

MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के डॉक्टर MÉDECINS DU MONDE 世界医生组织 DOCTORS OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER



Section 8: HCV prevention in Harm Reduction for PWID

Dr. Marie-Eve Goyer (Médecins du Monde)
*Training “Hepatitis C and HR for PWUD”,
26th-30th Sept. 2016, Dar es Salam, Tanzania*

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Learning objective of the session: Identifying key components of harm reduction specific to prevention of HCV transmission in PWID

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HIV/AIDS Programme

GUIDANCE ON PREVENTION OF VIRAL HEPATITIS B AND C
AMONG PEOPLE WHO INJECT DRUGS

2012



TABLE 2.4 WHO/UNODC/UNAIDS comprehensive package of interventions for HIV prevention, treatment and care in PWID

1. Provision of sterile injection equipment including needles and syringes, and other drug-use paraphernalia
2. Opioid substitution therapy and other drug-dependence treatment
3. HIV testing and counselling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis.

UNAIDS: Joint United Nations Programme on HIV/AIDS; UNODC: United Nations Office on Drugs and Crime

Source: WHO, UNODC, UNAIDS. *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. 2012 revision.* Geneva: World Health Organization; 2012 (http://www.drugsandalcohol.ie/19190/1/IDU-Technical_Guide_2012_Revision.pdf accessed 30 January 2014).

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What's different between HIV and HCV transmission?



A word on transmission

- » It is estimated that worldwide there are nearly **12.7 million people who inject drugs**.
- » Approximately **13%**, are also living with **HIV**
- » Approximately **67.5%** have been exposed to **HCV** (antibody prevalence)

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HCV global epidemiology among PWID

