

Updating of ECDC and EMCDDA Guidance

Prevention and control of infectious diseases among people who inject drugs

Anne Bergenström, EMCDDA and **Otilia Mardh**, ECDC

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Session 3: Documenting evidence-based interventions

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Disclosure

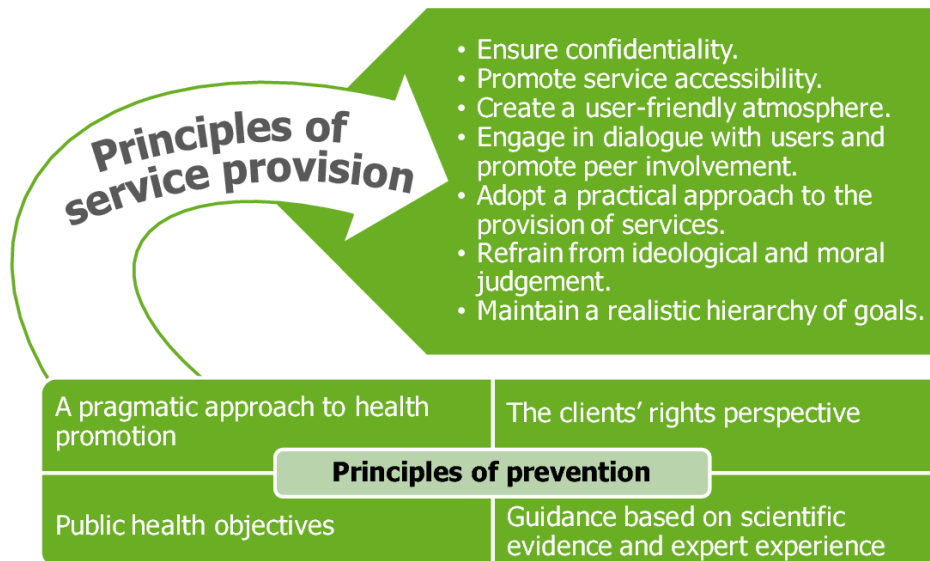
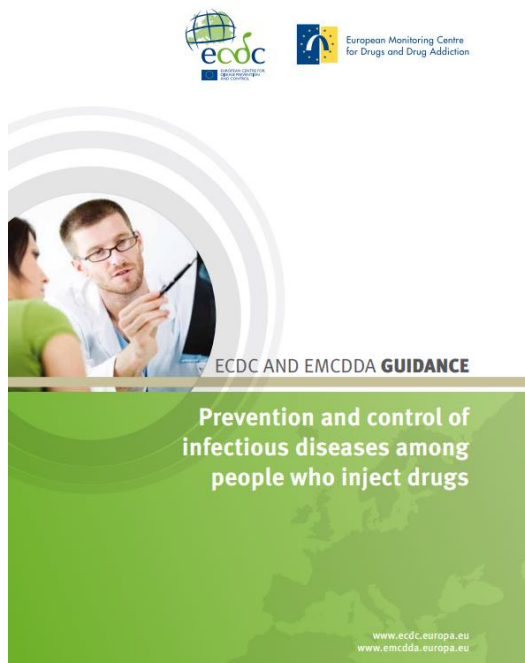
We have no actual or potential conflict of interest in relation to this presentation.

ECDC & EMCDDA Guidance on prevention and control of infectious diseases among PWID (2011)



