



European Monitoring Centre
for Drugs and Drug Addiction

Drug-related Infectious Diseases (DRID)

EMCDDA Key epidemiological indicator

Annual expert meeting 14-16 June 2017 - Lisbon

Compilation of national updates

Recent developments concerning the Key Indicator
in the Member States, Norway, Turkey and neighbouring countries

European Monitoring Centre
for Drugs and Drug Addiction

PROGRAMME

Drug-related infectious diseases DRID annual expert meeting

Tuesday 13 June 2017
16:00 – Registration at EMCDDA
17:00 – Opening of the joint event
18:00 – Cocktail

Wednesday 14 June 2017
09:00 – Joint day with the ECDC hepatitis network
(Detailed agenda available)
17:00 – End of joint meeting

14–16 June 2017
EMCDDA, Lisbon

European Monitoring Centre
for Drugs and Drug Addiction

ecdc
EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

PROGRAMME

Viral hepatitis among people who inject drugs in Europe

Joint meeting between the ECDC European Network for hepatitis B and C surveillance and the EMCDDA expert network on drug-related infectious diseases (DRID)

14 June 2017
EMCDDA, Conference Centre, Praça Europa 4, Cais do Sodré, 1249-289 Lisbon, Portugal

Background and objectives of this joint event

The main reason for convening ECDC and EMCDDA experts to a joint meeting days is to benefit from the diverse expertise and experience across both networks to discuss how Europe can improve its response to hepatitis B and C among people who inject drugs and achieve the targets for elimination set out by the World Health Organization. The joining of the ECDC and EMCDDA networks will prepare the ground for fruitful discussion and exchange around practical evidence-based strategies, for sharing achievements and examples of good practices and for identifying solutions to common challenges.



'Lisbon Hepatitis week', 12–16 June 2017 hosted by the EMCDDA

This joint day follows the fourth meeting of the ECDC Hepatitis B and C Network (12-13 June) which will bring together experts from across the EU to discuss how Europe can improve its response to the epidemics of hepatitis B and C, with a particular focus on surveillance.

The joint event is followed by the EMCDDA DRID annual expert meeting, where specialists from across Europe discuss the latest developments in drug-related infectious diseases in Europe, covering the main topic areas of epidemiology, response and monitoring.

More information:
<http://www.ecdc.europa.eu/en/about-meetings/2017/14june>
http://www.euro.who.int/en/HEALTHTOPICS/VIRAL_HEPATITIS/Pages/viral_hepatitis.aspx



Austria	3
Belgium	4
Bulgaria	5
Croatia	6
Cyprus	7
Czech Republic	8
Denmark	9
Estonia	10
Finland	11
France	12
Germany	13
Greece	15
Hungary	18
Ireland	19
Italy	20
Latvia	21
Lithuania	22
Luxembourg	23
Malta	25
Netherlands	26
Norway	27
Poland	28
Portugal	29
Romania	30
Slovakia	32
Slovenia	34
Spain	35
Sweden	37
United Kingdom	38
Serbia	39

Austria

1. DRID data: sources and methods

No update

2. DRID situation

No update

3. DRID Meeting 15-16/06

a. ‘Early warning and threat assessment: - No update

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update

Belgium

1. DRID data: sources and methods

No update

2. DRID situation

No update

3. DRID Meeting 15-16/06

- a. Early warning and threat assessment: - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update

Bulgaria

No update received.

Croatia

1. DRID data: sources and methods

No update

2. DRID situation

No update

3. DRID Meeting 15-16/06

a. Early warning and threat assessment: - No update

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update

Cyprus

1. DRID data: sources and methods

No update

2. DRID situation

1. No update.
2. No update.
3. No update.
4. As regards the implementation of measures aiming at the reduction of infectious diseases transmission among the IDUs, as mentioned in the 2016 Harms and Harm Reduction Workbook, following the approval of a specific budget for the CAC, the vending machines which will serve as dispensing machines for syringe and needle provision/ exchange across the country, are currently ready to be installed. In addition, further progress has been made with regards to the provision of take-home naloxone in combination with the adequate training and discussion with the Ministry of Health is being continued.
5. No update.

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update

Czech Republic

1. DRID data: sources and methods

No update

2. DRID situation

1. In 2016, in total 7 newly diagnosed HIV cases in PWID were recorded, 2,4%. MSM category is prevailing (74,5%).
2. No update
3. No update
4. No update
5. No update

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. Within HA-REACT project there is a preparation of condom distribution program in one Czech prison.

Denmark

1. DRID data: sources and methods

No update

2. DRID situation

No update

3. DRID Meeting 15-16/06

- a. Early warning and threat assessment: - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update

Estonia

1. DRID data: sources and methods

Nothing new. From 2015 Estonian communicable diseases registry and the HIV registry were sharing data. We have three sites (larger cities) where RDS study is conducted in every 4 years among PWID, including HIV, HCV and HBV testing. Next studies will be 2017 Tallinn, 2018 Narva and 2020 Kohtla-Järve.

2. DRID situation

1. Since 2009, data on HIV transmission routes are collected by the Health Board. The percentage of PWID among new HIV cases was 12% in 2016.
2. According to the latest RDS study, conducted in Kohtla-Järve (North-East Estonia) 2016, 66% of PWID were HIV positive, 81% were HCV-antibody positive and 4% HBsAg positive.
3. 2016 study: Up to 97% of PWID have tested for HIV ever during lifetime, and up to 93% of those who are HIV-infected are aware of this. 1% shared syringes/needles in the last 4 weeks.
4. No update
5. No update

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. In 2015 naloxone program was introduced in the prisons. Prisoners with injection drug use history are trained before the release. All people who are arrested or found guilty for the first time are recommended to take HIV-test. Testing is voluntary. In 2016 14% of the prisoners were HIV-positive (n=370). 3117 HIV tests were done and 18 new cases were diagnosed (all the new cases were diagnosed among new prisoners). Hepatitis B and C tests are recommended for PWID, HIV-positive etc and it's voluntary. In 2016 513 hep B tests were done and 13 were positive. 1509 hep C tests were done and 270 were positive. 35 prisoners received hep C therapy and 325 received ARV therapy.