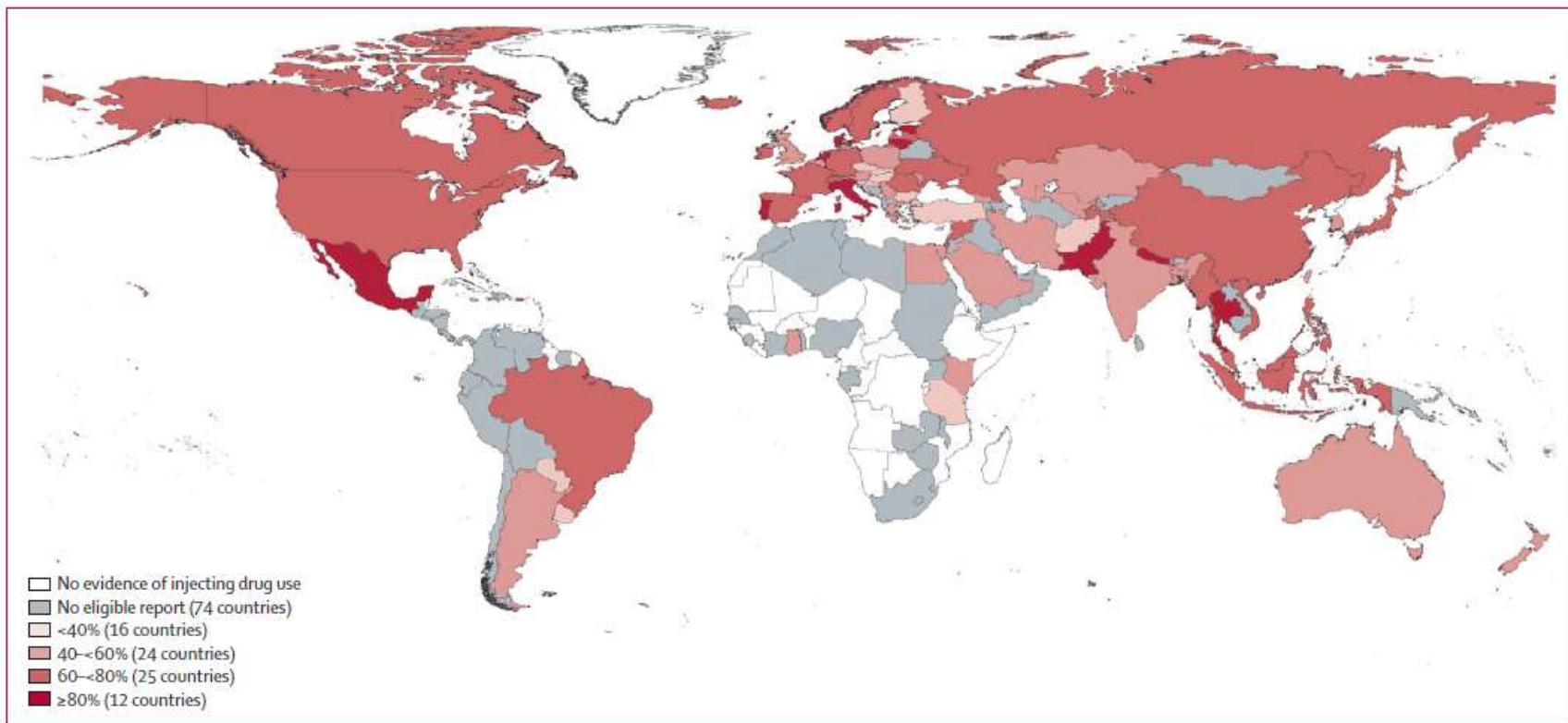


Figure 2: Prevalence of hepatitis C antibodies in injecting drug users

Source: Nelson et al., Lancet, 2011



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Injecting Drug use in Africa

TABLE 2. Estimated number and prevalence (percentage) of people who currently inject drugs among the general population aged 15-64, 2013

Region	Subregion	People who inject drugs					
		Estimated number			Prevalence (percentage)		
		low	best	high	low	best	high
Africa		330,000	1,000,000	5,590,000	0.05	0.16	0.91
America		2,150,000	2,820,000	3,970,000	0.34	0.44	0.62
	North America	1,780,000	2,070,000	2,380,000	0.56	0.65	0.75
	Latin America and the Caribbean	370,000	750,000	1,590,000	0.11	0.23	0.49
Asia		3,380,000	4,560,000	6,110,000	0.12	0.16	0.21
	Central Asia and Transcaucasia	360,000	410,000	470,000	0.66	0.75	0.87
	East and South-East Asia	2,330,000	3,150,000	4,300,000	0.15	0.20	0.27
	South-West Asia	400,000	670,000	940,000	0.22	0.37	0.51
	Near and Middle East	30,000	70,000	130,000	0.03	0.08	0.13
	South Asia	250,000	260,000	260,000	0.03	0.03	0.03
Europe		2,500,000	3,680,000	5,630,000	0.45	0.67	1.02
	Eastern and South-Eastern Europe	1,790,000	2,910,000	4,780,000	0.78	1.27	2.09
	Western and Central Europe	710,000	770,000	850,000	0.22	0.24	0.26
Oceania		120,000	130,000	160,000	0.49	0.53	0.66
GLOBAL		8,480,000	12,190,000	21,460,000	0.18	0.26	0.46

Sources: UNODC, responses to annual report questionnaire; progress reports of UNAIDS on the global AIDS response (various years); the former Reference Group to the United Nations on HIV and Injecting Drug Use; and national government reports.

Note: Numbers are rounded to the nearest 10,000.

(World Drug Report, UNODC, 2015)

3rd International HIV/Viral Hepatitis Co-infection Meeting



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Absolute numbers of PWID in SSA

Subregion	Country	People Who Inject Drugs							Year	Method
		Prevalence (%) among population aged 15-64			Number					
		low	medium	high	low	medium	high			
Eastern Africa	Kenya	0,04	0,21	0,52	10 000	18000	120 000	2011	Indirect Estimate (Respondent Driven Sampling)	
	Mauritius		1,07			10 000		2011	Indirect Estimate	
	Tanzania	0,08	0,12	0,17	20 000	30 000	42 500	2013	Delphi Method	
Southern Africa	South Africa		0,21			67 000		2008	General Population Survey	
West and Central Africa	Liberia		0,03			621		2011	Official government estimate with no methodology reported	
	RCI					120			MdM, 2015, RDS	