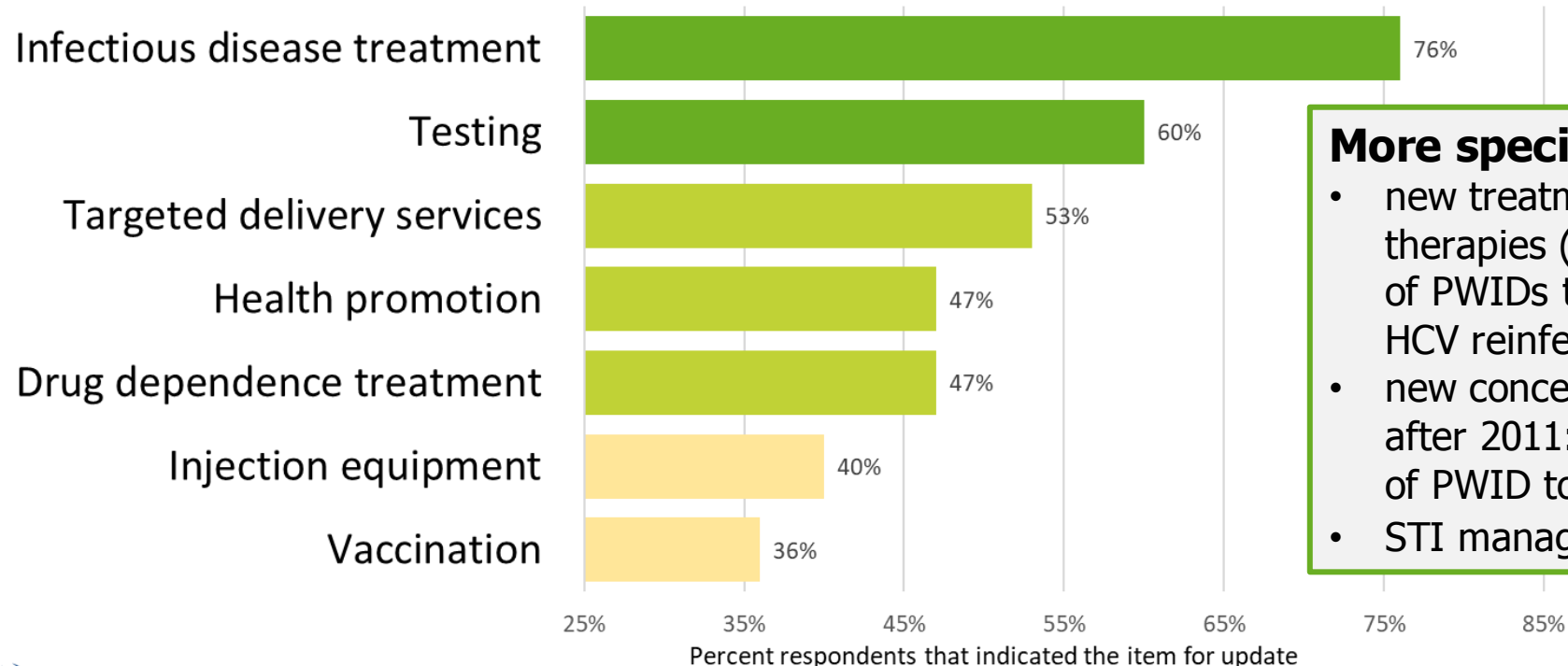
Seven key intervention components

1. Injection equipment
2. Vaccinations
3. Drug dependence treatment
4. Testing for infections
5. Infectious disease treatment
6. Health promotion (e.g. safer injections, safer sex, BBV)
7. Targeted delivery of services



Stakeholders survey (2018) on PWID guidance use and need for update

- Overall, 74% (45/61) respondents indicated a need for an update
- By key intervention:



