



Public Health
England

Protecting and improving the nation's health

Accompanying Data Tables

Shooting Up: Infections among people who inject drugs in the UK 2015. An update: November 2016

Tables produced by:

Public Health England, Health Protection Scotland, Public Health Wales, and Public Health Agency Northern Ireland.

Further Information:

The annual report, Shooting Up can be found at <https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk>



Health
Protection
Scotland



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



Public Health
Agency

About these data tables

These tables present a summary of the available data on infections and key behaviours among people who inject drugs. They accompany the annual report *Shooting Up: Infections among people who inject drugs in the UK 2015*, which is available at:

<https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk>

These tables bring together data from the various public health surveillance systems that provide information on infections among people who inject drugs across the United Kingdom. Details of the systems providing the data used in these tables and in the *Shooting Up* report can be found in the Data Sources section at the end of these data tables.

Suggested citation

For citation purposes the following is suggested: Public Health England, Health Protection Scotland, Public Health Wales, and Public Health Agency Northern Ireland. *Shooting Up: Infections among people who inject drugs in the UK 2015. Accompanying data tables. November 2016. London, Public Health England.*

Content

Table 1: Summary of indicators of viral hepatitis and HIV transmission among people who inject drugs in the United Kingdom

Part A: Hepatitis C

Part B: Hepatitis B

Part C: HIV

Table 2: Summary of indicators of bacterial infections among people who inject drugs in the United Kingdom

Table 3: Summary of indicators of risk and protective behaviours related to infections among people who inject drugs in the United Kingdom

Part A: Risk Behaviours

Part B: Markers of health care utilisation

Data Sources

Table 1: Summary of indicators of viral hepatitis and HIV transmission among people who inject drugs in the United Kingdom

Part A: Hepatitis C

Area	Sub-Category		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Geographic breakdowns (Country/regional/local) available	Further information
Laboratory reports of positive tests for hepatitis C*															
England	Total number of reports: All exposures and exposure not known.	n	6,291	6,945	7,801	8,395	8,627	7,875	9,907	10,860	11,071	11,487	11,557*	Public Health England Centre	click here for further information
	Proportion of the reports with exposure data, in which injecting drug use was indicated#	%	96	95	98	99	97	93	97	96	90	90	90		
Wales**	Total number of reports: All exposures and exposure not known.	n	331	330	322	444	360	339	473	457	531	607	613	-	-
	Proportion of the reports with exposure data, in which injecting drug use was indicated#	%	-	-	-	-	-	-	-	-	-	-	-		
Scotland	Total number of reports: All exposures and exposure not known.	n	1,606	1,532	1,516	1,567	1,960	2,053	2,236	1,857	1,941	2,024	1,821	NHS Board area	click here for further information
	Proportion of the reports with exposure data, in which injecting drug use was indicated#	%	90	87	90	89	92	93	95	92	97	-	-		
Northern Ireland	Total number of reports: All exposures and exposure not known.	n	134	135	114	132	112	106	113	133	124	138	143	-	-
	Proportion of the reports with exposure data, in which injecting drug use was indicated#	%	93	100	100	88	-	-	-	-	-	-	-		
Proportion hepatitis C antibody positive‡															
England, Wales & Northern Ireland†	People who have ever injected drugs	%	45	44	43	43	47	47	43	47	49	49	50	Country & statistical regions (England)	click here for further information
	People who first injected drugs during the preceding 3 years	%	18	23	23	24	24	23	20	24	24	19	24	Country & statistical regions (England)	click here for further information
Prevalence among those having voluntary confidential HIV tests**															
Glasgow	People who have ever injected drugs: All ages	%	-	67	72	63	-	-	-	-	-	-	-	-	-
	People who have ever injected drugs: Age under 25 years	%	-	51	36	35	-	-	-	-	-	-	-	-	-
Proportion hepatitis C antibody positive§															
Scotland	People who have ever injected drugs	%	-	-	-	54	56	53	58	58				NHS Board area	click here for further information
	People with less than 3 years since onset of injecting drug use	%	-	-	-	23	24	20	22	30					

Data on exposure is often incomplete or missing.

* Number provisional.

† Unlinked Anonymous Monitoring Survey of people who inject drugs in contact with drug services.

