

# Monitoring drug related infectious diseases in the EU and Hungary

V4 meeting- Nyíregyháza

November 17, 2006

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Drog, Adat, Dönté

# Data collection network

## **EMCDDA**

European Monitoring Centre for Drugs and Drug Addiction

### **Reitox network**

(European Information Network on Drugs and Drug Addiction)

25 member states' and  
3 candidate states'  
National Focal Points

# EMCDDA

To provide the Community and its Member States with

- **objective,**
- **reliable and**
- **comparable**

information at European level concerning drugs and drug addiction and their consequences.

# Output of EMCDDA's work

[www.emcdda.europa.eu](http://www.emcdda.europa.eu)

- Annual report on the state of the drugs problem in the European Union and Norway
- Risk assessment reports
- DrugNet Europe newsletter
- policy briefings
- guidelines
- technical reports
- scientific monographs

# Five key indicators

1. prevalence and patterns of drug use among the general population (population surveys)
2. prevalence and patterns of problem drug use (statistical prevalence/incidence estimates and surveys among drug users)
3. **drug-related infectious diseases**
4. drug-related deaths and mortality of drug users
5. demand for drug treatment (statistics from drug treatment centres on clients starting treatment)

# Infectious diseases monitoring for epidemiological purposes

Infectious diseases are among the most serious health consequences of injecting drug use, and have a major impact on the **economic and social costs** of drug use. IDUs may also act as 'core groups' or pockets of infection that pose a continuous threat of **spread to the general population.**

# The need for a system of infectious diseases data collection

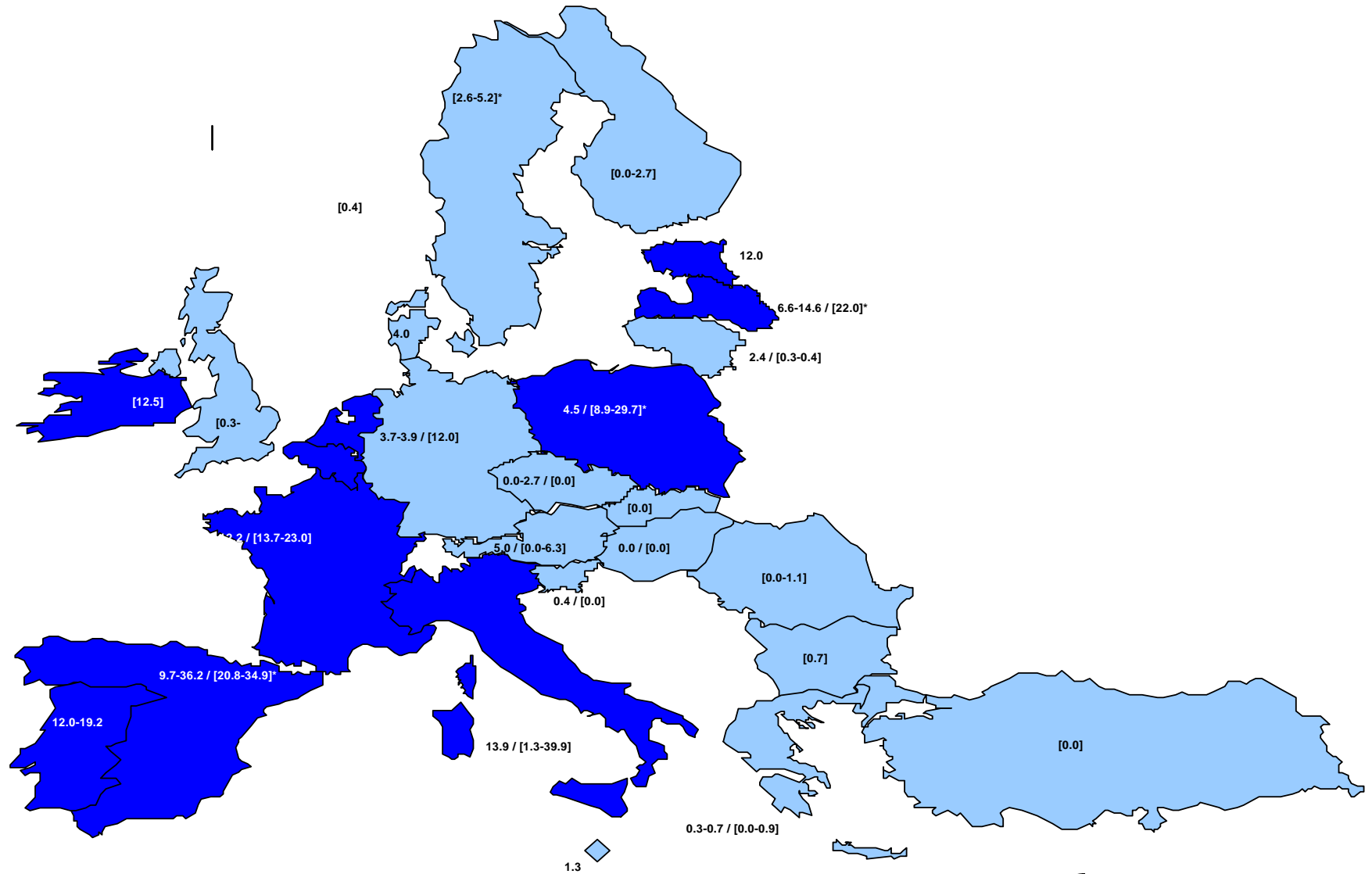
- source of information in the field of drug **epidemiology and public health**
- they can provide valuable information on prevalence rates of drug related infections and their **trends overtime**
- this is necessary for identifying priorities for **preventing further infections**, for **forecasting** health-care needs and costs, and for monitoring the **impact of preventive** interventions.