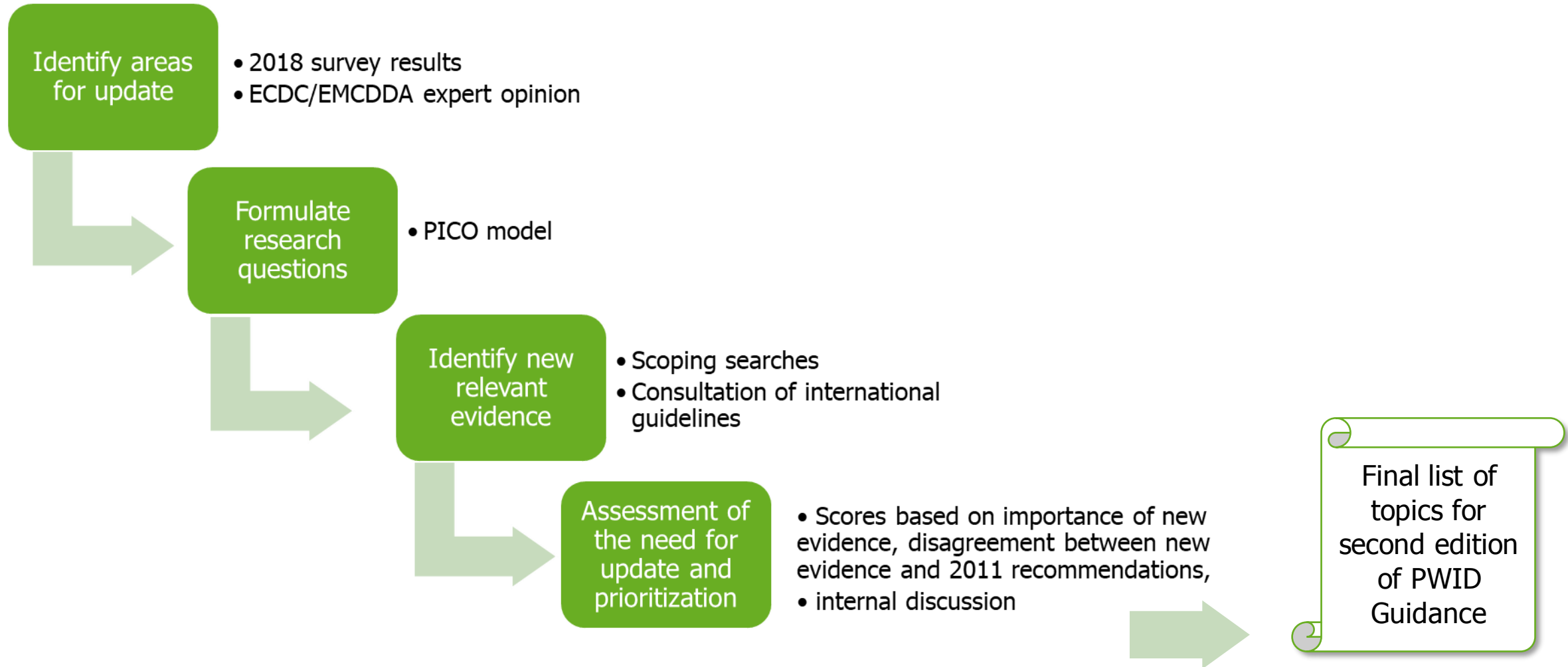
More specifically,

- new treatments of infections - novel HCV therapies (DAAs); access and adherence of PWIDs to treatment; prevention of HCV reinfection;
- new concepts in HIV prevention emerged after 2011: PrEP, TasP, U=U, adherence of PWID to ART;
- STI management among PWID

Other topics: new drugs, chemsex, young-, migrant-, homeless-PWID, facilities/settings: DCR, SIF, Pharmacy Needle Exchange, WHO elimination targets and monitoring, new approaches for collecting quality data

The approach for the update of PWID Guidance

“Update” = update of 2011 guidance content *plus* new recommendations for emerging areas



EMCDDA systematic reviews

Research questions:

Part 1

What is the effectiveness of:

- drug treatment (including pharmacological or psychosocial treatment for both opioid and stimulant dependence)
 - Needle and syringe programmes (NSP) and
 - Drug consumption rooms (DCRs)
- in the prevention of injecting risk behaviour (IRB), hepatitis C virus (HCV) and HIV transmission among people who inject drugs (PWID)?

Part 2

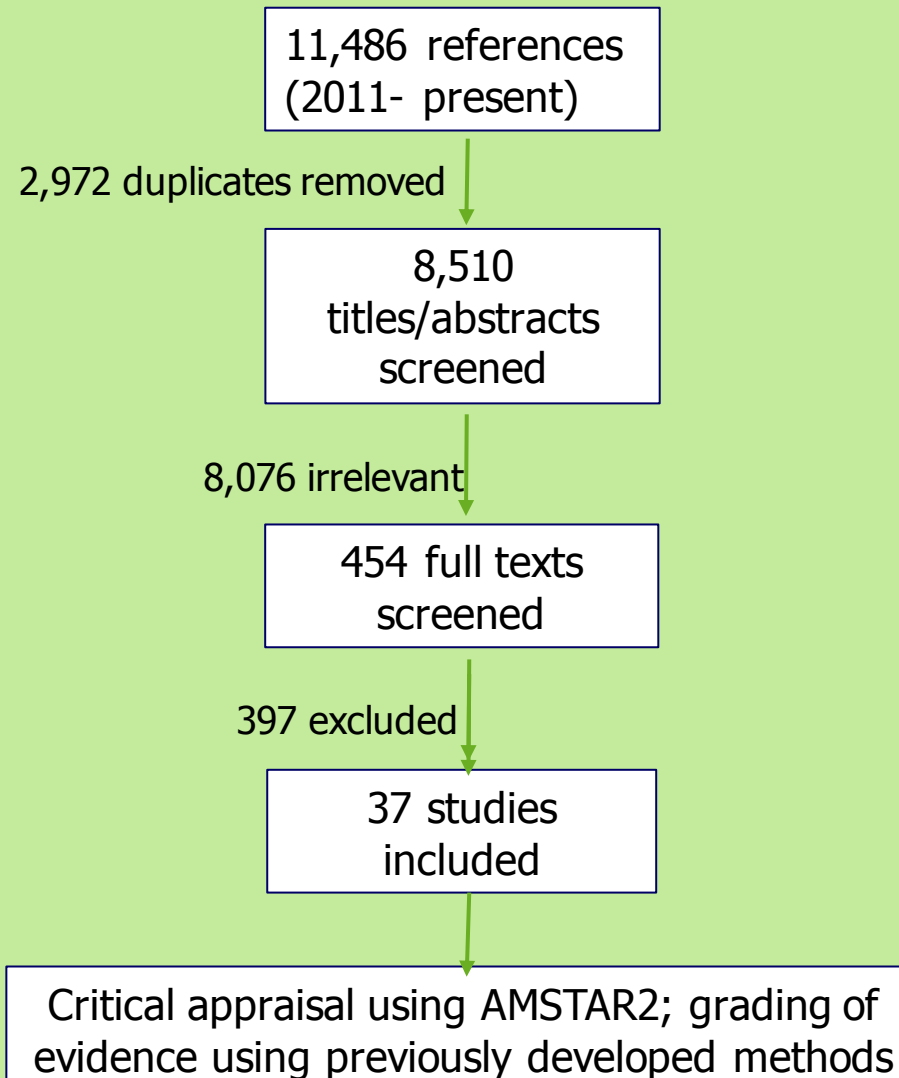
What is the effectiveness of drug treatment and NSP in the prevention of HCV transmission among PWID from mathematical modelling studies?

