MONITORING THE PROGRESS TOWARDS ELIMINATION OF HEPATITIS B AND C AMONG PWID: A EUROPEAN PERSPECTIVE

Seyler¹ T, Guarita¹ B, Giraudon¹ I, Montanari¹ L, Noor¹ A, the DRID network

¹ EMCDDA

Background

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) supports its member states to monitor the progress towards the Sustainable Development Goals and the elimination of viral hepatitis as a major public health threat by 2030. The elimination barometer puts together epidemiological indicators and corresponding targets related to PWID under 5 building blocks for the EU, Norway and Turkey, following the WHO monitoring framework.

Methods

The sources of the data include the EMCDDA online data collection tools that collate data from the EMCDDA national focal points, information shared by the European Drug-Related Infectious Diseases network and published reports. The 2020 targets are taken from the WHO regional action plan for viral hepatitis in the European region.

Results

Based on available national estimates from 2012-19, the prevalence of injecting drug use was 1.95 per 1000 population aged 15-64 years (UI: 1.71-2.19). The prevalence of current HCV (HCV-RNA) and HBV (HBsAg) infections in studies conducted in 2018-19 among PWID ranged from 15% to 54%, and from 0.4% to 8%, respectively. In 2019, only two countries had reached the prevention targets for syringe-needle distribution and opioid substitution treatment coverage. In twelve out of 21 countries reporting the information, less than 50% of PWID entering drug treatment had an HCV test done in the previous 12 months. Seven countries reported financial or clinical barriers to treatment access. Trends in the prevalence of HCV antibodies among young PWID (proxy for incidence) suggest that in 2019 there was ongoing transmission at levels not significantly different from those in 2015.

Conclusion

In 2019, most European countries were below the 2020 WHO targets. There is evidence of suboptimal implementation of cost-saving harm reduction programmes for PWID and barriers to treatment persist, leading to missed opportunities to prevent morbidity and mortality among a vulnerable population.

Disclosure of interest: The authors declare that they have no conflict of interest.