

Hepatitis C treatment integration with harm reduction services in Georgia

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Background

- The burden of HCV infection in Georgia is high, with HCV antibody (anti-HCV) prevalence of 7.7% and a chronic HCV prevalence of 5.4%
- People who inject drugs account for the largest proportion of patients with HCV.
- In 2015, the MoH, with technical assistance from the U.S CDC implemented a national HCV elimination program.

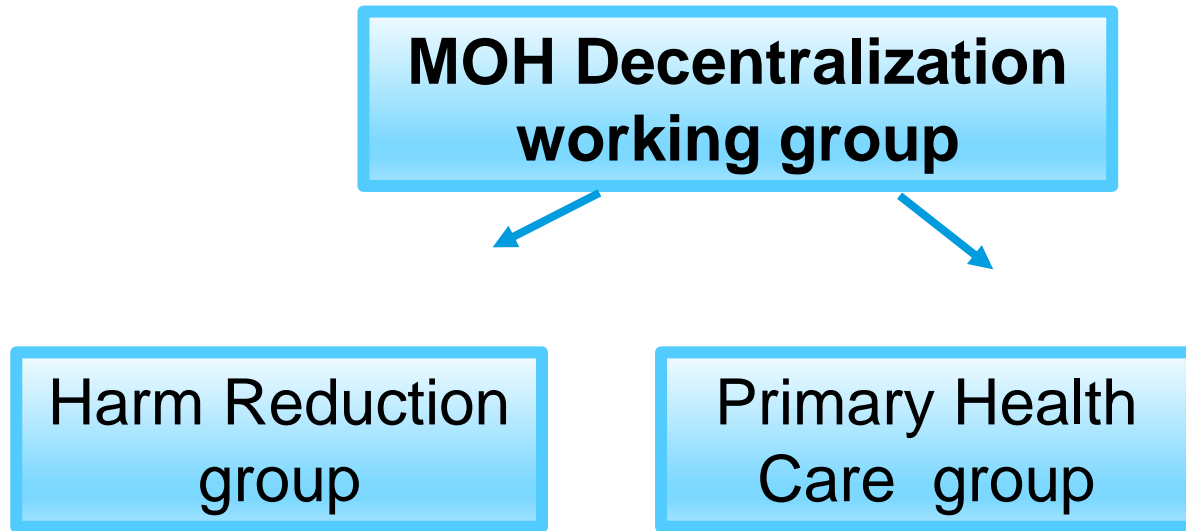
NSP program sites in Georgia



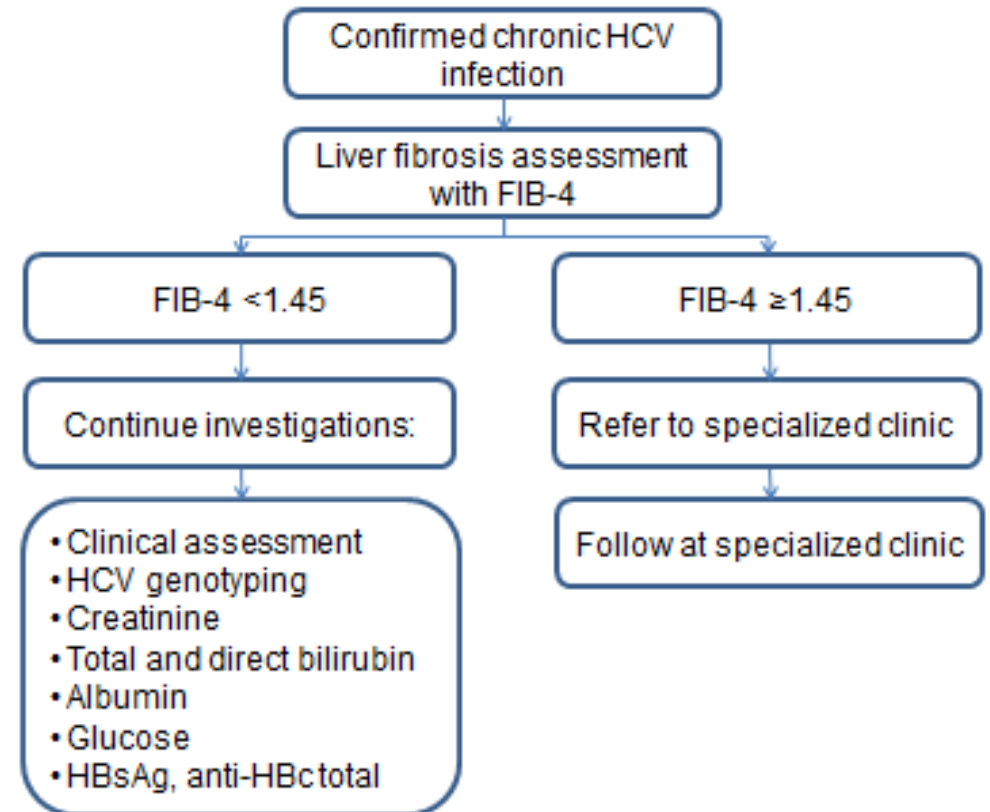
Hepatitis C treatment outcome among people with history of drug use

- Initial concerns among medical personnel and policy makers that PWID would have poor treatment compliance that would lead to poorer outcomes.
- Studies estimating SVR rates among PWID compared to those without a history of injection drug use.
- Treatment outcomes among PWID were similar to non-PWID, suggesting that treatment adherence may be sufficiently similar to achieve reasonably comparable clinical outcomes.

