Drug-related infectious diseases in Europe: Update from the EMCDDA expert network, 2020

EMCDDA, Lisbon, May 2020

Summary

This 2020 EMCDDA update on drug-related infectious diseases aims to provide a comprehensive overview of the current situation with regard to the epidemiological picture of drug-related infectious diseases in Europe up to January 2020, while highlighting some of the current innovative responses to the problem.

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drug-related infectious diseases

Testing for drug-related infectious

diseases – a crucial step towards meeting international health goals

Testing for drug-related infectious diseases among people who inject drugs (PWID) is crucial if international health targets are to be met. This is among the conclusions of a new EMCDDA report out today: Drug-related infectious diseases in Europe. The update, from the agency's drug-related infectious disease network, stresses that early diagnosis through testing, and improving links to treatment and care, are crucial steps towards reaching global health goals.

Launched during European Testing Week (15–22 May), the report offers an overview of drug-related infectious diseases among PWID in Europe, including the prevalence and incidence of HIV and viral hepatitis. It also tracks progress on health targets and showcases successfully implemented evidence-based interventions. It underlines the need to ramp up prevention and testing and signals that European countries are lagging behind when it comes to treating hepatitis C virus (HCV) and HIV among PWID.

HIV and chronic viral hepatitis are highly prevalent among people who inject drugs, being transmitted through the sharing of injecting equipment, such as needles and syringes. Addressing the needs of this group is critical to achieve the UN Sustainable Development Goal of Good Health and Well-being (SDG 3), which calls for ending the AIDS epidemic and combatting viral hepatitis as a public health threat by 2030 (SDG 3.3)([1]).

Notifications of newly diagnosed HIV infections among PWID fell in most European countries between 2009 and 2018 (see report, Figure 1). In 2018, 996 new HIV diagnoses linked to injecting drug use were reported in the EU, Norway and Turkey, yet, according to the report, over half of these were diagnosed late, suggesting that opportunities for early interventions and better treatment outcomes are being missed. The policy of 'test and treat' for HIV – with antiretroviral therapy (ART) starting directly after diagnosis – can save lives and reduce transmission. But the report states that Europe is 'far from meeting global targets on ART coverage and viral suppression among PWID', indicating the need for better linkage to care.

Viral hepatitis, particularly infection caused by HCV, is highly prevalent among PWID across Europe and several countries report current infection rates of over 40%. Without access to treatment, many will develop chronic infection, which can lead to liver cirrhosis and cancer. Harm reduction services are often the first point of entry for diagnosis and links to treatment and play an essential role in preventing new or recurring infections. However, the report reveals that EU countries are not achieving WHO 2020 targets for needle and syringe programmes (NSP) and opioid substitution treatment (OST) coverage ([2]). To date, only one EU Member State (Luxembourg) has reached the target for both NSP and OST coverage (Figure 4).

While outbreaks of HIV and bacterial infections among PWID are relatively

rare, they continue to be reported in the EU and are a significant cause for concern. The report presents the latest update on local outbreaks of bacterial infections and HIV among this group in Europe, where injecting stimulant drugs may have been an important risk factor (Figure 7).

‘Despite the availability of a treatment to cure hepatitis C virus (HCV) infection and therapies to achieve viral suppression of HIV, financial and social barriers still prevent many PWID from accessing treatment’, the report says.

