



LUXEMBOURG
INSTITUTE
OF **HEALTH**
RESEARCH DEDICATED TO LIFE



Luxembourg : national strategies to decrease HIV and hepatitis transmission

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Surveillance Committee on AIDS, infectious hepatitis and sexually transmitted diseases

Surveillance Committee on AIDS, Infectious Hepatitis and Sexually Transmitted Diseases

- ✓ WHO recommendations : January 1984 - October 2015 AIDS surveillance Committee. Multidisciplinary Committee (HIV Berodung, drug treatment centre, reference laboratories, infectious diseases specialist, Ministries of Health and Education, national drug coordinator, civil society, lawyer)
- ✓ To inform and advise on all matters concerning AIDS, infectious hepatitis and sexually transmitted diseases: health professionals, the general public, target groups (MSM, IVDU, sex workers, young people, heterosexuals, homeless)
- ✓ To develop and implement programs to fight AIDS, infectious hepatitis and STDs
- ✓ The Committee is also responsible for working closely with international organizations (ECDC, EMCDDA, WHO, UNAIDS, ...).

National strategies 2018 - 2022



Novel interventions in response to the HIV outbreak among PWID and the high prevalence of hepatitis infection (75% of HCV antibodies in 2015)

- The two national plans were accepted and totally funded (2 millions per year for each plan + DAA cost/treatment for indigents (1 million per year)
- Validation by the Audit of ECDC/EMCDDA, HIV outbreak among PWIDs (March 2018). <http://sante.public.lu/fr/publications/h/hiv-joint-technical-mission/index.html>

Strategic axes of the HIV and hepatitis national action plans

Target groups: MSM, PWIDs, young people, sex workers, heterosexuals, homeless

HIV plan

5 strategic axes developed for each targeted group

Axe 1 - Prevention

Axe 2 - Screening

Axe 3 - Antiretroviral Therapy and medical care of people living with HIV

Axe 4 - Non-stigmatisation and inclusion

Axe 5 - Research (evaluation of outreach projects and prioritization of patients for ART)

Hepatitis plan

6 strategic axes developed for each targeted group

Axe 1 - Epidemiological analysis and burden of HCV infection

Axe 2 - Primary prevention (education and training)

Axe 3 - Secondary prevention

Axe 4 - Expand screening

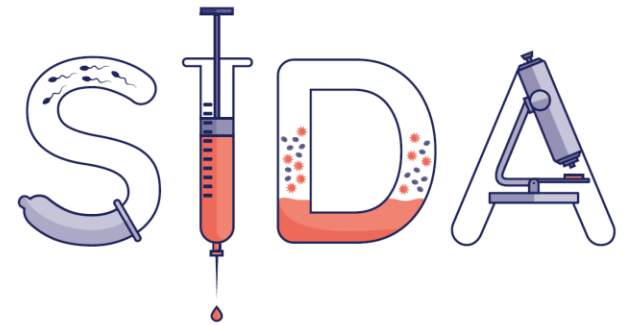
Axe 5 - Improve access to treatment, housing and OST

Axe 6 - Surveillance, research and evaluation

Organisation, reporting and evaluation

- ✓ 2 coordinators of the action plans, 2 steering committees
- ✓ AIDS and hepatitis committee meetings
(every 6-8 weeks and working groups)
- ✓ AIDS and hepatitis annual report:
prevention, education, screening, treatment,
harm reduction services, prison, research ...
- ✓ Annual action plan reports to the
Ministry of Health
- ✓ External evaluation in 2022.

