European Monitoring Centre for Drugs and Drug Addiction

ecdc EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

Joint EMCDDA and ECDC rapid risk assessment

HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania

Main conclusions and recommendations

Two countries in the European Union/European Economic Area (EU/EEA) have reported a significant increase in HIV case reports and HIV prevalence among injecting drug users (IDUs) during 2011 (Greece and Romania).

- Although the magnitude of the increases in case reports may be partially related to enhanced surveillance and active case-finding, evidence indicates a real increase in HIV transmission in both countries.
- There is a temporal association between low levels (or reduction) of provision of prevention services in Greece and Romania and these increases. However, any causal association is difficult to prove.
- Increased focus on prevention measures, such as needle and syringe programmes and opioid substitution treatment, seems essential to prevent new HIV cases among IDUs in Greece and Romania. Guidance is given in the ECDC–EMCDDA *Guidance on the prevention of infectious diseases among people who inject drugs* (2011).
- Epidemiological investigation of these outbreaks would facilitate better understanding of the current situation to prevent further outbreaks.

A few other countries in the EU/EEA report slight increases in HIV among IDUs in 2010–11. Some countries report increases in injecting risk behaviour or low coverage of prevention services among IDUs. These factors combined may indicate a risk for increased HIV transmission and future outbreaks. These countries would benefit from critically reviewing their national prevention and control programmes.

However, about half of the countries in the EU/EEA report a low incidence of HIV cases among IDUs, and the overall incidence in the EU/EEA has been declining steadily since the early 2000s. These outbreaks show that there is a continuous need to keep public health and sufficient preventive services on the agenda in challenging economic times.

Source and date of request:	Request from DG SANCO, 15 November 2011
Date of assessment:	29 November 2011
Public health issue:	Reported increase of newly diagnosed HIV in injecting drug users in Greece and Romania, during the first 10 months of 2011
Consulted experts:	ECDC-nominated contact points for HIV surveillance and EMCDDA national focal points and drug-related infectious disease experts

Background

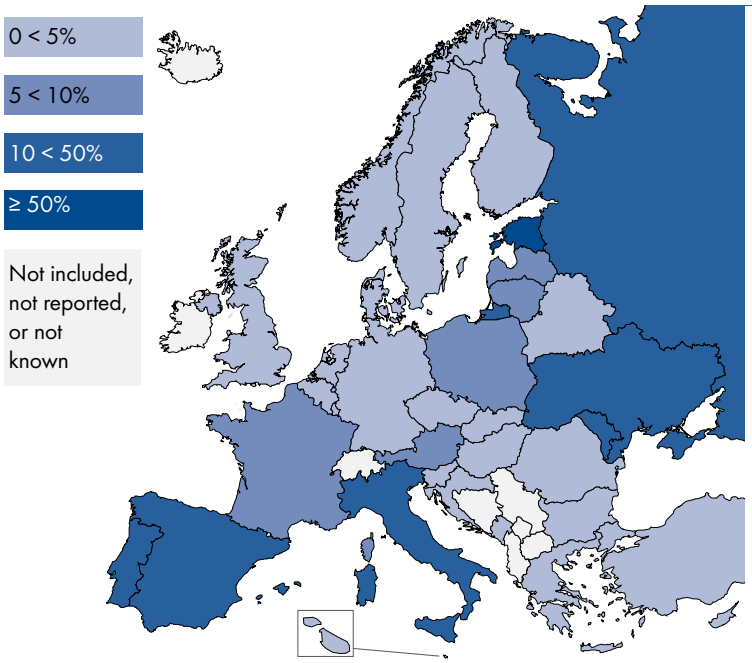
Information on disease and risk behaviour

HIV infection is one of the most serious potential health consequences of injecting drug use, leading to chronic infection, AIDS and premature death if untreated [1]. The sharing of needles, syringes and other materials for drug injection among several injecting drug users (IDUs) is a highly efficient way of transmitting the virus [2]. HIV infection treatment can have great impact on public health budgets, especially in countries experiencing economic duress.

Recent estimates for 13 EU Member States and Croatia and Norway indicate large differences in the prevalence of injecting drug use [3]. The weighted average estimate is 2.5 per 1 000 adults aged 15 to 64 years for the Member States providing estimates and Norway. In addition, there is a significant population of former IDUs who may have been infected with HIV or viral hepatitis.

EU Member States report HIV prevalence rates among injecting drug users ranging from less than 1% to more than 60% (Figure 1) [3, 4]. Of 27 116 newly diagnosed HIV cases reported in 28 countries in the EU/EEA in 2010, 1 212 were identified as having a current or past history of injecting drug use [5]. Since 2004, the number of new HIV diagnoses reported among IDUs has declined by 44% in the 26 EU/EEA Member States with consistent HIV reporting systems [5]. National trends have been similar during this period, with most countries reporting declining numbers of newly reported cases of HIV among IDUs [6, 7]. Despite a decreasing trend of HIV cases among IDUs in the EU/EEA, there are still countries where relatively high rates of HIV transmission are occurring among IDUs.

