

**Substance use among MSM and updates on the
hepatitis A outbreak:
Brief report on the Portuguese situation**



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1. General overview on Hepatitis A:

- Country status - low endemicity;
- TESSy (2015): 12.527 cases of hepatitis A reported in 30 countries (including Portugal)

1.1.Recent Hepatitis A outbreak:

- February 2016 - February 2017: 3 clusters, 287 confirmed cases of hepatitis A in 13 EU countries (including Portugal). Almost all cases occurred among MSM;
- Portugal, January 1th. to March 29th. , 2017: 115 cases reported, 107 confirmed by serology. 58 led to hospital admissions:
 - 97% young male adults, mainly living in the Lisbon and Vale do Tejo area;
 - 55 molecular analysis, 53 led to the identification of strain also identified in Spain, United Kingdom, and other European countries;
 - Mean age of patients in this sample = 30 years.

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1.2 . Transmission Modes:

- Classical: fecal-oral route, or by person-to-person;
- Transmission through sexual contact also described, previously to this outbreak - outbreaks of hepatitis A among MSM since the 1970s.
- Cases identified in Portugal are associated with MSM;
- Major risk factor: sexual intercourse that facilitates fecal-oral transmission when one of the partners is infected.

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1.3. People at higher risk of acquiring Hepatitis A :

MSM stand in the frontline in what concerns risk of HAV contamination:

- Anal sex (with or without a condom)
- Anal-oral sex.

The risk increases significantly in the context of anonymous sex with multiple partners (e.g. Chemsex, Slamming)

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1.4. Other Hepatitis A risks related to PWUD:

- Injecting and non-injecting PWUD are at greater risk of developing the disease when they come into contact with the virus;
- Severity of the disease increases with age especially in people who have underlying chronic liver disease (alcoholic or non-alcoholic), cirrhosis or chronic hepatitis B or C.

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2. Potential linkage of Hepatitis A outbreak with Chemsex

Methodological issue:

- Instruments in use (notification forms, epidemiologic surveys,...) do not include questions on this subject.

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2.1. Potential linkage of Hepatitis A outbreak with chemsex – other sources:

- EMIS Study (2010 data) - Chemsex within MSM community: Lisbon = 1,7%; Oporto = 0,9%
- Lisbon MSM Cohort (CheckpointLX/GAT/ISPUP): behavioural data concerning Chemsex in the MSM community :
 - April 2011 to April 2016: 3.1% affirmative responses to the practice of Chemsex (132 in N = 4. 228)
 - Stable trend over the years.
- Anecdotal reports by doctors involved in treating the MSM community:
 - approx. 1% of MSM patients spontaneously report ever having being involved in Chemsex.

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3. Conclusions:

Within the framework of important methodological limitations (regarding epidemiological surveys, notification forms and lack of recent data) that may prevent the detection of small but statistically significant effects:

- Overall appreciation: probable negligible contribution (if any?/so far?) of Chemsex to the spreading of the infection;
- Low prevalence of Chemsex within the Portuguese MSM community is critical for this conclusion.

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5. Lessons Learned (?):

- Assessment of critical elements for the rapid identification and response to emerging drug trends => new methodologies allowing rapid reporting of new developments and supporting early intervention, if necessary.
- Complementary to more “heavy classical methodologies

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