

From The Chief Medical Officer:
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To:

All General Practitioners
All Consultants in Genitourinary Medicine
Directors of Public Health
Consultants in Communicable Disease Control
All Consultant Psychiatrists in Addiction Services
Chairs of Health & Social Services Board Drug Co-Ordination Teams

20th June 2002

Dear Colleague

HIV, HEPATITIS B AND HEPATITIS C IN INJECTING DRUG USERS

1. The purpose of this letter is to inform you of the commencement of an Unlinked Anonymous Prevalence Monitoring Survey of HIV, Hepatitis B and Hepatitis C among the injecting drug using (IDU) population. This survey commenced on 1st June 2002 and is being carried out in Addiction Treatment Centre settings. Current and former injecting drug users are recruited to the survey. Each client is asked to provide a saliva sample for blood-borne virus testing and to complete a questionnaire, which includes questions on risk behaviours.
2. The purpose of this survey is to monitor trends in HIV, Hepatitis B and Hepatitis C infection and the associated risk behaviour in injecting drug users. Information collected from this survey will be used for a number of reasons including:
 - a. To estimate levels and trends in antibodies to HIV, Hepatitis B and Hepatitis C;
 - b. To record limited behavioural information and to document changes in these over time;
 - c. To assess and develop specific health education and prevention campaigns on a regional or local level;
 - d. To make projections about the future extent of these infections in Northern Ireland.
3. It is important that all health professionals who may be in contact with injecting drugs users in their practice are aware of the existence of this survey. Because this survey is an unlinked anonymous survey patients do not receive individual test results. Therefore injecting drug users presenting in practice who claim to have had participated in this survey and believe they have been tested have not in fact received any feedback on the results of this test. If they have not already been tested for HIV, Hepatitis B and Hepatitis C infections they should be tested as normal.

4. The Joint Committee on Vaccination and Immunisation currently recommends that all injecting drug users should be immunised against Hepatitis B. Any unimmunised injecting drug user presenting in practice should be identified and the opportunity sought to immunise against Hepatitis B. Board Drug Co-Ordination Teams and Consultants in Communicable Disease Control are available for advice on promoting immunisation uptake locally.
5. HIV, Hepatitis B and Hepatitis C are all serious blood-borne viral infections. Injecting drug users are at higher risk than the general population of acquiring these infections. Immunisation is available against Hepatitis B to protect injecting drug users. Treatment is available for HIV and Hepatitis C infections which while not curative, is effective in slowing disease progression. Any patient with a newly diagnosed HIV infection should be referred to their local Genitourinary Medicine Clinic. Patients with Hepatitis B or C infection should be referred to a Hepatologist for assessment.
6. While the diagnosis of these infections in injecting drug users is extremely important the prevention of acquisition of these infections is equally so. Regular reinforcement of prevention messages in relation to blood-borne virus transmission are essential. In the context of injecting drug users these include:
 - Not sharing drug injecting equipment. This includes needles, syringes, spoons, water, filters or anything else which may become contaminated with blood;
 - Practising 'safer sex';
 - Checking that equipment used for body piercing, tattooing is not being re-used and is sterile;
 - Not sharing toiletry equipment that could be contaminated with blood eg razors, toothbrushes, nail scissors, tweezers.

Further information on these infections is available at www.phls.co.uk.

For further information please contact:

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Senior Medical Officer

Department of Health, Social Services & Public Safety

Yours sincerely

DR H CAMPBELL
CHIEF MEDICAL OFFICER

cc: Dr B Smyth
Ms J Daykin
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