Figure 1: Distribution of HIV prevalence among injecting drug users, by country; Europe, 2008–09



Source: The EMCDDA and Reitox national focal points (EMCDDA countries: EU Member States, Croatia, Norway and Turkey); Mathers et al. Lancet 2008 (other countries). Colour indicates midpoint of national data, or if not available, of local data. For EMCDDA countries, data are mostly from 2008–09. When 2008–09 data were unavailable, older data were used. The EMCDDA data are sub-national for Belgium, Bulgaria, Croatia, Estonia, France, Ireland, Lithuania, the Netherlands, Sweden, Turkey and the United Kingdom; for non-EMCDDA countries, this information is not available.

Estonia and Latvia have been the most recent Member States affected by major outbreaks among IDUs leading to high prevalence. These outbreaks occurred in the late 1990s and the beginning of the new millennium. Since then, they have reported declines, although a resurgence of HIV cases was reported in Latvia in 2007, in Lithuania in 2009 and in Bulgaria during the past 5 years [3, 5]. Smaller outbreaks without evidence for establishment of high prevalence have occurred in Finland in 1997 and on several occasions in Sweden during

the last 10 years [8, 9]. In Lithuania, a prison outbreak occurred in 2002 [10]. In most west European countries, the HIV epidemic among IDUs is much older and peaked in the mid-1980s to early 1990s [11].

The potential for blood borne virus outbreaks, establishment of high prevalence and subsequent sustained transmission among IDUs is dependent on multiple factors, including the frequency of needle sharing, the number of sharing partners and network structures and mixing in the injecting drug using population. Additional determinants include the size of the injecting drug using population, the types of drugs injected, and awareness of risks and ways and possibilities of avoiding them. The perception of the seriousness of the infection may also affect risks.

Indicators for risk of HIV transmission

The main indicators in use for assessing the epidemiology of HIV among IDUs and the risk of increasing transmission are [12]:

HIV case reports attributed to injecting drug use (case counts or rates per million population);

prevalence of HIV among IDUs, especially among young and new injectors where it is an indicator of new infections/incidence;

data on prevalence of hepatitis C infection can form a valuable indicator of injecting risk in populations where HIV has not yet expanded, especially among young or new injectors [13, 14];

other data may give additional information, e.g. changes in drug use patterns can be associated with changes in injecting risk.

Prevention of infections among injecting drug users

To prevent outbreaks of HIV and other blood borne infections among IDUs, the implementation of preventive interventions in a comprehensive manner has been recommended [1, 15]. This is independent of the actual incidence of infection. The most robust and recent evidence suggests that the largest reduction of HIV and injection risk behaviour can be achieved by providing comprehensive prevention services, with high coverage of both needle and syringe programmes and opioid substitution treatment in combination [1, 16–18].

Event background information

Romania

On 14 November 2011, the national focal point for the EMCDDA and the Ministry of Health in Romania notified the detection of a strong increase of newly reported HIV infections among IDUs in 2011 by the Romanian HIV surveillance system. While reporting 3 to 5 cases annually from 2007 to 2009, HIV infections among IDUs increased to 12 cases in 2010 and to 62 cases in 2011, as of September. While in 2011, 15% (62/405) of the reported HIV infections were found among IDUs, this had been only 3% (12/440) in 2010 and 1% (5/428) in 2009.

Cases reported in 2011 were mostly residents of Bucharest and surrounding area (56/62), predominately males (55/62), and younger than 34 years (55/62). Half of these cases were diagnosed with HIV infection while being hospitalised for infectious conditions. The remaining cases were diagnosed while attending drug substitution treatment centres. In 87% of the 62 cases, hepatitis C virus (HCV) co-infection was detected. Thirteen newly diagnosed HIV infection cases were classified as AIDS cases, suggesting that at least this portion of the cases was infected less recently. Of the remaining 49 cases, 29 had a CD4 count at diagnosis higher than 500 cells/mm^3, suggesting more recent infections.

Other sources, reporting results from the routine HIV testing of IDUs attending drug-related treatment services at national level, described an earlier increasing trend of 1% (2/182) in 2008, 3% (11/329) in 2009 and 4% (12/288) HIV-positive cases among IDUs tested in 2010.

HIV prevalence surveys performed in Bucharest in recent years using respondent driven sampling techniques showed a constantly low HIV prevalence in IDUs. The latest, part of the Behavioural Surveillance Survey 2010 ([1]), gave an estimate of 1%. Recent data from an NGO performing regular HIV testing in 2011 among IDUs in Bucharest, although not based on a random sample, described an HIV positivity rate of 5% (17/350).

As stated by the Romanian Anti-drug Agency, injecting drug use behaviour is concentrated in Bucharest where the injecting drug using population size was estimated to be 18 316 in 2010 (an 11% increase compared to the 16 867 estimated in 2007). An accurate estimate of the size of the national IDU population is not available due to the paucity of services/programmes outside Bucharest.

Significant changes in drug use patterns were detected through the Behavioural Surveillance Survey 2010 in Bucharest, where a higher frequency of injecting behaviour was found and where the drug use patterns appear to be changing, with 97% of respondents reporting heroin as the main drug of injection in 2009, as compared to 67% in 2010, and with 31% of respondents reporting amphetamine-type stimulants as the main drug of injection in 2010. There are reports of more frequent injection and needle-sharing associated with stimulant use. There are reports that some heroin users have switched to injecting amphetamine-type stimulants, mostly synthetic cathinones. These new patterns of use may be associated with a higher frequency of injecting.

