4th HEPATITIS C TECHNICAL ADVISORY GROUP

TAG Meeting

Barriers and Facilitators to Enrollment in HCV Treatment Program Among PWIDs

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Background

- Georgia targets 90% reduction in HCV prevalence by 2020 through implementation of HCV elimination program
- The country has a high rate of injecting drug use, with 66.2%–92% of anti-HCV prevalence among PWID
- PWID represent 25% of HCV cases in the country

Background
HCV Elimination program

- Together with increasing the detection of persons with HCV infection, it is crucially important to improve their linkage to care, particularly among PWID
- To succeed in eliminating HCV infection in Georgia, PWID must be considered a priority target
- Different proactive measures to ensure their access to antiviral treatment

Problem

To improve PWID enrollment in elimination program, we need

- To understand barriers of linkage to HCV care

- Evaluate factors associated to lost to follow up after screening positive

Goal

- The goal of our study is to identify barriers of enrollment into HCV elimination program among anti-HCV positive PWID

Population Study by NCDC

- From January 2018, NCDC started the research on evaluating barriers of linkage to care among anti-HCV positive general population

Methods

- The database (participant list of linked to care and lost to follow up) was provided by NCDC
- The survey tool for PWIDs is similar to the one used for general population, with few additional questions
- To guarantee the data synchronization, all procedures are followed similar to NCDC barriers' study for general population

Methods

"Linked to care" individual was defined as:

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

"Lost to follow-up" was defined as:

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

To ensure the synchronization of the obtained data, two parallel researches (among general population and PWID) use the same definitions of "lost to follow up" and "linked to care"

Study Sample

Linked to care

- Stratified sample of PWID having positive HCV antibody test between August 1, 2017 and January 31, 2018 and tested for HCV RNA/cAg

Lost to follow-up

- The stratified sample of PWID having positive HCV antibody test between August 1, 2017 and January 31, 2018 and not linked to care

Sample Size

- The stratification was done by Georgian Harm Reduction Network (GHRN)
- Proportional to size samples for lost to follow up and linked to care PWID were selected from each HR site
- Overall sample size is 500 PWID

Study sites

13 GHRN centers located in 10 cities are participating in the study

Organization	City
“New Vector”	Tbilisi
“Qsenoni”	Zugdidi
“Nabiji”	Gori
“Nabiji”	Telavi
“Union Imedi”	Batumi
“Ordu”	Poti
“New Way”	Tbilisi
“New Way”	Samtredia
“New Way”	Qutaisi
“New Vector”	Rustavi
“Akeso”	Tbilisi
“Hepa+”	Tbilisi
“Fenix-2009”	Ozurgeti

Study sites


Russia
Gagra
Apkhazeti
Gudauta
Sokhumi
Gulripshi
Tkvarcheli
Ochamchire
Mestia
Lentekhi
Racha Lechkhum
Kvemo Svaneti
Tsageri
Oni
Ambrolauri
Gali
Tsalenjikha
Zugdidi
Chkhorotsku
Samegrelo
Martvi
Senaki
Kutaisi
Tkibuli
Sachkhere
Imereti
Chiatura
Abasha
Samtredia
Terjola
Zestaponi
Vani
Chokhatauri
Baghdati
Kharagauli
Poti
Black Sea
Lanchi
Ozurgeti
Guria
Java
Shida Kartli
Gori
Kareli
Khashuri
Kaspi
Kazbegi
Mtkheta - Mtianeti
Akhalgori
Tianeti
Dusheti
Tbilisi
Akhme
Telavi
Kvareli
Kakheti
Lagodekhi
Sagarejo
Gurjaani
Sighnaghi
Dedoplistskaro
Batumi
Adchara
Khelvachauri
Keda
Khulo
Shuakhevi
Samckhe Javakheti
Akhaltsikhe
Adigeni
Borjomi
Aspindza
Akhalkalaki
Ninotsminda
Tsalka
Tetri Tskaro
Kvemo Kartli
Rustavi
Gardabani
Marneuli
Bolnisi
Dmanisi
Turkey
Armenia
Azerbaijan

Survey Tool

- Questionnaire was developed for both – “link to care” and “lost to follow-up” groups
- Questionnaire includes specific questions for PWID to understand drug use behavior potentially associated with linkage to HCV care