Population	PWID
Interventions	Drug treatment, NSP, DCRs
Comparators	No intervention, lesser intensity of intervention, usual care, or as defined by authors
Outcomes	HCV, HIV, IRB, or frequency of injecting*

*where the intervention is drug treatment

Interim results

Review of reviews



Review of primary literature

Preliminary results suggest no reviews identified for:

- Antagonist pharmacological treatment for opioid dependence in relation to HIV/HCV
- Pharmacological treatment for stimulant dependence in relation to all outcomes
- Psychosocial treatment for stimulant dependence in relation to HIV
- Therapeutic implants in relation to all outcomes
- Populations: people who inject synthetic opioids
- Other interventions/outcomes may have poor quality reviews/insufficient evidence

Next steps.....

- Literature reviews for entire period where no reviews identified or to supplement where only poor quality reviews identified
- Appraisal of primary studies and synthesis of evidence

ECDC Systematic review and survey

Research questions

Topic	Systematic review	Survey of models of practice
Linkage to care	Q1: Which interventions can increase linkage to care for the main infections among PWID?	Qs1: Which models of practice proved to increase linkage to care for the main infections among PWID?
Adherence to treatment of infections	Q2: Which interventions can increase adherence to treatment for infections among PWID?	Qs2: Which models of practice proved to increase adherence to treatment for the main infections among PWID?
Community based testing	-	Qs3: Which models of community-based testing proved effective among PWID? (e.g. preventing or reducing infections)
Health promotion	-	Qs4: Which health promotion messages (or other types of education interventions) have been successful in preventing infections among PWID?

Note: In the 2011 guidance, linkage to care was briefly mentioned in the context of testing and targeted delivery services but no direct recommendations were formulated.

