



Public Health
England

Accompanying Data Tables

Shooting Up: Infections among people who inject drugs in the UK 2012. An update: November 2013

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:
www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListNameDesc/Page/1317132329575

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 2012*, which is available at:

www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListNameDesc/Page/1317132329575

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 at the end of these data tables.

Suggested citation

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

Part A: Hepatitis C

Indicator	Area	Sub-Category		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Reported laboratory diagnoses of hepatitis C infection*	England	Total number of reports: All exposures and exposure not known.	n	4,808	5,571	6,243	6,295	6,961	7,808	8,407	8,662	7,882	9,917	10,873
		<i>Proportion of the reports with exposure data, in which injecting drug use was indicated[#]</i>	%	96	95	96	96	95	98	99	97	93	97	96
	Wales	Total number of reports: All exposures and exposure not known.	n	284	262	186	278	316	322	473	336	312	474	480
		<i>Proportion of the reports with exposure data, in which injecting drug use was indicated[#]</i>	%	98	100	100	100	100	100	100	100	100	-	-
	Scotland	Total number of reports: All exposures and exposure not known.	n	1,770	1,642	1,656	1,609	1,532	1,550	1,617	2,025	2,114	2,343	1,991
		<i>Proportion of the reports with exposure data, in which injecting drug use was indicated[#]</i>	%	93	92	92	90	86	90	87	91	93	95	91
	Northern Ireland	Total number of reports: All exposures and exposure not known.	n	75	86	100	134	135	114	132	112	106	113	133
		<i>Proportion of the reports with exposure data, in which injecting drug use was indicated[#]</i>	%	89	86	100	93	100	100	88	-	-	-	-
Proportion hepatitis C antibody positive [‡]	England, Wales & Northern Ireland [†]	<i>People who have ever injected drugs</i>	%	42	46	45	45	44	43	43	47	47	43	47
		<i>People who first injected drugs during the preceding 3 years</i>	%	16	21	21	18	23	23	24	24	23	20	24
Prevalence among those having voluntary confidential HIV tests ^{††}	Glasgow	<i>People who have ever injected drugs: All ages</i>	%	64		-	-	67	72	63	-	-	-	-
		<i>People who have ever injected drugs: Age under 25 years</i>	%	42		-	-	51	36	35	-	-	-	-
Proportion hepatitis C antibody positive [§]	Scotland	<i>People who have ever injected drugs</i>	%	-	-	-	-	-	-	54		56	53	
		<i>People with less than 3 years since onset of injecting drug use</i>	%	-	-	-	-	-	-	23		24	20	

[#] Data on exposure is often incomplete or missing.

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

[†] Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

^{††} Unlinked anonymous HCV testing of residual sera from PWID having a voluntary confidential HIV test.

[‡] Denotes past or current infection with hepatitis B/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 tests on DBS samples for antibodies to hepatitis C and hepatitis B core antigen are almost 100%. However, the sensitivity of the oral fluid sample test for antibodies to hepatitis C is about 92% and that for antibodies to the hepatitis B core antigen is about 75%. Results presented are adjusted to allow for the poorer sensitivity of the tests on the oral fluid samples.

[§] Among individuals participating in a voluntary anonymous survey of people who inject drugs attending needle and syringe programmes. Data source: Needle Exchange Surveillance Initiative

Table 1: Continued

Part B: Hepatitis B

Indicator	Area	Sub-Category		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Reported laboratory diagnoses of hepatitis B infection*	England ^{††}	Total number of reports: All exposures and exposure not known.	n	829	676	-	-	-	-	-	-	-	-	-	
		<i>Proportion of the reports with exposure data, in which injecting drug use was indicated[#]</i>	%	37	38	-	-	-	-	-	-	-	-	-	-
		Total number of reports: All exposures and exposure not known.	n	-	-	-	-	-	-	-	620	597	512	589	554
		<i>Proportion of the reports with exposure data, in which injecting drug use was indicated[#]</i>	%	-	-	-	-	-	-	-	10	13	2.5	4.4	1.5
	Wales ^{††}	Total number of reports: All exposures and exposure not known.	n	55	25	-	-	-	-	-	-	-	-	-	-
		<i>Proportion of the reports with exposure data, in which injecting drug use was indicated[#]</i>	%	69	27	-	-	-	-	-	-	-	-	-	-
	Scotland ^{**}	Total number of reports: All exposures and exposure not known.	n	354	342	341	372	375	475	615	775	835	846	886	
		<i>Proportion of all reports, in which injecting drug use was indicated[#]</i>	%	11	6.4	6.5	5.9	3.5	1.7	0.3	0.9	0.8	0.6	0.9	
Northern Ireland ^{***}	Total number of reports: All exposures	n	51	59	83	88	78	116	106	90	106	107	111		
Proportion hepatitis B antibody positive [†]	England, Wales & Northern Ireland [†]	<i>People who have ever injected drugs</i>	%	29	30	28	26	28	20	18	17	16	16	17	
		<i>People who first injected drugs during the preceding 3 years</i>	%	9.1	12	8.9	9.4	14	6.3	3.1	7.1	7.4	5.9	7.1	

[#] 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. While notifications are linked and deduplicated within a given reporting year, it is not possible to identify repeat test results across years from chronic cases undergoing routine monitoring.

