EU DRUGS AGENCY PUBLICATION ON HEPATITIS C AND INJECTING DRUG USE LOOKS AT IMPACT, COSTS AND POLICY OPTIONS

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the EU drugs agency, has recently Published its latest scientific monograph, Hepatitis C and injecting drug use: impact, costs and policy options [1]. This publication brings together research by international experts from the hepatitis C, drug use and public health fields. It combines analyses on the impact and costs of hepatitis C virus (HCV) infection among injecting drug users (IDUs) so as to inform future policy making in the European Union.

Since screening for HCV became available in the early 1990s, drug injecting has been the most common route of infection in the EU, largely due to risk behaviours such as sharing of needles, syringes, and other injecting equipment. While HCV may affect over 1% of the population of the EU, prevalence is substantially higher among those who have injected drugs.

The monograph points to data indicating that up to 90% of newly notified cases of HCV infection in EU countries are now occurring in IDUs [1,2]. The EMCDDA 2004 Annual Report, Published last month, cites HCV prevalence rates of between 17% and 95% in IDUs, depending on the country and study setting, underlining the need for prevention and treatment in this the main at risk population [2].

Current IDUs often encounter difficulties in accessing treatment due to concerns about their poor compliance to programmes, side effects and risk of re-infection. Recent research studies, however, have shown that treating IDUs is feasible and effective, and new guidelines recommend case-by-case decisions on treatment.

Some other key findings:

- New HCV infections occurring in 1999 in six of the most affected countries – France, Germany, Italy, Portugal, Spain and the United Kingdom – are likely to result in healthcare costs of up to 1.43 billion over the next two decades. Data presented estimate lifetime healthcare costs ranging between 13 100 and 26 200 per infected person in these six countries.
- New cost effectiveness analyses presented suggest that screening IDUs for infection and offering combination antiviral therapy to those with moderate liver disease can enhance quality of life, extend life expectancy and be cost effective. It is estimated that through avoiding the costs of liver disease related complications, over two thirds of the average treatment costs can be compensated for.
- Needle and syringe programmes (NSPs) are a key public health intervention for IDUs in general. They are cost effective in reducing the general transmission bloodborne viruses although they seem less (cost-)effective for HCV than for HIV prevention.
- Methadone maintenance treatment (MMT), though highly effective and cost effective for HIV prevention, is less so in the case of HCV. As the benefits of MMT increase with the proportion of the IDU population covered it can become a cost effective method of HCV prevention once high levels of coverage are attained.

References

1. Jager J, Limburg W, Kretzschmar M, Postma M, Wiessing L, eds. Hepatitis C and injecting drug use: impact, costs and policy options. Monograph 7. Lisbon: European Monitoring Centre for Drugs and Drug Addiction; December 2004. (available at http://www.emcdda.eu.int/?nnodeid=428)
2. EMCDDA. Annual report 2004: the state of the drugs problem in the European Union and Norway. Lisbon: European Monitoring Centre for Drugs and Drug Addiction; November 2004. (available in 20 languages at http://annualreport.emcdda.eu.int/en/home-en.html)

CONSIDERABLE PROGRESS IN EUROPEAN PREPARATIONS FOR A POTENTIAL INFLUENZA PANDEMIC

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The threat of an influenza pandemic has been heightened in the past two years by outbreaks of avian influenza concentrated in South East Asia which have resulted in human deaths. So far, the avian influenza virus seems difficult to transmit from human to human, but changes in the virus genome may well increase transmissibility. Possibly worse, a person or animal (such as a pig) could become co-infected with human and avian influenza. These viruses could then combine, creating a very novel influenza virus that is both highly pathogenic and easily transmitted to humans.

The World Health Organization has warned of an influenza pandemic threat and is urging member states to devise a national influenza preparedness plan for this eventuality [1]. It has also devised warning levels and has linked actions to each level.

The European Commission and European Union (EU) member states have responded to the influenza pandemic threat and much progress has been achieved in recent years.

Preparation by the European Commission and European networks

In response to the outbreak of avian influenza in South East Asia, the European Commission banned imports of live birds and poultry products from many countries in February 2004 [2,3]. This ban has been extended to 31 March 2005.

In March 2004, the European Commission Published a Working Paper on Community Influenza Pandemic Preparedness and Response Planning (http://europa.eu.int/comm/health/ph_threats/com/Influenza/com_2004_01_en.pdf) which called on all EU member states to complete their influenza pandemic preparedness plans, designate national reference laboratories for human influenza, achieve high vaccine coverage (especially in high risk groups), and prepare media briefing materials on influenza. The paper also stated the tasks of the European Commission in planning for a pandemic.

Surveillance of influenza in Europe (European Influenza Surveillance Scheme, http://www.eiss.org) has been considerably enhanced in recent years with funding from the Commission. Since October 2000, clinical, epidemiological and virological data have been presented on a weekly basis from October to May each year on the EISS website. In 2003 the Community Network of National Reference Laboratories for Human Influenza was created within EISS and this network is now operational (http://www.eiss.org/documents/eiss_poster_cnrl.pdf). Its primary goal is to provide high quality reference services for human influenza surveillance, guaranteeing highly qualified virological data reported to EISS as well as clinical data.

The European Commission's DG Research has also funded projects related to influenza pandemic preparedness (e.g. the FLUPAN project) and it recently started funding a multicentre network called VIRGIL (http://www.virgil-net.org/), which will address current and emerging antiviral drug resistance concerning influenza.

European vaccine manufacturers (http://www.evm-vaccines.org/) have got together and are working on issues related to the production of an influenza vaccine in case of a pandemic, for