Finland

1. DRID data: sources and methods

No update

2. DRID situation

No update

3. DRID Meeting 15-16/06

a. Early warning and threat assessment: - No update

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update

France

1. DRID data: sources and methods

No update

2. DRID situation

1. In 2015, 88 injecting drug users (IDU) were newly diagnosed with HIV, i.e. only 1.5% of all newly diagnosed cases.
2. The self-reported prevalence of HCV and HIV (likely to be underestimated because some IDUs ignore their status) are stable between 2012 and 2015. In 2015, the reported prevalence of HCV was 45% among IDU treated in specialised treatment centres for addiction and 35% in the harm reduction facilities. The reported prevalence of HIV was 7% among IDU in specialised treatment centres for addiction and 5 % in the harm reduction facilities.
3. In 2015, the majority of drug users seen in harm reduction facilities stated having undergone one screening test at least once (89.7% underwent HIV screening and 83.2% underwent HCV screening, stable for HIV screening versus 2012 and down for HCV screening). Among those who stated themselves HIV negative, almost half (47.4%) performed this test in the last six months. In the case of HCV, the proportion is 45.9%. In 2015, 63.2% of the drug users seen in harm reduction facilities, used the injection route at least once in their lifetime and 47.4% have done so in the last 30 days, which is stable compared to 2012. Of recent injecting drug users seen in harm reduction facilities, 13.9% stated having shared their syringes in the last month (more than in 2012), but 26.5% shared at least one piece of equipment (injecting paraphernalia or syringes and needles), stable compared to 2012. (ENa-CAARUD survey).
4. Two drug consumption rooms have opened in France. One opened in Paris in October 2016, the other in Strasbourg in September 2016.
5. No update

3. DRID Meeting 15-16/06

- a. Early warning and threat assessment: - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. No update

Germany

1. DRID data: sources and methods

Change of case definition (CD) in 2015 for hepatitis B and C notifications. HCV notifications according to new CD need to fulfil the laboratory criterion of active infection, e.g. presence of HCV core antigen or HCV-RNA.

2. DRID situation

1. HIV: from totally 3,419 HIV-notifications reported to the RKI in 2016, 80% had information on the probable mode of transmission, and 72 (4%) of those were attributed to injecting drug use. Increase of HIV notifications was observed among PWID in Bavaria, mostly in Munich, from 8 (2014) to 18 (2015) to 38 (2016), possibly related to increased injection and injection frequency of people injecting NPS, particularly synthetic cathinones/legal highs.

HCV: Due to the above mentioned changed case definition decrease of HCV case numbers is still ongoing in 2016 (4,368 notified cases in 2016; 4,913 cases in 2015). The observed increase of cases with probable mode of transmission MSM in 2015 was not found in the 2016 data. The number of notified active HCV cases with probable mode of transmission IDU is further decreasing (834 cases, as compared to 892 cases in 2015). PWID still represent the by far largest group (80%) among notified HCV cases with information on mode of transmission, but probably mainly with chronic infections that were acquired years ago.

2. ECHO study (unpublished data): 63 OST units settled in 14 out of 16 German federal states provided clinical data from N=2,467 OST patients. The majority of patients were male (72.9%), the mean age was 42 years (SD 9 years). The mean age of onset of opioid dependency was 21.4 years (SD 5.8) and patients were in OST treatment at the current clinician for 6.4 years (SD 5.2). For 2,245 OST patients, the current HCV-status could be determined. HCV antibody and HCV RNA prevalence was 57.8% (95% CI: 55.8-59.8) and 27.6% (95% CI: 25.8-29.5) respectively. HCV RNA-prevalence rates were significantly higher among men (29.5% for men vs. 22.5% for women, $p = .001$). Older patients and patients with an earlier onset of opioid dependence, were more likely to be HCV antibody or RNA-positive (for both $p < .001$).
3. No new data (Data from the DRUCK-study for 8 large cities in Germany (2011-2014) was reported to FONTE.
4. ECHO study: Among the 625 HCV-antibody positive and RNA negative patients, 224 (35.8%) had successfully undergone antiviral treatment before assessment.
5. Hepatitis A outbreak among MSM in Berlin, ongoing since November 2017, related to the large European outbreak, as confirmed by molecular typing of samples. Preliminary results of the ongoing outbreak investigation in Berlin reveal that among interviewed MSM cases (median age 32 years, IQR 29-40.5), two third were born abroad, but most cases lived in Berlin since more than one year, and were covered by health insurance in Germany. Sexual risks (multiple partners, anonymous partners, group sex) and intake of alcohol or drugs to enhance sexual sensation and performance were indicated from a large proportion of interviewed cases. Cases among MSM were not or insufficiently vaccinated, despite good access to healthcare. Investigation is currently ongoing, data analysis will be finalised in the coming weeks.

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - See HAV outbreak among MSM

- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

- a. No update

b. National clinical guidelines for hepatitis C are currently updated, and are about to be published. Aspects of testing, diagnosing and treating hepatitis C among the prison population are planned to be developed by a working group and published as an annex of these guidelines.

Greece

1. DRID data: sources and methods

No change from past year's update and / or workbook

2. DRID situation

1. No new data since last workbook.

2.