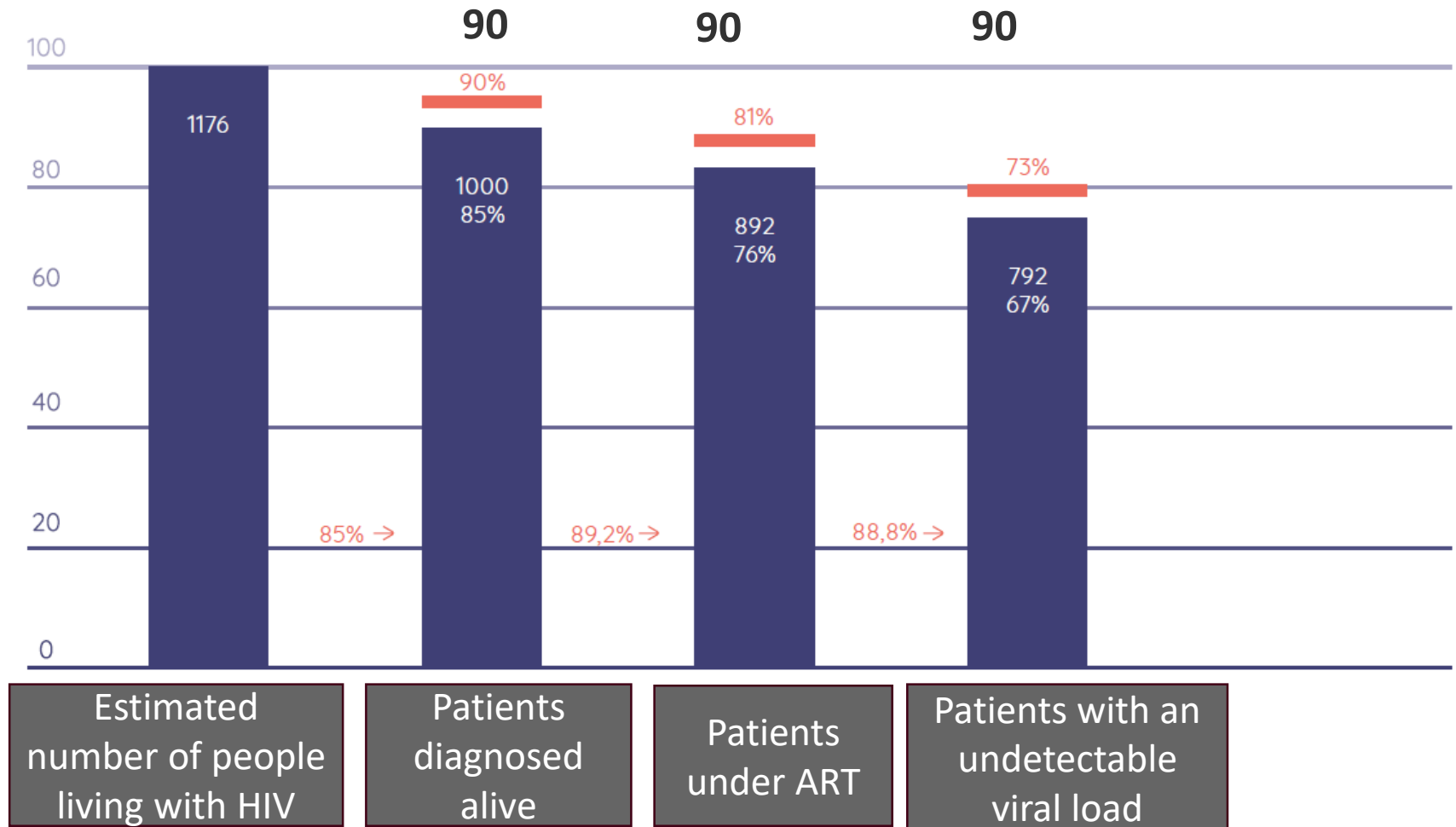
Comité de surveillance du SIDA,
des hépatites infectieuses et des maladies
sexuellement transmissibles