** Unlinked anonymous hepatitis C testing of residual sera from people who inject drugs having a voluntary confidential HIV test.

‡ Denotes past or current infection with hepatitis C. Prior to 2009 this survey only collected oral fluid samples, however in 2009 and 2010 both oral fluid and dried blood spot (DBS) samples were collected from participants. The sensitivities of the test on DBS samples for antibodies to hepatitis C is almost 100%. However, the sensitivity of the oral fluid sample test for antibodies to hepatitis C is about 92%. Results presented are adjusted to allow for the poorer sensitivity of the test on the oral fluid samples.

§ Among individuals participating in a voluntary anonymous survey of people who inject drugs attending needle and syringe programmes. The data reported in the 2015 column is from the 2015-16 survey. Data source: Needle Exchange Surveillance Initiative. Country and NHS Board area data is available on request from Health Protection Scotland (NSS.HPSBBVSTI@nhs.net) or Prof Avril Taylor, University of West of Scotland (avril.taylor@uws.ac.uk).

** Data presented for Wales are from a different data set to that used previously. They are taken from IBID laboratory report system. Reports were deduplicated by date of birth and sex within 5 rolling years, provided neither date of birth or sex were missing. Where duplicates were identified, the earliest report was kept.

Table 1: Continued**Part B: Hepatitis B**

Area	Sub-Category		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Geographic breakdowns (Country/regional/local) available	Further information
Reported laboratory diagnoses of hepatitis B infection*															
England†† (acute cases only)	Total number of reports: All exposures and exposure not known.	n	-	-	-	620	597	512	589	554	414	488	457	Statistical regions	click here for further information
	<i>Proportion of the reports with exposure data, in which injecting drug use was indicated#</i>	%	-	-	-	10	13	2.5	4.4	1.5	4.4	4.9	4		
Scotland** (chronic & acute cases)	Total number of reports: All exposures and exposure not known.	n	351	383	435	506	524	495	466	456	485	494	459	NHS Board area	-
Northern Ireland*** (chronic & acute cases)	Total number of reports: All exposures	n	88	78	116	106	90	106	107	111	114	127	91	-	-
Proportion hepatitis B antibody positive (hepatitis B core antigen)‡															
England, Wales & Northern Ireland†	<i>People who have ever injected drugs</i>	%	26	28	20	18	17	16	16	17	16	14	13	Country & statistical regions (England)	click here for further information
	<i>People who first injected drugs during the preceding 3 years</i>	%	9.4	14	6.3	3.1	7.1	7.4	5.9	7.1	5.9	2.1	3.5	Country & statistical regions (England)	click here for further information

Data on exposure is often incomplete or missing.

* Numbers may be subject to revision due to reporting delay.

** Scottish data cannot reliably distinguish between acute and chronic hepatitis B infection; the total includes both. Country and NHS Board area information is available on request from Health Protection Scotland (NSS.HPSBBVSTI@nhs.net).

*** Northern Ireland data prior to 2003 could not distinguish between acute and chronic hepatitis B infection. Historical data has been revised (and so may be different from some previous reports): in 2003 there were 11 acute cases, 20 in 2004, 19 in 2005, 15 in 2006, 26 in 2007, 19 in 2008, 28 in 2009, 23 in 2010, 17 in 2011, 18 in 2012, 8 in 2013 and 17 in 2014.

† Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services.

†† Publication of hepatitis B surveillance was stopped between 2004 and 2007 due to problems with the routine laboratory surveillance system. Cases of acute hepatitis B have, since 2008, been reported nationally from local health protection units (HPUs) and combined with laboratory data.

‡ Denotes past or current infection with hepatitis B. Prior to 2009 this survey only collected oral fluid samples, however in 2009 and 2010 both oral fluid and dried blood spot (DBS) samples were collected from participants. The sensitivities of the test on DBS samples for antibodies to hepatitis B core antigen is almost 100%. However, the sensitivity of the oral fluid sample test for antibodies to the hepatitis B core antigen is about 75%. Results presented are adjusted to allow for the poorer sensitivity of the test on the oral fluid samples.