HCV treatment decentralization



Simplified diagnostic algorithm



Simplified treatment monitoring

Simplified treatment monitoring procedures				
Measurements	Treatment Duration (weeks)			After treatment completion (weeks)
	4	8	12	
				12 or 24
Clinical assessment	X	X	X	X
HCV RNA quantitative				X
Complete blood count	X*	X*	X*	
ALT	X	X	X	

* *only for patients receiving Ribavirin containing regimens*

Study of treatment barriers among PWID

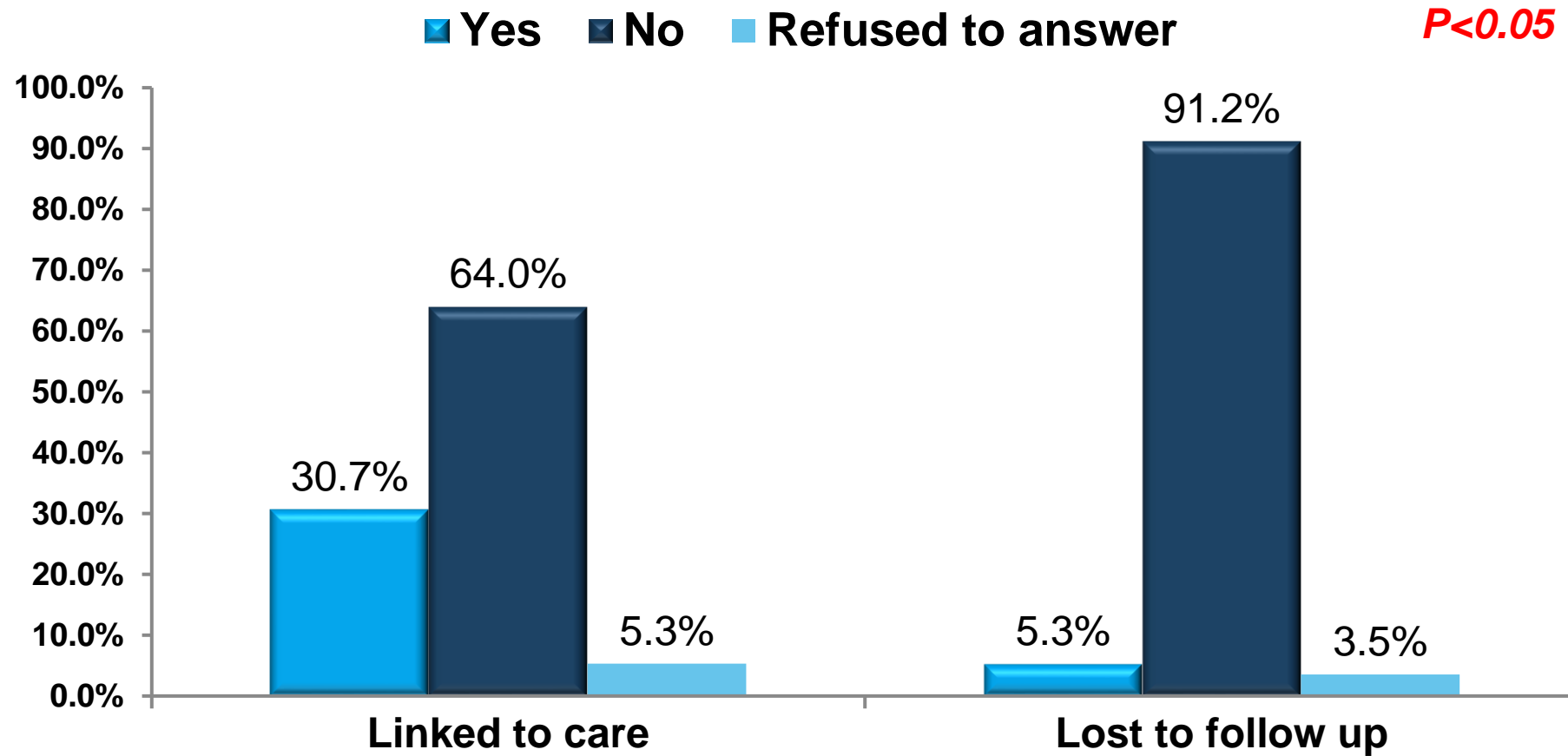
Linked to care

Having positive anti-HCV screening and RNA/Core antigen test in elimination database