HIV among PWID in SSA

TABLE 3. Estimated number and prevalence (percentage) of HIV among people who inject drugs, 2013

Region	Subregion	HIV among people who inject drugs			
		Estimated number			Prevalence (percentage)
		low	best	high	Best estimate
Africa		30,000	112,000	1,582,000	11.2
America		167,000	237,000	416,000	8.4
	North America	141,000	182,000	248,000	8.8
	Latin America and the Caribbean	26,000	55,000	168,000	7.3
Asia		344,000	576,000	993,000	12.6
	Central Asia and Transcaucasia	26,000	31,000	40,000	7.5
	East and South-East Asia	211,000	329,000	612,000	10.5
	South-West Asia	90,000	196,000	314,000	29.3
	Near and Middle East	1,000	3,000	9,000	3.8
	South Asia	17,000	17,000	18,000	6.8
Europe		373,000	724,000	1,428,000	19.7
	Eastern and South-Eastern Europe	322,000	665,000	1,359,000	22.8
	Western and Central Europe	51,000	59,000	69,000	7.6
Oceania		1,000	1,000	2,000	1.0
GLOBAL		915,000	1,651,000	4,421,000	13.5

Sources: UNODC, responses to annual report questionnaire; progress reports of UNAIDS on the global AIDS response (various years), the former Reference Group to the United Nations on HIV and Injecting Drug Use; estimates based on UNODC data; and national government reports.

Note: Numbers are rounded to the nearest 10,000.



HCV prevalence data in SSA

From Nelson et al. (Lancet, 2011)

4 countries with HCV prevalence data among PWID:

- » **Kenya: 51.4%**
- » Tanzania: 22,2%
- » Ghana: 40,1%
- » Mauritius 97.3%

From later partly peer-reviewed works and unpublished studies

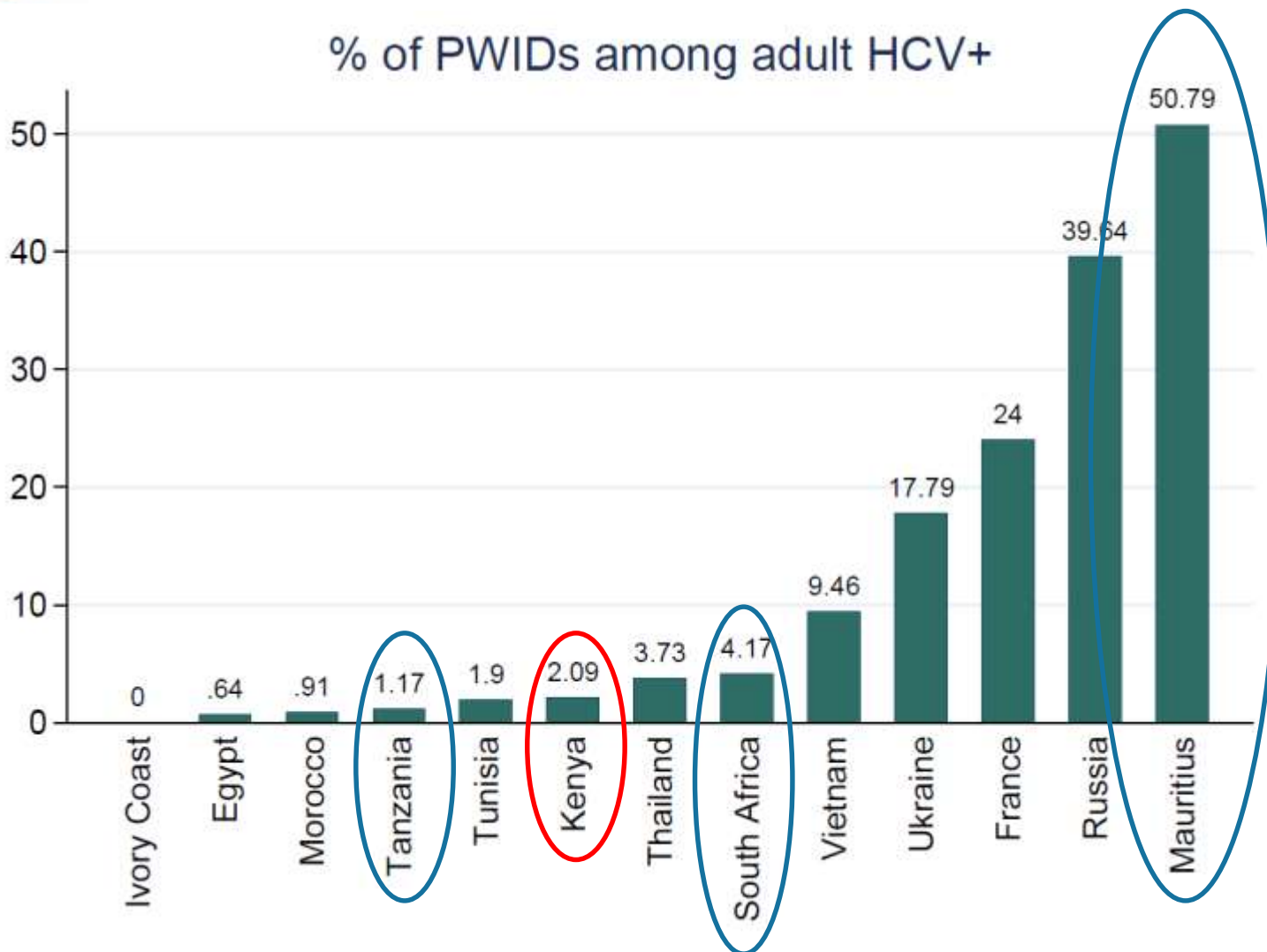
- » Tanzania: **27,7% among PWID**; 267 PWID recruited from Temeke District, Dar-es-Salaam through snowball and targeted sampling (Bowring, Luhmann et al. IJDP, 2012)
- » South Africa (Pretoria): **24% HCV among PWID**; 271 PWID, purposive sample, using snowballing of PWID from central Pretoria area (Vanessa Hecthter, Sediba Hope Medical Centre, Programatic report 2014)
- » Senegal (Dakar): **38,9% among PWID in UDSEN study**, 23,3% among overall population of PWUD (Lepretre et al; JIAS, 2015)

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% of PWIDs among adult HCV+





HCV transmission in injection drug use

- » HCV is **more easily transmitted** in a drug use context
 - Syringe sharing, sharing preparation equipment, sharing any other paraphernalia and helping injection-partners are more important in HCV transmission
- » Early infection: **young people** and those who have just **started injecting** are most at risk
- » Transmsission may happen in **non-injection drug use**: crack pipes, sniffing straws
- » Lack of awareness of users' **serological status**



HCV transmission among non-injecting drug users

- » Non-injecting drug use (e.g. through sharing of inhalation equipment for cocaine) is associated with a higher risk of HCV infection.

“..The prevalence of HCV infection in NIDU is higher than in general population. HCV infection is more likely among older drug users, those with tattoos and crack cocaine users that share the inhalation implements..”

High Prevalence of Hepatitis C Virus Infection Among Noninjecting Drug Users: Association With Sharing the Inhalation Implements of Crack, Juan Macías, 2008





TABLE 2.5 WHO recommendations for prevention of HCV infection among people who inject drugs*

- Offer people who inject drugs the rapid hepatitis B vaccination regimen.
- Offer people who inject drugs incentives to increase uptake and complete the hepatitis B vaccination schedule.
- Implement sterile needle and syringe programmes that also provide low dead-space syringes for distribution to people who inject drugs.
- Offer peer interventions to people who inject drugs to reduce the incidence of viral hepatitis.
- Offer opioid substitution therapy to treat opioid dependence, reduce HCV risk behaviour and transmission through injecting drug use, and increase adherence to HCV treatment.
- Integrate the treatment of opioid dependence with medical services for hepatitis.