While drug use patterns appear to be changing, access to sterile syringes is decreasing. Needle and syringe programmes have as yet only been established in the capital city Bucharest, and one of the four sites has recently been closed, following the end of external funding by the Global Fund for AIDS, TB and Malaria in June 2010. The closure of another site is expected in 2012. Decreasing accessibility of needle and syringe programmes is also reflected in the results of Behavioural Surveillance Surveys, where the number of respondents who report having used a syringe exchange programme decreased from 76% in 2009 to 49% in 2010. Furthermore, a reduction in numbers of distributed sterile syringes was reported from 1.7 million in 2009 to 965 000 in 2010. For 2011, figures available for the year up to October show that approximately 700 000 had been distributed. Based on the estimated number of IDUs, syringe provision in Bucharest has thus decreased from 97 syringes per IDU in 2009 to 53 syringes per IDU in 2010. Overall provision of opioid substitution treatment in Romania remains very limited, the number of clients in such programmes increased from 424 (2009) to 601 (2010) [19, 20].

Greece

In July 2011, the Greek member of the EMCDDA Management Board reported that since the beginning of 2011, the number of HIV infections reported among IDUs in Greece had risen sharply and requested the EMCDDA to issue a warning through the Centre's early-warning system and the network of experts in drug-related infectious diseases. The HIV situation in Greece has previously been characterised as a low-level, concentrated epidemic. Between 9 and 16 cases among IDUs were reported annually during the last 5 years, never representing more than 2–3% of all reported cases. During the first 10 months of 2011, cases among IDUs increased to 190, representing 25% of the reported cases. A significant increase among cases in the 'unknown' category was seen. The male to female ratio among IDUs remained constant, at around 4 males to 1 female. The age distribution among IDUs has not changed in 2011 [21].

A preliminary analysis suggested that immigrant populations may have had a potential role in the outbreak [18]. However, it is likely that low service provision has been an important contributing factor for increased transmission among migrants and non-migrants, even if perhaps combined with a lower access of migrants to these services. In addition, despite a relatively high proportion of migrants among the initial cases, the majority of cases among IDUs

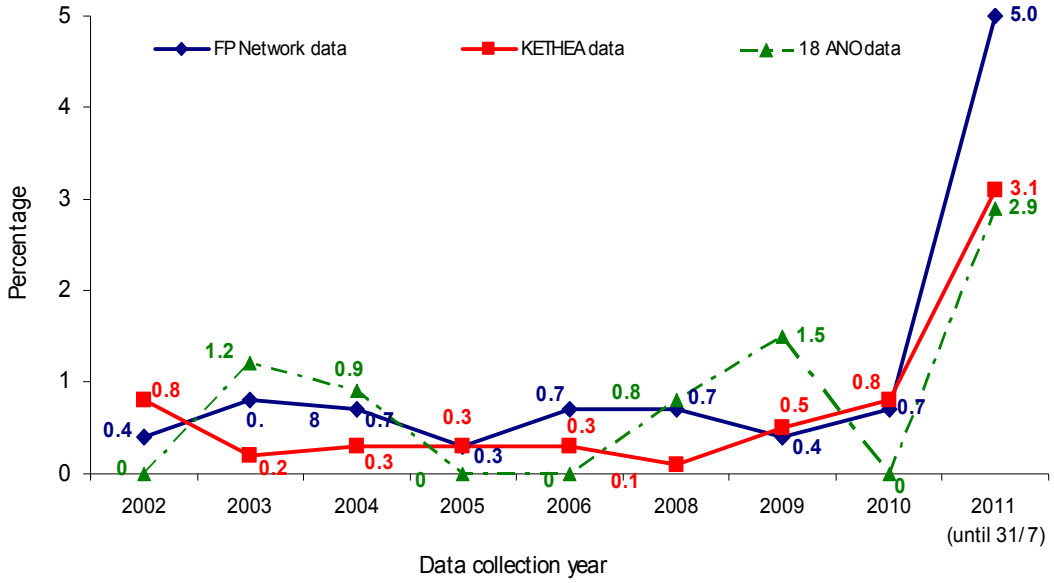
([1]) More information is available at: http://www.ana.gov.ro/rapoarte_nationale.php

in 2011 had Greek nationality and the proportion of cases among non-Greek IDUs decreased in 2011. Most HIV cases among IDUs with an immigrant background are from Central Asia or the Middle-East and only a few are from Africa.

Greece collects prevalence data on HIV, hepatitis B and C infection among IDUs from three separate sentinel surveillance systems in treatment facilities screening clients upon entry. For the last decade, HIV prevalence in the sentinel surveillance system for IDUs has remained below 2%, a low level compared to other western European Member States. However, in 2011, all data sources detected a steep increase, reaching 3% to 5% by the end of July 2011 (Figure 2) [21].

A breakdown of data from one sentinel source (OKANA, Table 1) by month in 2011 suggests sustained transmission among IDUs, as positivity rate (prevalence) among those tested is over 5% in most months during the year.