Table 1: Continued

Part C: HIV

Area	Sub-Category		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Geographic breakdowns (Country/regional/local) available	Further information
Reports of new diagnoses of HIV infection through injecting drug use*															
London	Total number of reports: Injecting drug use	n	70	94	79	61	46	45	35	42	33	44	42	Country & statistical regions (UK)	click here for further information
Scotland	Total number of reports: Injecting drug use	n	23	21	10	18	17	18	18	14	22	23	50		
Rest of UK	Total number of reports: Injecting drug use	n	96	88	94	103	97	95	81	60	77	79	90		
UK	Proportion of diagnoses that were late (CD4 <350 at diagnosis): Injecting drug use ^{§§}	%	54	50	58	47	47	48	54	62	51	60	45		
UK	Total number of reports: Men who have sex with men also reporting injecting drug use	n	21	14	16	12	13	12	7	10	15	29	21		
Prevalence among those having voluntary confidential HIV tests															
Scotland	All people who have ever injected drugs that were tested	%	0.9	0.7	0.3	0.5	0.4	0.4	-	-	-	-	-	-	-
Proportion HIV antibody positive															
England, Wales & Northern Ireland [†]	People who have ever injected drugs	%	1.6	1.3	1.1	1.6	1.5	1.1	1.2	1.3	1.1	1.0	1.0	Country & statistical regions (England)	click here for further information
	People who first injected drugs during the preceding 3 years	%	1.3	0.8	1.0	1.3	0.7	0.5	0.4	1.0	1.0	0.4	2.6	Country & statistical regions (England)	click here for further information
Scotland [§]	People who have ever injected drugs	%	-	-	-	-	-	-	0.3	0.8	1.9			NHS Board area	click here for further information
	People who first injected drugs during the preceding 3 years	%	-	-	-	-	-	-	0.0	0.0	2.5				
HIV diagnosed persons who reported injecting drug use accessing HIV related care															
UK	Total number of HIV diagnosed persons who reported injecting drug use accessing HIV related care	n	1,377	1,411	1,453	1,518	1,587	1,612	1,709	1,693	1,744	1,795	1,909	Country & statistical regions (UK)	click here for further information
	Number of HIV diagnosed persons who reported injecting drug use accessing care with CD4 counts less than 350	n	598	581	566	562	499	499	547	480	460	448	500	Country & statistical regions (UK)	click here for further information
	Proportion of HIV diagnosed persons who reported injecting drug use with CD4 counts less than 350 on anti-retroviral treatment ^{††}	%	79	76	80	86	84	87	89	89	90	88	94	Country & statistical regions (UK)	click here for further information

* Numbers may be subject to revision due to reporting delay.

[†] Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services.

^{††} A CD4 count of 350 or less was the recommended level at which to start anti-retroviral therapy up to 2014.

[§] Among individuals participating in a voluntary anonymous survey of people who inject drugs attending needle and syringe programmes. The data reported in the 2015 column is from the 2015-16 survey. Data source: Needle Exchange Surveillance Initiative. Country and NHS Board area data is available on request from Health Protection Scotland (NSS.HPSBBVSTI@nhs.net) or Prof Avril Taylor, University of West of Scotland (avril.taylor@uws.ac.uk).

^{§§} Proportion of adults (aged 15 years and above) with probable exposure category of injecting drug use diagnosed with a CD4 cell count <350 within 91 days of diagnosis in the UK.

Table 2: Summary of indicators of bacterial infections among people who inject drugs in the United Kingdom