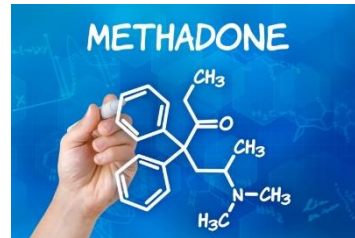
Rapport d'activité 2018



UNAIDS Targets 90-90-90 : the continuum of HIV care in 2018



Harm reduction and testing in Luxembourg prisons



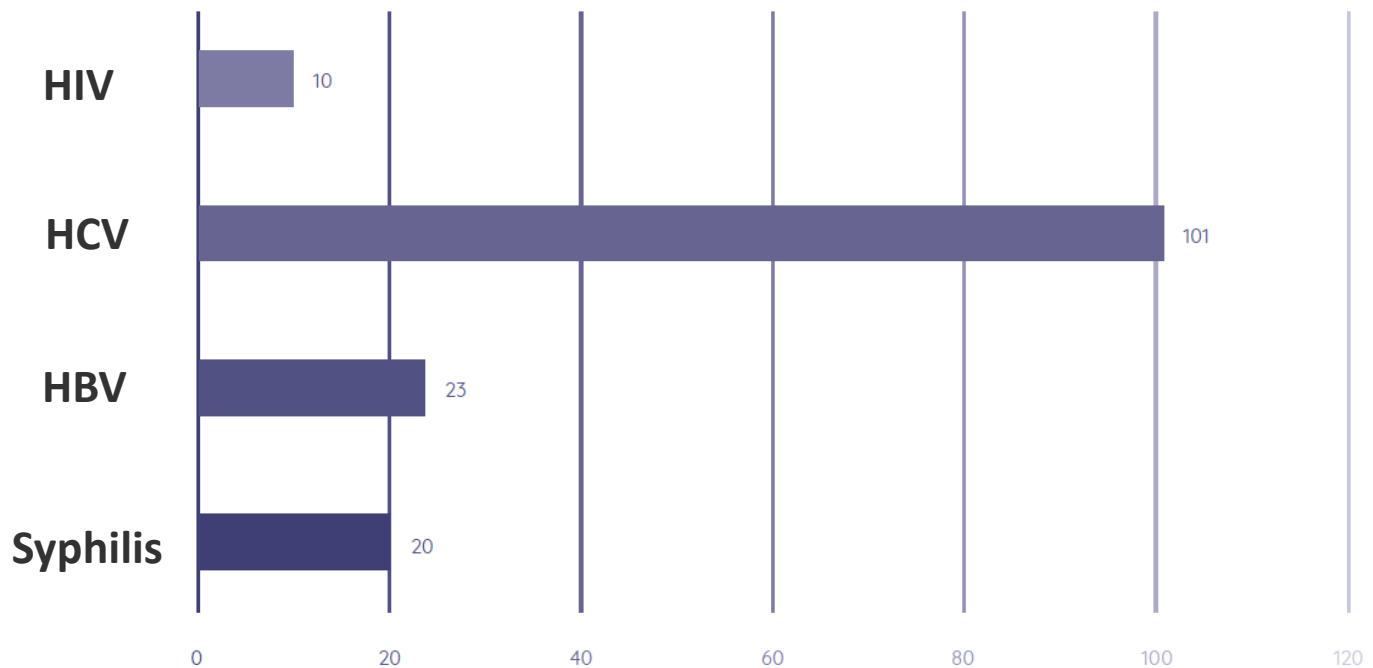