Figure 2: Distribution of positivity rate (prevalence) of HIV among injecting drug users entering treatment, by sentinel surveillance system, Greece, 2002–11



Source: Greek Reitox focal point, reported in [21]. Note: no data are available for 2007.

Table 1: Injecting drug users (IDUs) in the Greek sentinel surveillance system tested for HIV – positive cases and percentage by month in 2011

Month	Number of injecting drug users		%
	Tested for HIV	HIV-positive	
January	140	4	2.9
February	112	6	5.4
March	143	10	7.0
April	155	11	7.1
May	230	12	5.2
June	162	4	2.5
July	187	14	7.5
August	123	11	8.9
September	329	18	5.5
Total	**1 581**	**90**	**5.7**

Source: OKANA, presented by G. Nikolopoulos.

Responses in Greece

Since the detection of the increase in cases at the beginning of 2011, a number of new interventions have been introduced. Foremost among these is the rapid expansion of opioid substitution treatment services, with the objective of attracting IDUs to care and reducing related risks of infectious disease transmission. This effort has been coordinated by the Greek organisation against drugs (OKANA), and has significantly reduced mean waiting times for entering treatment in the Athens–Piraeus area (from 89 months to 57 months on average) and eliminated waiting lists in Thessaloniki. During September 2011, OKANA has launched 17 new substitution units, in collaboration with hospitals in Athens and Thessaloniki, whereas by the end of the year, 20 new units are planned to be established. Moreover, in order to increase access of treatment at the local level, substitution units are to be established in 13 other cities as a part of the effort to cover all Greek prefectures.

The Hellenic Centre for Disease Control and Prevention (HCDCP) provides mobile prevention services offering information, voluntary testing, referrals and clean needles and syringes in Athens. Up to August during 2011, about 60 000 needles and syringes had been distributed, an increase from the 33 000 which had been distributed in 2010 by this mobile programme. However, the level of activity is still insufficient to meet the demand within the injecting drug using population

Systematic HIV screening of IDUs in treatment programmes has been implemented and an awareness campaign directed to IDUs was implemented in the centre of Athens in March 2011. A major intervention study is planned by OKANA, HCDCP and Athens University Medical School.

Threat assessment for the EU

Assessment of the Romanian outbreak

The low level of provision of opioid substitution treatment and the recent decrease in the number of syringes provided through needle and syringe programmes, as well as a recent rise in the combined use of opioids and amphetamine-type stimulants resulting in increased injecting frequency, could all have contributed to increased HIV transmission. The outbreak of HIV among IDUs in Romania is not considered to be an immediate threat to EU countries in terms of disease transmission from Romania to other EU countries. However, the circumstances of the Romanian outbreak are of relevance to other EU countries in considering prevention and surveillance among IDUs.

Assessment of the Greek outbreak

The outbreak experienced in Greece is comparable to previously described epidemics in Europe. Reported infections among IDUs increased from less than 20 cases annually to over 190 in the first ten months of 2011. Genetic analysis shows close similarity among a subset of the viruses sampled from IDUs [22]. This suggests a recent outbreak. Unless efficient and comprehensive preventive interventions can be established in Greece, the outbreak may result in rapid establishment of long-term high prevalence among this vulnerable group. Critical examination of prevention activities and indicators of risk prior to the HIV outbreak in Greece identifies several potential weaknesses of the prevention programme which may have contributed to the outbreak. Among these, the major factors of vulnerability were the following:

1) long waiting times for access to opioid substitution treatment (on average 89 months, prior to the epidemic);

2) low (insufficient) volume of injection equipment exchange or provision.

These factors have created favourable conditions for the rapid transmission of HIV in the population of users, especially in the Athens area. The surveillance data suggests that cases

among the IDUs are mainly Greek nationals and the proportion of individuals with a migrant background has decreased in 2011 compared to the previous years.

Assessment of the situation of HIV among IDUs in the EU/EEA

Prevention of infections among IDUs is possible and can be effective if correctly executed. The potential threat for the EU Member States consists of the possibility that prevention efforts that counteract the spread of HIV among IDUs are not maintained at a level sufficient to prevent large scale transmission. New outbreaks are strong indicators of such a lack of effectiveness. Without adequate preventive responses, outbreaks among IDUs may lead to high prevalence in this population and a heavy future disease burden.

In response to the notified events in Greece and Romania, and following a request from DG Sanco, the ECDC and the EMCDDA conducted a joint rapid inquiry to HIV surveillance contact points and drug focal points in EU/EEA, candidate and potential candidate countries on 17 November 2011 to inquire about possible recent increases in HIV infections detected among IDUs. Information available from routine surveillance and monitoring of HIV and hepatitis C virus (HCV) as well as prevention coverage among IDUs has been combined with results from the rapid inquiry (Annex, Table A1).

Six countries reported changes in HIV case reports or prevalence among IDUs compared to 2009–10. Seventeen countries reported no changes, four reported fewer cases or lower prevalence, and two did not have information available to assess a change. In addition to Greece and Romania, countries reporting an increase in the most recent year for which data were available (2011 or 2010) were Luxembourg and Lithuania, while regional increases were reported by Bulgaria (Sofia only) and Italy (2009, one region out of 21).