Area	Sub-Category		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Geographic breakdowns (Country/regional/local) available	Further information
Reported cases of wound botulism															
UK	<i>Exposure: injecting drug use</i>	n	28	21	3	4	20	3	0	2	2	3	47	-	click here for further information
Reported cases of tetanus															
UK	<i>Exposure: injecting drug use</i>	n	5	0	2	0	1	1	0	0	2	0	0	-	click here for further information
Reported cases of anthrax[‡]															
UK	<i>Exposure: injecting drug use</i>	n	0	0	0	0	13	39	0	6	2	0	0	-	click here for further information
Group A streptococci (GAS) infections: GAS isolate referrals to PHE's Respiratory and Vaccine Preventable Bacteria Reference Unit*															
UK	<i>Isolates with risk factor injecting drug use</i>	n	46	47	31	27	14	16	6	6	4	11	20	-	-
	<i>Proportion of all sterile site isolates</i>	%	4.5	3.9	3.4	2.2	0.9	1.1	0.5	0.5	0.2	0.7	1.2		
Meticillin-resistant S. aureus (MRSA) infections* data from mandatory enhanced surveillance of MRSA bacteraemias															
England	<i>Isolates with risk factor injecting drug use</i>	n	-	31	70	47	27	19	7	11	15	10	25	-	-
	<i>Proportion of all isolates, with exposure data, indicating injecting drug use[#]</i>	%	-	2.9	3.4	3.0	3.0	2.9	1.6	3.1	4.8	4.7	9.6		
Meticillin-sensitive S. aureus (MSSA) infections* data from mandatory enhanced surveillance of MSSA bacteraemias															
England	<i>Isolates with risk factor injecting drug use</i>	n	-	-	-	-	-	-	190	234	217	255	303	-	-
	<i>Proportion of all isolates, with exposure data, indicating injecting drug use[#]</i>	%	-	-	-	-	-	-	6.9	8.6	8.0	9.2	10.6		
Self reports of symptoms (an abscess, sore, or open wound) of a possible injection site bacterial infection in last year															
England, Wales & Northern Ireland [†]	<i>People who had injected drugs during the preceding 12 months</i>	%	-	35	38	34	35	35	28	29	28	31	33	Country & statistical regions (England)	click here for further information
Scotland ^{††}	<i>People who had injected drugs during the preceding 12 months</i>	%	-	-	-	-	-	-	-	-	28	20	NHS Board area	click here for further information	

* Data on exposure is often incomplete or missing.

[#] Data on exposure is often incomplete or missing. Enhanced surveillance data on injecting drug use risk-factors are missing in 66% of reported MRSA isolates between 2006-2015 and 71% of reported MSSA isolates between 2011-2015.

[†] Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services.

* Data on MSSA and MRSA among PWIDs is also available from PHE Staphylococcus Reference Service (SRS). During 2015, SRS received 36 isolates from PWID (19 bacteraemia [4 with endocarditis and 1 with pneumonia], 13 skin and soft tissue infections, and 4 musculoskeletal infections. The age range was 21 to 56years (median 34 years); 23 were male. Two linked cases were identified; the remainder were sporadic cases. The isolates included 30 MSSA, one of which was positive for the Panton-Valentine Leukocidin (PVL) toxin and six MRSA, one of which was a PVL-positive community-associated strain of MRSA.

[‡] There were also a further 35 probable and 37 possible cases in Scotland during the 2009-10 outbreak.

^{††} Among individuals participating in a voluntary anonymous survey of people who inject drugs attending needle and syringe programmes. The data reported in the 2015 column is from the 2015-16 survey. Data source: Needle Exchange Surveillance Initiative. Country and NHS Board area data is available on request from Health Protection Scotland (NSS.HPSBBVSTI@nhs.net) or Prof Avril Taylor, University of West of Scotland (avril.taylor@uws.ac.uk).

Table 3: Summary of indicators of risk and protective behaviours related to infections among people who inject drugs in the United Kingdom

Part A: Risk Behaviours

Area	Sub-Category		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Geographic breakdowns (Country/regional/local) available	Further information
Passing on or receiving used needles or syringes in the last month: self reported															
England, Wales & Northern Ireland†	<i>People who are currently injecting drugs</i>	%	28	23	23	19	19	21	17	14	16	17	16	Country & statistical regions (England)	click here for further information
	<i>People who are currently injecting drugs aged under 25 years</i>	%	38	29	26	22	27	30	24	23	31	20	25	Country & statistical regions (England)	click here for further information
	<i>People who are currently injecting drugs and who first injected during the preceding 3 years</i>	%	28	21	25	17	17	21	19	19	21	20	21	Country & statistical regions (England)	click here for further information
Sharing of needles and syringes in past month: agency reports															
Scotland†	<i>People who are currently injecting drugs</i>	%	27	-	-	-	-	-	-	-	-	-	-	-	-
			-	22	20	20	18	17	17	16**	14**	15	-	NHS Board area	-
Sharing of any injecting equipment in past month: self reported															
England, Wales & Northern Ireland†	<i>People who are currently injecting drugs</i>	%	50	46	45	40	36	39	35	34	39	38	38	Country & statistical regions (England)	click here for further information

† Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services.

