

4th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

**BARRIERS AND FACILITATORS TO
ENROLLMENT IN THE TREATMENT
PROGRAM AMONG GENERAL
POPULATION**

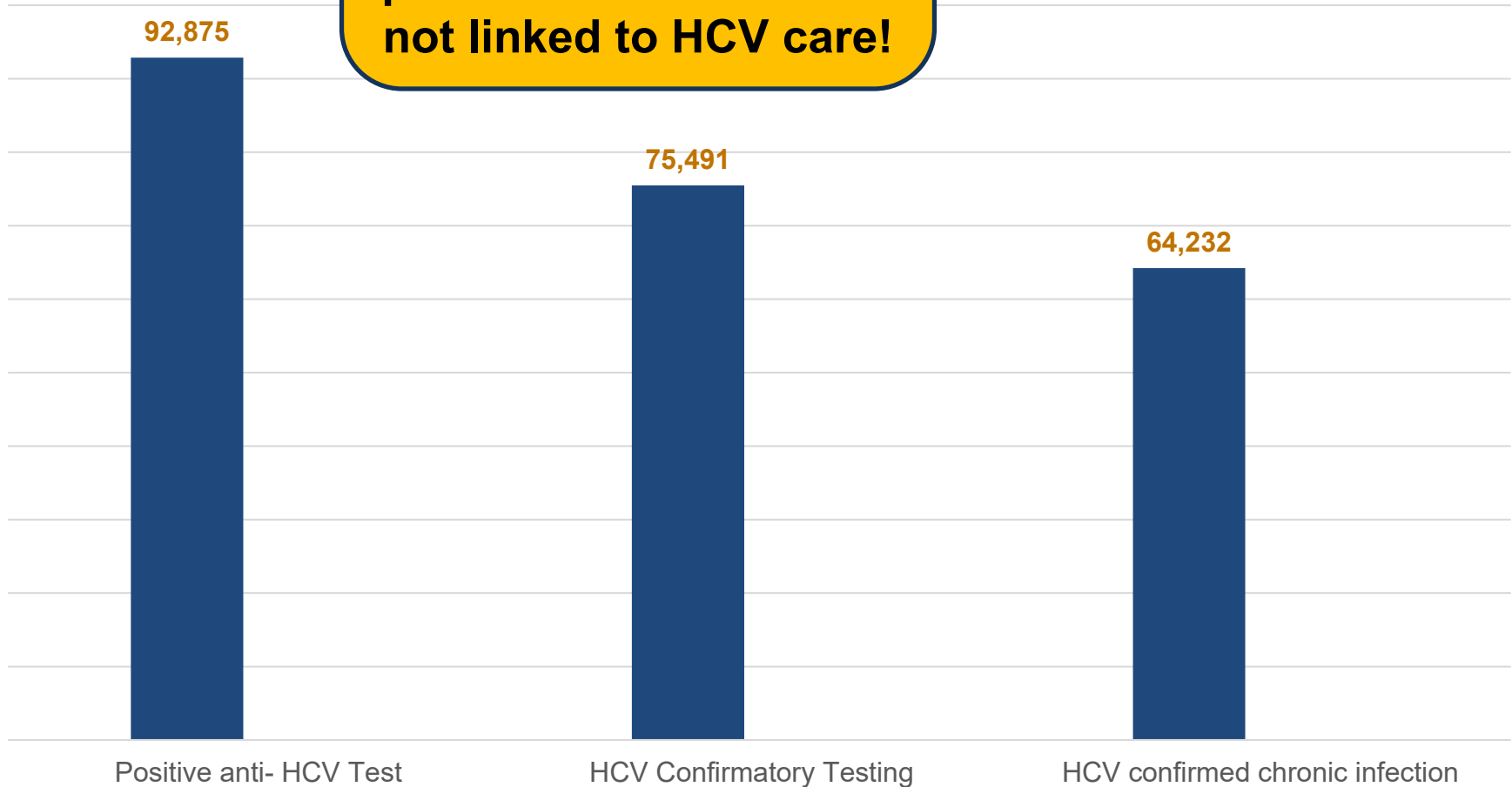
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BACKGROUND

- Screening is a major strategic direction for Georgian HCV Elimination Program to reach the elimination goal
- Screening activities have been significantly enhanced recently and number of persons screened is increasing
- Although many persons are being screened and identified as anti-HCV positive, a substantial proportion of those screening positive is not seeking for HCV care

BACKGROUND

~Up to 20,000 anti-HCV positive individuals are not linked to HCV care!



Project name: Increase the number of patients who register in the HCV treatment program through assessing the barriers to enrollment in the program



US Centers for Disease Control and Prevention



Liver Institute and Foundation for Education and Research



Clinic NeoLab



National Center for Disease Control and Public Health

OBJECTIVES

- The barriers and facilitators of linkage to HCV care will be identified
- Based on the study results recommendations will be elaborated for the HCV State Commission in order to facilitate the relevant programmatic changes and to enhance the enrollment in the HCV treatment program
- All lost-to-follow-up patients will be counselled and referred to complete workup and/or enter the treatment program