- A study assessed trends in HIV incidence, prevalence, risk behaviours and access to prevention/treatment among PWID in Athens Greece in 2012–2013 (N=3320)¹. The prevalence of HIV infection was 16.5%. HIV incidence per 100 person-years — estimated from observed seroconversions — decreased from 7.8 (95% confidence interval, 4.6–13.1) (2012) to 1.7 (0.55–5.31) (2013; P for trend = .001). Risk factors for seroconversion were frequency of injection, homelessness, and history of imprisonment.
- Another study reported annual HCV incidence 22.7 (17.3, 27.4) per 100 person-years in 2015². According to the same study, 700 PWID in Athens were newly infected with HCV and 5312 were with chronic hepatitis C in Athens in 2015.
- A study drawing on observed seroconversion data estimated HCV incidence among PWID in Athens Greece in 2012–2013 (N=3320): 64.6 (39.6, 105.4) per 100 person-years³.
- A study drawing on 2013 DRID/TDI data (N=580) estimated prevalence and identified factors associated with HCV/HIV coinfection in PWID entering OST in Greece⁴. Three mutually exclusive groups were defined based on the presence of HCV and HIV antibodies. Group 1 had neither infection (20%), Group 2 were HCV-monoinfected (64%), and Group 3 were HCV/HIV-coinfected (15%). Multinomial logistic regression analyses suggested that HCV infection with or without HIV coinfection was positively associated with living alone or with a spouse/partner without children, prior incarceration, drug injecting histories of ≥10 years, and syringe sharing in the past 12 months, and negatively associated with never having previously been tested for HCV. HCV/HIV coinfection, but not HCV infection alone, was positively associated with residence in urban areas and averaging >3 injections a day in the past 30 days, and negatively associated with using a condom in the last sexual intercourse.
- Using molecular epidemiology methods, a study estimated prevalence of HCV genotypes and investigated patterns of HCV dispersal among PWID in Athens (N=238 HIV-negative PWID; 2012-2013)⁵. Phylogenetic trees were inferred on HCV sequences isolated from IDUs in Athens for the most prevalent HCV clades (subtypes 1a and 3a). Phylogenetic analysis was performed by Neighbor-Joining and Bayesian methods using GTR + G as nucleotide substitution model. HCV dispersal patterns were estimated using as references, all globally available HCV sequences for subtypes 1a and 3a. The prevalence of HCV subtypes was: 3a (59.2%), 1a (21.9%), 4 (13.0%), 1b (5.4%) and 2 (0.5%). Phylogenetic analyses revealed that most sequences (63.5%) of subtypes 1a and 3a fell within IDU-specific monophyletic groups. The proportion of sequences in monophyletic clades was similar for subtype 3a (62.9%) and 1a (65.3%). For the latter group, monophyletic clades were smaller

¹ Sypsa V, Psichogiou M, Paraskevis D, Nikolopoulos G, Tsiara C, et al. (2017) Rapid decline in HIV incidence among persons who inject drugs during a fast-track combination prevention program after an HIV outbreak in Athens. *The Journal of Infectious Diseases* doi: 10.1093/infdis/jix100.

² Gountas I, Sypsa V, Anagnostou O, Martin N, Vickerman P, et al. (2017) Treatment and primary prevention in people who inject drugs for chronic hepatitis C infection: is elimination possible in a high-prevalence setting? *Addiction* DOI: 10.1111/add.13764

³ [Incidence of Hepatitis C virus infection and risk factors of seroconversion in people who inject drugs in Athens (ARISTOTLE programme)]. Paper presented at the 4th Annual Scientific Meeting for AIDS and Hepatitis: Prevention, Diagnosis, and Therapy. Athens, 29 September 2016. Sypsa V, Vickerman P, Malliori M-M, Paraskevis D, & Hatzakis A.; PowerPoint presentation available in Greek.

⁴ Fotiou A, Kanavou E, Andaraki A, Richardson C, Terzidou M, Kokkevi A, et al. (2016). HCV/HIV coinfection among people who inject drugs and enter opioid substitution treatment in Greece: prevalence and correlates. *Hepatology, Medicine and Policy*, 1, 9. DOI: 10.1186/s41124-41016-40017-41125.

⁵ Papachristou E, Tsagkovits A, Zavitsanou A, Hatzakis A, Paraskevis D (2016) HCV dispersal patterns among intravenous drug users (IDUs) in Athens metropolitan area. *Infection, Genetics and Evolution* 45: 415-419.

in size. Multivariable logistic regression analyses showed that monophyletic clustering was marginally associated recent onset of injecting ([AOR] = 1.44; 95% CI (0.97–2.13), $p=0.068$). The high proportions of HCV sequences within IDU-specific monophyletic clusters suggest that transmissions occurred locally among IDUs in Greece. The numerous clusters for both 1a and 3a provide evidence that both sub-epidemics were the result of multiple introductions among the IDUs. Higher regional clustering was probably associated with a more recent onset of drug use.

- A study using data from 6 OST clinics in northern Greece (N=1086 people on treatment, mean age 42.1 years, SD: 9.1) estimated HCV prevalence 62% (N=676; no age difference; higher among longer treatments), 3% were HBsAg-positive and 38% Anti HBC-positive. Among HCV-positive, 26% were PCR-RNA tested and 14% initiated treatment⁶.
- A study⁷ based on data from 205 MSM tested for HIV at the Athens Checkpoint from January 2014 through June 2015 showed higher prevalence of HIV infection among MSM who use drugs (11%) compared to non-users (3%).

3.

- A study based on DRID behavioural data (2013-2015) examined history of HCV testing and its determinants among people entering OST in Greece⁸. Three groups were defined based on self-reported past HCV test uptake: never tested (17%), tested in the past 12 months (61%), and tested >12 months ago (22%). In multinomial logistic regression analyses, age group 25-34 years, previous presentation in treatment services, injecting history ≥ 5 years, and lifetime syringe sharing history were positively associated with any past HCV testing. Female gender and polydrug use were positively associated with recent HCV testing. Living in Athens Metropolitan Area was negatively associated with past, but not recent testing, whereas having stable job and 2-4 years injecting history were positively associated with past, but not recent, testing.
- A study examined HCV treatment initiation and its correlates in 177 HCV-viraemic PWID visiting an Athens, Greece tertiary liver centre from January 2009 through June 2015⁹. Regression analyses showed that HCV treatment initiation - in 57%, 62% cumulative probability of treatment over 3 years) - compared to former drug users, active users were less likely to initiate treatment; treatment initiation was not associated with current OST status or calendar time. ALT<40IU/L, genotype 1-4 and comorbidities that constitute contraindications to interferon were inversely associated to treatment initiation.

4.

- A study projected¹⁰ that a moderate expansion of HCV treatment (treating 4–8% of PWID / year), with a simultaneous increase of 2% / year in harm reduction coverage (from 44 to 72% coverage over 15 years), could reduce chronic hepatitis C (CHC) prevalence among PWID in Athens by 46–95% in 2030, compared with 2016; increases up to 16–20% PWID/year could reduce to CHC prevalence below 10% within the next 4–5 years.

5. Other

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - No new data since last workbook.

⁶ [Epidemiologic study of hepatitis B (HBV) and C virus (HCV) prevalence among people receiving opioid substitution treatment]. Paper presented at the 4th Annual Scientific Meeting for AIDS and Hepatitis: Prevention, Diagnosis, and Therapy. Athens, 29 September 2016. Tanis C, Tsirogianni E, Aslanidou G, Androulakis G, & Gasgalidis K; PowerPoint presentation available in Greek.