# DRID indicator

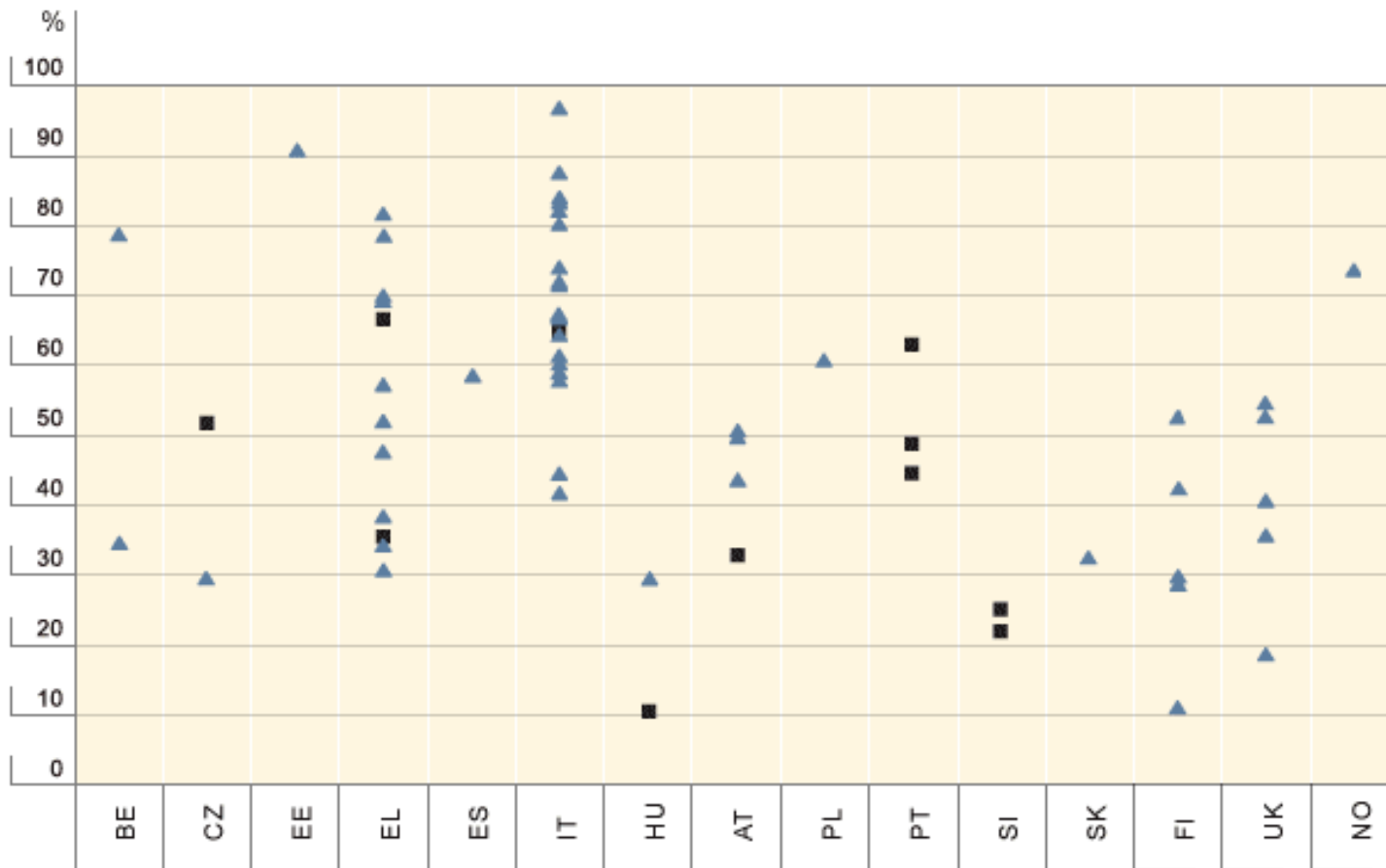
- **HIV**
- **Hepatitis C**
- **Hepatitis B**
- **TB**
- **STIs**
- **tetanus**
- **abscesses, wound botulism etc.**