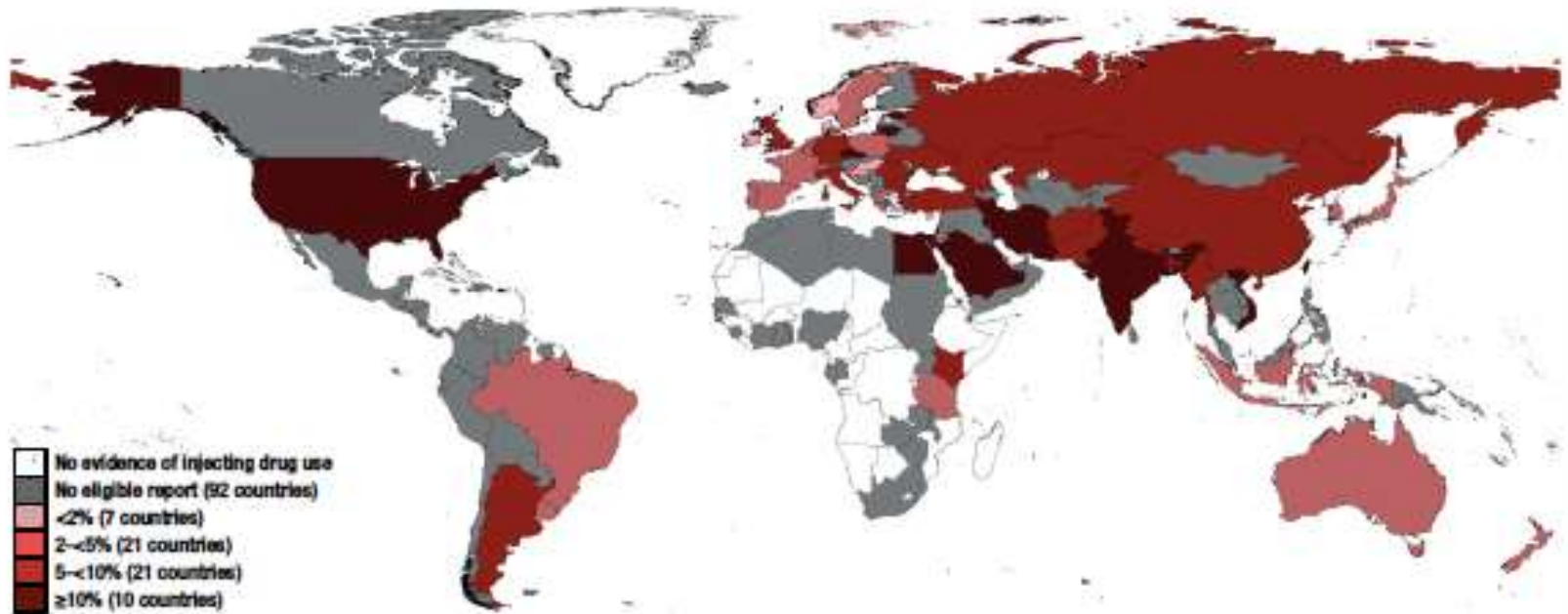
* in addition to the interventions described in Table 2.4

Sources: *Guidance on prevention of viral hepatitis B and C among people who inject drugs*. Geneva: World Health Organization; 2012 (http://apps.who.int/viris/bitstream/10665/75357/1/9789241504041_eng.pdf, accessed 10 March 2016).

WHO guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: World Health Organization; 2009 (http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf, accessed 10 March 2016).



Figure 1. Epidemiology of HBV prevalence among PWID



Source: Nelson, 2011(2)



HBV vaccination

- » Standard schedule: 0, 1, 6 months
 - **Rapid schedule: 1, 7, 21 days**
- » Childhood immunization
- » Rapid schedule + incentives = uptake + completion

- » Why do we put emphasis on HBV vaccination?
- » How are you going to know if you patient need HBV vaccination?