⁷ PrEP Interventional Implementation Study. Ath Checkpoint. Paper presented at the AVAC and the European AIDS Treatment Group 2nd European HIV Prevention Summit, Brussels, 29-31/1/2016. Chanos, S.

⁸ Factors associated with HCV test uptake in heroin users entering substitution treatment in Greece. Paper presented at the HepHIV 2017 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care. (Parallel session "Testing strategies in key affected populations"). (no.: PS2/05) Malta, 31 January - 2 February 2017.; Anagnostou O, Fotiou A, Kanavou E, Andaraki A, Terzidou M, Richardson C, Kafetzopoulos E, & Drug Related Infectious Diseases (DRID) Medical Doctors Group of OKANA.

⁹ Papastergiou V, Anagnostou O, Deutsch M, Kourikou A, Zampetas D, Ionas E, Kranidioti H, Kontos, G, & Manolakopoulos S. Incidence and predictors of treatment initiation among people who inject drugs: longitudinal hepatitis c treatment data from a Greek tertiary centre, 2009-2015. Poster presented at the 5th International Symposium on Hepatitis Care in Substance Users, Oslo 7-9 September 2016; <http://www.inhsu2016.com/ehome/149095/461502/>

¹⁰ Gountas I, Syrsa V, Anagnostou O, Martin N, Vickerman P, et al. (2017) Treatment and primary prevention in people who inject drugs for chronic hepatitis C infection: is elimination possible in a high-prevalence setting? *Addiction* DOI: 10.1111/add.13764

- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - A study examined HCV treatment initiation and its correlates in 177 HCV-viraemic PWID visiting an Athens, Greece tertiary liver centre from January 2009 through June 2015¹¹. Regression analyses showed that HCV treatment initiation (in 57%, 62% cumulative probability of treatment over 3 years) was less likely among active users, compared to former drug users; treatment initiation was not associated with current OST status or calendar time. ALT<40IU/L, genotype 1-4 and comorbidities that constitute contraindications to interferon were inversely associated to treatment initiation.

4. Joint DRID / ECDC Meeting 14/06

- a. See separate document.

b. A new program targeting infectious diseases in a large prison in Athens, Greece is set to start in mid-2017. The aims of the program include: to offer screening for hepatitis C, hepatitis B, HIV and tuberculosis to prisoners (including assessment of liver fibrosis and complete chronic hepatitis C laboratory testing); to promote linkage to care; and to assess drug use outside and inside prison using an adapted version of the European Questionnaire on Drug Use in Prison (EQDP). At least 500 prisoners will participate during a period of 7 months. The program will be implemented with the collaboration of the University of Athens, the Hellenic Liver Patient Association and the Hellenic Society for the Study of AIDS and Sexually Transmitted Diseases (contact person: Vana Sypsa; vsipsa@med.uoa.gr).

¹¹ Papastergiou V, Anagnostou O, Deutsch M, Kourikou A, Zampetas D, et al. (2016) Incidence and predictors of initiation among people who inject drugs: longitudinal hepatitis c treatment data from a Greek tertiary centre, 2009-2015. Poster presented at the 5th International Symposium on Hepatitis Care in Substance Users, Oslo 7-9 September 2016; <http://www.inhsu2016.com/ehome/149095/461502/>.

Hungary

No update received.

Ireland

No update received.

Italy

1. DRID data: sources and methods

No update

2. DRID situation

No update

3. DRID Meeting 15-16/06

a. Early warning and threat assessment: - No update

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update

Latvia

No update received.

Lithuania

1. DRID data: sources and methods

No update

2. DRID situation

1. According to the Centre of Communicable Diseases and AIDS data, there was an increase in the number of newly reported HIV cases, in 2016. There were 214 newly reported positive HIV cases (in 2015 – 157 cases). Also, 70 out of newly diagnosed HIV cases were diagnosed in the prisons (in 2015 – 24 cases in prisons).
2. No update
3. No update
4. No update

3. DRID Meeting 15-16/06

- a. ‘Early warning and threat assessment: - See the section 2.1.
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - There was a change regarding the uptake of testing for people who inject drugs. One of the Lithuanian NGO’s (association of HIV affected women and their families “Demetra”) that successfully implementing the large scale rapid HIV testing in Lithuania, is not able to perform rapid HIV testing since the beginning of 2017 because of the legislative issues. This leads to a lower availability of rapid testing for the target populations.

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. There will be a study (European questionnaire on drug use in prison) performed in 2017, according to EMCDDA standards. This study includes questions related to infectious diseases. The study will be performed in cooperation between Lithuanian national focal point and Prison department.

Luxembourg

1. DRID data: sources and methods

A first national hepatitis action plan has been finalised and is currently under validation by the Ministry of Health. Also, the existing national surveillance committee on HIV/AIDS has been reorganised and renamed: Comité de surveillance du syndrome d'immunodéficience acquise (SIDA), des hépatites infectieuses et des maladies sexuellement transmissibles, with an enlarged mandate on HIV, hepatitis and other infectious diseases in order further develop a comprehensive response. Moreover, an outreach project (MOPUD), including free rapid HIV and hepatitis testing and needle exchange, targeting marginalised PWID, showing increased risks for infectious diseases, has reached its implementation phase.

A new serology based study on viral hepatitis infections in PWUD has been launched in 2016 and first results are expected for 2018.

2. DRID situation

1. No update
2. National HIV prevalence in PWUD has been remaining rather low and stable until 2013. The rate of drug injectors in newly diagnosed HIV cases has been gradually increasing since [also confirmed by 2016 data (+/- 20 %)]. A profile assessment and cluster analysis of newly infected drug users has been performed by an expert group. It appears that higher diagnosis coverage (due to new testing offers) only partly explains the observed increase. The national drug market has been increasingly providing for cocaine in recent years. Users who are injecting cocaine, present more frequent daily injections than for heroin, with faster withdrawal symptoms, a need of more syringes and a higher disposition towards risk taking. Other factors are at play, such as the below referred to emergence of small and highly marginalised and high frequency user groups with no or poor contact with the specialized care network. The work of the expert group has resulted in the creation of a new outreach project (MOPUD) mentioned above.
3. Emergence of small by highly marginalised and high frequency user groups living mostly in urban squats with no or poor contact with specialised care services. See previous answers.
4. No update