# HIV prevalence among injecting drug users – studies with national and subnational coverage, 2002 to 2003



# HCV prevalence among injecting drug users – studies with national and subnational coverage, 2002 to 2003



■ national coverage

▲ local/regional coverage

# Comparability

The data collected by the EMCDDA are still difficult to compare between individual countries and not always of sufficient quality **to permit reliable conclusions** at country level owing mostly to both scarcity of data and/or different types of settings and study methods.

## Estimated number of IDUs in Hungary:

**3,941** person (95% CI 2.069-5.813)

## Screening tests in Public Health Laboratories in 2005

	IDUs tested	Positive
HIV	<b>79</b>	0
HCV	<b>82</b>	9
HBV	<b>82</b>	0
TB		1

- Lack of testing (mainly state institutes)
- lack of prevalence studies
- very few notified cases or DU is not indicated
- If tested, drug use is NOT indicated (mainly NGOs)

# Possibilities to get tested

- HIV/AIDS counselling centers
- STI Centers

offer free of charge, anonym testing nationwide.

- National Center for Epidemiology  
offer free of charge testing for HIV/HCV  
for samples of IDUs

# HIV/AIDS counselling centers







# New testing system for HIV, HBV, HCV

Drop-in testing at HIV-AIDS counselling centers or STI centers (nationwide)	Test from venous blood samples
Treatment centers	Test from venous blood samples
	Test from DBS samples (Dried Blood Spot)
Low threshold services	Test from DBS samples (Dried Blood Spot)
OUTREACH WORK	Test from DBS samples (Dried Blood Spot)

# Venous blood sample

## Advantages

- Higher concentration of antibody
- Possibility of confirmation and additional routine testing (syphilis, hepatitis B, C) with just one sample
- Possibility of special examinations (HIV typing, HIV subtyping, antiretroviral resistance)
- Easy to collect and test in clinical settings with a physician

## Disadvantages

- Requires trained and accredited health care workers
- Not easy to collect from IDUs
- Requires syringes, collection tubes and needles and consequently safety is required in the process
- Compared to taking saliva samples, venous puncture has higher risk of contamination for health care workers and technicians because of the use of sharp tools and the high concentration of virus in the blood
- Collecting many samples under poor conditions may lead to inadequate preparation and refrigeration, which may cause haemolysis and possible bacterial contamination
- Transporting the samples to the laboratory requires their storage in cold conditions (if transfer exceeds a period of 24 hours after collection).

## DBS samples



- Blood samples **from finger** are collected in filter paper and tested for detection of antibodies of Hepatitis B, C and HIV
- A **one-step lancet activation**, within milliseconds, ensures a rapid, precise incision. Automatic and permanent lancet retraction minimizes possible injury and eliminates accidental reuse
- the method is **safe**
- method does **not require**, at least temporarily, **cold storage**. The sample is **transported in a plastic bag**
- collection requires **short training** only
- **does not need special environment**, samples could be collected during outreach work and needle exchange programs

# National Center for Epidemiology and NGOs working together in pilot project (linked, anonym)

National Center  
for Epidemiology

Holds one day training  
for social workers

Provides all equipment

Transports and screens all samples,  
Gives out diagnosis

NGOs

Collect 300 samples  
in 2 months

Gives diagnosis to client

Refer client to treatment if necessary

**Data collection is based on EU requirements.  
Anonymity is insured with TDI code.**

# TDI code (Generált kód in HU)

6 digit code collated from the client's personal data:

1. 2nd letter of client's last
2. 3rd letter of client's first name
3. 4th digit of client's date of birth (YYYYMMDD)
4. 8th digit of client's date of birth (YYYYMMDD)
5. 2nd letter of client's mother's maiden, last name
6. 3rd letter of client's mother's maiden, first name

Combination of codes gives

$22 \times 22 \times 10 \times 10 \times 22 \times 22 = 23,425,600$  variation

**This way double-counting could be excluded.  
Personal data could not traced back!**

# Sexually Transmitted Infections

- Pilot projects starts this winter
- Participants: some STI centers
- Data collection include TDI code (**anonym and personal data is untraceable** )
- Epidemiology Center and TDI data base cross-checked once a year
- Syphilis, Gonorrhoea, HIV

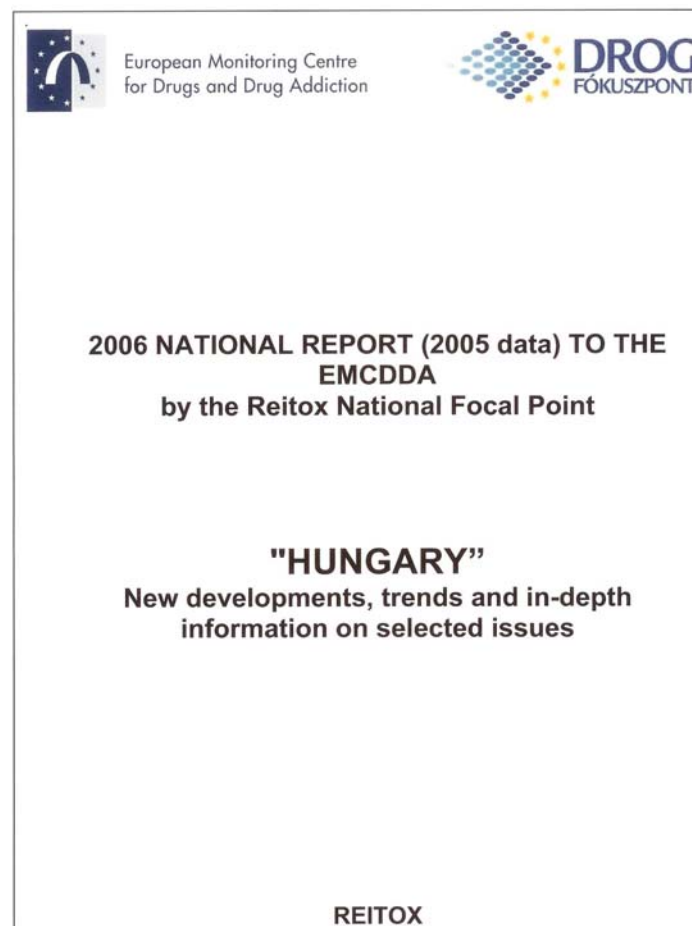
# Missing testing: prisoners

Governments and prisons authorities have a moral and legal responsibility to prevent the spread of HIV infection among prisoners and prison staff and to take care of those infected. They also have the responsibility to prevent the spread of HIV in communities.

Prisoners are the community. They come from the community and they return to it. Protection of prisoners is protection of our communities.

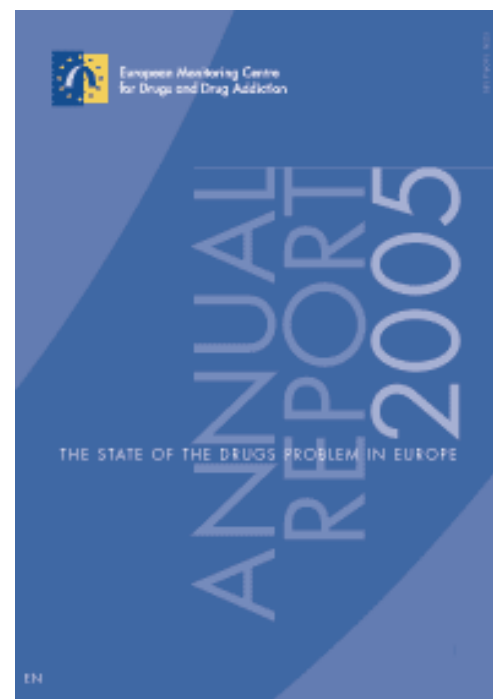
*By Mr. Cees Goos @ WHO*

The newest  
Hungarian National report  
(with 2005 data) is  
downloadable in  
Hungarian and English:  
[www.drogfokuszpont.hu](http://www.drogfokuszpont.hu)





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Thank you for your attention

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