NSP

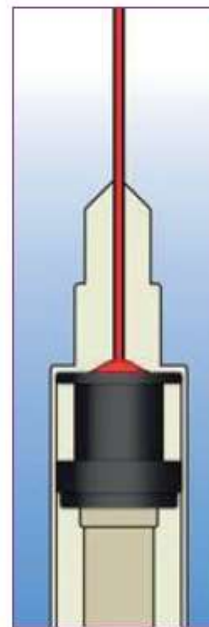
» Coverage:

– Target: Number of needles/PWID/year:

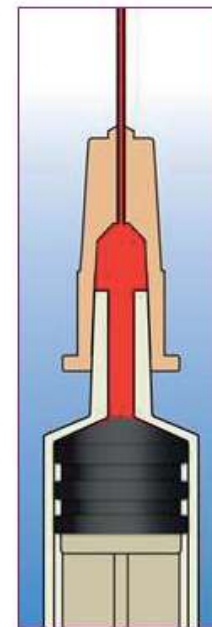
- 20 = Baseline in 2015
- 200 by 2020 (50% coverage)
- 300 by 2030 (75% coverage)

» Low dead-space syringes

» Coverage :



Low dead-space syringe



High-dead space syringe

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Metaplan

- » Divide participants into groups of 4 to 5. Provide to each group one of the following question and ask them to answer it.

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WHO ARE THE PWID WE DON'T SEE?

(and why we don't see them?)

How can we improve our program activities to reach them?

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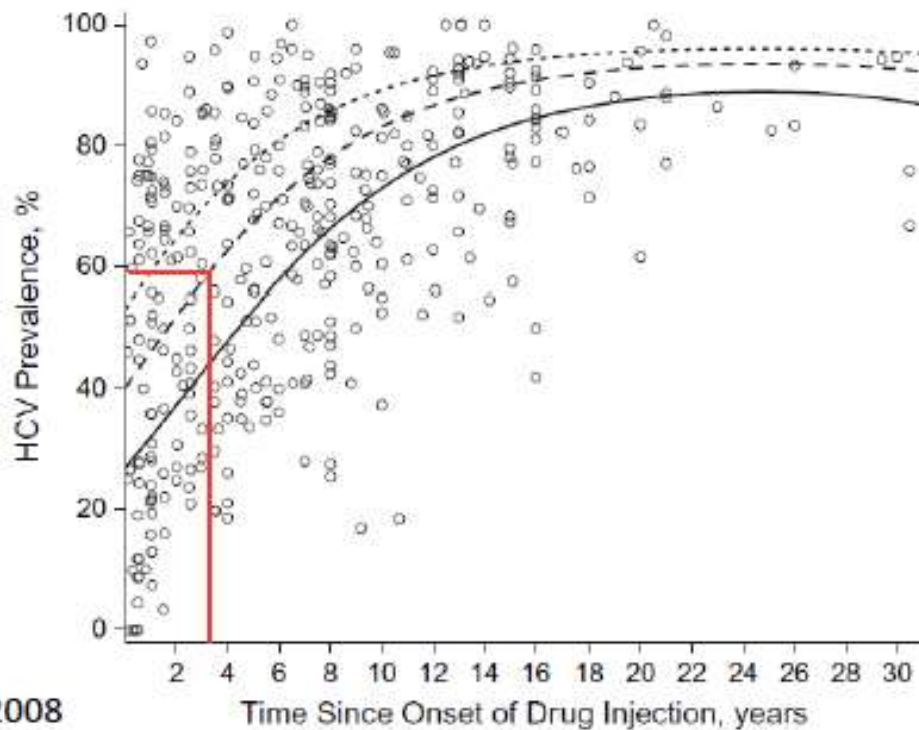
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WHAT IS THE SITUATION OF YOUNG INJECTORS IN KENYA?

How can we improve our program activities to reach better young injectors?



