

# MONITORING HCV ELIMINATION AS A PUBLIC HEALTH THREAT AMONG PWID IN THE EUROPEAN UNION

Seyler T<sup>1</sup>, Giraudon I<sup>1</sup>, Kalamara E<sup>1</sup>, Noor A<sup>1</sup>, Hedrich D<sup>1</sup>

<sup>1</sup>European Monitoring Centre for Drugs and Drug Addiction

## **Background:**

People who inject drugs (PWID) are at high risk of viral hepatitis infections. In the European Union (EU), they account for 80% of all new HCV infections with known transmission route. Prevention measures are known to reduce infection risk. World Health Organisation Global Health Sector Strategy on hepatitis and the European action plan provide a monitoring framework. We reviewed core indicators on epidemiology and response coverage from the 30 EMCDDA countries in order to assess the progress and identify knowledge gaps.

## **Methods:**

We reviewed the following indicators : PWID population size, prevalence of HCV among PWID, the number of clean syringe distributed per PWID per year, the number of patients in opioid substitution treatment (OST) divided by the total estimated number of high-risk opioid users. We assessed whether countries had an inclusive national HCV strategy.

## **Results:**

Recent national estimates of the prevalence of injecting drug use in 16/30 countries ranged from less than 1/1000 to more than 9/1000 in the general population aged 15-64. HCV antibody prevalence ranged from 15-82% in 18 reporting countries, but settings and methodology of sero-prevalence studies were diverse. Syringe coverage was above the 200 target in four out of fifteen reporting countries. Nine out of nineteen reporting countries had coverage of OST above 50. In nine countries where no HCV strategy was in place, there were explicit barriers to HCV treatment for PWID.

## **Conclusion:**

HCV burden is high among PWID. Effective preventive measures against viral hepatitis are known, yet coverage is sub-optimal. Information gaps still exist regarding core monitoring indicators. Both OST and NSP need to be scaled-up as part of an integrated care approach. They constitute the baseline response on which testing, referral and inclusive treatment for PWID should be built.

## **Disclosure of interest statement:**

The authors have no conflict of interest