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - See information on HIV outbreak in PWID under 2.2. Since 2013, the number of clean needles exchanged has been increasing to reach a record figure of 359,340 in 2015 which equals to approximately 240 syringes per PWID per year. Coverage of OST has reached 77% among opiate users.
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - HIV treatment uptake for diagnosed HIV cases is consistently high at the national level. For PWIDs, a retrospective analysis including all HIV-infected injecting drug users from 1983 to 2016 showed that 75.5 % of PWIDs received antiretroviral therapy. Since April 2017, Pre-Exposure Prophylaxis (PrEP) is available in Luxembourg. A medical consultation for clinical guidance of PrEP has been established, and evaluation of PWIDs as a target group is planned. Since 2016, a study is ongoing at the national supervised drug consumption room and two main OST services to screen for hepatitis/HIV infection and link them to care. 230 PWIDs were enrolled and completed a questionnaire on drug consumption habits to investigate the risks factors associated with HIV/HCV infection. EASL international HCV treatment guidelines for direct-acting antiviral therapy, in particular for PWIDs, without any reimbursement restriction criteria based on liver fibrosis or concomitant use of alcohol/drug are currently followed in the country. Finally, a new national hepatitis action plan, to be launched in the course of 2017, should allow increasing early diagnosis and improving treatment uptake of PWUD living with hepatitis.

4. Joint DRID / ECDC Meeting 14/06

a. No update

b. HIV and hepatitis diagnosis and treatment are available in prison settings at the national level and access to and use of OST and needle exchange program in prison are guaranteed. Since November 2016 retesting for HCV infection is offered to all inmates with a history of illicit drug use on a yearly basis during their stay in detention and at discharge to get incidence rates of new infections acquired in prison. The study referred to under point 1. also includes drug users in prison settings.

Malta

No update received.

Netherlands

1. DRID data: sources and methods

The Amsterdam Cohort Studies no longer collects data. This has probably been included already in the workbook 2016.

2. DRID situation

1. No update
2. No update
3. There are rumours about a possible increase of injecting amphetamines, but not confirmed by data. This might take place in a subgroup of addicted GHB users, who almost always used amphetamine, started either before the start of GHB use or during the period of increasing GHB use. The switch to injecting is hypothesized to result from higher doses of GHB in an advanced GHB dependence, which need a quicker “antidote” (injecting works better than sniffing).
4. There is increasing attention for HCV treatment.

3. DRID Meeting 15-16/06

1. a. ‘Early warning and threat assessment: - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - Continuum of care is on the agenda, as already discussed in the DRID meeting 2016. The national hepatitis plan has been agreed upon by the ministry of health and a steering group is working on the implementation of the plan.

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. No update

Norway

1. DRID data: sources and methods

No changes.

2. DRID situation

1. Reduction in notifications of hepatitis C in 2016 compared with 2015 but this can be due to change in case definition. Since January 2016 only Hep C PCR positivity is included in the case definition (prior to 2016 both PCR and HCV-antibodies were included) For HIV and hepatitis B the notification rates remain low.
2. No changes.
3. The latest prevalence and behavioural studies among PWID was done in Oslo and Bergen in 2015. The results have not been yet published.
4. No changes.

3. DRID Meeting 15-16/06

a. Early warning and threat assessment: - Apart from a small outbreak with 3 cases of sepsis among amphetamine PWID caused by the Paenibacillus bacteria in 2016 in Trondheim, no other outbreaks or situations have been reported since the last workbook.

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No changes.

4. Joint DRID / ECDC Meeting 14/06

a. No update

b. None such studies are planned.

Poland

No update received.

Portugal

1. DRID data: sources and methods

No update.

2. DRID situation

1. No update.
2. As know, Portugal was one of the EU countries affected by the most recent Hepatitis A outbreak. Accordingly with the Portuguese General Directorate of Health, from January 1 to March 29, 2017, 108 cases of hepatitis A were reported (101 confirmed), of which half required hospitalization. About 97% of the total cases are young male adults, mainly living in the Lisbon and Vale do Tejo area (74 cases). Some of the cases identified in this epidemic occurred among men who have sex with men (MSM), with sexual contact being the main mode of transmission; nevertheless, in what concerns the association between this outbreak of Hepatitis A and chemsex, studies performed so far with Portuguese population of MSM did not address this eventual linkage between these two phenomena.
3. No update.
4. No update.

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - See 2.2.
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update.

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. No update

Romania

1. DRID data: sources and methods

No major changes took place in the reporting period:

PREVALENCE DATA: TDI self-reported data remain the main source, Needle & syringes Programmes routine monitoring system (since 2012), Drug Related Medical Emergencies core indicator (since 2011); Prison system data (on DRID related intervention- updates on request).

NOTIFICATIONS: Data Reported By the National Monitoring Center for HIV epidemic (INBI – Matei BALS) and National Institute for Public Health System Statistics).

BEHAVIOURAL DATA: New Behavioural Surveillance Survey, using RDS sampling, among IDUs from Bucharest is projected for current year.

Informal expert group on harm reduction (GIRRAD) is in place and operative – periodically consulted on health and social responses topics (also used for gathering DRID data on responses).