CASE DEFINITION

**A “lost to follow-up”
individual:**

Aug 1, 2017 – Jan 31, 2018

Anti-HCV+

As of Apr 30, 2018

No confirmatory testing

AND

Telephone number available

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METHODS

- Screening data - NCDC, hospitals, and blood banks
- Matched with treatment database
- Proportional sampling - NCDC, hospitals, and blood bank screening programs
- Consecutive sampling - required sample size for each screening program to be met

METHODS

- Data were collected by 10 epidemiologists (NCDC) telephone interview using standard questionnaire. Up to 5 call attempts were done to engage the potential respondent
- Prior to interview verbal consent was obtained over the telephone
- Failing to contact a patient was documented
- “Loss to follow up” individuals were counseled to receive HCV RNA/Core antigen test for confirmation and refer to the HCV treatment provider sites

Sample Distribution by Screening Programs

Lost to follow-up (n=1006)

NCDC Laboratories

491 (48.8%)

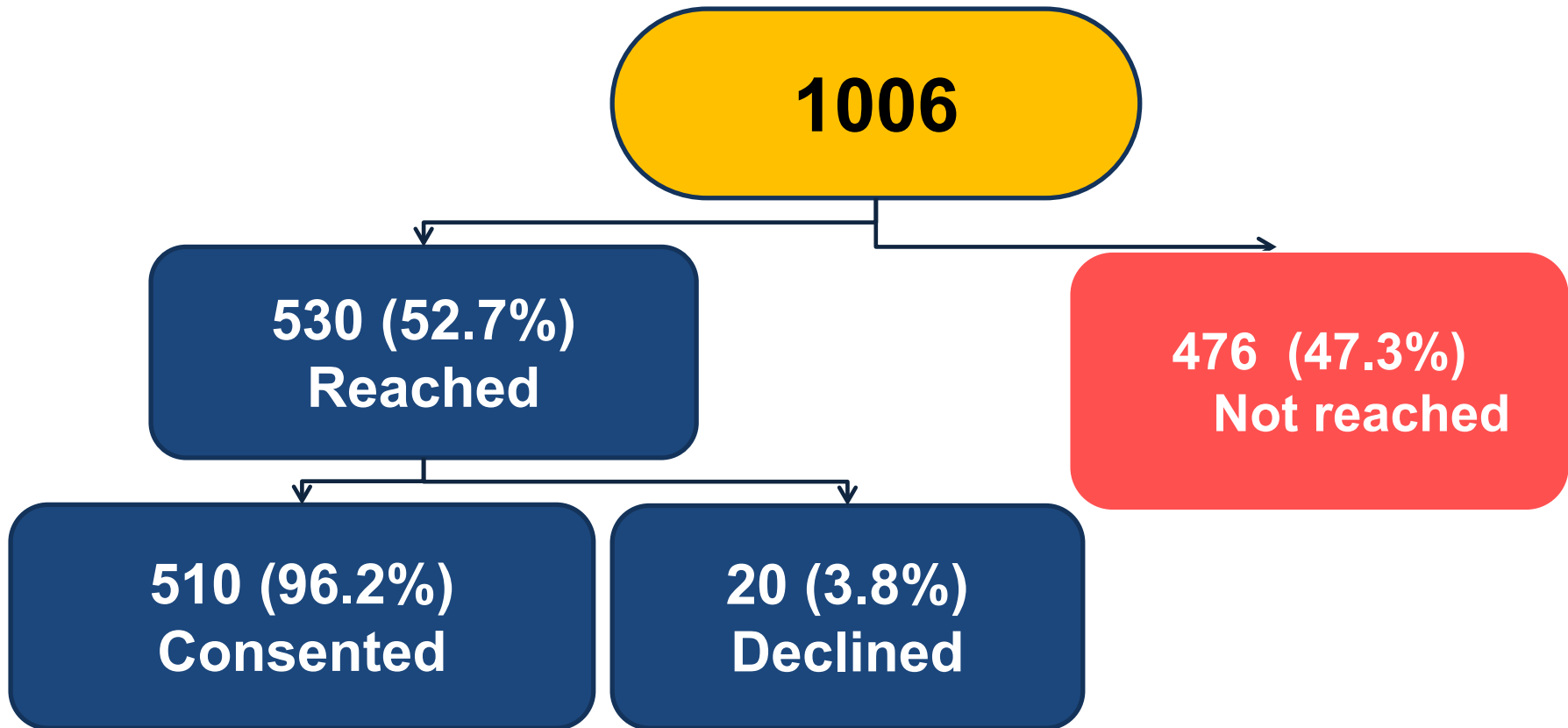
Hospitals

384 (38.2%)

