



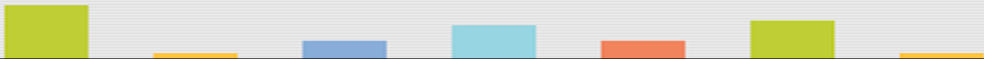
European Monitoring Centre
for Drugs and Drug Addiction

TDI and DRID behavioural indicators: interpreting and using the data on HIV and HCV testing and sharing needles and syringes

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Joint session - 8 June 2016

Background and Rationale



Background and rationale

- High HIV and HCV prevalence
- New infections
- Large undiagnosed fraction
- Late diagnosis
- Lost opportunities for testing
- Low testing and treatment uptake

- New effective HCV treatments
- Early treatment recommended

- →Need to
 - engage drug treatment services
 - scale up NSP and monitor also injection risk
 - scale up testing and its monitoring

HCV antibody prevalence among injecting drug users, 2013/14

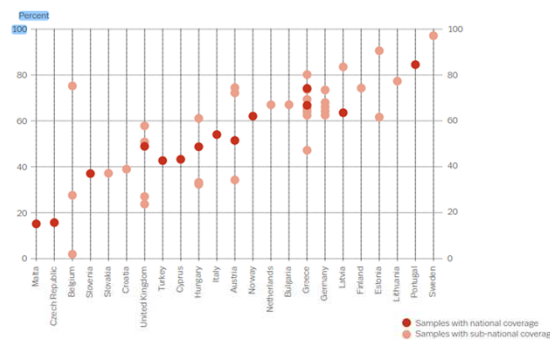
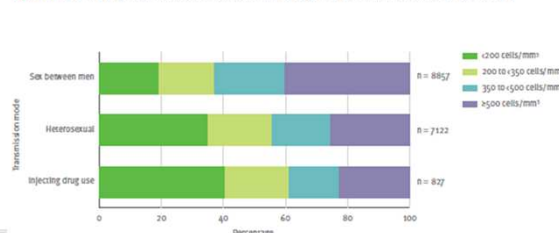


Figure 1.7: New HIV diagnoses, by CD4 cell count per mm³ at diagnosis and transmission mode, EU/EEA, 2014



Public health background and rationale includes

- High prevalence of HIV and HCV among PWID as we see in EDR slides - most estimates between 40-89% positive for HIV (ref EDR 2016)
- New infections of HIV (ref 2016 meeting LU IE Edimburg, and 2015 Wales) and increased HCV prevalence in some local sites
- Large undiagnosed fraction (ref wiessing)
- Late diagnosis (PWID disproportionately affected) (ref HIV report ECDC);
- Low testing uptake (ref tbc and wiessing)
- Lost opportunities for testing (joint guidelines ecdc emcdda)
- Improvement in HCV treatment options (EASL 2016; Geberly; Insights 2016)
- Early treatment recommend in HIV and HCV (EASL 2016)
- →Need to scale up HIV and HCV testing and their monitoring (Insight IJDP special issue 2015)
- → Need to monitor injecting behavioural data also (namely sharing)

Objectives

- **Map available data on testing and on sharing in TDI/DRID**
 - Assess consistency (?)
 - Assess complementarity
- **Explore ways forward**
 - Identify needs for clarification and support
 - Increase the efficiency of data provision with same registries

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- Map availability of data from both sources in each country
- Assess consistency (?)
- Assess complementarity
i.e. cross-checking? filling gaps? Modelling?
- Increase data quality and utility
Use of the same information sources for multiple uses
- Explore ways forward – identify needs for clarification and support?

Methodological issues

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Available sources on testing and on sharing

	Strengths/potential	Limitations
DRID	<ul style="list-style-type: none"> Local studies at regional/city level, valuable for local risk assessments Trends available (repeated studies) Various settings and various inclusion criteria providing a rich picture 	<ul style="list-style-type: none"> Missing in many countries No national testing data A selection (bias) of those in contact with services Various settings and inclusion criteria
TDI	<ul style="list-style-type: none"> Quite good coverage as could be included in the routine data collection for each patient Robust – systematically collected Sustainable Should be available in many countries 	<ul style="list-style-type: none"> Still not all countries and not full coverage Data quality issues Testing and sharing data just 2 years of data – no trends