2. DRID situation

1. As in the previous years, in 2016 the main route of HIV transmission, in Romania, remains the heterosexual unprotected sexual contact (65% of all new cases). The change in 2016 is that the proportion of IDU transmission among new cases decreased to 15% (compared to 20% in 2015). This situation changes the hierarchy of the main transmission routes, placing the homosexual transmission second (18%) and injecting drug use third (15%). In what concerns the new cases of infection among IDUs, 51% had a CD4 count of less than 100 cells/mm³ at the time of diagnosis (compared to 23% among patients with other routes of HIV transmission). The IDUs diagnosed in 2016 were mostly men and 76 % were between 25 and 39 years old. 8% were using heroin, while 40% were using heroin and other substances (e.g. new substances with psychoactive properties). 18% used solely substances with psychoactive properties.
2. Analysis of the data collected for this period is in progress, therefore definitive conclusions are not yet available; yet no major changes are noticeable on the diminishing trend on DRID numbers.
3. NEW BSS' data collection phase is projected for the second half of 2017.
4. "In 2016, the provision of harm reduction programs continued in Bucharest and included the following services: needle-exchange (NEP), condom distribution, rapid testing (for HIV, HVB, HVC), vaccination (for HVA and HVB), screening for TB symptoms¹², information-education-communication about communicable diseases, referral and accompaniment of IDUs to other health services for diagnosis and treatment (e.g. TB dispensary, HIV testing service) and opiate substitution therapy. The services were provided by NGOs, using outreach mobile units and low-threshold clinics (including OST) and by the National Antidrug Agency (through dedicated clinics providing only OST and psychosocial support). The coverage of these services did not increase and is still insufficient compared to the local needs. The NGO activities have been mainly funded with support from international donors (e.g. the Global Fund, the Norwegian Fund, MAC AIDS Fund, Medicins Sans Frontieres, SIDAction etc.) and corporate social responsibility contributions (e.g. GSK, Enel etc.). The main domestic contributions came from the National Antidrug Agency, the Bucharest City Council and a couple of Bucharest district municipalities. The agency provided, for free, test kits for HIV, HVB and HVC testing (about 2,000 pieces). The district municipalities covered the rent for the spaces where some of the low threshold clinics are located, and the Bucharest City Council voted an allocation of almost 150,000 EUR for the provision outreach and low threshold services for vulnerable groups." (Country Progress Report on AIDS - Reporting period January 2016 – December 2016).

¹² The TB related services have been added since 2015, once the latest Global Fund supported program started in Romania.

5. "Although NEP is available in theory in some prison units, the National Administration of Penitentiaries reported that the services were requested by prisoners in 2016, therefore no clean injecting equipment was distributed. Compared to 2014 and 2015, access to OST did not improve (there is still a very low number of treatment slots available, compared to the need)". (Country Progress Report on AIDS - Reporting period January 2016 – December 2016)

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - HIV epidemic is stable and slowly decreasing after the 2011 HIV + outbreak among the IDUs in Bucharest.

- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - In absolute numbers, compared to previous years, the absolute number of IDUs among new cases of infection decreased (98 compared to 149 in 2015, 175 in 2014 and 238 in 2013). HCV, TB and other sexually transmitted infections were the most frequent comorbidities among IDUs diagnosed with HIV/AIDS in 2016 (N=100). 82% of them presented HIV/HCV co-infection, 10% HIV/STIs, 37%- HIV/TB.

4. Joint DRID / ECDC Meeting 14/06

- a. No update

- b. No update

Slovakia

1. DRID data: sources and methods

There is sentinel surveillance with a high degree of validity running in Slovakia annually, with which we plan to continue to make it possible to build on the existing time series on incidence and prevalence of drug - related infectious diseases. Tests are administered to both injecting drug users (IDUs) and non-IDUs. Annual re-testing is encouraged among patients with negative results. The prevalence of infectious diseases is reported in three distinct categories of drug users- all drug users, drug users entering treatment for the first time and IDUs. The greatest methodological limitation of the current study is that the reported data can only be applied to the western region of Slovakia. From 2016 a new extended monitoring of blood borne infectious diseases in injecting drug users by extending the TDI form of other items to allow data collection on infectious diseases of drug users at the national level was prepared. The new methodology must pass legal approval before being introduced. We expect that it will give us a more complex picture, although lower rate of coverage and testing in the beginning is also expected.

2. DRID situation

1. Following an increase in HCV prevalence in 2015 the trend seems to stabilise again.
2. Overall the prevalence of drug related infectious diseases remains stable. Surveillance data shows low prevalence and incidence of HIV infection, while continued stable number of reported cases of hepatitis B among injecting drug users. In HCV prevalence, there was an increase observed in 2015 (58%) compared to 2014 (37%). The 2016 data show a decline in HCV prevalence to 47%. Prevalence of HBV among IDUs was 13% in 2016, compared to 17 % in 2015. HIV prevalence in IDUs remains very low, below 1 % of injecting drug users. No new HIV cases in injecting drug users were reported in 2016. Standard pre- and post-test consultation was provided to all patients who took part in the blood collection. Patients, who were found to be infected, were monitored, informed about possible treatments and instructed about the basics of transmission prevention and risk reduction.
3. The overall trend has similar development as in 2015, with problem opiate users decreasing and methamphetamine users and polydrug users increasing. Due to current situation on drug scene also injecting patterns remain stable.
4. Needle and syringe exchange programs in Slovakia are operated by specialized addiction treatment centres, low-threshold services, and pharmacies – they sell syringes very cheaply. The number of syringes distributes is not conclusive though – we lack the number of syringes distributed at the pharmacies. As about opiate substitution treatment, there are two facilities running methadone maintenance treatment in Slovakia, one in western Slovakia, one in the middle Slovakia, treating a total number of approximately 300 patients. Buprenorphine- naloxone is available and can be prescribed by out-patient and in-patient psychiatrists. Substitution treatment is available, and the total number of patients treated is respective to decreasing prevalence of opiate users in Slovakia.
5. No incidence of tetanus or tuberculosis infection was recorded in the geographical area of sentinel surveillance.

3. DRID Meeting 15-16/06

a. Early warning and threat assessment: - No update

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - Incidence of drug related deaths (DRD) is one of the key epidemiological indicators of the severity of drug related problems. There are two approaches employed to monitor DRD: examining possible indirect deaths identified by medical jurisprudence and monitoring the number of drug users ever in treatment who died. While neither of the employed approaches is capable of exhausting all deaths, they provide basic orientation in the matter. The overall mortality rate of drug users in a study conducted in Centre for Treatment of Drug dependencies in Bratislava in 2015 was 6.3 deaths per 1 000 patients a year. When distinguishing the effects of specific substances, highest mortality was found among polysubstance and opiate users, while lowest mortality was found among cannabis and methamphetamine users. Consequently, patients with

opiate and polysubstance dependencies represent a significant group regarding the reduction of drug related deaths. The low mortality of cannabis and methamphetamine users may in part be explained by the young age of these participants. When controlling for age, the effect of direct toxicity of psycho-active substances on mortality was most prominent among opiate users. A limitation of the current study, which prevented a more in-depth and reliable analysis, is that despite the robust methodology it was not possible to distinguish deaths caused by direct and indirect effect or drug intoxication. Regardless, the study illustrates a reliable raise in mortality among a relatively young cohort of drug dependant adults; the mortality in this study surpasses that of corresponding age category in the general population.