*** Northern Ireland data prior to 2003 could not distinguish between acute and chronic hepatitis B infection. Historical data has been revised: 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 and 18 in 2012.

[†] Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

^{††} 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 are now reported nationally from local health protection units (HPUs) and combined with laboratory data.

[†] Denotes past or current infection with hepatitis B/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 tests on DBS samples for antibodies to hepatitis C and hepatitis B core antigen are almost 100%. However, the sensitivity of the oral fluid sample test for antibodies to hepatitis C is about 92% and that for antibodies to the hepatitis B core antigen is about 75%. Results presented are adjusted to allow for the poorer sensitivity of the tests on the oral fluid samples.

Table 1: Continued

Part C: HIV

Indicator	Area	Sub-Category		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Reports of new diagnoses of HIV infection through injecting drug use*	London	Total number of reports: Injecting drug use	n	68	70	68	69	95	76	58	48	43	36	39
	Scotland	Total number of reports: Injecting drug use	n	12	13	12	21	16	7	15	15	16	16	14
	Rest of UK	Total number of reports: Injecting drug use	n	54	84	75	96	85	94	103	91	89	80	58
	UK	Total number of reports: Men who have sex with men also reporting injecting drug use	n	29	21	16	22	14	18	13	14	12	6	8
Prevalence among those having voluntary confidential HIV tests	Scotland	<i>All people who have ever injected drugs that were tested</i>	%	0.5	0.6	0.5	0.9	0.7	0.3	0.5	0.4	0.4	-	-
Proportion HIV antibody positive	England, Wales & Northern Ireland†	<i>People who have ever injected drugs</i>	%	0.9	1.2	1.4	1.6	1.3	1.1	1.6	1.5	1.1	1.2	1.3
		<i>People who first injected drugs during the preceding 3 years</i>	%	0.2	0.8	0.6	1.3	0.8	1.0	1.3	0.7	0.5	0.4	1.0
HIV diagnosed persons who reported injecting drug use accessing HIV related care	UK	<i>Total number of HIV diagnosed persons who reported injecting drug use accessing HIV related care</i>	n	1,171	1,220	1,270	1,343	1,379	1,436	1,500	1,556	1,568	1,634	1,617
		<i>Number of HIV diagnosed persons who reported injecting drug use accessing care with CD4 counts less than 350</i>	n	514	528	560	574	552	542	574	510	499	530	458
		<i>Proportion HIV diagnosed persons who reported injecting drug use with CD4 counts less than 350 on anti-retroviral treatment^{‡‡}</i>	%	76	78	77	81	77	76	85	82	86	87	88

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

† Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

‡‡ The proportion of PWID with CD4 counts less than 350 who are on antiretroviral treatment

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

Indicator	Area	Sub-Category		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Spore forming bacterial infections														
Reported cases of wound botulism	UK	<i>Exposure injecting drug use</i>	n	19	15	41	28	21	3	4	20	3	0	2
Reported cases of tetanus	UK	<i>Exposure injecting drug use</i>	n	0	11	15	5	0	2	0	1	1	0	0
Reported cases of anthrax [‡]	UK	<i>Exposure injecting drug use</i>	n	0	0	0	0	0	0	0	13	39	0	6
Group A streptococci (GAS) infections														
GAS isolate referrals to PHE's Streptococcus and Diphtheria Reference Unit	UK	<i>Isolates with risk factor injecting drug use</i>	n	136	286	122	46	47	31	27	14	16	6	6
		<i>Proportion of all sterile site isolates</i>	%	15	22	11	4.5	3.9	3.4	2.2	0.9	1.1	0.5	0.5
Meticillin-resistant S. aureus (MRSA) infections*														
Mandatory enhanced surveillance of MRSA bacteraemias	England	<i>Isolates with risk factor injecting drug use</i>	n	-	-	-	-	31	70	47	27	19	7	11
		<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
Meticillin-sensitive S. aureus (MSSA) infections*														
Mandatory enhanced surveillance of MSSA bacteraemias	England	<i>Isolates with risk factor injecting drug use</i>	n	-	-	-	-	-	-	-	-	-	190	234
		<i>Proportion of all isolates, with exposure data, indicating injecting drug use[#]</i>	%	-	-	-	-	-	-	-	-	-	-	6.9
Symptoms of a possible injection site bacterial infection														
Having had an abscess, sore, or open wound at an injection site in last year: self reported	England, Wales & Northern Ireland [†]	<i>People who had last injected drugs during the preceding 12 months</i>	%	-	-	-	-	35	38	34	35	35	28	29

[#] Data on exposure is often incomplete or missing.