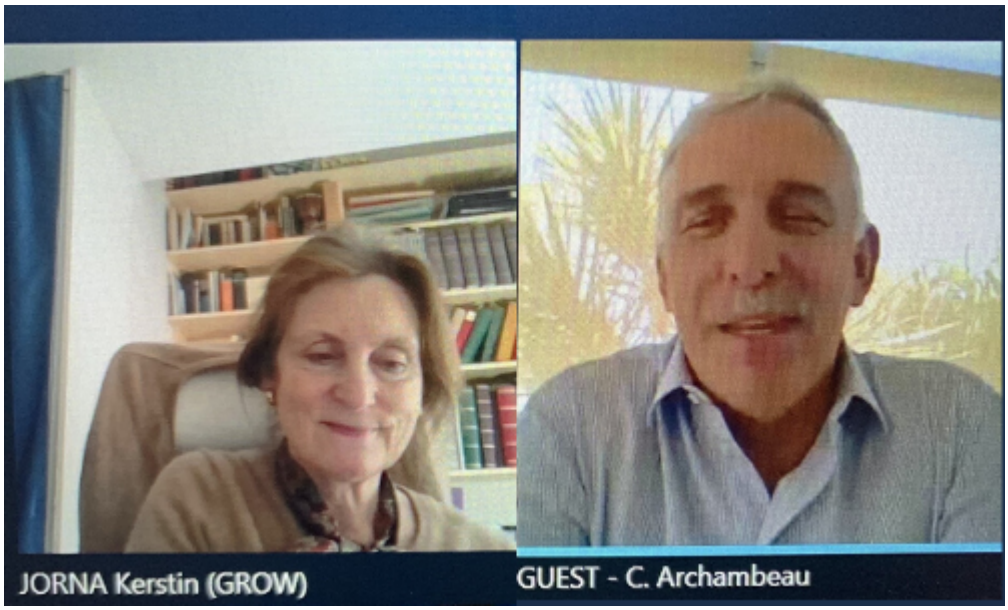
The EMCDDA has developed an ‘elimination barometer’ for hepatitis B and C among PWID to help countries monitor progress towards meeting WHO elimination targets. In addition, an EMCDDA harm-reduction initiative on hepatitis C aims to support countries in contributing to its elimination by increasing access to testing and referrals to care through drug services.

EMCDDA Director Alexis Goosdeel says: ‘For the past 25 years, we have been monitoring drug-related infectious diseases in Europe and assessing the risks faced by people who inject drugs. This has helped guide evidence-based interventions, reduce transmission and save lives. Diagnosing early through testing and increasing referrals to treatment and care are simple, yet vital, steps to protect this vulnerable group and contribute to a healthier and more secure Europe’.

EUIPO – DG GROW meeting

May 20, 2020 *About the EUIPO*

EUIPO – DG GROW meeting



The Executive Director of the EUIPO, Christian Archambeau, has held a video conference with Kerstin Jorna, the Director-General of the European Commission's Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW).

This is the first bilateral meeting with the new Director-General of DG GROW, who took up her role on 1 April 2020.

The Executive Director presented EUIPO's scope of activities and the initiatives in the context of the forthcoming Strategic Plan 2025. Information in relation to the EUIPO's response to the current COVID-19 pandemic was also exchanged.

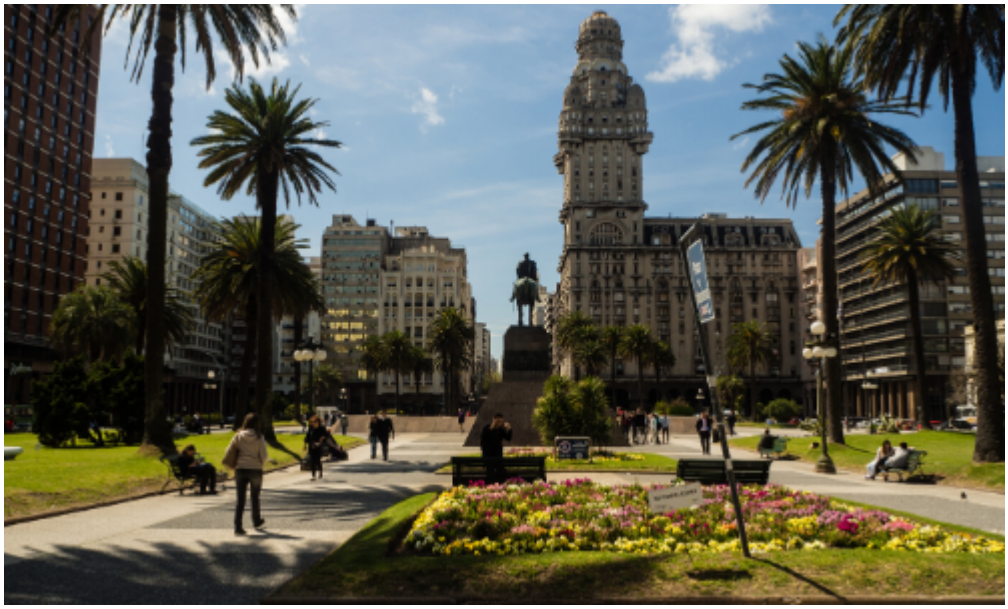
Discussion topics included the **cooperation activities between the EUIPO and DG GROW**, within the framework of the Memorandum of Understanding signed in April 2019.