A comprehensive program of prevention



Screening at entry in prison in 2018

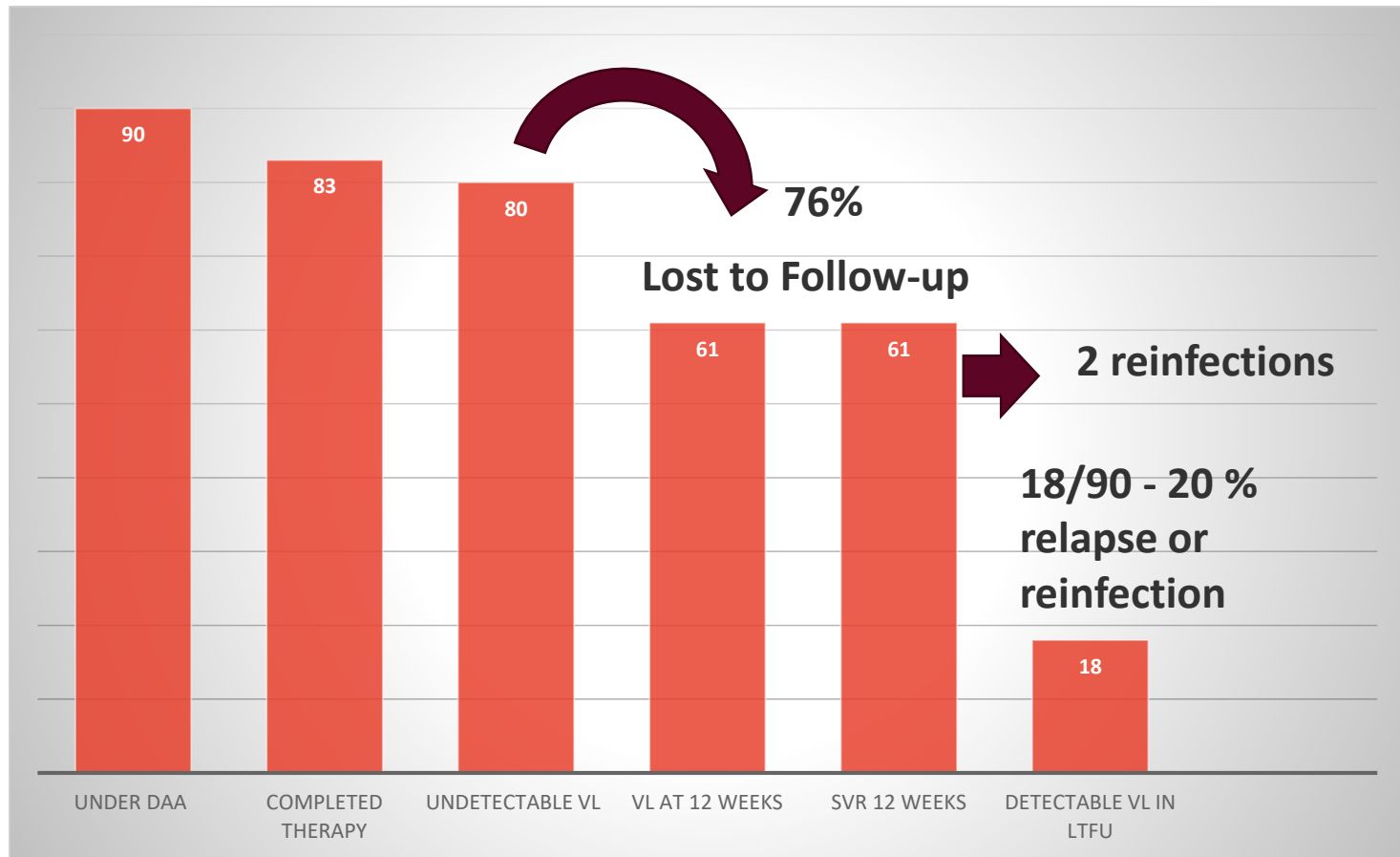
700 inmates in 2018

Linkage to care



➤ Stable prevalence between 2014 and 2018
(13.3 to 14.5 % HCV prevalence due to the high turnover rate)