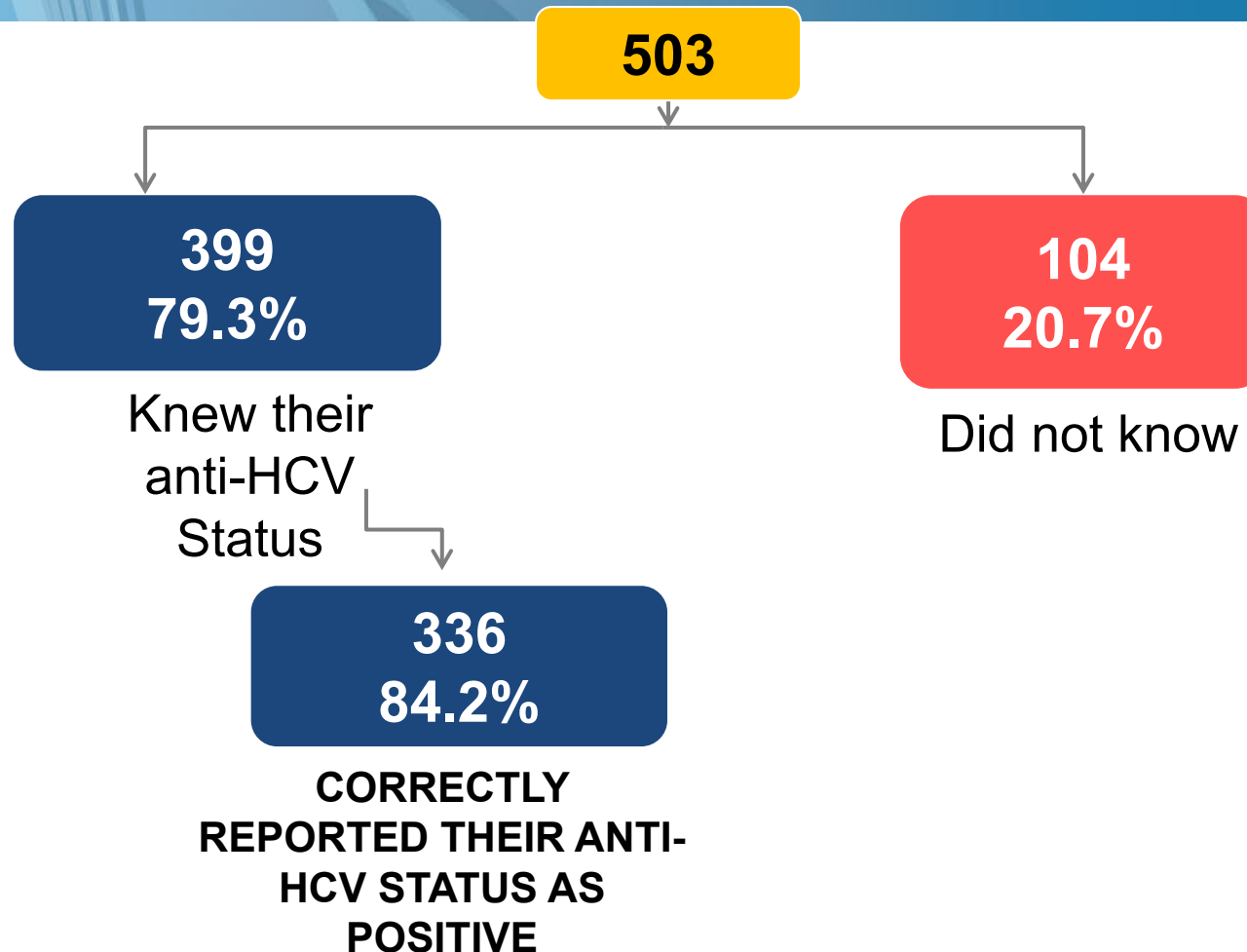
Blood Banks

131 (13.0%)