Systematic review

Interventions to increase linkage to care and adherence to treatment - PICO

P

- PWID with HCV/HBV/HIV/TB; adults or adolescents <15 y/o; any gender

I

- Any intervention to improve 1) linkage to care or 2) adherence to treatment

C

- PWID with no intervention or routine care as defined by study authors

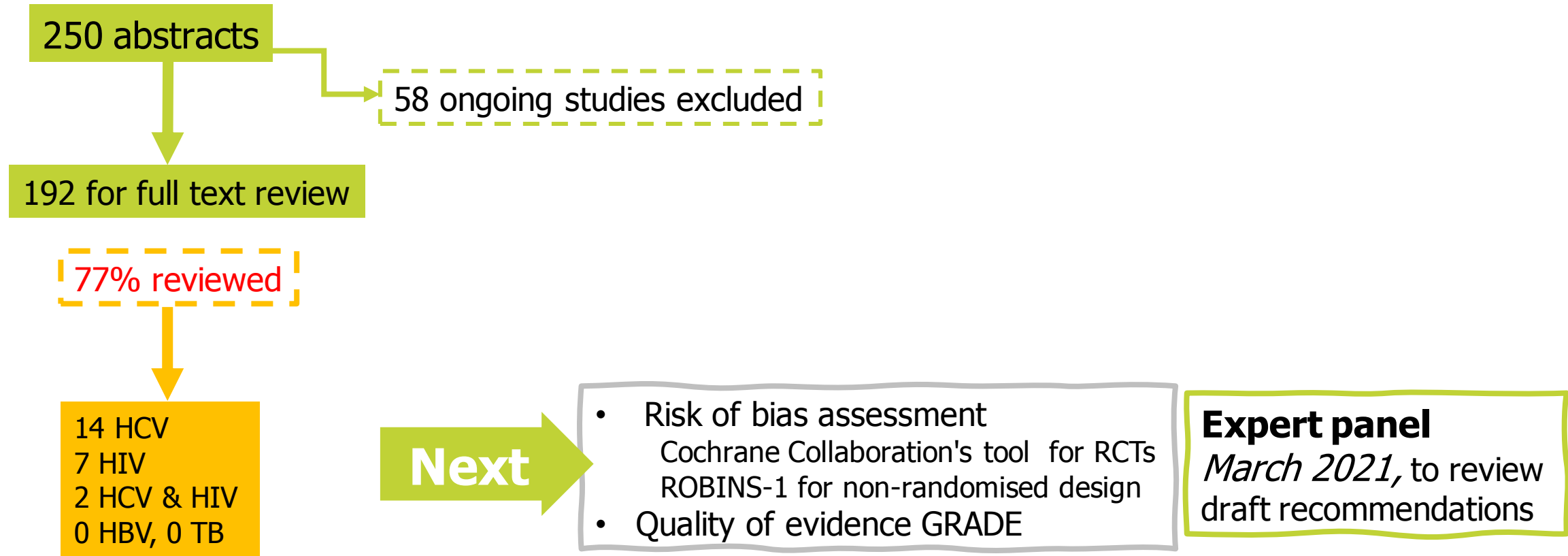
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- **Primary:**
 - 1A) % study population linked to care (def. as a first clinical assessment of infection or liver disease for HBV/HCV, or initiation of treatment);
 - 1B) % reduction in time from diagnosis of infection and first contact with specialized healthcare or initiation of treatment;
 - 2A) % population adherent to treatment or to follow-up treatment/care;
 - 2B) change in viral load of HBV/HCV/HIV;
- **Secondary:** any reported reasons for (not) undergoing clinical assessment/initiating treatment or (not) being adherent

Systematic review

*Interventions to increase linkage to care and adherence to treatment - **interim results***

PubMed, EMBASE, PsycINFO,
Clinical Trials Registry, CDSR



Survey for models of practice

Gesundheit Österreich
GmbH



Phase 1 – Call for expression of interest - invitations sent by ECDC, EMCDDA, GOG to several networks, experts, entities



85 expressions of interest received, from 14 countries

Phase 2 – Online reporting based on structured questionnaires, EU Survey, deadline 26 October 2020

Models of good practice targeting PWID population that aim to:

- A. improve **community-based testing**
- B. increase **linkage to care**
- C. increase **adherence to treatment of infection interventions**
- D. prevention or reduction of infections through **health promotion**

HBV, HCV, HIV, TB

Next

- A first review by GOG – *inclusion criteria* (relevance, scope, etc); *quality criteria* (e.g. completeness, documented impact); quality threshold 3/5.
- A final appraisal by expert panel – select models relevant for guidance, create database

Next steps



- Finalise literature reviews - by Dec 2020
- Quality of evidence assessment and draft recommendations – by Jan 2021
- Survey on models of practice (LTC, ATT, CBT, HP) – Sept & Oct 2020
- Expert panel meeting – March 2021
- Final guidance manuscript & technical reports on evidence reviews finalised and clearance – by May 2021
- Launch of updated guidance – TBD – linked to a relevant international event

Acknowledgments



- Dr Norah Palmateer, Public Health Scotland / Glasgow Caledonian University
- Ilonka Horvath, Gesundheit Österreich GmbH
- Dagmar Hedrich, EMCDDA

Questions for DRID meeting participants



We would value your opinion on:

- how to make most of the updated guidance at country level
- your views on opportunities for dissemination

Please email your suggestions to:

Anne.Bergenstroem@emcdda.europa.eu

Dagmar.Hedrich@emcdda.europa.eu

Otilia.Mardh@ecdc.europa.eu

Thank You