DAA treatment in prison

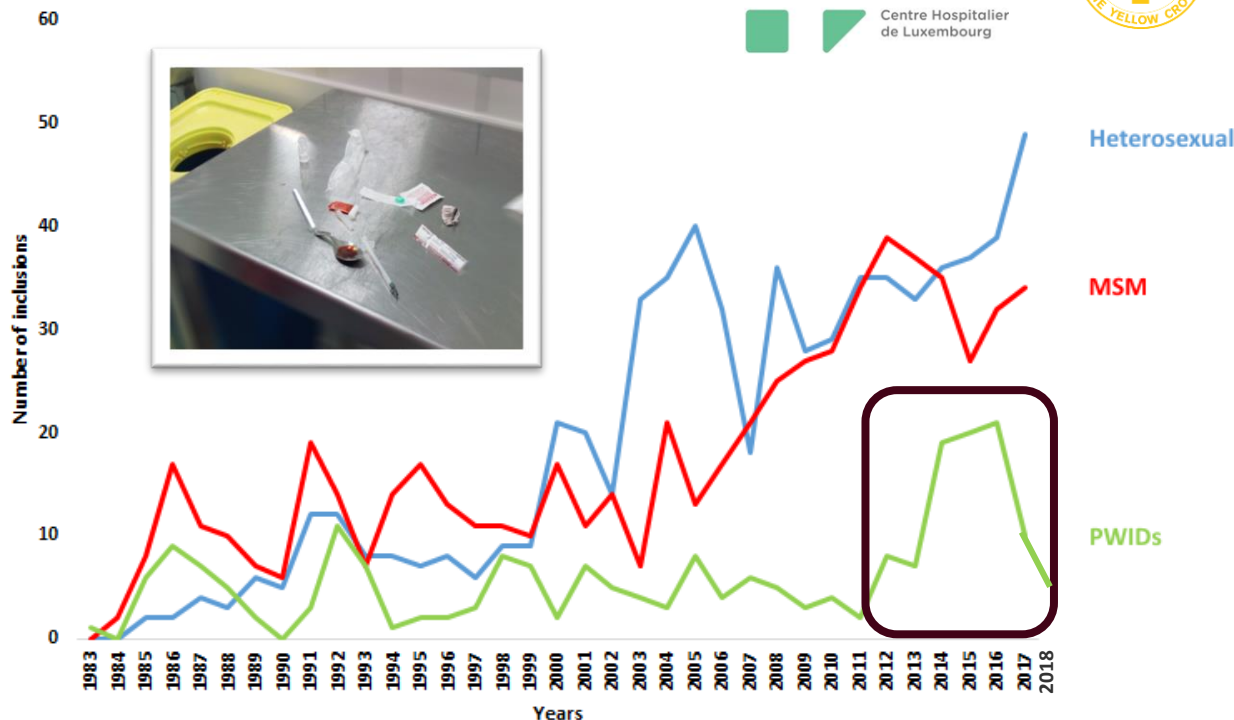


➤ Good opportunity to treat patients that have limited access to care

The HCV-UD outreach program

Expand screening and treatment among intravenous drug users

✓ EMCDDA: hepatitis C new models of care for drug treatment services in 2019



jugend- an drogen **hëllef**
Fondation

Kontakt 28 Abrisud

ABRIGADO



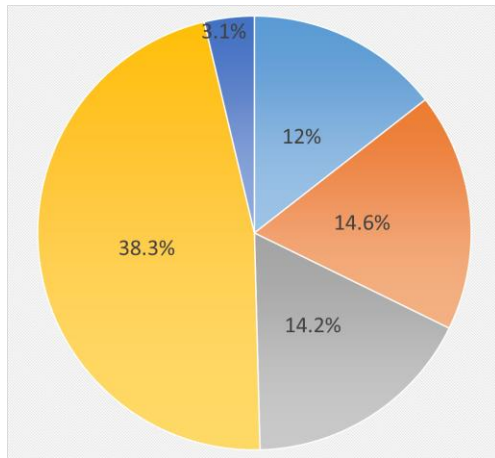
HIV outbreak driven by cocaine injection
(Arendt V et al, Plos one 2019)

Participant's characteristics: 2015- 2018

		Number	Pourcentage
Number of participants	Mean age of 38.7 years	368	
Gender	Male	267	71.2%
	Female	101	28%
Country of origin	Luxembourg	180	49.2%
	Portugal	63	17.2%
	Other countries in Europe	73	20.0%
	Western Europe	42	11.5%
	Eastern Europe	31	8.5%
	Asia	16	4.4%
	Africa	15	4.1%
	South America	1	0.3%
Social insurance	With «Caisse Nationale de Maladie»	261	71.0%
	Without «Caisse Nationale de Maladie»	99	26.8%

		Number	Pourcentage
Housing	Stable	230	62.5
	Alone	108	29.3
	Relative/friends	112	30.4
	Homeless	96	26.1
	No answer	21	5.6
Education	Stop school before the age of 15 years	215	59.2
	Secondary level	109	30.1
	University	24	6.6
Current Activity	Under work contract	32	8.7
	Occasional job	5	1.4
	Unemployment/social incomes	180	49.3
	Prostitution	31	8.5
	Professional training	2	0.5
Prison	Without activity, no income	105	28.7
		127	34.7