Mr Archambeau confirmed the commitment of the EUIPO to pursue good collaboration with DG GROW, in particular for the European Commission's new **IP Policy Agenda**, with a view to putting intellectual property at the service of the economic and social growth for the benefit of EU citizens.

DNPI Uruguay now aligned with CP3

May 20, 2020 *European Trade Mark and Design Network*

DNPI Uruguay now aligned with CP3



The National Directorate of Industrial Property under the Ministry of

Industry, Energy and Mining of Uruguay (DNPI) has published a Practice Paper concerning the examination of absolute grounds for refusal as regards figurative trade marks with purely descriptive words/expressions.

This publication is the result of the joint collaboration efforts of the DNPI, the EUIPO and the EU-funded project IP Key Latin America.

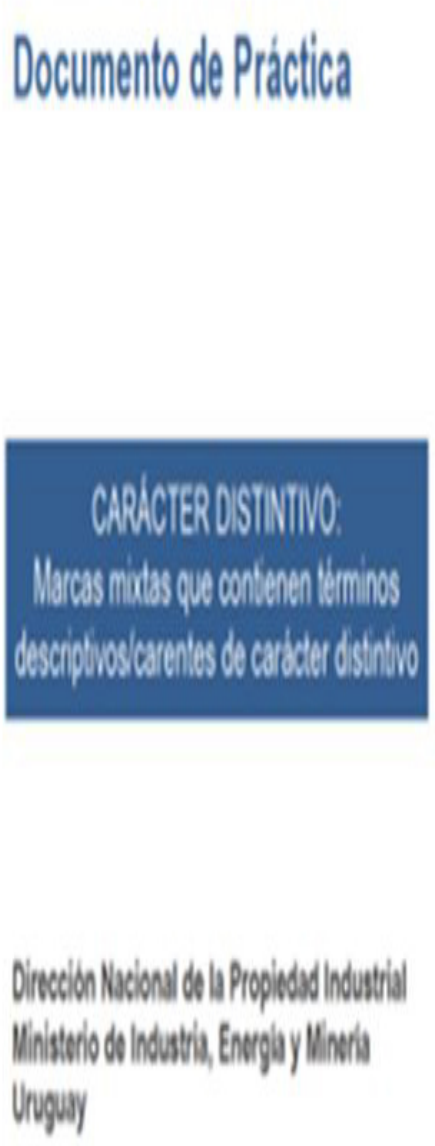
The DNPI is the **first Latin American IP office** to analyse and find common ground with the criteria developed under the Common Communication on the *Common Practice of Distinctiveness – Figurative marks containing descriptive/non-distinctive words*, referred to as *marcas mixtas* (mixed marks) in Uruguayan terminology. The publication of this Practice Paper is the result of the fruitful collaboration between the offices, under a set of actions promoted by IP Key Latin America.