In Bulgaria, HIV case reports for IDUs increased by 9% up to October 2011 in comparison with 2010, however data were only available for Sofia. Nationally, case reports for HIV among IDUs increased between 2008 and 2009 in Bulgaria. In Luxembourg, drug surveillance data showed an increased HIV infection prevalence in current IDUs from 4% in 2009 to 8% in 2010 (no data for 2011); however, the proportion of all HIV cases for which injection drug use is reported as a transmission route declined from 6% in 2010 to 4% in 2011, as of November. Increases were reported in three regions in Italy, however, the average national prevalence of HIV infection among IDUs continues to decline, and the reported increase in prevalence in one region (Veneto) is not confirmed by case reporting data. Lithuania reported an increase in the number of HIV cases in 2009 and 2010 (180 and 153 respectively) as compared to 2008 (42 cases), but also reported enhanced surveillance among IDUs in 2010 and a reporting delay which deferred the reporting of 40 of the 2008 cases to 2009.

Bulgaria, Greece and Romania report additional information consistent with increased risk. In Bulgaria, increases in injecting risks have been reported. In Romania, the prevalence of hepatitis C among IDUs increased between 2005 and 2007 (more recent data are not available), suggesting potential earlier increases in injection related risks. The HIV outbreak in Greece was also preceded by an increase in HCV prevalence among new IDUs (injecting for less than 2 years).

Increases in risk indicators or low coverage of prevention measures have been reported from Austria, Croatia, Cyprus, Czech Republic, Hungary, Latvia, Lithuania, Poland, Slovakia and Sweden. In some countries, increasing HCV prevalence at national or sub-national level (Austria, Cyprus, Italy) might also indicate a higher risk of (localised) HIV outbreaks. Sweden experienced an HIV outbreak (2007) while having had long-term low coverage of needle and syringe programmes, but continues to have low HIV prevalence among IDUs [9, 23, 24]. Indicators of increased injecting risk (increases in mephedrone injecting) are noted in Austria and Hungary. An increase in the prevalence of IDUs is reported by the Czech Republic.

Analysis of factors contributing to increased risk of HIV transmission in IDUs

Low prevention coverage in some EU countries

Opioid substitution treatment

Opioid substitution treatment is available in all 27 EU Member States, and the number of opioid substitution clients in the European Union is estimated at 685 000 (2009), which represents a 50% coverage. Provision is, however, considerably variable and regionally imbalanced: the share of opioid substitution clients in the 12 countries that joined the EU since 2004 represents less than 3% of the total in the EU ([2]).

The latest opioid substitution coverage rates for 2009/2010 (available for 18 countries, see Figure A1 in the Annex) show that Cyprus, Greece, Latvia, Lithuania, Poland and Slovakia are characterised by low coverage rates of between 2% and 27%. Problems in access to opioid substitution treatment have been documented. As well as the very long waiting times of more than 7 years noted earlier in Greece, Hungary and Romania report waiting times that range from between one and six months, and Bulgaria and some regions of Poland report waiting times of more than one year [3].

For countries where no recent estimate of the number of problem opioid users is available, the number of opioid substitution clients per 100 000 adults can be used as a proxy for the magnitude of provision. Data show huge variations, ranging from 3 cases per 100 000 adults in Romania, 12 in Latvia, 59 in Bulgaria and 111 in Estonia to very high rates of 248 and 329 opioid substitution clients per 100 000 adults in Spain and France, respectively.

Needle and syringe programmes

Programmes for the exchange or distribution of needles and syringes and other injecting equipment exist now in all Member States. However, Sweden and several countries in Central and Eastern Europe report lack of availability in some regions [25]. The average number of syringes per IDU ([3]) distributed by specialised programmes in a year ranges from less than 20 in Cyprus, Greece, Slovakia and Sweden, 39 in Latvia and 69 in Hungary to more than 300 in Norway. For HIV prevention, an annual distribution of 100 syringes per IDU is considered low while an annual distribution of 200 syringes per IDU is reasonably high (Figure A2 in the Annex) [15]. Using the estimate for the IDU population size in the capital city of Bucharest, the minimum target for annual syringe distribution would be 1.8 million syringes. However, in the context of this ongoing outbreak, 3.6 million syringes per year would need to be considered for Bucharest only, as compared to the 965 000 syringes that were distributed in the whole of Romania in 2010.

Where no current IDU estimates exist, syringe provision can be expressed in terms of the general adult population in order to illustrate the differences between countries: rates vary from 7 syringes per 1 000 adults per year in Poland and 83 in Lithuania to 129 in Bulgaria and 330 in France.

Economic crises and programme funding

In past economic downturns, increased HIV incidence and increased injecting drug use have been observed [25, 26]. There are reasons to suspect that the current economic turmoil has had and will continue to have adverse effects on HIV prevention in Europe [27]. The current economic crisis is, for example, expected to have an impact on public health budgets including services targeted at vulnerable populations such as IDUs in Europe [28], and it has been

([2]) The 12 Member States that have joined the EU in 2004 and 2007 represent about 20% of the total population of the EU.