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TDI ver. 3.0	DRID
<p>HIV - HCV Testing</p> <ul style="list-style-type: none"> • never tested • ever tested <ul style="list-style-type: none"> <input type="checkbox"/> tested, but not in the last 12 months <input type="checkbox"/> tested in the last 12 months (all clients – not only injectors) <p>Needles/Syringes sharing</p> <ul style="list-style-type: none"> • never shared a needle or syringe • ever shared a needle or syringe <ul style="list-style-type: none"> <input type="checkbox"/> shared but not last 12 months <input type="checkbox"/> shared last 12 months, not in the last 30 days <input type="checkbox"/> currently shared (last 30 days) <p>ever injectors</p>	<p>HIV - HCV Testing</p> <ul style="list-style-type: none"> • last 12 months • % ever-IDUs who received a test excluding from numerator/denominator <ul style="list-style-type: none"> <input type="checkbox"/> <i>known HIV+</i> <input type="checkbox"/> <i>known or self-reported HCV+</i> <p>Needles/Syringes sharing</p> <ul style="list-style-type: none"> • last 4 weeks • current IDUs sharing used needles/syringes (receiving/passing) • current IDUs sharing any used injecting paraphernalia other than needles/syringes (using together, receiving or passing on) <p style="text-align: right;">emcdda.europa.eu</p>



Country	HIV testing		HCV testing		Sharing	
	DRID	TDI	DRID	TDI	DRID	TDI
Austria		√		√		√
Bulgaria	√	√	√	√	√	√
Croatia		√		√		√
Cyprus		√		√		√
Czech Republic	√	√	√	√	√	√
Estonia					√	√
Finland		√		√		√
France		√		√		√
Germany	√		√		√	
Greece	√	√	√	√	√	√
Ireland						√
Hungary	√		√		√	
Latvia		√		√	√	√
Lithuania	√				√	
Luxembourg		√		√		√
Malta		√		√		√
Poland		√		√		√
Portugal		√		√		√
Romania		√		√		√
Slovenia		√		√		√
Slovakia			√			√
Spain		√				
Sweden	√	√	√	√	√	√
Uk	√	√	√	√	√	√
Turkey		√		√		√
Total	8	19	7	18	10	21

6 countries reporting to both TDI and DRID

Notes DRID: Only few countries

- Some comparability issues
- HIV test:
 - CZ ever tested
 - LT tested in last 18 months
 - GR the known seropos not excluded
- HCV test:
 - most countries
- Sharing:
 - EE and LT slightly divergent

Summary

- A third or less of the countries have reported data through Fonte
- Worth noting that more is available in the workbooks but not systematically reported there fore for us hardy useable
- Bear in mind some differences compared to the EMCDDA definition for some of the countries. However, trend data are interesting

SHARING

- in RED: case definition is not 100% the same as EMCDDA's one, but still recall period is the same and data can be safely considered comparable
- Older data do exist also for: CY, FI, FR, HR, LU, NL,NO,PL,RO,SK,TR
- National data only for CZ, GR, HU

TESTING

HIV in red:

- case definition is not the same as EMCDDA's – comparability issue. CZ is ever tested, LV is tested in last 18 months and in GR cases with known seropositivity are not excluded
- National data only for CZ, GR, HU
- Older data exist for: CY,EE, FI, FR, LU, NL,NO,PL,RO, TR
- SK: indicator HIV test is 'knowing the results' - not exactly the same as HIV testing

HCV in red:

- case definition is not the same as EMCDDA's so data might not be comparable – **Eleni can you specify this point please?**
- National data only for CZ, GR, HU
- Older data do exist also for:BG, CY,EE, FI, FR, LT, LU, NL,NO,RO, TR

Linkage DRID-TDI: information from TDI experts

- 18 countries replied to the question – 12 did not reply
- 13 countries DO NOT HAVE any linkage TDI/DRID registries
 - HU: not integrated systems but possibility to connect records (referring to the same individuals) in the two systems by an anonymous identification code applied in both data collections
 - SP: use some DRID data for ID variables in TDI
- 6 countries HAVE a linkage between TDI and DRID registries
 - AT, CY, CZ, GR, HR, IT, LU
 - AT: DRID registry part of DOKLI but items voluntary – so not a lot of data
 - HR: use of the PG form which includes hepatitis B, C, HIV data. This is the only data source for infectious diseases data among drug users

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Consistency TDI –DRID (1)		
Protocols	TDI	DRID
Method of data collection	Clients' registries (electronic or paper) recorded by drug treatment professional	Sero prevalence studies or diagnostic test, recorded by researcher or health professional
Case definition	Patients entering drug treatment (injectors)	Drug users, including those entering drug treatment (injectors)
Reference period	<ul style="list-style-type: none"> -Calendar year - include last 12 months - last 30 days (needles sharing) 	<ul style="list-style-type: none"> - Test date/period of the study - last 12 months - last 4 weeks for needle sharing