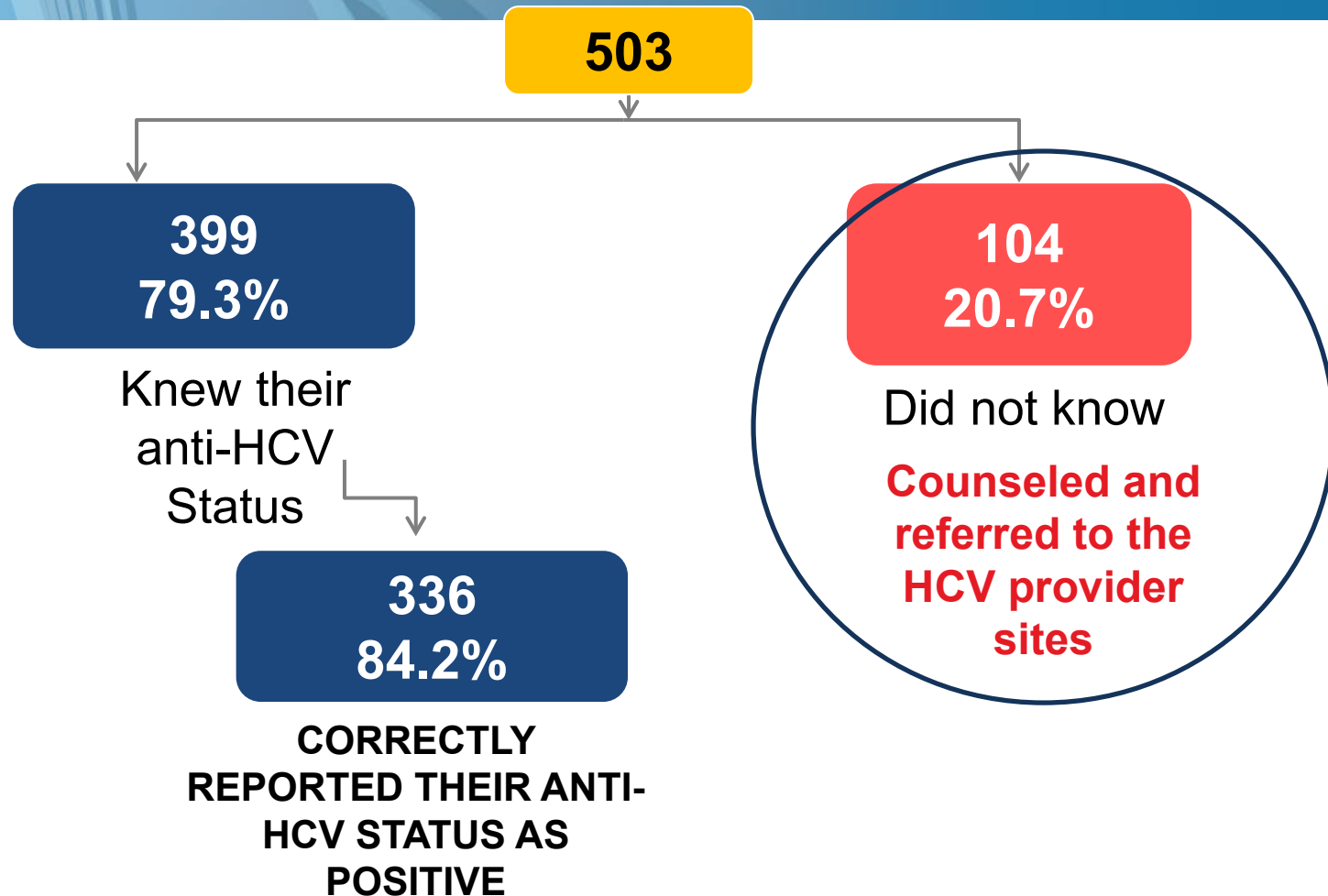
Lost to Follow-up Sample



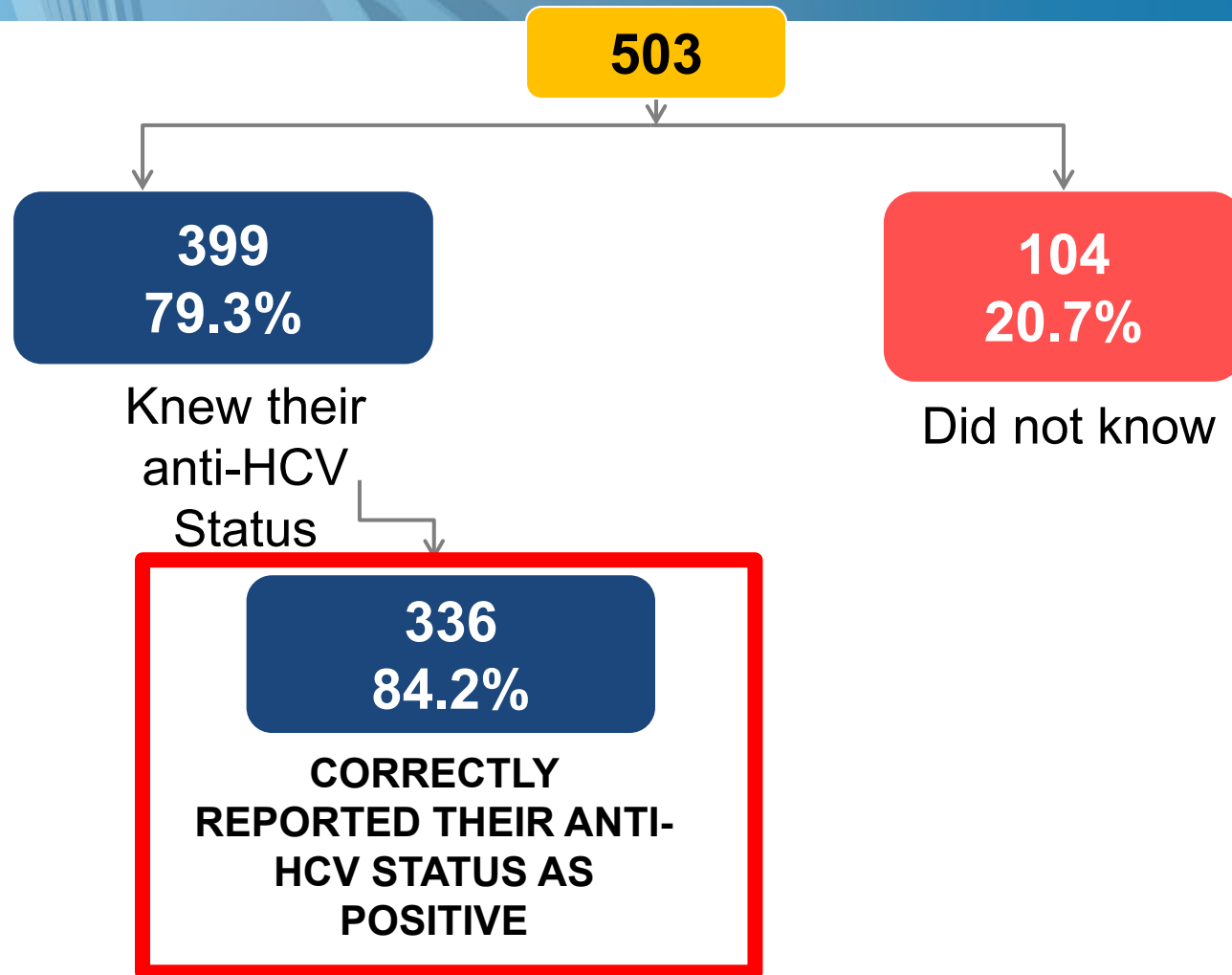
Knowledge of Anti-HCV Status



Knowledge of Anti-HCV Status



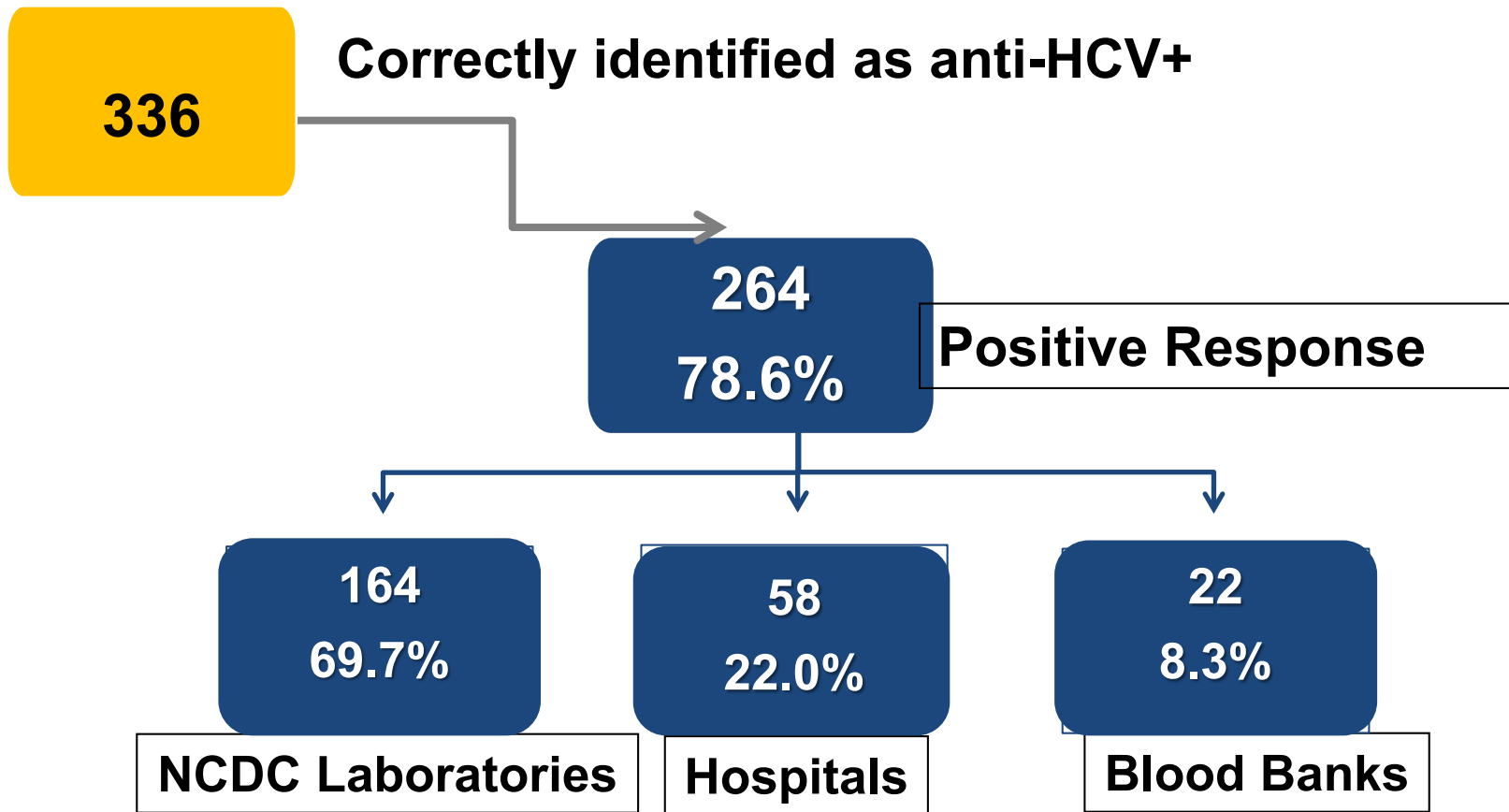
