Female: 11	Luxembourg : 24 Other countries : 9	13 159 (2157 – 30 861)	699 (479 – 850)	Past : 13 Ongoing : 17	1a : 9 3a : 12
Cluster HIV CRF14_BG (n= 8)	37.5 (33.5 – 41.5)	Male: 7 Female: 1	Luxembourg : 4 Other countries : 4	64 560 (31 795 – 165 991)	533 (285– 719)	Past : 5 Ongoing : 3	1a : 5
Others (n= 27)	40.5 (34 – 46)	Male: 16 Female: 11	Luxembourg : 10 Other countries : 17	936 (181 – 25 811)	588 (200 – 802)	Past : 9 Ongoing : 10	1a : 5 3a : 1

- Overall 86% were co-infected with HCV, 62.5% have been attending OST facilities and all were more likely to be infected in the country.
- A higher prevalence of females was observed as compared to all UDIs followed in Luxembourg (31 vs 21%, p<0.05).
- Interviews from 32/67 UDIs revealed that 12 were currently homeless, and 27 injected cocaine in addition or not to heroin.



Increased cocaine injection since 2012

YEAR	RELIS recorded drug users					Supervised drug consumption rooms			
	Primary drug		Secondary drug		Total				
	Cocaine IDUª	Cocaine non-IDUª	Cocaine IDU ^a	Cocaine non-IDUª	Cocaine	Cocaine	Cocaine mixtures	Cocaine total	
2012	4	9	18	22	53	3	2	5	
2013	6	11	13	21	51	4	3	7	
2014	6	14	22	19	61	6	5	11	
2015	8	11	20	24	63	13	9	22	
2016		•				15	7	22	

Cocaine injection vs heroin injection



Characteristic	Total (%)	drug	p-value	
	n=153	COC ± HERO (n=90)	
Age				
median (IQR)	41 [34-46]	39 [33-45]	44 [38-52]	0.0015
Age of first consumption				
median (IQR)	17 [14-20]	17 [14-20]	17 [15-21]	0.53
Regular consumption				
Yes	126 (82.9%)	80 (89.9%)	46 (73.02%)	0.0065
No	26 (17.11%)	9 (10.11%)	17 (26.98%)	
poly-use of drugs				
Yes	103 (68.67%)	86 (97.73%)	17 (27.42%)	<0.0001
No	47 (31.33%)	2 (2.27%)	45 (72.58%)	
under OST				
Yes	103 (67.76%)	61 (68.54%)	42 (66.67%)	0.82
No	49 (32.24%)	28 (31.46%)	21 (33.33%)	
Drug sharing				_
Yes	92 (63.45%)	63 (71.59%)	29 (50.88%)	0.01
No	56 (36.55%)	25 (28.41%)	28 (49.12%)	
Syringe sharing				
Yes	22 (16.06%)	17 (20.24%)	5 (9.43%)	0.09
No	115 (83.94%)	67 (79.76%)	48 (90.57%)	
Preservative use				
Yes	60 (48.78%)	42 (56%)	18 (37.5%)	0.04
No	63 (51.22%)	33 (44%)	30 (62.5%)	
Prostitiuion				
Yes	19 (12.42%)	14 (15.56%)	5 (7.94%)	0.16
No	134 (87.58%)	76 (84.44%)	58 (92.06%)	
Prison				
Yes	67 (43.79%)	40 (44.44%)	27 (42.86%)	0.84
No	86 (56.21%)	50 (55.55%)	36 (57.14%)	
piercing	,			
Yes	43 (28.1%)	34 (37.78%)	9 (14.29%)	0.0015
No	110 (71.9%)	56 (62.22%)	54 (85.71%)	
HIV + last test				
Yes	17 (11.18%)	14 (15.56%)	3 (4.84%)	0.05
No	135 (88.82%)	76 (84.44%)	59 (95.16%)	



Bivariable and multivariable generalized estimating equation (GEE) analyses

Characteristic	Odds ratio (OR)					
	Unadjusted OR (95%CI)			Adjusted OR (95%CI)		
	OR	95%CI		OR	95%CI	
Age						
Per year older	1.066	1.024	1.11			
Regular consumption						
Yes vs No	0.304	0.126	0.738			
Poly-use of drugs		0.002	0.04			
Yes vs No	0.009			0.013	0.002	0.077
Drug sharing						
Yes vs No	0.411	0.205	0.824			
Piercing						
Yes vs No	0.275	0.12	0.626	0.142	0.021	0.983



Conclusions

- ✓ 17% of all new HIV infections since 1983 were due to injecting drugs in Luxembourg but this rate reached 30% in 2016
- ✓ The HIV treatment cascade and care shall be improved since only 60% of all IDU alive were under ARV treatment and 54% had undetectable viral load in 2016
- ✓ Injecting cocaine was found to be a key risk factor related to HIV infection in the recent HIV outbreak and was associated with sharing of drugs
- ✓ Additional strategies to on-site safer-use prevention measures targeting IDU in out-of-treatment and care settings, need to be further developed:
 - Outreach intervention
 - Providing sterile injection material and rapid HIV/hepatitis testing
 - Short video clips, awareness of HIV exposure
 - Treatment as prevention (42/67 under treatment in 2016) and preexposure prophylaxis.



Acknowledgments

Dr Alain Origer, National drug coordinator, Ministry of Health
Dr Vic Arendt Service National des Maladies infectieuses Cen

Dr Vic Arendt, Service National des Maladies infectieuses, Centre Hospitalier de Luxembourg

HIV Berodung: Natacha da Silva, Laurence Mortier

CHL: Dr Jean-Hugues François, Henry Goedertz, Karin Hawotte

LIH: Laurence Guillorit, Aurélie Fischer, Christine Lambert, Cécile Masquelier, Valérie Etienne, Jean-Yves Servais, Gilles Iserentant

Fondation Recherche sur le SIDA, Dr Robert Hemmer