([3]) See Figure HSR-3 in the EMCDDA 2011 Statistical bulletin (http://www.emcdda.europa.eu/stats11/hsrfig3). These figures do not include pharmacy sales, which may represent an important source of sterile syringes for drug users in several countries.

observed that government financing for global HIV/AIDS programmes dropped by 10% in 2010 compared to 2009 [29]. Thus, the EMCDDA noted in its most recent annual report that the current economic crisis may increase the risk of localised HIV epidemics among drug injectors [3]. Although the current situation in Greece appears to be associated more closely with a longer-term lack of service provision than with recent cuts, it is important to ensure that the current economic situation does not impact on measures to increase availability of prevention services for those in need.

The combination of an economic crisis, which could affect risk-taking behaviours and exacerbate social inequalities, and the phasing out of funding programmes could be particularly challenging. In Romania, as noted above, the major grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria that focused on providing a wide range of prevention, testing and counselling services to IDUs ended in mid-2010 ([4]). The closure of this grant coincides with the five-fold increase of HIV among IDUs in 2011 over 2010, and although the extent to which the continuation of services covered in this grant has been provided by alternative organisations needs to be further assessed, all evidence suggests that there has been an overall decline in prevention programmes.

Available evidence indicates a temporal association between a reduction in, or initially low, level of provision of prevention services and an increase in HIV incidence, changes in patterns of risk among IDUs in Greece and Romania and this increase. The extent to which these service reductions or changing patterns of risk among IDUs have been related to the current economic crisis cannot be easily measured, and causal links are impossible to establish. However, based on available evidence, the prevalence of injecting drug use may increase during an economic crisis and public health budgets may be reduced. These outbreaks show that there is a continuous need to keep public health and sufficient preventive services on the agenda, even in challenging economic times.

Changes in drug use patterns — increased stimulant injection in several EU Member States in relation to the 'heroin drought' in 2010

A recent heroin shortage was documented in some EU countries during 2010–11 [30]. Some countries experienced heroin shortages in the first few months of 2011. Some drug users reported increasing their use of both alcohol and non-prescribed benzodiazepines when heroin was scarce. Furthermore, the illicit use of synthetic opioids (buprenorphine, fentanyl and, to a lesser extent, methadone) as replacements for heroin was also reported. The increased use of stimulant drugs (crack, amphetamines), sometimes by injection, was also reported, as was the replacement of heroin by injectable amphetamine-type stimulants (synthetic cathinones, mostly mephedrone). The recent heroin shortage may, therefore, have triggered changes in drug use patterns, possibly leading to more frequent injection. However, the overall impact of the short-lived heroin shortage remains to be fully elaborated.

Changes in surveillance and the role of enhanced testing

Increases in HIV cases in IDUs detected and reported could partially be due to enhanced surveillance or increased testing among IDUs. In Greece increased testing was reported in later months, after the outbreak was detected. However, Romania has not yet reported enhanced testing campaigns in response to the increased cases of HIV. Elsewhere in the EU, most of the countries reporting to this rapid risk assessment stated that their HIV surveillance activities among IDUs had remained unchanged in 2011 as compared to 2009–10, with only Italy reporting decreased testing for HIV among IDUs.

([4]) More information is available at: http://portfolio.theglobalfund.org/en/Grant/Index/ROM-607-G03-H

Conclusions

Two countries in the EU/EEA have reported a significant increase in HIV case reports and HIV prevalence among IDUs during 2011 (Greece and Romania).

- Although the magnitude of the increases in case reports may be partially related to enhanced surveillance and active case-finding, evidence indicates a real increase in HIV transmission in both countries.
- There is a temporal association between low levels (or reduction) of provision of prevention services in Greece and Romania and these increases. However, any causal association is difficult to prove.
- Increased focus on prevention measures, such as needle and syringe programmes and opioid substitution treatment, seems essential to prevent new HIV cases among IDUs in Greece and Romania. Guidance is given in the ECDC–EMCDDA *Guidance on the prevention of infectious diseases among people who inject drugs* (2011).
- Epidemiological investigation of these outbreaks would facilitate better understanding of the current situation to prevent further outbreaks.

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Annex

Table A1. Indicators of HIV and HCV transmission, injecting risk and intervention coverage