† Scottish drug misuse database: data are for financial years, for example, 2002 data relates to 2002/03 financial year. The data collection process for the Scottish Drug Misuse Database (SDMD) was revised in April 2006 and is not directly comparable. Country and NHS Board area data is available on request from ISD Scotland (nss.isdstsubstancemisuse@nhs.net).

** Data for 2012/13 and 2013/14 are provisional, as they exclude individuals resident in NHS Greater Glasgow & Clyde & NHS Tayside due to data quality and completeness issues.

Table 3: Continued

Part B: Markers of health care utilisation

Area	Sub-Category		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Geographic breakdowns (Country/regional/local) available	Further information
Ever used a needle and syringe programme: self reported															
England, Wales & Northern Ireland†	People who have ever injected drugs	%	90	91	92	91	92	91	92	91	91	89	90	Country & statistical regions (England)	click here for further information
Ever had a voluntary confidential test for hepatitis C: self reported															
England, Wales & Northern Ireland†	People who have ever injected drugs	%	71	75	74	77	81	82	83	83	82	83	86	Country & statistical regions (England)	click here for further information
Scotland§	People who have ever injected drugs	%	-	-	-	74	77	83	88	92	NHS Board area			click here for further information	
Offered and accepted hepatitis C testing															
England‡	People who have ever injected drugs attending specialist drug services ††	%	-	-	-	-	-	53	58	62	63	63	64	-	click here for further information
Proportion of those unaware that they have hepatitis C infection: self reported															
England, Wales & Northern Ireland†	People who have ever injected drugs who have antibodies to hepatitis C	%	48	45	48	50	49	45	49	46	53	48	48	Country & statistical regions (England)	click here for further information
Scotland§*	People who have ever injected drugs who have antibodies to hepatitis C	%	-	-	-	54	44	43	40	37	NHS Board area			-	
Hepatitis B vaccine uptake (receiving at least one dose of hepatitis B vaccine): self reported															
England, Wales & Northern Ireland†	First injected during the preceding 3 years	%	46	61	54	62	68	64	67	65	62	62	65	Country & statistical regions (England)	click here for further information
	People who have ever injected drugs	%	59	65	66	72	73	74	76	75	72	72	75		
Scotland§	People with less than 3 years since onset of injecting drug use	%	-	-	-	51	52	51	55	65	NHS Board area			click here for further information	
	People who have ever injected drugs	%	-	-	-	69	68	73	75	77					
Offered and accepted of hepatitis B vaccine (those at risk only)															
England‡	People who have ever injected drugs attending specialist drug services ††	%	-	-	-	-	-	60	60	58	57	54	52	-	click here for further information
Ever had a voluntary confidential test for HIV: self reported															
England, Wales & Northern Ireland†	People who have ever injected drugs	%	66	69	68	72	75	75	77	79	76	77	79	Country & statistical regions (England)	click here for further information
Scotland§	People who have ever injected drugs	%	-	-	-	68	70	77	79	84	NHS Board area			click here for further information	
Proportion of those unaware that they have HIV infection: self reported															
England, Wales & Northern Ireland†	People who have ever injected drugs who are anti-HIV positive	%	53	36	36	36	37	11	12	5	4	15	16	Country & statistical regions (England)	click here for further information

† Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services.

§ Among individuals participating in a voluntary anonymous survey of people who inject drugs attending needle and syringe programmes. The data reported in the 2015 column is from the 2015-16 survey. Data source: Needle Exchange Surveillance Initiative. Country and NHS Board area data is available on request from Health Protection Scotland (NSS.HPSBBVSTI@nhs.net) or Prof Avril Taylor, University of West of Scotland (avril.taylor@uws.ac.uk).

* Figures for 2008/09 are not directly comparable to those from 2010, 2011/12 and 2013, as the response categories differ between the surveys.

