



DRUCK-SURV – IMPLEMENTATION OF A NATIONWIDE MONITORING SYSTEM ON VIRAL HEPATITIS AND HIV AMONG PEOPLE WHO INJECT DRUGS IN GERMANY

Gyde Steffen¹, Renke Biallas^{1,2,3}, Navina Sarma^{1,2,3}, Ruth Zimmermann¹

¹ Department of Infectious Disease Epidemiology, Robert Koch Institute, Berlin, Germany

² Postgraduate Training for Applied Epidemiology, Department of Infectious Disease Epidemiology, Robert Koch Institute, Berlin, Germany

³ ECDC Fellowship Programme, Field Epidemiology path (EPIET), European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden

Background

- Germany has committed to the WHO's goals of eliminating HIV and viral hepatitis B and C (HBV, HCV) as public health threats by 2030
- The cross-sectional pilot study DRUCK 2.0 conducted 2021/22 in Berlin and Bavaria showed especially high HCV prevalence (27% active HCV infections) and low treatment coverage (57% of anti-HCV positive participants reported previous treatment) among PWID
- The European Union Drugs Agency (EUDA) has defined indicators to monitor progress towards elimination among PWID
- To report these indicators and tailor targeted measures, we currently implement DRUCK-Surv, a periodical monitoring on HBV, HCV and HIV

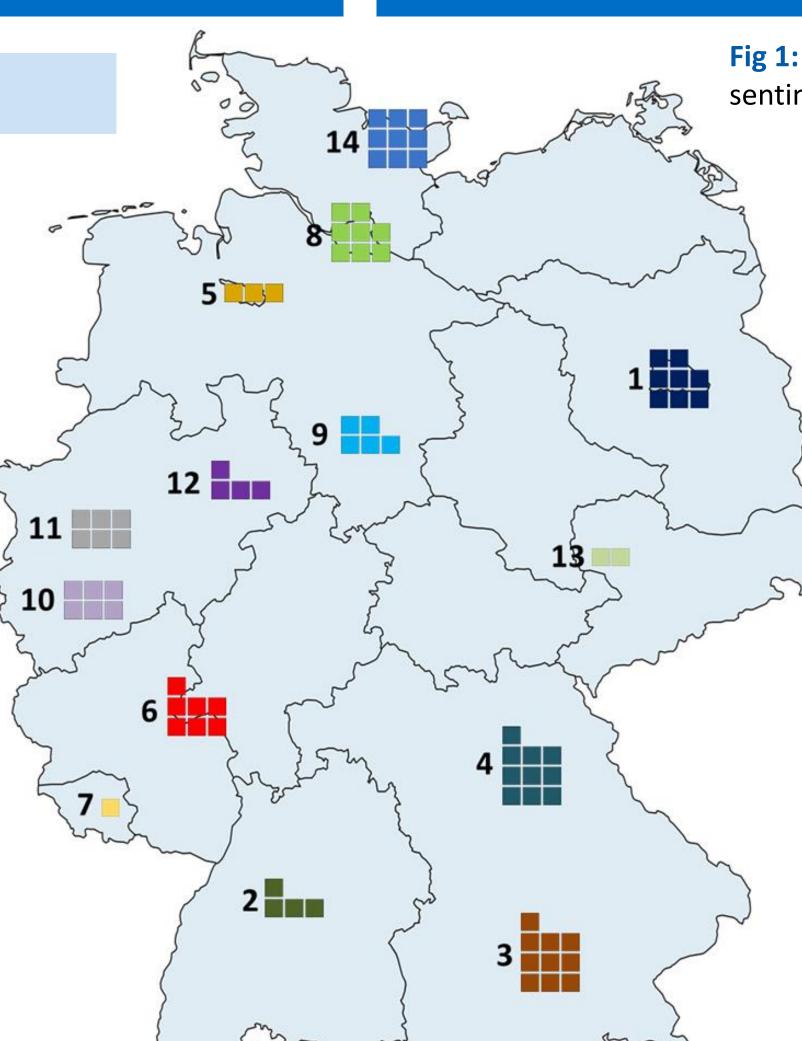
among PWID in Germany

Methods

What is DRUCK-Surv?