	HIV cases increase (i)	HIV prevalence increase	HCV prevalence increase	Other injecting risk increase	Injection drug use prevalence increase	< 30% of problem opioid users in opioid substitution treatment (ii)	< 100 syringes per IDU per year from specialised programmes (iii)	Surveillance changes
Austria	2010	2010	2010 (14)	(a)		52%		
Belgium	2010	2010	2010					
Bulgaria	2009	2010 (1)	2010 (15)	(d)				
Croatia	2010				(b)		89	
Cyprus	2010	2010 (2)	2010 (16)		(b)	27% 2010	0	
Czech Republic	2010	2010	2010		(b)	32%	138	
Denmark	2010		2008					
Estonia	2010						164	
Finland	2010	2009	2009			32%		
France	2010							
Germany	2010					55%		
Greece	2011	2011 (3)	2010 (17)	(f)	(b)	22% 2010	6	
Hungary	2010	2010 (4)		(a,d)	(c)	32%	69	
Iceland	2010							
Ireland	2010			(d)		51%		
Italy	2010	2009 (5)	2009 (18)			50%		
Latvia	2010	2010 (6)	(7)			2% 2010	39	
Lichtenstein								
Lithuania	2011	(7)				17% 2010		
Luxembourg	2010	2010 (8)				64%	204	
Malta	2010	2010	2010			68%	193	
Netherlands	2010	(9)	2008			60%		
Norway	2010	2010	2010		(b)	57%	309	
Poland	2010	2010	(19)			8% 2010		
Portugal	2010	2010	2009				144	
Romania	2011	2011 (21)	2010 (20)	(e)			53 (h)	
Slovakia	2010	2010 (11)	2010	(d)	(c)	12% 2010	19	
Slovenia	2010	2010	2010	(d)				
Spain	2010	2009						
Sweden	2010	2008 (12)	2008				3	
Turkey	2010	(13)						
United Kingdom (England)	2010	2010	2010	(d)	(g)	56% 2009		

NO ALERT – no evidence for increased cases/prevalence and/or no evidence of low intervention coverage/no changes in surveillance.

ALERT – evidence for increased cases/prevalence and/or low intervention coverage/decreased surveillance.

Information unknown/not reported to EMCDDA/ECDC.

Notes:

(i) HIV case increase taken from 2010 HIV Surveillance data, Source: European Centre for Disease Prevention and Control, WHO Regional Office for Europe (2011). In Bulgaria, case reports increased in 2008–09, but returned to the 2008 level in 2010. Case increases for Romania and Greece for 2011 were reported from national HIV surveillance and drugs focal points. Focal points from most other EU/EEA countries indicated no detected increase in new cases among IDUs in 2011 as compared to previous years.

(ii) For the purpose of this report a cut-off of 30% coverage was used in order to limit to the alert to the lowest range and likely highest HIV risk. Coverage levels below 50–70% of the target population are considered sub-optimal. Source: EMCDDA Statistical bulletin 2011, Figure HSR-1 with updates from national focal points for Greece, Latvia, Lithuania, Poland, Slovakia and the United Kingdom (England).

(iii) Syringes given out by specialised needle and syringe programmes, not including pharmacy sales. Source: EMCDDA Statistical bulletin 2011, Figure HSR-3 [20]. Data up to 2009.

(1) The ratio of HIV positive IDUs for the last 10 months (January to October, 2011) increased by 8.9% in comparison with the whole 2010. The available data is for the capital city (Sofia) only.

(2) Increase among young IDUs 2004–09 reported in the EMCDDA Annual report 2011 [3] is not continued in 2010.

(3) Source: http://www.emcdda.europa.eu/news/2011/update1/greek-report

(4) National trend data until 2009 show no increase, data for 2010 show zero prevalence in 6 regions.

(5) Decline at national level, increase in one out of 21 regions (Veneto), 2004–09.

(6) Increase in self-reported HIV prevalence 2004–09 reported in the EMCDDA Annual report 2011 [3] is not continued in 2010.

(7) Varying prevalence in 2010 but no trend data available.

(8) Self-reported data; increase in 2010 reported (see page 6 of this report).

(9) Zero prevalence in Amsterdam and Rotterdam 2010, but small sample sizes and no trends data.

(10) National trend data until 2009 show no increase, data for 2010 show zero prevalence in 6 regions.

(11) Increase in HIV prevalence 2004–09 reported in the EMCDDA Annual report 2011 [3] is not continued in 2010.

(12) Trend data are available only until 2008, suggest some increase (n.s.).

(13) No trend data available, data 2010 suggest low prevalence.

(14) Increases in Graz and Vienna, 2005–10.

(15) Increase among all IDUs and among young IDUs, Sofia, 2005–10.

(16) Increase among all IDUs 2005–10.

(17) Increase nationally and in Attica, Central Macedonia and Thessaly, 2005–10.

(18) Decrease nationally, increasing trend in three out of the 21 regions (Abruzzo, Umbria, Valle d'Aosta), 2004–09.

(19) Varying prevalence in 2009, but no trend data available.

(20) Increase 2005–08 in all IDUs, and in male IDUs only in 2008–10.

(21) See page 4 of this report.

(a) Based on the EMCDDA Annual report 2011 [3] both Hungary and Austria reported notable increase of mephedrone injecting.

(b) IDU prevalence estimates (important: 2010 data taken into account only for the Czech Republic and Greece).

(c) Trend data available but not recent.

(d) Country experienced severe heroin shortage in 2010/2011 and reported on possible increased injecting risks for some groups.