Time to HCV infection Meta-regression



Hagan et al, AJE 2008

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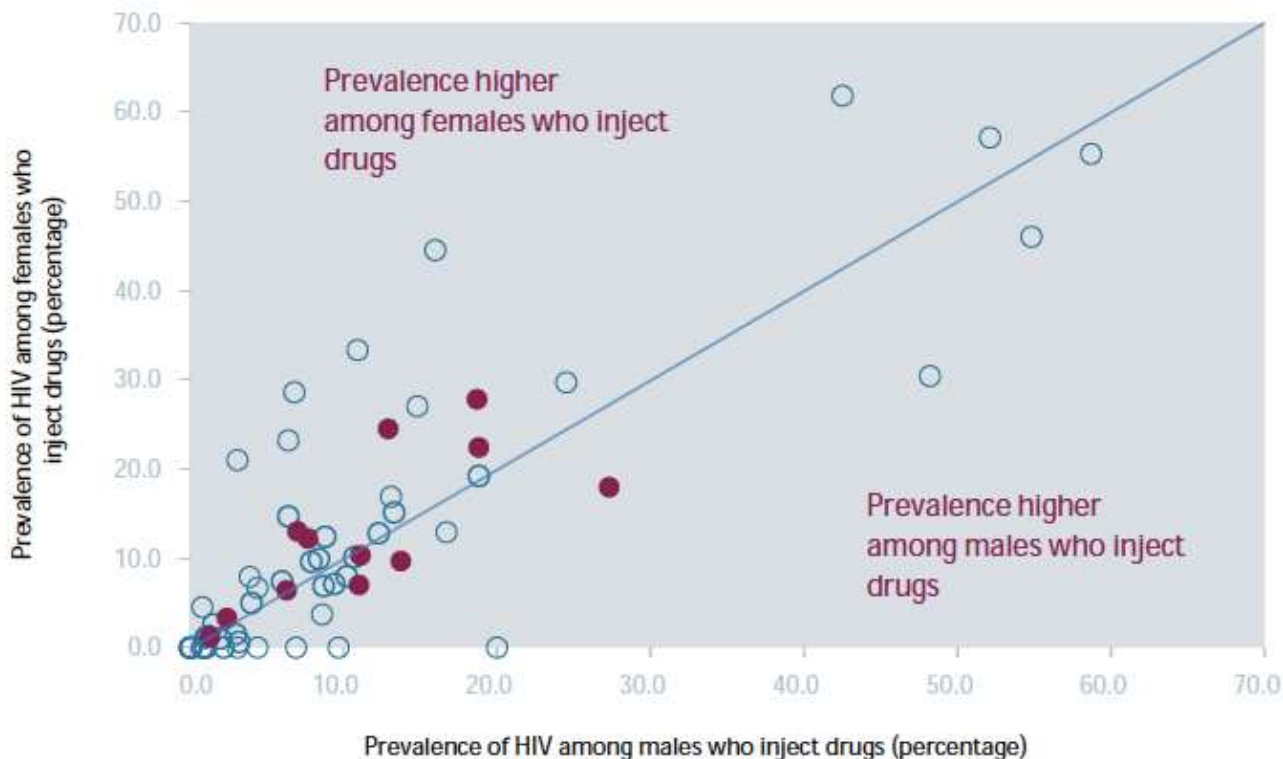
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WHAT IS THE SITUATION OF WOMEN PWID?

How can we improve our program activities to adapt
women PWID needs?



FIG. 13. Prevalence of HIV among females who inject drugs compared with prevalence of HIV among males who inject drugs (latest year available)



Source: UNAIDS, progress reports on the global AIDS response.

Note: Each circle represents a country. The solid circles are those countries with large numbers (over 120,000) of people who inject drugs. Data were available for 61 countries across all global regions.

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WHERE ARE MDM PEERS INVOLVED REGARDING HCV?

How can we improve Peers involvement regarding
HCV in our program activities?

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Opioid substitution therapy (OST)

- » WHO: «*PWID should always be offered access to effective substance use treatment programmes, in particular OST for those dependent on opioids*»

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Methadone maintenance program

- » Are we reaching and referring the PWID the most at risk of HCV?
- » What are the misconceptions about methadone?

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WHAT IS THE LEVEL OF KNOWLEDGE ON HCV (PWID, PREVENTION TEAM, MEDICAL TEAM, COMMUNITY) How can we improve level of knowledge on HCV ?

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