Knowledge of Anti-HCV Status



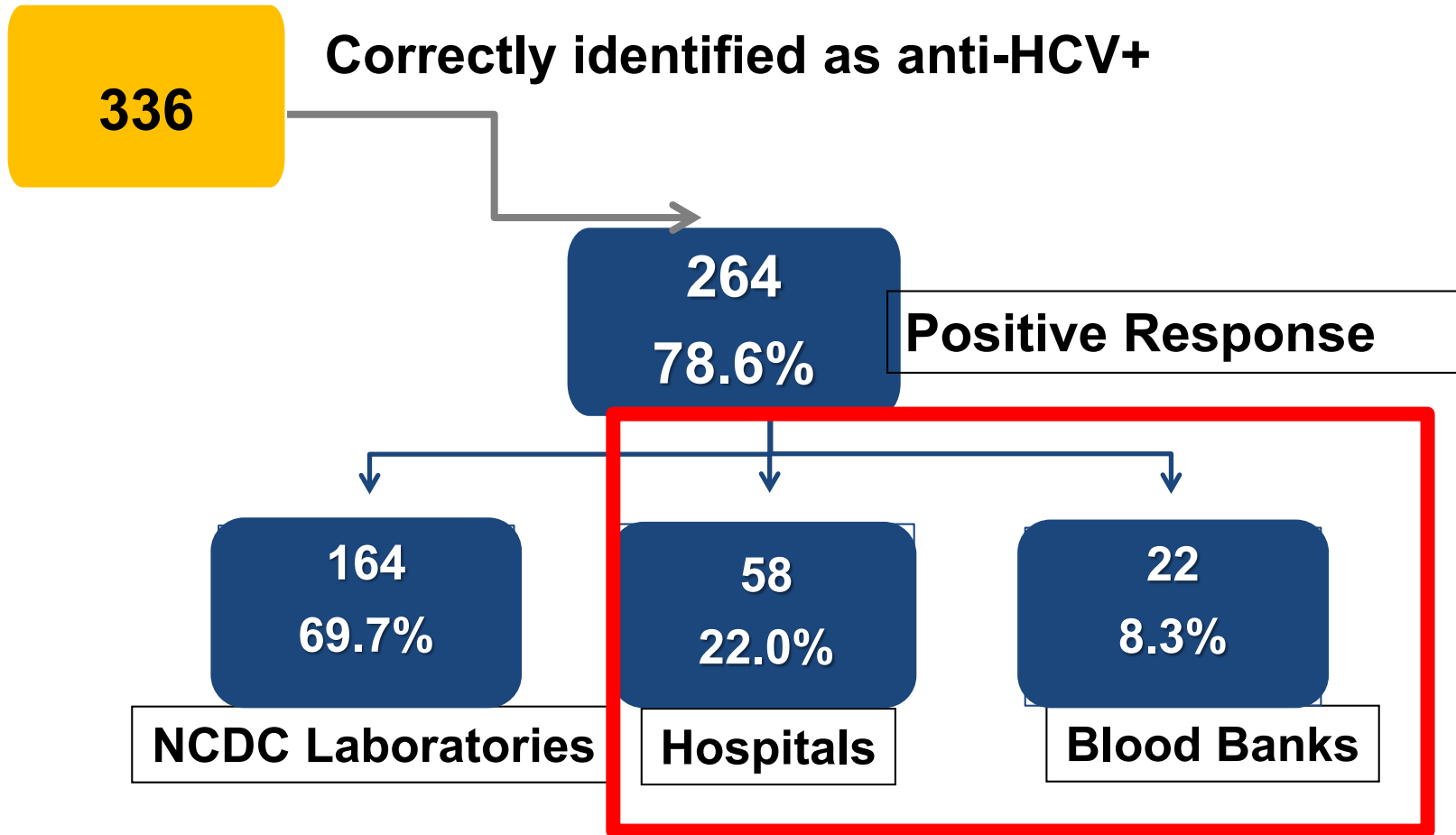
Socio-Demographic Characteristics

Characteristic (n=336)	n (%)
Age, median years (Range)	40 (20-88)
Male	245 (72.9%)
High-school education	285 (84.8%)
Unemployed	112 (33.3%)
Pensioner	42 (12.5%)
Monthly household income	
<100 GEL	14 (4.2%)
<300 GEL	62 (18.5%)
300-<500 GEL	41 (12.2%)
500-<700 GEL	22 (6.6%)

