New evidence on testing and linkage to care for PWIDs

Otilia Mardh, MD, MSc, ECDC

SPECIAL SESSION: People who inject/use drugs (EMCDDA/ECDC)
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Introduction

The PWID guidance (2011) is currently being updated

- informed by a 2018 stakeholder survey
- an evidence based approach

This presentation summarises the evidence review findings

Evidence reviews	ECDC: interventions to improve ***linkage to care*** and ***adherence to treatment*** of infections of PWID
	EMCDDA: update of RoR on effectiveness of drug treatment, NSP, drug consumption room in prevention of risk behaviour and HCV, HIV transmission among PWID
Call for Models of practice	ECDC: linkage to care, adherence to treatment, community based testing, health promotion

- Critical review and considerations for practice by Expert panel 2021

Testing of people who inject drugs

Testing of PWID – should be voluntary and confidential with informed consent and be followed with appropriate linkage to care and treatment (ECDC & EMCDDA PWID Guidance 2011)

	HIV	HCV	HBV
PWID population	All PWID	All PWID	All PWID with no/incomplete vaccination
Frequency	**Every 3 months**	**Every 6 months**	**Every 6–12 months**
Tests	• Rapid tests, simple assays • Lab-based immunoassays • Other laboratory-based testing	• Rapid tests, point-of-care NATs • Lab-based immunoassays • NAT	• Rapid tests, • Lab-based immunoassays • NAT
Settings	• Drug services, harm reduction services, low-threshold clinics, outreach settings, pharmacies, other settings incl. healthcare settings (e.g. primary care, emergency, TB services, hospital;		

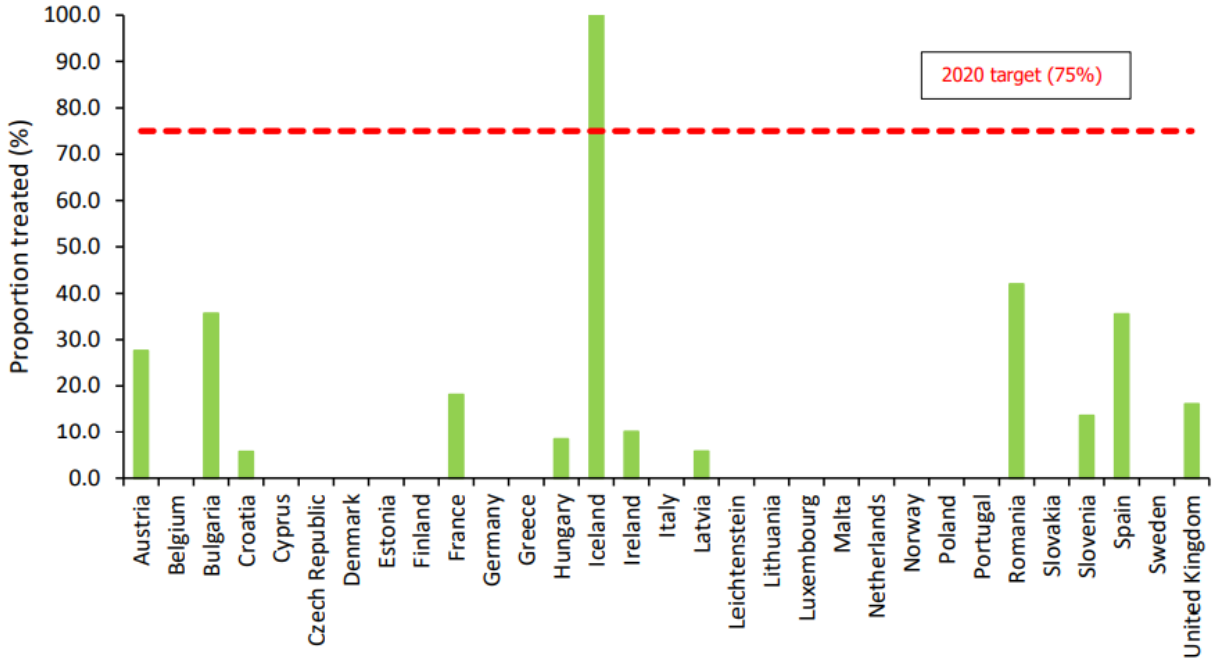
- Integrated approach for HIV, HBV and HCV testing (*ECDC, 2018*)
- Increasing evidence for individual and public health benefits and acceptability of self-testing (HCV)

Source: ECDC. Public health guidance on HIV, hepatitis B and C testing in the EU/EEA, 2018 (https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea)