Drug consumption



■ No consumption the last month

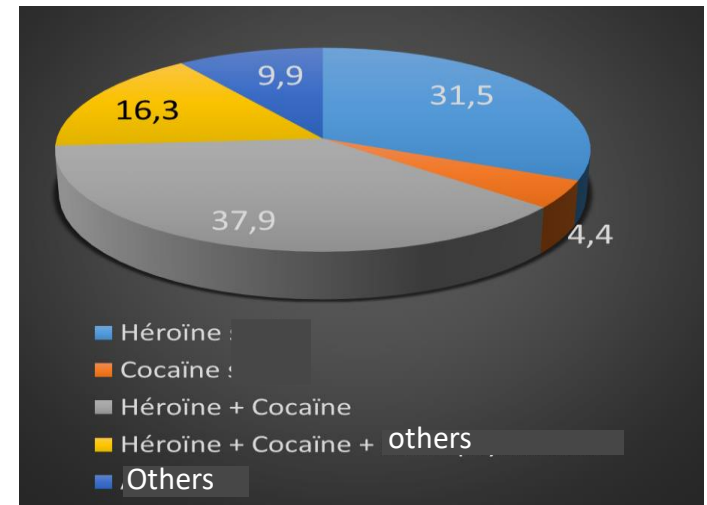
■ Once a week

■ Several times a week

■ Once a day

■ Several times a day

- ✓ 84% are active drug users
- ✓ 82% are currently injecting
- ✓ 52% are injecting at least once a day