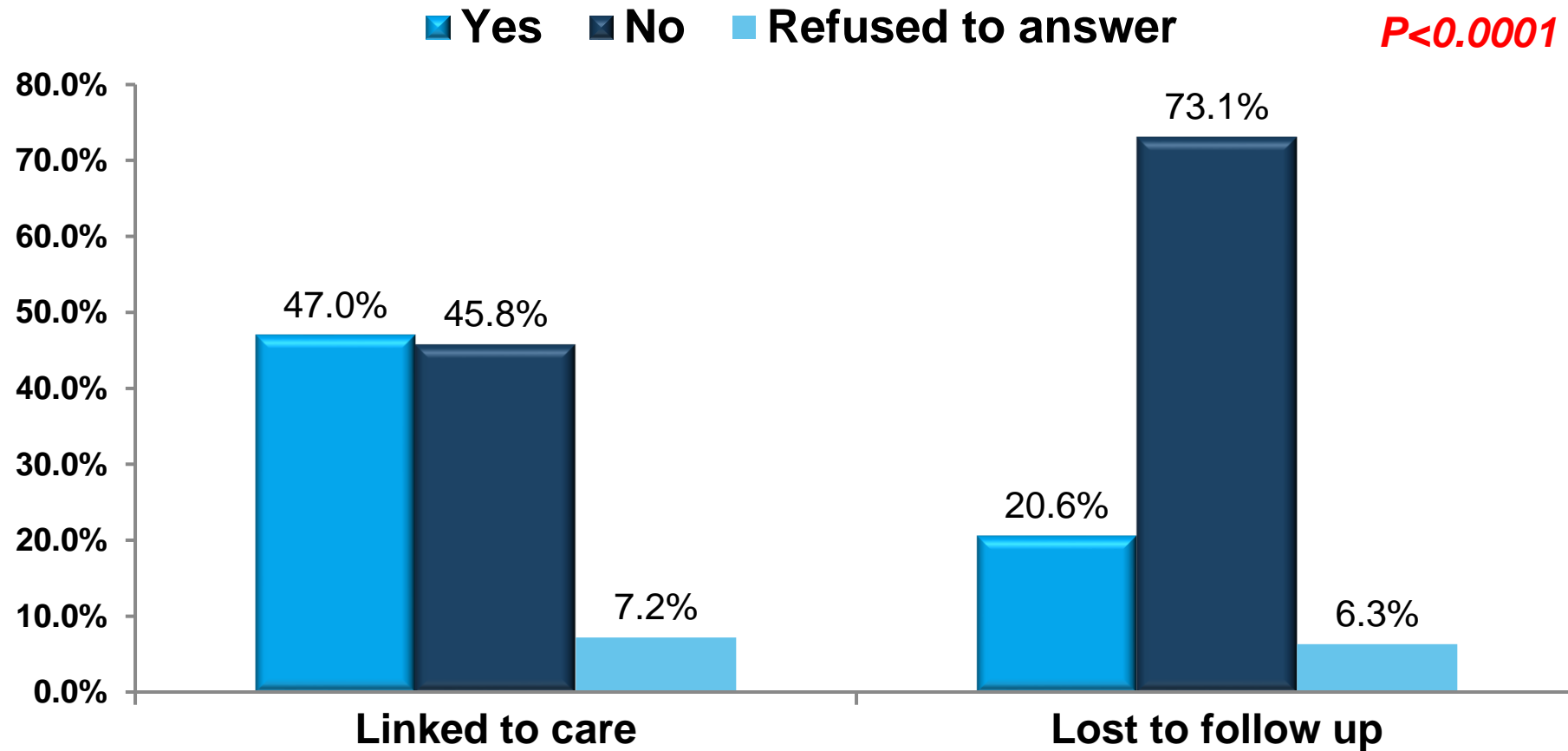
Lost to follow-up

Not having HCV RNA or Core antigen test in the elimination database at 90th day from being screened anti-HCV positive

Knowledge of additional test needed



Financial accessibility of HCV elimination program



Note: Currently all tests are covered by the government and are free for the patients

Patient satisfaction survey

- 358 patients participated in the survey - 48.6% receiving HCV treatment at the specialized clinics while 51.4% at HR site with integrated treatment.
- Similar proportions of surveyed patients at HR sites (88.0%) and clinics (84.5%) stated that they did not face any barriers to enrollment in the elimination program.
- Most patients from HR pilot sites and specialized clinics stated that they received comprehensive information about the treatment (98.4% vs 94.3%).

Patient satisfaction survey

- 95% of respondents at both sites were confident that confidentiality was completely protected during treatment.
- Higher proportion of patients at pilot sites thought that HCV treatment services provided at facility were good compared to those from the specialized clinics (85.3% vs 81.0%).
- Significant difference in the time to treatment (average time from viremia testing to administration of first dose of HCV medication): 42.9% of patients at pilot sites vs 4.6% at specialized clinics received the first dose within two weeks.
- Quality of services and perceived satisfaction of patients receiving treatment, suggests that integration of HCV treatment with HR services is feasible.

Challenges of treatment integration in HR services

- The treatment integration process took longer than previously expected and planned.
- The MOH regulatory agency requested multiple re-arrangements at HR sites to meet regulations for treatment integration.
- Because these sites were not operating as medical facilities before HCV treatment, starting treatment process was challenging
- Several steps of adjustments were needed to meet all requirements.
- Cases of personnel replacement and retraining needed
- Extension to other site is challenging - approval from MOH for next 4 HR centers is still pending