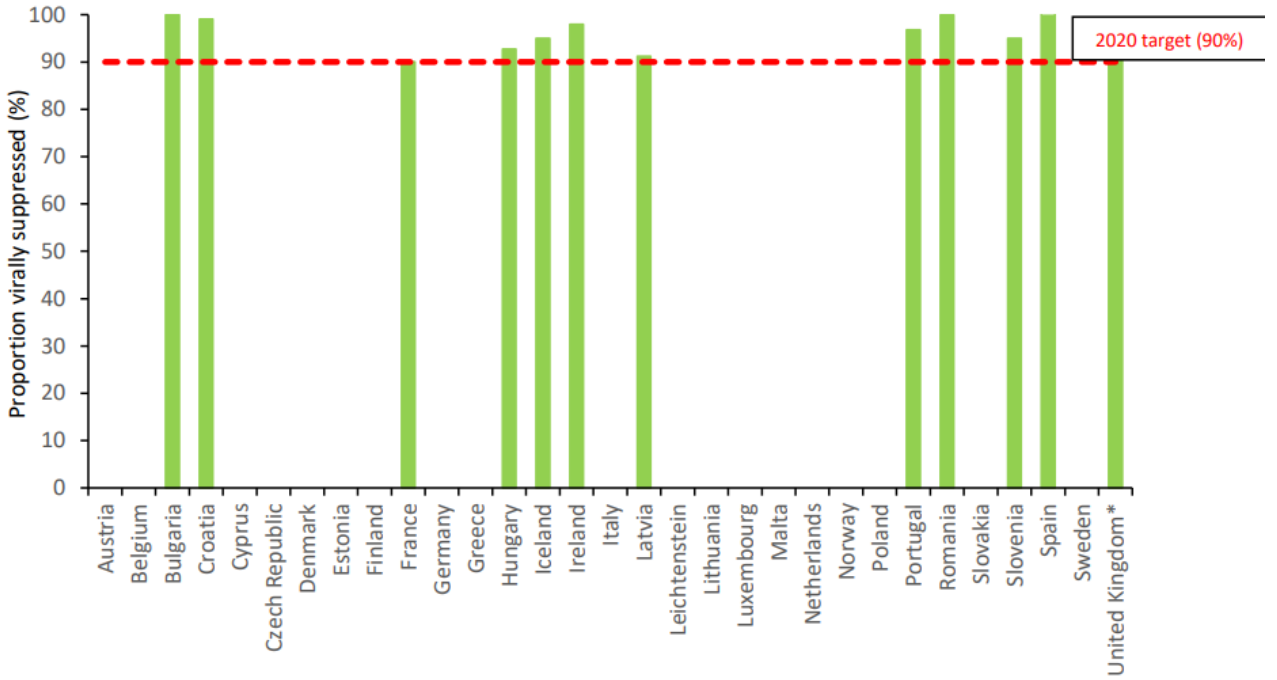
HCV continuum of care, EU/EEA 2017

Suboptimal linkage to care!

% people diagnosed with HCV started treatment



% patients on HCV treatment who achieved SRV



**Represents data from England. Proportion with sustained viral response in Scotland estimated at 97% and in Wales 550 individuals had a sustained viral response.*

Source: ECDC. Monitoring the responses to hepatitis B and C epidemics in EU/EEA Member States, 2019.
https://www.ecdc.europa.eu/sites/default/files/documents/hepatitis-B-C-monitoring-responses-hepatitis-B-C-epidemics-EU-EEA-Member-States-2019_0.pdf

Interventions to increase linkage to care and adherence to treatment of infections

Systematic review

PubMed, EMBASE, PsycINFO, Clinical Trials Registry, CDSR

7318 records screened → 7067 excluded

251 for full text review → 226 excluded

25 included

20 HCV
4 HIV
1 TB (0 HBV)

- Risk of bias assessment (EPHPP)
- Quality of evidence GRADE

P
- PWID with HCV/HBV/HIV/TB infection

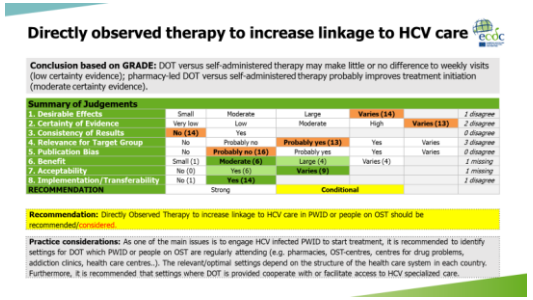
I
- Any intervention to improve LtC or AtT

C
- PWID with no intervention or usual care

O
- LtC: visit(s); treatment initiation
- AtT: treatment adherence; treatment completion; SVR12 (or SVR24); viral load (HIV)

Critical review by **Expert panel**
March 2021

Evidence to decision tables



Draft recommendations

Source: Interventions to improve linkage to care and adherence to treatment for infections among PWID – a systematic literature review. ECDC 2021. work in progress

Interventions to increase linkage to care and adherence to treatment of infections

Overview of systematic review results (n=25 studies)

	HCV *(n=20 studies)*		**HIV** *(n=4 studies)*		**TB** *(n= 1 study)*	
	Linkage to care	Adherence to treatment	Linkage to care	Adherence to treatment	Linkage to care	Adherence to treatment
Contingency management						
Telemedicine						
Directly observed therapy						
Peer interventions						
Primary care						
Opioid substitution treatment						
Multicomponent intervention						
Cooperation among services						

Conditional recommendation	**Strong** recommendation	No studies identified

Decision on **Strong** vs. **Conditional** based on quality of evidence and Expert panel input on benefit, acceptability, transferability.

