2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: ESTONIA
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Lisbon, 12th October 201
Epidemiological update

HIV notifications in PWID

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Sep</th>
<th>Total reported Jan to Sept 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HIV cases in total</td>
<td>34</td>
<td>27</td>
<td>31</td>
<td>27</td>
<td>26</td>
<td>27</td>
<td>27</td>
<td>16</td>
<td>244</td>
</tr>
<tr>
<td>Number of HIV in PWID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
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</tbody>
</table>

Comments: The data on transmission route of infection for 2012 will be available next year.
Epidemiological update

HIV and HCV prevalence trends among PWID

Trends in HIV prevalence among PWID
• According to 2010 study HIV prevalence was 43,9% in Narva. (EPP)
• According Uusküla et al. 2008 study HIV prevalence among new PWID (injecting < 3 years) was 50% (compared long-term injectors 55.6%)
• According to Talu et al. 2010 fentanyl users HIV prevalence among fentanyl users was 62% and among amphetamine users were 26%.

Trends in HCV prevalence among PWID
According to 2010 study HIV prevalence was 63,5% in Narva (EPP).
Behavioural surveillance

Drug use patterns
• 23.6% using opioids as primary drug
• 70.5% using stimulants
• 5.9% other (poppy, cocaine, other)

Risk behaviour
• 24% of IDUs had shared injecting paraphernalia in last 4 weeks (needle/syringe, front/back loading, cooker, filter/cotton, container)
• In last 4 weeks 62% of IDUs have had sexual intercourse with primary partner and 10% with occasional sexual partner. Condom was never in use (vaginal intercourse) in last 4 weeks for 18% with occasional partners and 50% for primary partners. The mean number of sexual partners of IDUs was 2.9.

Sociodemographic risk factors
• 75% male, mean age 29 years old, mostly primary and vocational education.
• 93% Russian speaking, 3% lives in shelter or social welfare house, 38% had been in prison in lifetime.

Source: 2010 Narva IDU risk behaviour and infection disease prevalence study
www.emcdda.europa.eu
# PWID population size estimates

<table>
<thead>
<tr>
<th>Population size estimates in:</th>
<th>PWID (Capital)</th>
<th>PWID (National)</th>
<th>PDUs</th>
<th>POUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number:</td>
<td></td>
<td>13,886 (95% confidence interval (CI) 8,132-34,443)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Year:</td>
<td></td>
<td>2004</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Source:</td>
<td></td>
<td>Uusküla et al, 2007</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Interventions

Coverage:
- There were totally 154,745 visits to the NEP in 2011
- 2,130,306 syringes were distributed
- 493,065 condoms were distributed
- At the end of 2011 there were 717 OST clients

Policies
„National HIV and AIDS strategy for the years 2006-2015“
## Self-assessing preventive intervention situation (I)

<table>
<thead>
<tr>
<th>Key Intervention ECDC / EMCDDA</th>
<th>Implemented? (Yes/No/partly)</th>
<th>STRENGTH</th>
<th>WEAKNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INJECTION EQUIPMENT</strong></td>
<td><strong>YES</strong></td>
<td>Coverage</td>
<td>Quality of support services, only needles and syringes</td>
</tr>
<tr>
<td>Provision and legal access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VACCINATION</strong></td>
<td><strong>NO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBV, HAV, tetanus etc.</td>
<td></td>
<td>Only for newborns and children</td>
<td></td>
</tr>
<tr>
<td><strong>DRUG DEPENDENCE TREATMENT – OST etc</strong></td>
<td><strong>YES</strong> for opioid users, VERY LIMITED for amphetamine users</td>
<td>Low quality</td>
<td></td>
</tr>
<tr>
<td><strong>TESTING</strong></td>
<td><strong>YES</strong></td>
<td>Good coverage</td>
<td></td>
</tr>
<tr>
<td>HIV, HCV, HBV, TB etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INFECTIOUS DISEASE TREATMENT</strong></td>
<td><strong>YES</strong> for HIV and TB</td>
<td></td>
<td>HBV and HCV treatment missing</td>
</tr>
<tr>
<td>HIV, HCV, HBV, TB etc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prevention funding

How did prevention funding change between 2009 to 2012?
1) for HIV: Increase ☑ No Change ☐ Decrease ☐
2) for PWID: Increase ☑ No Change ☐ Decrease ☐

Do you anticipate reductions in funding for HIV prevention among PWID in the coming 2 years?
- No, rather increase

What are the main funding sources for prevention programmes?
- Governmental resources
Drug markets

Are there any changes in heroin availability in your country?

Increase □  No Change X  Decrease □

Are there any evidence of “new” drugs entering the market, especially methamphetamines? (based on seizure data and/or qualitative data)
More and more new psychoactive substances are coming to Estonia in past years.

Is there an observed change in injecting stimulant use?

Increase X  No Change □  Decrease □
Main Challenges:

**Surveillance and monitoring:**
- HIV notifications – unknown mode of transmission

**Harm reduction:**
- safer injecting services and overdose prevention needed

**Drug treatment for PWID:**
- lack of amphetamines treatment possibilities