Consistency TDI –DRID (2)

Protocols	TDI	DRID
Drug Treatment centres	<ul style="list-style-type: none"> - Outpatient treatment - Inpatient treatment - Treatment in prison - General Practitioners - Low Threshold Agencies - Others 	<ul style="list-style-type: none"> - Outpatient treatment - Inpatient treatment - Treatment in prison - General Practitioners - Low Threshold - Antenatal clinics - Other hospital/clinics - Prisons - Arrests (police) - HIV testing centres - Street recruitment - Others

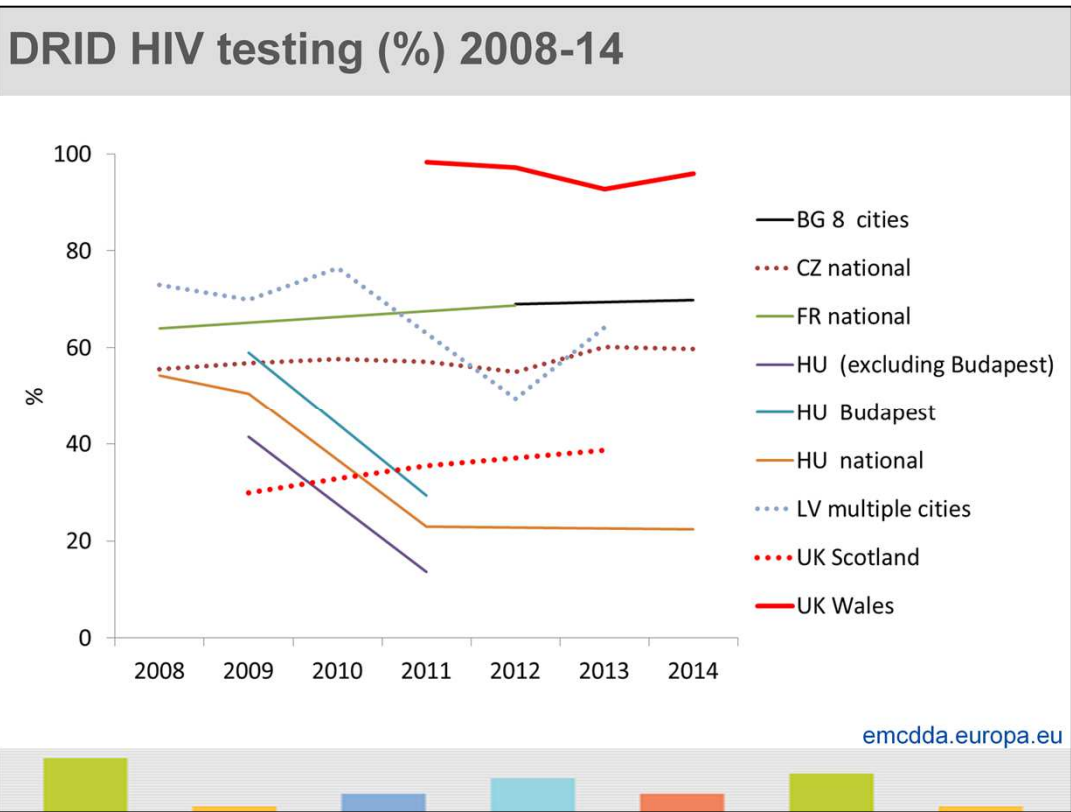
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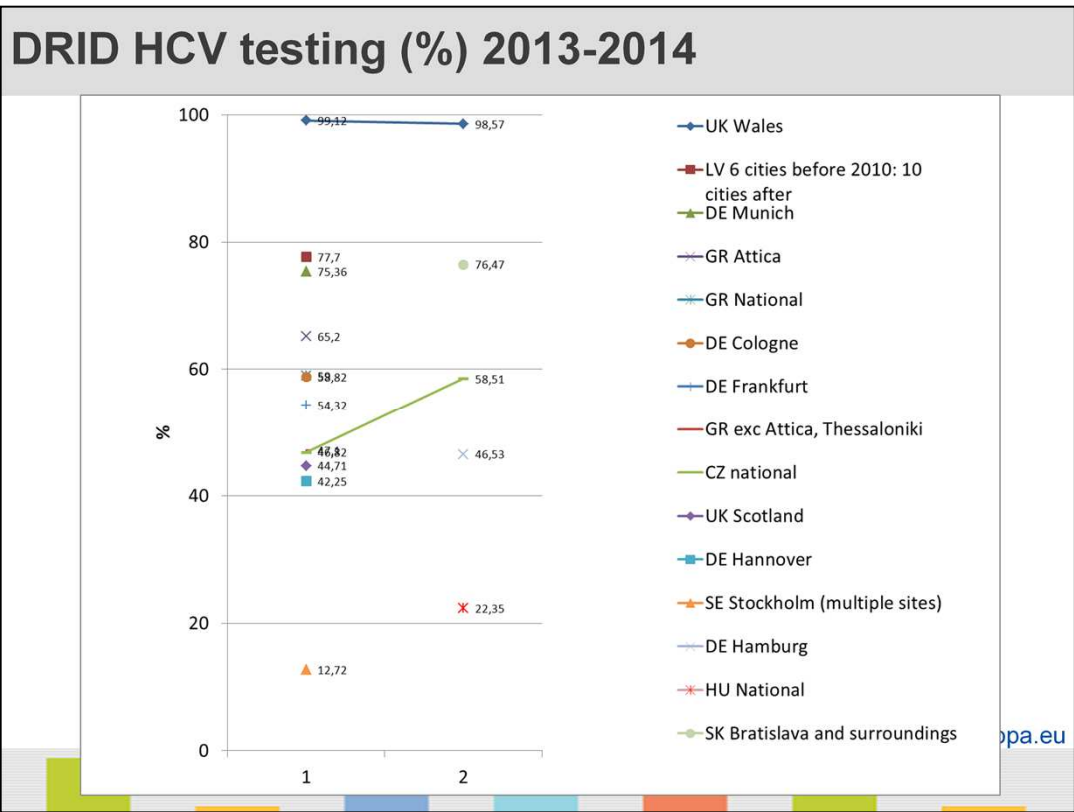
Some results