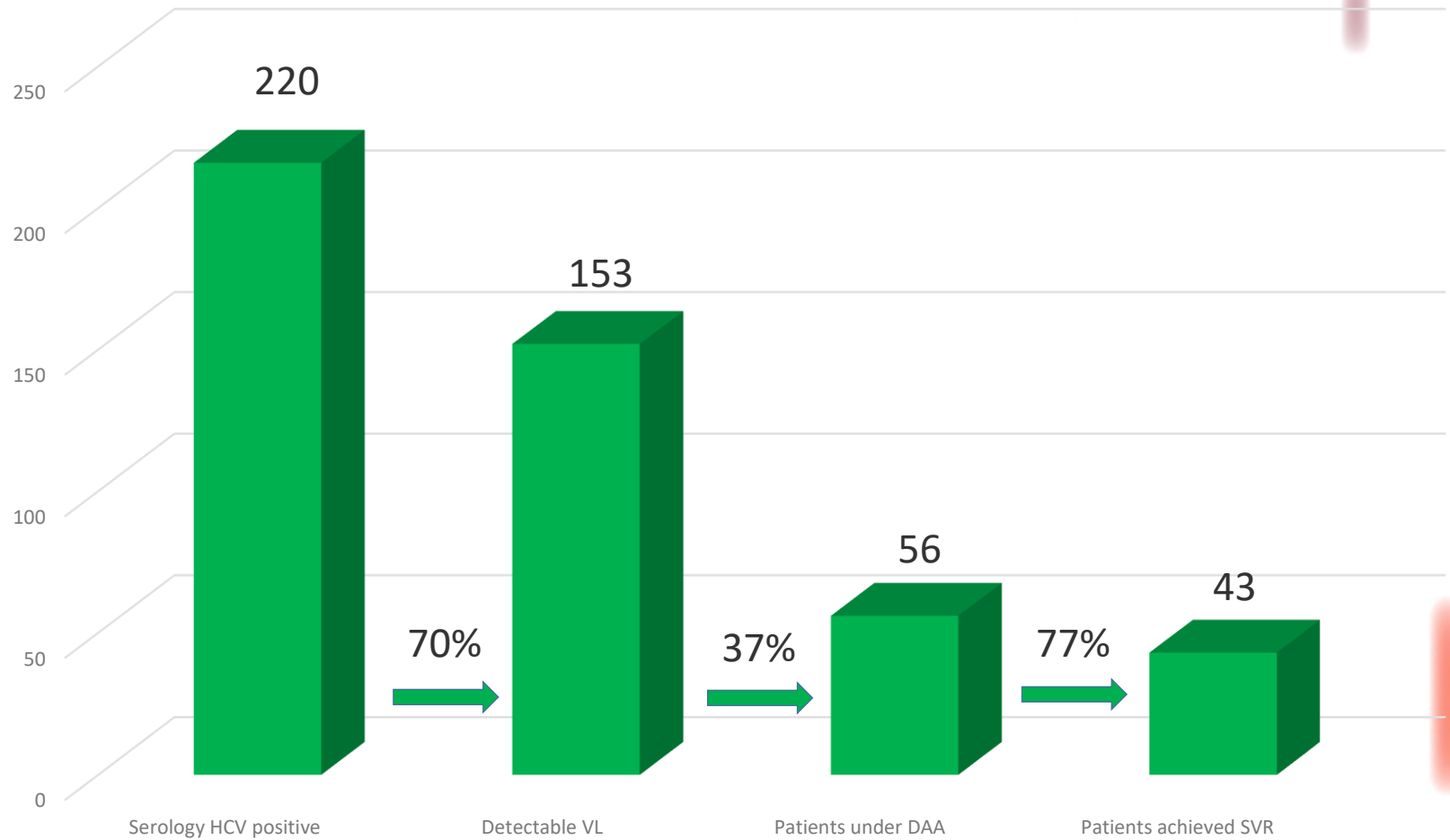


- The majority is consuming heroin, and 59 % cocaine
- Poly-use of drugs
- 57.3% of participants belong to a substitution program
- 25% describe sharing of syringes

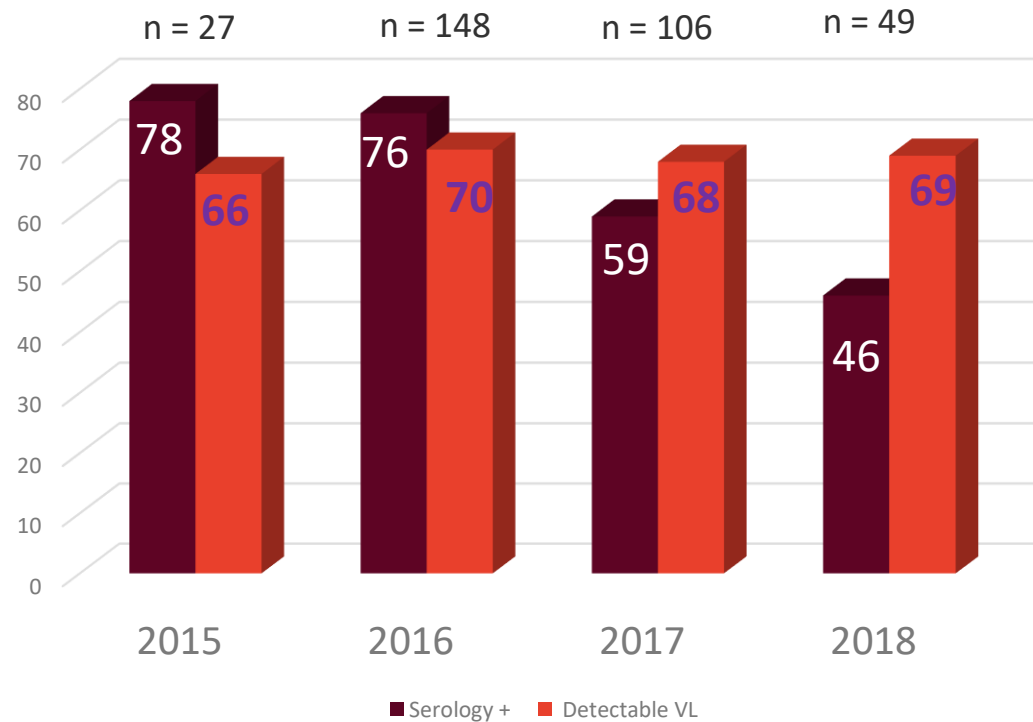
Screening for HCV and HIV: 2015 – 2018

		n	%
HCV-IgG (n = 330)		220	66.9
HCV viral load detectable (n = 330)		153	46.3
Genotype (n = 354)	1a	158	44.6
	1b	31	8.7
	2	2	0.5
	3a	137	37.3
	4	26	7.7
Fibrosis score (n = 362)	F0/F1	261	71
	F2	40	11
	F3	36	10
	F4	25	7
Serology HIV+ (n = 330)		29	8.7
Coinfection HIV/HCV (n = 330)		26	7