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. No update

Slovenia

1. DRID data: sources and methods

There have been no recent changes of the surveillance systems and data sources used to collect the data for the DRID at the National Institute of Public Health (NIPH) in Slovenia.

Prevalence of HIV, HCV and HBV infections has been monitored by collecting data about the results of voluntary diagnostic testing for HIV, HCV and HBV available at entry or re-entry of PWIDs into treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTIDA). In addition, prevalence of HIV has been monitored by unlinked anonymous HIV testing of PWID at first treatment demand in the largest CPTIDA in the capital Ljubljana and in some NGO harm reduction programmes. The strengths are the nationwide coverage and sustainability of these two approaches. In addition, information on newly diagnosed cases of HIV, HBV and HCV infections has been collected. The strengths of such a surveillance system are the nationwide coverage and sustainability. We believe that there is no underreporting of diagnosed HIV cases and almost 100% of HIV infection cases reported to the NIPH contains information on probable transmission route. Thus, any underestimation of HIV infection incidence among PWID is only due to late diagnosis. In contrast, due to under ascertainment and underreporting of diagnosed cases, HBV and HCV reported incidence rates are less reliable and underestimate the true burden of infections in this population. Also, information on transmission routes (e.g. PWID) is only available for a minority of reported HBV and HCV cases.

2. DRID situation

1. There are no new or emerging concerns in the most recent DRID data. During the period from 2011 to 2015, the reported acute and chronic HCV infection incidence rate in the Slovenian population ranged from to the lowest 3.1/100,000 inhabitants in 2014 to the highest 5.0/100,000 inhabitants in 2012. During the same period, six cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIPH, one in 2012, two in 2013 as well as in 2014 and one in 2015. During the period from 2011 to 2015, the overall reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from the lowest 1.6/100,000 inhabitants in 2015 to the highest 3.4/100,000 inhabitants in 2011.
2. During 2011-2015, the prevalence estimates of anti-HCV among confidentially tested PWID before entering or re-entering treatment within the network of CPTID ranged from the lowest 27.3% in 2012 to the highest 42,7% in 2015. During the same period, respective HIV prevalence estimates ranged from the lowest 0% in 2012 and 2015 to the highest 3.6% in 2014 and respective anti-HBc prevalence estimates ranged from the lowest 2.0% in 2012 to the highest 8.1% in 2011 and was 5.9% in 2015.
3. No update
4. No update

3. DRID Meeting 15-16/06

1. a. 'Early warning and threat assessment': - No update
5. b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

- a. No important documents are missing in Annex 1.
- b. No update.

Spain

1. DRID data: sources and methods

No main changes to the system and sources used to collect the DRID data since last workbook. The Spanish focal point continues monitoring HIV prevalence among drug users/injectors (TDI based). In 2014 we expanded DRID (HBV and HCV) collection by means of the TDI 2013 V3, which includes some question on HBV and HBC (test situation and test result), those results are published in the last Workbook and we are working on 2015 database.

2. DRID situation

No new relevant information after the publication of 2016 Spanish workbook. Main results:

- The number of injectors dropped among admissions for treatment due use of substances. The prevalence of HIV among injectors remains stable. In 2014 the number of new diagnoses of HIV and AIDS attributable to drug injection figured in third place behind sexual relationships of men with men and heterosexual relationships of risk, and shows a downward trend in the last 6 years.
- **Prevalence and trend.** In 2014, 30.9% of intravenous drug users (some time in their life) were HIV positive. This figure drops 25.5% among those that have injected drugs in the last year. The trend is progressively downward in the prevalence of HIV infected in recent years; this figure is confirmed in 2014. Even so, 1 in 4 users that have used intravenous means in the last year are HIV infected.
- **Distribution by age and gender (last 12 months).** There is a greater number of men injecting compared to women. In 2014, 1 woman for every 5 men. The prevalence of HIV among intravenous drug users is somewhat greater in men; in 2014, 25.7% men compared to 24.1% women (for injectors in the last year). There are a greater proportion of injectors after 34 years of age, registering also in this age group a higher prevalence of HIV (30.7% in 2014).
- **Distribution by type of drug (last 12 months).** The prevalence of HIV concentrates among drug users in which the main drug that motivates treatment is heroin (12.2% in 2014). In this sense, we should highlight that the prevalence of injection of these substances is much higher than the rest of substances under analysis.
- **Newly diagnosed HIV cases with drug use as a risk group.** In 2014, 3,366 new cases of HIV were diagnosed in Spain (estimated value after adjustment due to delay in notification 9.3/100,000 inhabitants). 3.4% were infected as a consequence of parenteral use of drugs. In the last 6 years, the use of injected drugs has represented a low percentage compared with other transmission mechanisms of HIV infection and the weight attributable to this transmission mechanism shows a downward trend.
- **Notifications of AIDS cases related to injecting drug use.** In 2014, 444 cases of AIDS were identified (estimated value after adjustment due to delay in notification 1.7/100,000 inhabitants), unprotected relationships of men with men (34.9%) being the principal cause of transmission of the infection, followed by unprotected heterosexual relationships (33.3%), and injecting drug users (20.5%). In the last 6 years, a slight downward trend is observed in the number of AIDS cases attributable to injecting drug use.

3. DRID Meeting 15-16/06

a. Early warning and threat assessment: - No new relevant information after the publication of 2016 Spanish workbooks.

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No new relevant information after the publication of 2016 Spanish workbooks.

4. Joint DRID / ECDC Meeting 14/06

a. See annex 1 enclosed.

b. The Spanish Observatory on Drugs (Ministry of Health, Social Services and Equality), in close collaboration with the Institutions in charge of prisons, carried out periodically, every six years since 2006, a survey on Health and Drug Use among prisoners. The main objective of these surveys is to determine the prevalence and patterns of drug use and associated risk behaviours among inmates, before and during the imprisonment. The results should help to guide the design and implementation of interventions in order to improve the health of this population. In 2016, a new wave of the survey, with national coverage and a sample of 5024 inmates, was conducted in Spain. The questionnaire applied was based on previous Spanish questionnaires and on the European Questionnaire on Drug Use among Prisoners (EQDP) which piloting project Spain has been involved in. Data on socio-demographics, penal, health, infectious, mental diseases, drug use, injection use, treatment and risk behaviour variables is collected. Prisons have a crucial role in developing drug prevention, harm reduction, and treatment services. Currently we are conducting the analysis of the 2016 Spanish Prison Survey.