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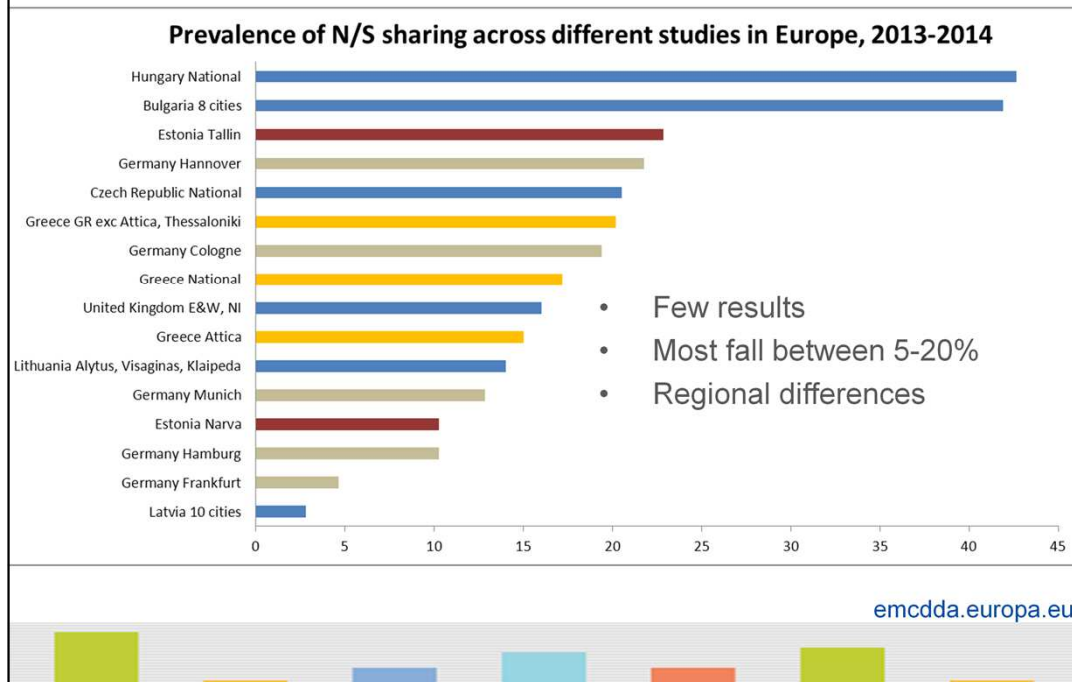
- Make sure that you point out the differences in case definition. it is very important!
- Very few countries with recent data
- Only 4 with 2014 data... therefore limited EWS capacity based on this indicator
- Regional differences
- Note : note sure if the target should be 100%? In our settings I suppose many are current injectors but probably not all. Therefore I am not sure all should be eligible for one test/year?