Continuum of HCV care



Evolution of HCV antibodies and viral load among the participants



n = total number of participants tested for HCV
% of positive serology among the participants
% of VL detectable among the HCV positive patients

EMCDDA pilot study for HCV testing

EMCDDA pilot project Module 1 : Diagnostic process to identify barriers and facilitators for testing to HCV for injecting drug users

- ✓ To bring together an interdisciplinary group of experts working in different areas related to HCV testing and access to care for PWID to discuss how to improve HCV testing and health care practices and to empower drug treatment centres to facilitate access to care
- ✓ A common understanding/consensus, among policy makers and service providers:
Objective 1 : the main barriers to HCV screening
Objective 2 : the main barriers to access to treatment
Taking the reality of the clients' situation into account
- A list of actions/facilitators reflecting the priorities and hierarchize them according to their feasibility at the system/provider/client/ levels.



The national HCV roundtable



Developing a network for the response to viral hepatitis, 23rd of January 2019

- ✓ 23 national professionals : representatives of the Department of **Penitentiary Psychiatric Medicine**, specialists from the **National Service of Infectious Diseases**, nurses, **social workers**, **directors of drug treatment**, **harm reduction centres**, **HIV Berodung**, **social workers**, **educators**, **Directorate of Health**
- ✓ A report which systematically documents the barriers to testing on policy/provider/client levels in Luxembourg and possible solutions
- ✓ Feasibility and prioritisation of the individual measures was discussed to integrate the next Luxembourg's Drug Action Plan 2020.

Actions lead by the Committee

➤ Reduce the risk and medical care for people living in the street “housing first”

- Low threshold housing concept designed by all organisations involved in prevention/addiction, lead by HIV Berodung, validated by the Ministry of Health
- Search of housing by the City of Luxembourg

➤ Universal access to care: “**La couverture sanitaire universelle au Luxembourg: donner accès aux soins médicaux pour tous**”

- Plead lead by the AIDS/hepatitis committee, Médecins du Monde and 13 organisations involved in health and drug addiction in November 2018
- Meeting with the Ministry of Health/social security in March 2020

In the short term: mobilization of funds to facilitate IDUs' access to medical treatment (DAA), list of person having lost their social security rights

In the long term: group of civil organisations - Ronnen Desch

“Recommandations for universal access to care in Luxembourg”

Acknowledgements

The AIDS, infectious hepatitis and STD surveillance committee

HIV Berodung: Sandy Kubaj, Laurence Mortier

Abrigado – CNDS: Raoul Shaff, Martina Kapp

Jugend an Drogenhelf: Jean-Nico Pierre, Gunter Biwersi

COMATEP service in prison : Jeanny Meyers, Valérie Klein

All participants and personnel from the drug treatment centers

All participants and personnel from prison

All the participants of the national HCV round table

EMCDDA

Dagmar Hedrich

Thomas Seyler

ReiTox focal point

Nadine Berndt

Rita Cardoso Seixa

PFLDT

Point Focal Luxembourgeois
de l'Observatoire Européen
des Drogues et des Toxicomanies

croix-rouge
luxembourgeoise



HIV Berodung

jugend- an drogen**hëllef**
Fondation

SUCHTVERBAND
LËTZEBUERG asbl

CHL
Centre Hospitalier
de Luxembourg

ABRIGADO



The HCV-UD team

Dr Vic Arendt

Dr Pitt Braquet

Natacha da Silva

Graziella Ambrozet

Henri Goedertz

Aurélie Fischer

Jessica Halmes

Laurence Guillorit

Jean-Yves Servais

Gilles Iserentant



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé

Directorate of Health

Jean-Claude Schmit

Anne Calteux

Patrick Hoffman

Guy Weber

Diane Pivot

Xavier Poos