‡ Data from the National Drug Treatment Monitoring System (NTDMS). The method used in reporting the indicators used in Shooting Up have been updated for 2014/15 to reflect changes made in the way PHE now reports the underpinning data to local areas, to reflect the fact that some people are receiving treatment for drugs and alcohol across a continuous pathway of care. National statistics for substance misuse treatment have been revised back to 2009-10 and data are not directly comparable to figures published in previous years. These indicators are backdated in accordance with national statistics and are therefore also not comparable to figures previously reported in Shooting Up. Further details on the methodological change for national statistics can be found in section 2 of the latest adult substance misuse statistics from NDTMS. It should be noted that the changes lead to greater numbers of people being counted as in drug treatment, due to users who report alcohol as their primary substance with adjunctive drugs now being counted towards numbers in drug treatment.

†† Excludes those "assessed as not appropriate to offer". Includes those with "no recorded status".

†† Excludes those previously vaccinated, with acquired immunity or assessed as inappropriate to offer. Includes those with "missing" data.

Data Sources

Reports of HIV infection

Voluntary confidential reports of new HIV diagnoses are received from laboratories and clinicians in England, Wales, and Northern Ireland by Public Health England (PHE). Scottish and paediatric data are collected locally and incorporated with data from England, Wales and Northern Ireland on a half-yearly basis to create a UK dataset. Surveillance began in 1982 with AIDS case reporting and expanded to include laboratory reporting of HIV diagnoses in 1985. In England, Wales and Northern Ireland, clinician HIV reports were introduced in 2000 to supplement laboratory reporting, and the AIDS information are now collected on the clinician HIV report.

HIV-infected individuals accessing HIV-related care

Cross-sectional surveys are carried out to identify all individuals with diagnosed HIV infection who attend for HIV-related care at NHS sites in England, Wales and Northern Ireland within a calendar year. Scottish and paediatric data are collected locally and incorporated annually to create a UK dataset.

Laboratory reports of viral hepatitis and bacterial infection

Laboratory confirmed infections in England, Wales and Northern Ireland are statutorily notified and reported routinely to PHE and held on a central system known as LabBase2, LabBase2 is, therefore, one of the most comprehensive sources of surveillance data, covering nearly all microbiologically-confirmed infections. Data on infections caused by hepatitis B and C were all extracted from this reporting system. These reports contain demographic and risk information, although the risk factor information is not always provided. For acute hepatitis B, laboratory surveillance data for England is combined with data collected from Health Protection Units. In December 2014, LabBase2 was replaced by new laboratory reporting system called the Second Generation Surveillance System (SGSS).

In Scotland, Health Protection Scotland (HPS) collates data on all confirmed hepatitis C antibody tests from the main hepatitis C testing laboratories in Glasgow, Edinburgh, Dundee and Aberdeen. As these laboratories confirm hepatitis C positives for the other laboratories in Scotland, this surveillance system covers the whole country. Laboratory reports of all HBsAg positive diagnosis are collated through the Electronic Communication of Surveillance in Scotland system (ECOSS).

In Northern Ireland the Public Health Agency collates data on all confirmed hepatitis C antibody tests from the Regional Virus Laboratory in Belfast.

Notifications of infectious diseases

Clinicians throughout the UK are required by law to report a number of defined conditions to their local communicable disease specialist. Tetanus and hepatitis A, B and C are among these notifiable diseases (hepatitis C is not notifiable in Northern Ireland). Invasive group A streptococcal infections are also notifiable, but no information on patient risk factors is requested with the notification.

<https://www.gov.uk/government/collections/notifications-of-infectious-diseases-noids>

The Unlinked Anonymous Monitoring (UAM) Survey of People Who Inject Drugs (PWID)

The UAM Survey of PWID monitors HIV, hepatitis B and hepatitis C in PWID in contact with specialist services, such as needle and syringe programmes, or on treatment programmes, such as methadone maintenance. Those who agree to participate provide either an oral fluid sample or, since 2009, a dried blood spot sample, and complete a behavioural questionnaire. Detailed methods used for the survey have been published previously^{i,ii}. The survey has been on-going since 1990 in England and Wales and was extended to Northern Ireland in 2002. Further information about the UAM Survey and comprehensive tables of data are available at: <https://www.gov.uk/government/statistics/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring>

National Drug Treatment Monitoring System (NTDMS)

The National Drug Treatment Monitoring System (NTDMS) collects, collates and analyses information from and for those involved in the substance misuse treatment sector. All services that provide structured treatment for drug and/or alcohol users are asked to submit data to NTDMS. This information is analysed and reported back to services and local authorities via www.ndtms.net and official statistics are available at <http://www.nta.nhs.uk/statistics.aspx>

ⁱ Unlinked Anonymous HIV Surveys Steering Group. Prevalence of HIV in the United Kingdom, Data to end of 1998. London: Department of Health, Public Health Laboratory Service, Institute of Child Health (London), Scottish Centre for Infection and Environmental Health; 1999.