- WHAT:

- Periodical multicentre cross-sectional integrated biobehavioural survey (IBBS) for HBV, HCV and HIV among PWID in German sentinel regions
- **WHO:**
 - All 2-3 years 2000 PWID who injected drugs within last 12 months and 1000 PWID who ever injected drugs, age >16 years
 - At least 200 participants per sentinel region and survey round
- WHERE:
 - Recruitment by a local network of low threshold harm reduction facilities (contact cafés, consumption rooms, drug counselling centres) and practices with Opioid Agonist Treatment (OAT) services



Results

Fig 1: Map of Germany with number of recruiting facilities in DRUCK-Surv sentinel regions

Tab 1: Number of recruiting facilities/practices and of plannedrecruitments by sentinel region, data collection 2025

Se	ntinel region	Number of planned recruitments
1	Berlin	354
2	Stuttgart/ Freiburg	250
3	Augsburg/ Munich	381
4	Nuremberg/ Regensburg/ Neumarkt	561
5	Bremen	105
6	Frankfurt a.M./ Mainz	270
7	Saarbrücken	15
8	Hamburg	200
9	Hanover	227
10	Cologne/Bonn	234
11	Duisburg/Düsseldorf/Essen	312
12	Bielefeld/Dortmund/ Paderborn	155
13	Dresden/ Leipzig/ Jena	130
14	Kiel/ Lübeck	260
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 Tab
 2: Selected EUDA indicators for PWID collected by DRUCK-Surv, data collection 2025

	EUDA indicator	Data collection type
	Prevalence of active/ resolved HBV/ HCV infection	tested
	Prevalence of HIV infection	tested
	Risk factors	
	Injection in the last 30 days, by substance	self-reported
	Injection with used needles/syringes , last 30 days	self-reported
	Share of any other used injecting paraphernalia, last 30 days	self-reported
	Injecting drugs < 2 years	self-reported
)	Experience of discrimination when accessing healthcare, last 12 months	self-reported
	Homelessness, last 12 months	self-reported
	Imprisonment, ever	self-reported
	Protective factors	
	Average number of sterile needles/syringes received, last 12 months	s self-reported
	Being vaccinated against HBV	self-reported
	Receiving HIV pre-exposure prophylaxis (PrEP)	self-reported
	Used a condom at last sexual intercourse	self-reported
	Receiving OAT, currently	self-reported
	Carrying Naloxone	self-reported
	Access to care	
	Tested for HBV/ HCV/HIV in the last 12 months	self-reported
	Knowing about diagnosis with HBV/ HCV/HIV	self-reported
	Diagnosed with active HBV/ HIV infection receiving treatment	tested/self-reported
	Anti-HCV+ and/or HCV-RNA+ PWID who have ever received HCV antiviral treatment	tested/self-reported

 Invitation of clients to participate and testing/ survey by facility/ practice staff during routine services

- HOW:

- Testing for HBV (anti-HBc, Anti-HBs, HBs-Ag), HCV (Anti-HCV, HCV-RNA), and HIV (anti-HIV, HIV-RNA) from capillary dried blood spots
- Questionnaire (self- or assisted-filled) regarding sociodemographics, prevention and risk behaviour, and access to testing/ treatment
- 15 Euro voucher as incentive for participation
- Return of individual test results/ linkage to care by recruiting facility/ practice
- Sequencing of samples with detected HCV-RNA

First data collection in 2025

2024	2025	2026
Preparation of study material	• Training of recruiting staff/	Regional and national
and logistics	onboarding	report
Finalisation of sentinel regions	Data collection (Q1/Q2)	Gathering with all
with recruiting facilities and	Data analysis	participating networks and
practices		other stakeholder

practices

Preparation survey round 2

Fig 2: Timeline for the first round of DRUCK-Surv

Questionnaire:

based on WHO and EUDA indicators

Sentinel region recruiting networks:

- Identification of 14 sentinel regions based on population size and geography of German cities and willingness to parcticipate
- Identification of all low-threshold harm reduction facilities and practices with OAT-services in sentinel regions
- Invitation to online information meetings
- Personal invitation by mail and snowball system

antiviral treatment	<i>,</i> , , , , , , , , , , , , , , , , , ,
Anti-HCV+ and/or HCV-RNA+ PWID who initiated HCV ant treatment in the last 12 months	tested/self-reported
Cured HCV infection among those who completed treatm	ent tested/self-reported
Conclusions	
 High willingness of low-threshold harm re- practices with OAT-services to collect data work 	

- Recruitment capabilities vary by region and depend on structural factors
- With DRUCK-Surv, EUDA indicators can be collected periodically, allowing monitoring of elimination progress



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