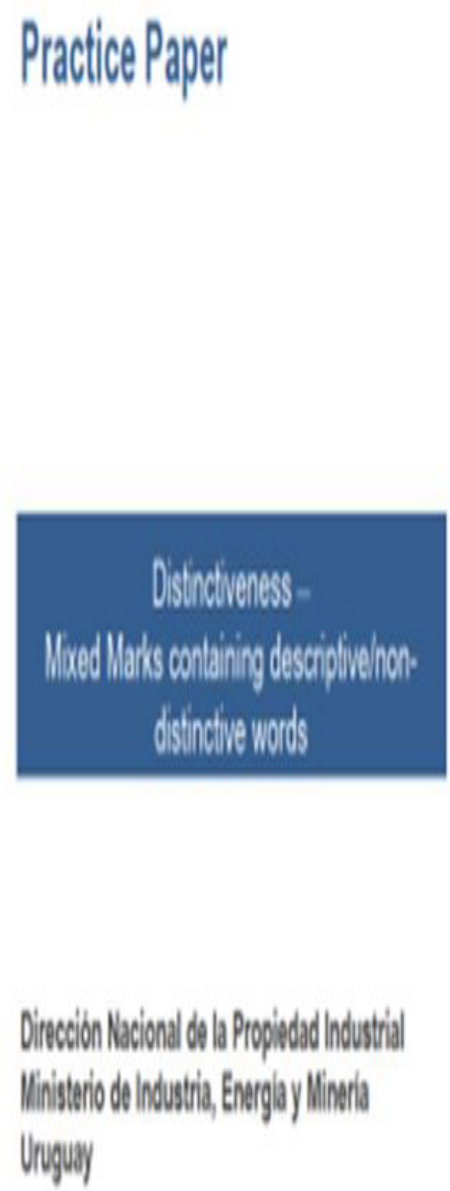
The Practice Paper provides a clear and comprehensive explanation of the principles on which the practice of the DNPI and the IP offices of the European Union Intellectual Property Network (EUIPN) is based, in order to assess the examination of marks.

The publication of the Practice Paper seeks to **increase transparency, legal certainty and predictability** for the benefit of the users and examiners of the IP offices involved. The intention is that it will become a reference for IP offices, as well as for EU and Uruguayan users and other interested parties.

The Practice Paper has been made publicly available in **Spanish and English**. Both versions can be found below. It is divided into two parts: the first summarises the criteria, the second provides a full explanation of the different criteria applicable in each case

DNPI Practice Paper
Distinctiveness – Mixed marks containing descriptive/non-distinctive words
SPANISH **ENGLISH**





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This achievement has been made possible thanks to the collaborative work carried out by the DNPI and the EUIPO under the framework of the IP Key Latin America project, directed by the European Commission and implemented by the EUIPO.

Press release – Protection of workers from biological agents: how to classify COVID-19

On Wednesday afternoon from 15.00 – 16.00, Members of the Employment and Social Affairs Committee (EMPL) will debate with the Commission the proposed classification of the SARS-CoV-2 virus in risk category 3, the second most dangerous category of biological agents.

Parliament has the right to veto this measure, within one month after it has been adopted by the Commission, foreseen for the beginning of June.

Classification in risk group 3 means that the biological agent can "cause severe human disease and present a serious hazard to workers; it may present a risk of spreading to the community, but there is usually effective prophylaxis or treatment available". The SARS and MERS viruses are examples of risk group 3 viruses. Ebola is in risk group 4.

EU directives protect workers against the risks of exposure to biological agents (bacteria, viruses and other micro-organisms) at work. Depending on their level of danger, they are classified in risk groups on an increasing scale from 1 to 4. Risk group 1 includes the least hazardous agents, group 4 lists the most hazardous ones.

Procedure: Regulatory procedure with scrutiny (RPS) – urgency procedure – Rule 112(4)

You can watch the meeting via EP Live.

Background

The Biological Agents Directive lays down **minimum requirements for the health**

and safety of workers exposed to biological agents at work.

Biological agents are microorganisms that may harm workers by causing an infection, an allergic reaction or exposing them to a toxin. They are classified into four risk groups according to their level of **risk of infection:**

- **a group 1** biological agent is unlikely to cause human disease;
- **a group 2** biological agent can cause human disease and might be a hazard to workers; it is unlikely to spread to the community; there is usually effective prophylaxis or treatment available;
- **a group 3** biological agent can cause severe human disease and present a serious hazard to workers; it may present a risk of spreading to the community, but there is usually effective prophylaxis or treatment available;
- **a group 4** biological agent causes severe human disease and is a serious hazard to workers; it may present a high risk of spreading to the community; there is usually no effective prophylaxis or treatment available.

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