ⁱⁱ Noone A, Durante AJ, Brady AR, Majid F, Swan AV, Parry JV, et al. HIV infection in injecting drug users attending centres in England and Wales, 1990-1991. *AIDS* 1993; 7: 1501-7

Data Sources continued

Unlinked Anonymous Hepatitis C Testing (UAT) of stored samples from PWID in Scotland

HPS holds epidemiological information, including risk category (e.g. injecting drug use) and laboratory number, on all persons who have had a named HIV antibody test in Scotland since 1989. This allows the identification of residual blood from PWID held at participating laboratories, which had been stored following their HIV antibody tests. Prior to testing for hepatitis C antibodies, patient identifiers are irreversibly unlinked from their corresponding specimens, although selected non-identifying information (gender, age group, source laboratory/geographical area) is retained for epidemiological purposes. This study ceased in 2008.

Needle Exchange Surveillance Initiative (NESI)

The aim of NESI is to measure and monitor the prevalence of hepatitis C and injecting risk behaviours among PWID in Scotland. The initiative is funded by the Scottish Government. A cross-sectional voluntary anonymous survey approach is used to recruit and interview PWID. Trained interviewers recruit participants from selected needle exchange services and pharmacies that provide injecting equipment. Clients attending these services are invited to take part if they have ever injected drugs. After providing informed consent, participants complete a short interviewer-administered questionnaire and provide a voluntary dried blood spot sample for anonymous hepatitis C testingⁱⁱⁱ.

Enhanced surveillance of tetanus

Enhanced surveillance of tetanus is carried out by PHE Immunisation, Hepatitis and Blood Safety Department: <https://www.gov.uk/government/collections/tetanus-guidance-data-and-analysis>

Surveillance of wound botulism

Surveillance of wound botulism among PWID is carried out by PHE HIV & STI Department, with the Foodborne Pathogens Reference Unit. Reports are followed up with a surveillance questionnaire. <https://www.gov.uk/government/collections/botulism-diagnosis-data-and-analysis>

Outbreaks of anthrax among drug users

Information on anthrax among drug users was derived from the outbreak investigations undertaken by HPS and PHE. www.hps.scot.nhs.uk/bbvsti/anthrax.aspx
<https://www.gov.uk/government/collections/anthrax-guidance-data-and-analysis>

Mandatory enhanced surveillance of meticillin-resistant *Staphylococcus aureus* (MRSA) and meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia

English NHS acute trusts have been required to report diagnoses of MRSA bacteraemia to the enhanced surveillance system since October 2005. Prior to this, aggregate data were collected (from April 2001). In addition to mandatory information regarding the patient and specimen, the enhanced surveillance system also collects further information concerning the consultant specialty, risk factors (including injecting drug use) and care details at the time the blood sample was taken. Enhanced surveillance of MSSA bacteraemia was added in January 2011.

Reference laboratory submissions

Data on MRSA and MSSA infections in PWID is also available through referral of isolates to the Staphylococcus Reference Unit (part of PHE) for reference microbiology.

Isolate referrals to the Respiratory and Vaccine Preventable Bacteria Reference Unit (part of the PHE), are one of the primary sources of data Group A Streptococcal (GAS) infections.

Data on clostridial infections are also available from reference microbiology work. The Foodborne Pathogens Reference Unit carries out reference microbiology work for botulism; the Respiratory and Vaccine Preventable Bacteria Reference Unit covers tetanus and the Anaerobe Reference Laboratory, Public Health Wales Microbiology Cardiff undertakes this work for the other clostridia.

ⁱⁱⁱ University of the West of Scotland, Health Protection Scotland, University of Strathclyde and the Specialist Virology Centre. The Needle Exchange Surveillance Initiative (NESI): Prevalence of HCV and injecting risk behaviours among people who inject drugs attending injecting equipment provision services in Scotland, 2008/2009 & 2010. University of the West of Scotland.