I can tidy this slide up

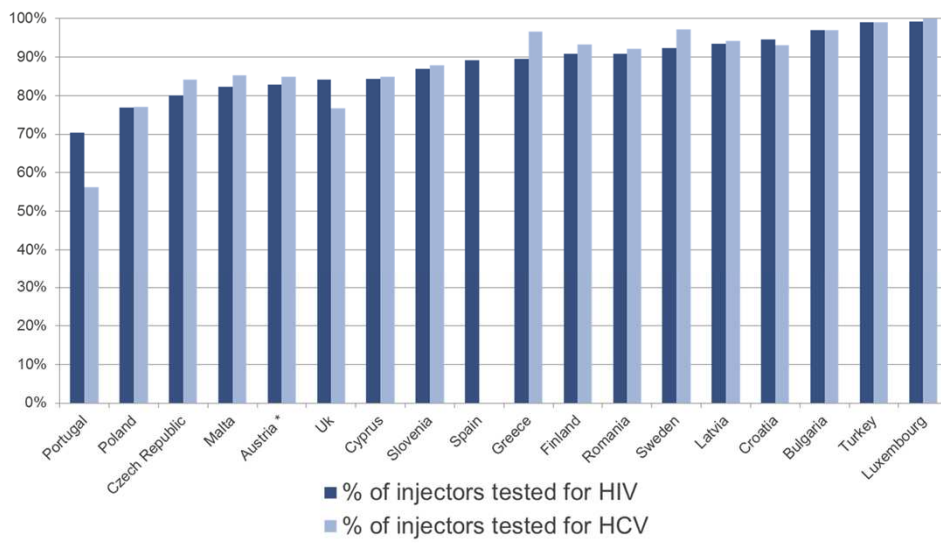
- Few countries
- Regional variations

DRID Prevalence of sharing – 2013-14



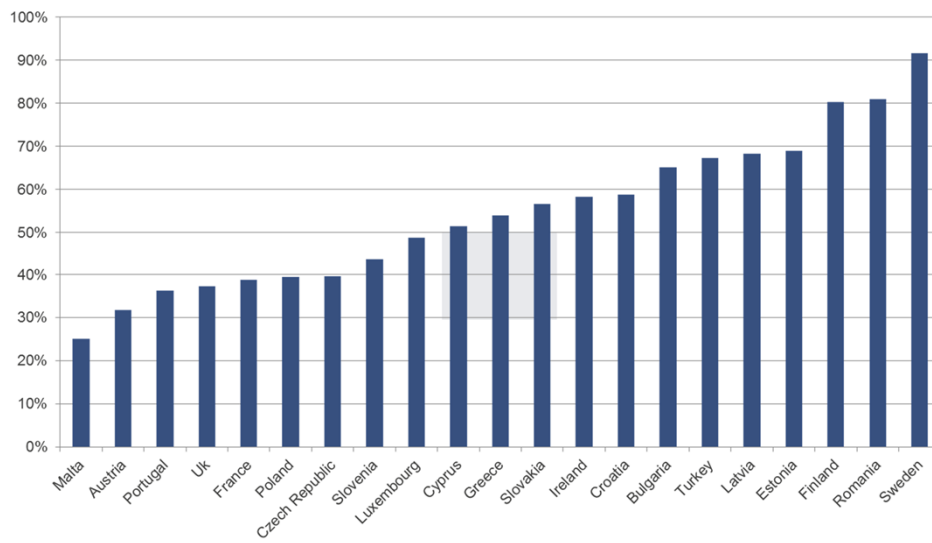
- Few countries have recent estimates
- BU and HU very high
- Apart from these most estimate fall between 10 and 20% of the current injectors who have been **sharing used needles/syringes** (receiving or passing on) over the last four weeks
- Differences across several regional estimates like in DE, GR and EE

% clients tested for HIV and HCV among ever injectors among all entering to treatment in 2014



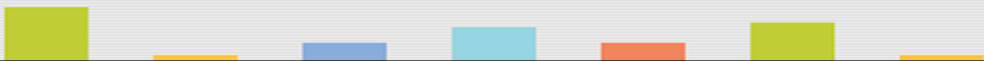
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% of clients that ever shared needles among all clients injecting entering treatment in 2014



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Open questions...



What next...?

- Should those two tools be complementary?
- Can and how one indicator can inform the other?
- How to increase the efficiency in data collection?
- Data quality issues when linking the two indicators?
- How the analysis can be maximised?
- Is it possible to go toward multindicator analysis?

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