Sufficient Information on What to Do Next after Screening Was Provided

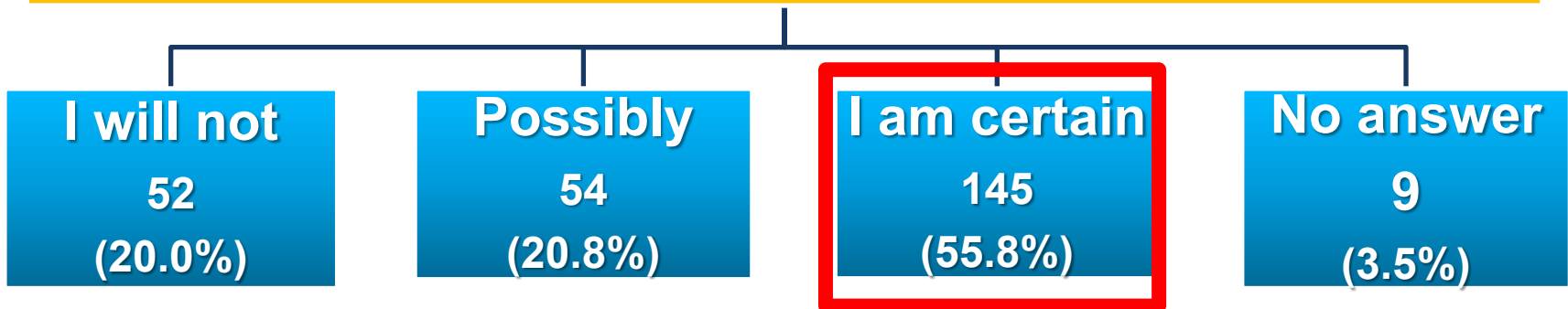


Sufficient Information on What to Do Next after Screening Was Provided



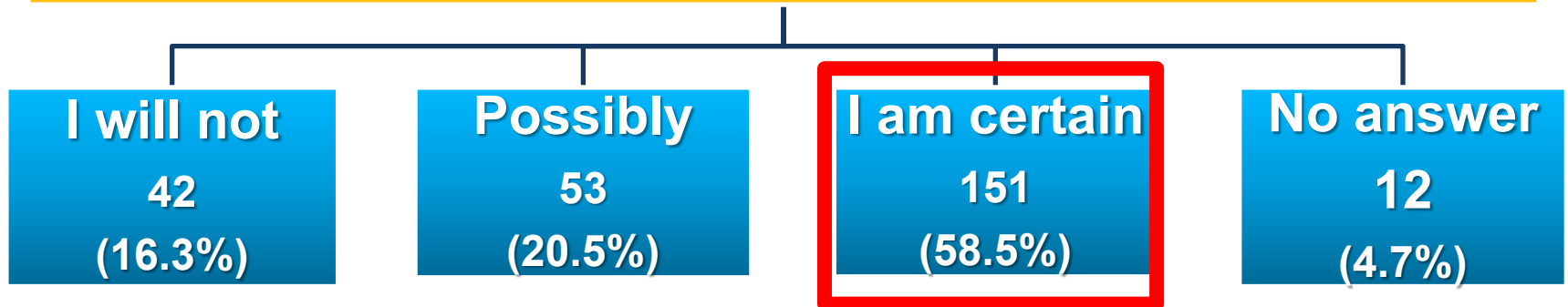
LIKELIHOOD OF GETTING CONFIRMATORY TESTING

How likely is it that you will get the confirmatory (second) test in the next 30 days?
(n=260)



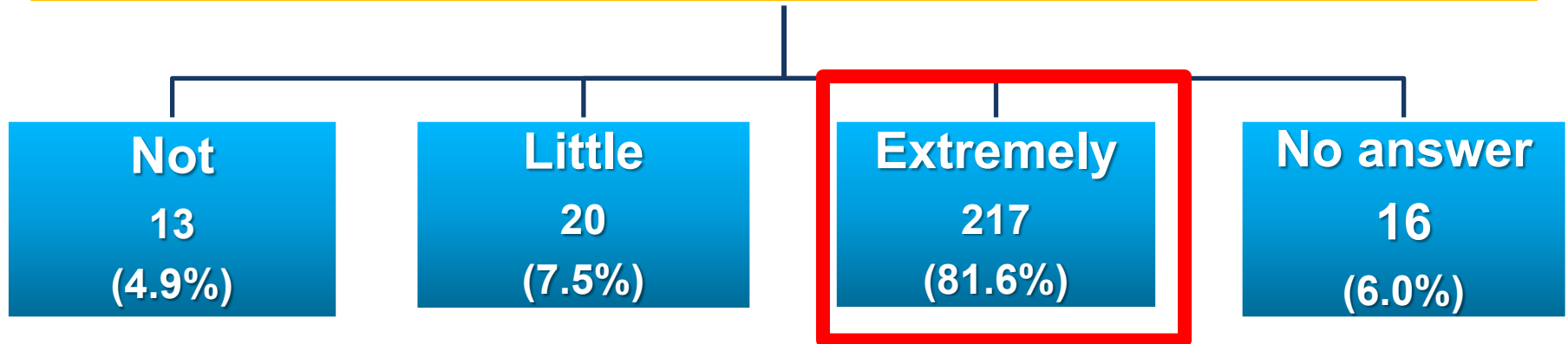
LIKELIHOOD OF SEEING A DOCTOR

How likely is it that you will see a doctor about hepatitis C treatment in the next 30 days?
(n=258)



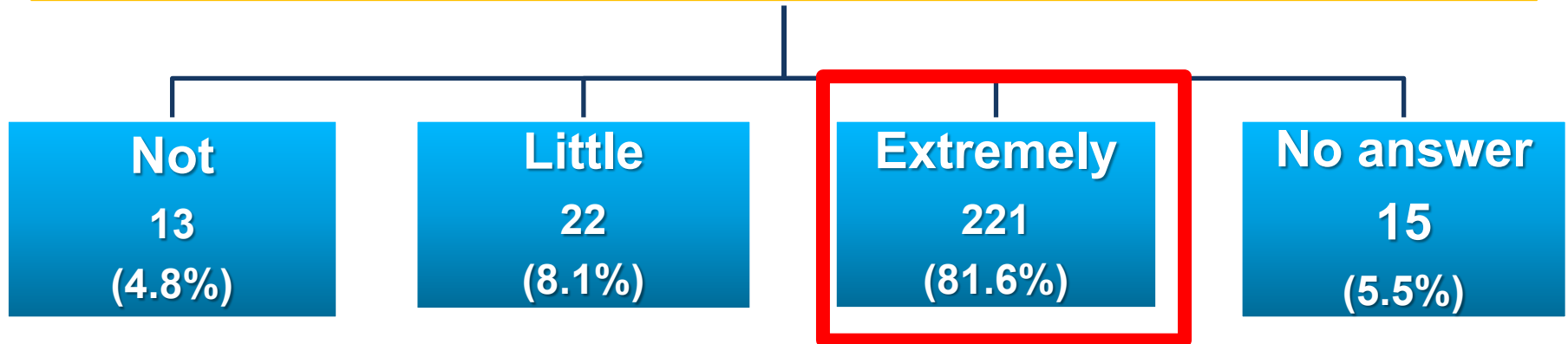
IS IT IMPORTANT - INFECTED OR NOT?