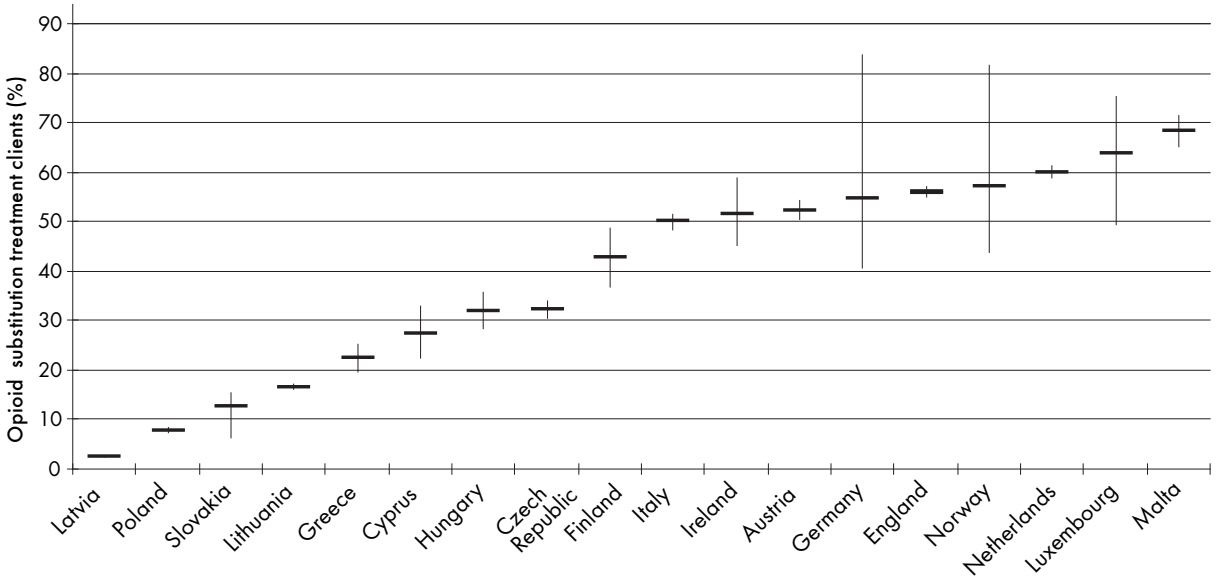
(e) Users switched to injecting amphetamine-type stimulants (mostly mephedrone and other synthetic cathinones).

(f) Reports of increased injecting of stimulants (home-made) at expert meeting Greece, October 2011.

(g) Injectors of opioids and/or crack-cocaine.

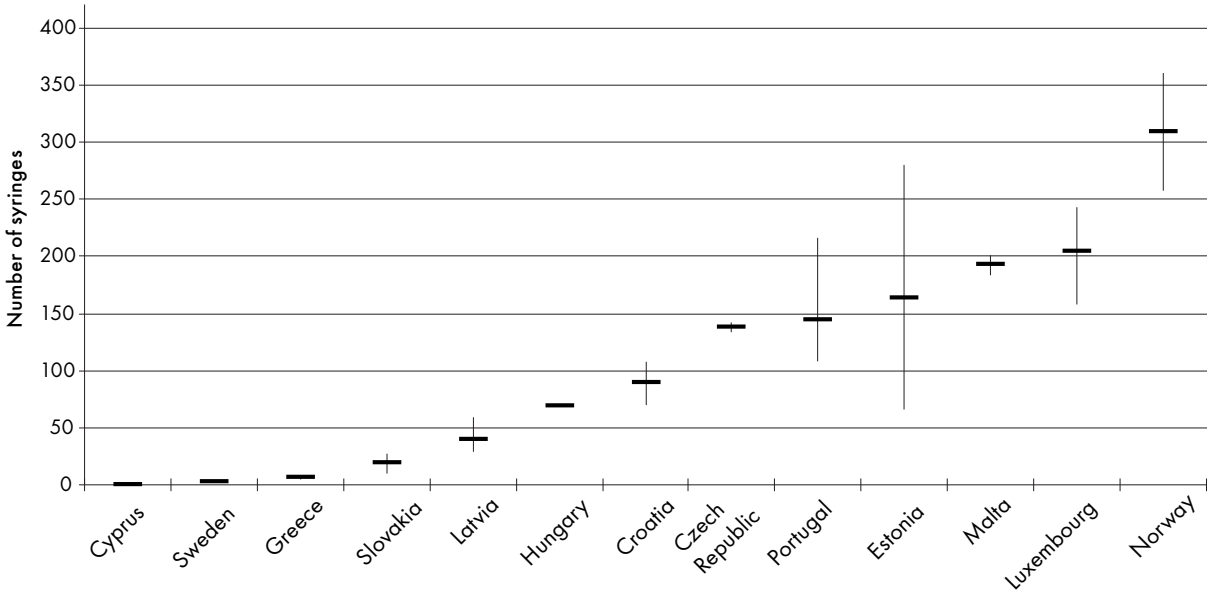
(h) Sub-national estimate, Bucharest area.

Figure A1: Opioid substitution treatment clients as a percentage of the estimated number of problem opioid users, 2010 or most recent year available



For more details see: Figure HSR-1 in the EMCDDA Statistical bulletin 2011, with 2010 updates for Greece, Latvia, Lithuania, Poland, Slovakia and the United Kingdom (http://www.emcdda.europa.eu/stats11/hsrfig1).

Figure A2: Syringes distributed through specialised programmes in 2009 per estimated injecting drug user



For more details see: Figure HSR-3 in the EMCDDA Statistical bulletin 2011 (http://www.emcdda.europa.eu/stats11/hsrfig3).

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