Source: Interventions to improve linkage to care and adherence to treatment for infections among PWID – a systematic literature review. ECDC 2021. work in progress

Interventions to increase linkage to care and adherence to treatment of PWID – *literature review and expert panel considerations*

HCV

	Contingency management	Telemedicine	Peer interventions	Directedly observed therapy
Settings	• NSPs, other service providers for PWID	• Limited/remote access to healthcare • Prisons • Drug treatment centres	• Closed informal social networks • High stigma	• Close to daily lives of PWID, e.g. pharmacy, NSP, OST, DCR, emergency centres; prisons
PWID sub-populations (where specified)	• Vulnerable groups (incentives may reduce barriers)	• Marginalised PWID	• Hidden and hard to reach PWID (e.g. foreigners, migrants, illiterates)	
Practice consideration	• In addition to peer-lead interventions, HR, OST, NSP education, community campaigns • Consider legal framework • Avoid inequalities	• More effective for adherence to treatment (SRV) than to linkage to care • Can be challenged by lack of equipment • COVID-19 context!	• Training of peers as pre-condition • Raise awareness on peer work among HCW • Consider legal framework	• Enable link to specialised HCV care • Consider healthcare system characteristics and legal requirements • DOT should not be a condition to receive HCV DAA • Linking DOT with OST can be a major success factor
Linkage to care	HCV	HCV	HCV	HCV
Adherence to treatment	HCV	HCV	HCV	HCV

Outcomes indicators for *linkage to care* - visit, treatment initiation and *adherence to treatment* - treatment adherence, SRV12
Comparator - usual care (for most, hospital)

Conditional recommendation	**Strong** recommendation

Source: Interventions to improve linkage to care and adherence to treatment for infections among PWID – a systematic literature review. ECDC 2021. work in progress

Interventions to increase linkage to care and adherence to treatment of PWID – *literature review and expert panel considerations*

HCV, HIV, TB

	Multicomponent intervention	**Cooperation among services**	**Opioid substitution treatment**	**Primary care**
Practice considerations	Integrated care approach combining: • addiction, • infectious diseases, • mental health therapy, could increase accessibility and facilitate treatment success by covering various needs of PWID population. High benefits for PWID with underlying comorbidities.	• Between: harm reduction services, mobile units and HCV care providers, • Preferably located in same geographic area, • Should reduce barriers by actively accompanying clients in the referral to other services. • Cooperation between drug addiction services and institutions providing TB treatment	• OST not directly impacted treatment completion, SVR12 or safety - OST should therefore not be a barrier/prerequisite to treatment access. • Integration OST & HCV treatment beneficial; OST provides a fixed setting, regular meeting point during therapy. • High benefits for PWID with underlying psychiatric comorbidities.	Familiar environment, easy to access, however, consider organisation of healthcare system e.g. • GP offer DAA &OST? • GPs trained and allowed to prescribe DAA? • GP perform first pre-treatment visit and handle complex patients (comorbidities)?
Linkage to care	HCV, HIV	HCV		HCV
Adherence to treatment	HCV, HIV	TB	HCV	HCV

Outcomes indicators for *linkage to care* - visit, treatment initiation and *adherence to treatment* - treatment adherence, SRV12

Conditional recommendation	**Strong** recommendation

Source: Interventions to improve linkage to care and adherence to treatment for infections among PWID – a systematic literature review. ECDC 2021. work in progress

Conclusions

- PWID - priority population for testing with linkage to care and treatment
- Critical success factors for linkage to care/adherence to treatment interventions
  - Implemented in **settings** close to target population (e.g. harm reduction services, OST)
  - Adequate **funding** and **coverage**
  - **Testing** and **treatment free** of costs for PWID
  - Recent drug use should not be an exclusion criteria for treatment
  - Interventions tailored to and integrated in existing national strategies

Limitations

- Lack of well-designed RCTs/comparative studies on interventions for HCV and HIV in PWID
- No studies on interventions to enhance linkage to HBV and TB care, only one study on adherence to TB treatment
- Meta-analysis not feasible - diversity of interventions, participants, settings, comparators and study designs
- Raw data/work in progress – updated PWID guidance to be published by end of 2021

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Thank you!

Acknowledgements

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