[†] Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

* Data on MSSA and MRSA among PWIDs is also available from PHE Staphylococcus Reference Unit (SRU). During 2012, SRU received 32 isolates from PWID (21 bacteraemia, 8 skin and soft tissue infections, and 3 other infections). These isolates included 28 MSSA, three of which were positive for the Pantone-Valentine Leukocidin (PVL) toxin, and four MRSA. Two of the MRSA were community-associated and both of these were PVL positive.

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

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

Indicator	Area	Sub-Category		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
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>	%	34	29	28	28	23	23	19	19	21	17	14
		<i>People who are currently injecting drugs aged under 25 years</i>	%	44	37	36	38	29	26	22	27	30	24	23
		<i>People who are currently injecting drugs and who first injected during the preceding 3 years</i>	%	33	28	27	28	21	25	17	17	21	19	19
Sharing of needles and syringes in past month: agency reports	Scotland ^{††}	<i>People who are currently injecting drugs</i>	%	33	34	31	27	-	-	-	-	-	-	-
				-	-	-	-	22	20	20	18	17	17	-
Sharing of any injecting equipment in past month: self reported	England, Wales & Northern Ireland [†]	<i>People who are currently injecting drugs</i>	%	56	53	54	50	46	45	40	36	39	35	34

[†] Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

^{††} 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.

Table 3: Continued

Part B: Markers of health care utilisation

Indicator	Area	Sub-Category		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Ever used a needle and syringe programme: self reported	England, Wales & Northern Ireland [†]	People who have ever injected drugs	%	90	90	88	90	91	92	91	92	91	92	91
Ever had a voluntary confidential test for hepatitis C: self reported	England, Wales & Northern Ireland [†]	People who have ever injected drugs	%	58	63	67	71	75	74	77	81	82	83	83
	Scotland [§]	People who have ever injected drugs	%	-	-	-	-	-	-	74		77	83	
Offer and uptake of hepatitis C testing	England [‡]	People who have ever injected drugs newly presenting at specialist drug services ^{††}	%	-	-	-	-	0	3	36	47	56	56	57
Proportion of those unaware that they have hepatitis C infection: self reported	England, Wales & Northern Ireland [†]	People who have ever injected drugs who are anti-HCV positive	%	58	54	49	48	45	48	50	49	45	49	46
	Scotland ^{§*}	People who have ever injected drugs who are anti-HCV positive	%	-	-	-	-	-	-	54		44	43	
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	%	36	42	51	46	61	54	62	68	64	67	65
		People who have ever injected drugs	%	43	50	56	59	65	66	72	73	74	76	75
	Scotland [§]	People with less than 3 years since onset of injecting drug use	%	-	-	-	-	-	-	51		52	51	
		People who have ever injected drugs	%	-	-	-	-	-	-	69		68	73	
Offer and uptake of hepatitis B vaccine	England [‡]	People who have ever injected drugs newly presenting at specialist drug services ^{‡‡}	%	-	-	-	-	18	31	44	54	61	61	60
Ever had a voluntary confidential test for HIV: self reported	England, Wales & Northern Ireland [†]	People who have ever injected drugs	%	58	62	63	66	69	68	72	75	75	77	79
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	%	21	31	50	53	36	36	36	37	11	12	5

[†] Unlinked Anonymous Monitoring Survey of People Who Inject Drugs in contact with drug services: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

[§] Among individuals participating in a voluntary anonymous survey of people who inject drugs attending needle and syringe programmes. Data source: Needle Exchange Surveillance Initiative

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

[‡] Data from the National Drug Treatment Monitoring System (NTDMS).

^{††} 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 "missing".

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 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. 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.

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: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1202115519183

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.

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

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 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: www.hpa.org.uk/infections/topics_az/tetanus/menu.htm.

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. www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Botulism/GeneralInformation/botu020WoundbotulismcasesassociatedwithIDU/

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
www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Anthrax/AnthraxOutbreakInformation/

Mandatory enhanced surveillance of MRSA and MSSA bacteraemia

English NHS acute and foundation 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. Analysis of MRSA and MSSA bacteraemia data categorises episodes as “trust apportioned” and “non-trust apportioned” to provide some indication of whether or not the bacteraemia was probably acquired within that trust during that admission (trust apportioned) or not (non-trust apportioned). Non-trust apportioned bacteraemias may have been acquired during a previous healthcare interaction. Trust apportioned episodes include patients who are (i) inpatients, day-patients, emergency assessment patients; AND (ii) have had a specimen taken at an acute trust; AND (iii) specimen is three or more days after date of admission (admission date is considered day ‘1’). All other episodes are classified as non-trust apportioned.

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 Streptococcus and Diphtheria 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 Systemic Infection Laboratory covers tetanus and the Anaerobe Reference Laboratory, Public Health Wales Microbiology Cardiff undertakes this work for the other clostridia.

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.

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.