How important is it for you to know if the
hepatitis C virus is still in your body?
(n=266)



IS TREATMENT IMPORTANT?

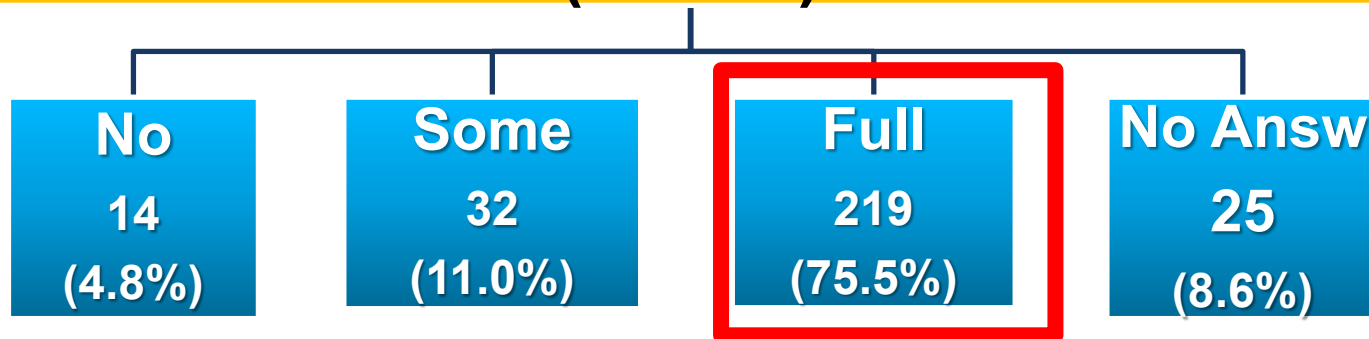
How important is it for you to get your hepatitis C virus treated?
(n=271)



TRUST

How Much Trust Do You Have for the Georgia HCV Elimination Project?

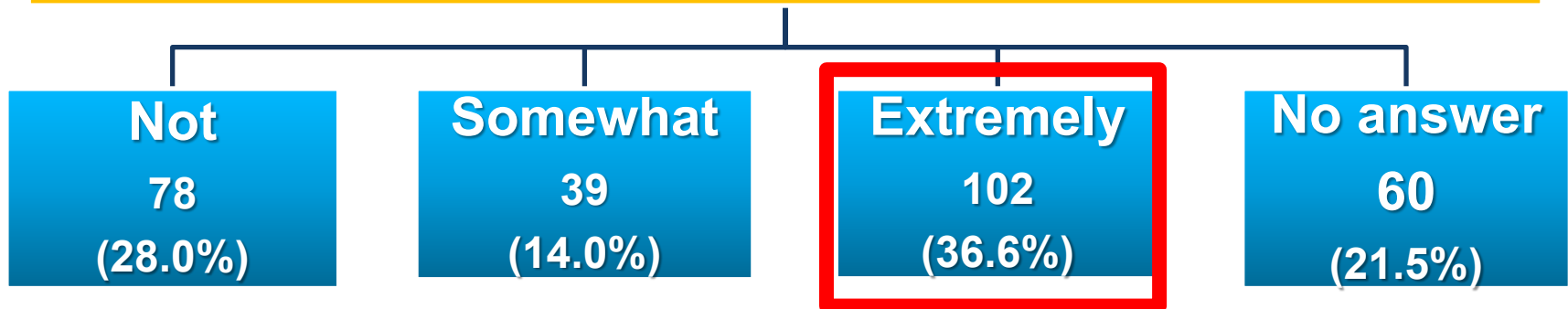
(n=290)



Reasons for “No” or “Some” Trust (n=30)	N
Potential side effects	11
No trust due to various reasons	10
Lack of Information	5
Did not answer	4

AFFORDABILITY

**How affordable do you feel the enrollment and participation in the Hepatitis C elimination program?
(n=279)**



AFFORDABILITY

% of household income that could be spent on healthcare among “not” and “somewhat” affordable groups (n=99)	N (%)
0	20 (20.2%)
≤20	23 (23.2%)
>20	41 (41.4%)
Does not know	11 (11.1%)
N/A	2 (2.0%)
Did not answer	1 (1.0%)
Whatever is required	1 (1.0%)

CONCLUSIONS

- Almost half of the respondents could not be reached due to various reasons
- Majority of respondents screened at hospitals and blood banks reported receiving **insufficient information** on what to do **after testing**
- Up to **60%** of respondents **were certain** that they would **get a confirmatory testing** and **see a doctor** about hepatitis C treatment in the next 30 days
- Up to **82%** of respondents reported that it was **extremely important** to know if the virus was still in their body or getting their hep C treated.
- Only **37%** reported that participation in the program was **extremely affordable**
- Majority reported full trust in the program; However, several subjects reported **no to some trust** due to **potential side-effects of treatment or other misbeliefs** about the program.

RECOMMENDATIONS

- Validation of telephone number entries in screening registry
- Counseling quality deficiencies need to be addressed
- Phone call follow-up for anti-HCV positive lost to follow-up individuals will facilitate linkage to HCV care
- Affordability concerns need to be addressed
- Awareness campaigns should debunk the reported misbeliefs

THANK YOU!