Sweden

1. DRID data: sources and methods

No update.

2. DRID situation

1. None.
2. Prevalence data not available
3. See yearly report.
4. Some expansion of NEP, see yearly report.

3. DRID Meeting 15-16/06

- a. Early warning and threat assessment: - None
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - N/A

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. No information available

United Kingdom

1. DRID data: sources and methods

Systems continue to operate.

The questionnaire used in the Unlinked Anonymous Monitoring survey of PWID (which covers England, Wales & Northern Ireland) was updated for 2017, and the laboratory testing revised to include routine testing for hepatitis C RNA.

Latest data from NESI (Scotland) has been recently published (see: www.hps.scot.nhs.uk/pubs/detail.aspx?id=3186)

2. DRID situation

1. None.
2. An increase in acute hepatitis C cases associated with homeless PWID in Northern Ireland which is being investigated and managed currently. HIV outbreak in Glasgow continues with further evidence of recent infections in 2017. On-going concerns about iGAS, and other skin and soft tissues infections, among homeless people including PWID (see: <http://dx.doi.org/10.2807/15607917.ES.2017.22.3.30446>).
3. None.
4. Ongoing increase in the use of dried blood spot samples for blood borne virus (BBV) testing (e.g. in Northern Ireland), with this supported by the use of 'opt-out' type approaches in some settings (e.g. prisons in England, and in both the community services and prisons in Wales). Wales are introducing a new BBV module into their Harm Reduction Database to monitor uptake of BBV testing and treatment referrals. A new national contract to supply equipment to NSPs has been awarded in Wales. Coverage and types of equipment provided through Wales should improve, and monitoring has been implemented.
5. Continuing concerns about the harms associated with the use of image and performance enhancing drugs.

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - See 2.2 above.
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - See 2.4 above.

4. Joint DRID / ECDC Meeting 14/06

- a. No update
- b. Not aware of any, beyond the on-going improvements to BBV testing provision.

Other:

These reports may be interest to EMCDDA

<http://www.publichealth.hscni.net/publications/northern-ireland-hepatitis-b-and-c-managed-clinical-network-annual-report-2016>

Serbia

1. DRID data: sources and methods

No update

2. DRID situation

The situation is stable according to the data reported for 2016.

1. According to the IPH of Serbia, 164 newly diagnosed HIV cases were reported in 2016, which is a 9% decrease in comparison with 2015 (181 cases). Of all the cases with a known transmission route (85% of all cases in 2016), 0.7 % (one case) were PWID which is a lowest proportion ever notified. In 2002 some 17% of those newly diagnosed with HIV were PWID (18 out of a total of 81 cases) and a decreasing trend is observed since 1991 (70% PWID of 81 newly diagnosed HIV cases) with some signs of stabilisation in recent years. The number of newly reported cases of acute hepatitis B virus (HBV) infection continued a declining trend (166 cases in 2016 versus 429 cases in 2001), which is attributed to the routine vaccination of all children in the first year of life as well as children aged 12/13 years who were not been vaccinated introduced in 2006. Reliable information was available on the mode of transmission in 74 (45%) of the newly HBV acute cases reported in 2016. Of these, injecting drug use was reported only for 5 cases (7 %). The incidence of newly diagnosed cases of both acute and chronic hepatitis C virus (HCV) infections indicate a decreasing trend between 2007 and 2016 (a total of 451 cases have been reported in 2016). Information on the mode of transmission was available in 32 diagnoses acute and 124 chronic HCV cases reported in 2016. Of these, injecting drug use, which is highly likely to be causally linked to the diagnosed HCV cases, was reported for 9 acute and 74 chronic HCV cases. However, there is a high risk of under diagnosing of cases for HCV infection.
2. In 2013 BioBSS was carried on in Belgrade, Novi Sad and Nis using a respondent-driven sampling method and rapid tests of full blood samples for HIV and HCV. The results indicate that prevalence of HIV decreased between 2008- 2013 in Belgrade (from 4.7% to 1.5%). Although in earlier surveys HIV prevalence rates were higher among women, the most recent study indicates comparable prevalence rates among men and women (1.5% and 1.3% accordingly). The data indicate that HIV prevalence's are higher among those who are 34 years old and older, and no HIV positive cases have been found among 18-24 years old or those who inject less than two years. Prevalence of HCV antibodies among the sample PWID in Belgrade has also decreased between 2008-2013, from 74.8% to 61.4%. HCV prevalence remained higher among women than men and was higher among 34 years old and older, and with more than 10 years injecting practice. Less than a half of those with 2 years of injecting drug experience were HCV positive. The 2013 study indicated decrease in HIV and HCV prevalence also in Nis and Novi Sad between 2008- 2013. Thus, the HIV prevalence in Nis was 1.0 % while nobody in Novi Sad tested positive for the infection (in 2008 the figures were 1.6 % and 0.8% respectively). The prevalence of HCV was 54.7% in Nis and 50.2% in Novi Sad (58.4 % in Nis and 51.6% in Novi Sad in 2008). According to the data on testing reported to IPH of Serbia HIV prevalence among tested PWID was 0.6% in 2016 (2/341). The anti-HCV antibodies have been found in 29% of tested PWID (56/194) while 5% of tested PWID have been positive on HBsAg in 2016.
3. The 2013 study indicated that although sharing of injecting utensils is gradually decreasing among Serbian PWID, still around 1 in 14 surveyed PWID in Belgrade had shared his injecting equipment with others in the last month. Around one-third of respondents in Belgrade and Nis and more than half in Novi Sad reported using a condom during their last sexual intercourse among those who had sex in

the previous month. More than one-third of respondents in Belgrade and Nis reported that their sexual partners do not inject drugs (38.8% and 39.0%) versus one fourth in Novi Sad.

4. Based on data provided by the Republican Fund for Health Insurance (RFHI) the total number of drug users who have been on OST (methadone and/or buprenorphine) in the period 1 January -31 December 2016 was 4995 which is 25% of the latest estimates of PWID population in Serbia.

3. DRID Meeting 15-16/06

- a. 'Early warning and threat assessment': - No update
- b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: - No update

4. Joint DRID / ECDC Meeting 14/06

No update