Data collection

- The telephone interviews are used
- Interviewers were recruited from the staff HR centers and trained
- Failure to reach the respondent as well as refusal rate is recorded

Current status

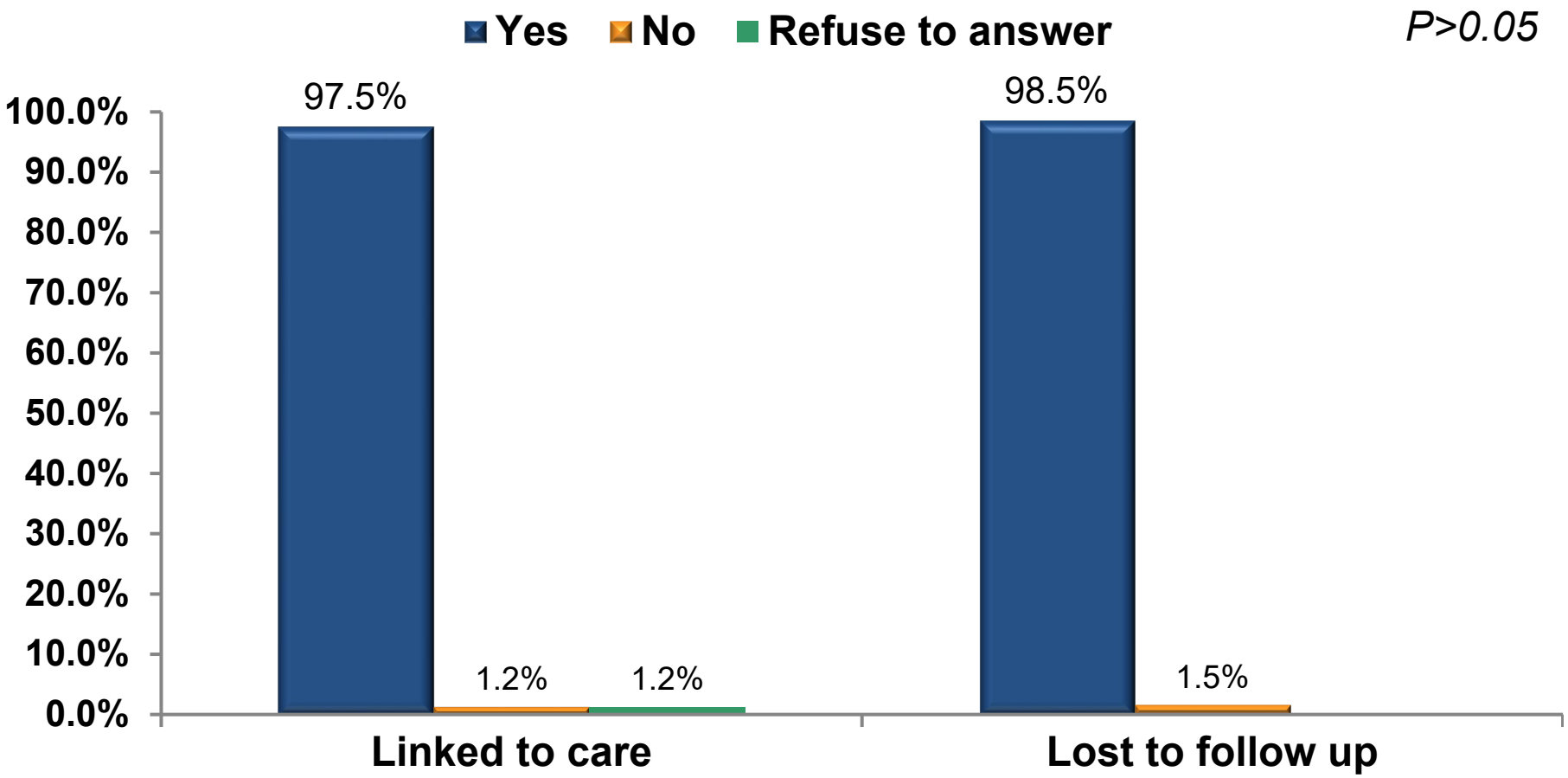
- 90 linked and 254 not-linked patients could not be reached (contact info not correct, phone turned of or not answer)
- 107 linked and 160 not linked patients enrolled in the study as of yesterday
- Data entered and preliminary analysis done for 162 participants

Preliminary Results

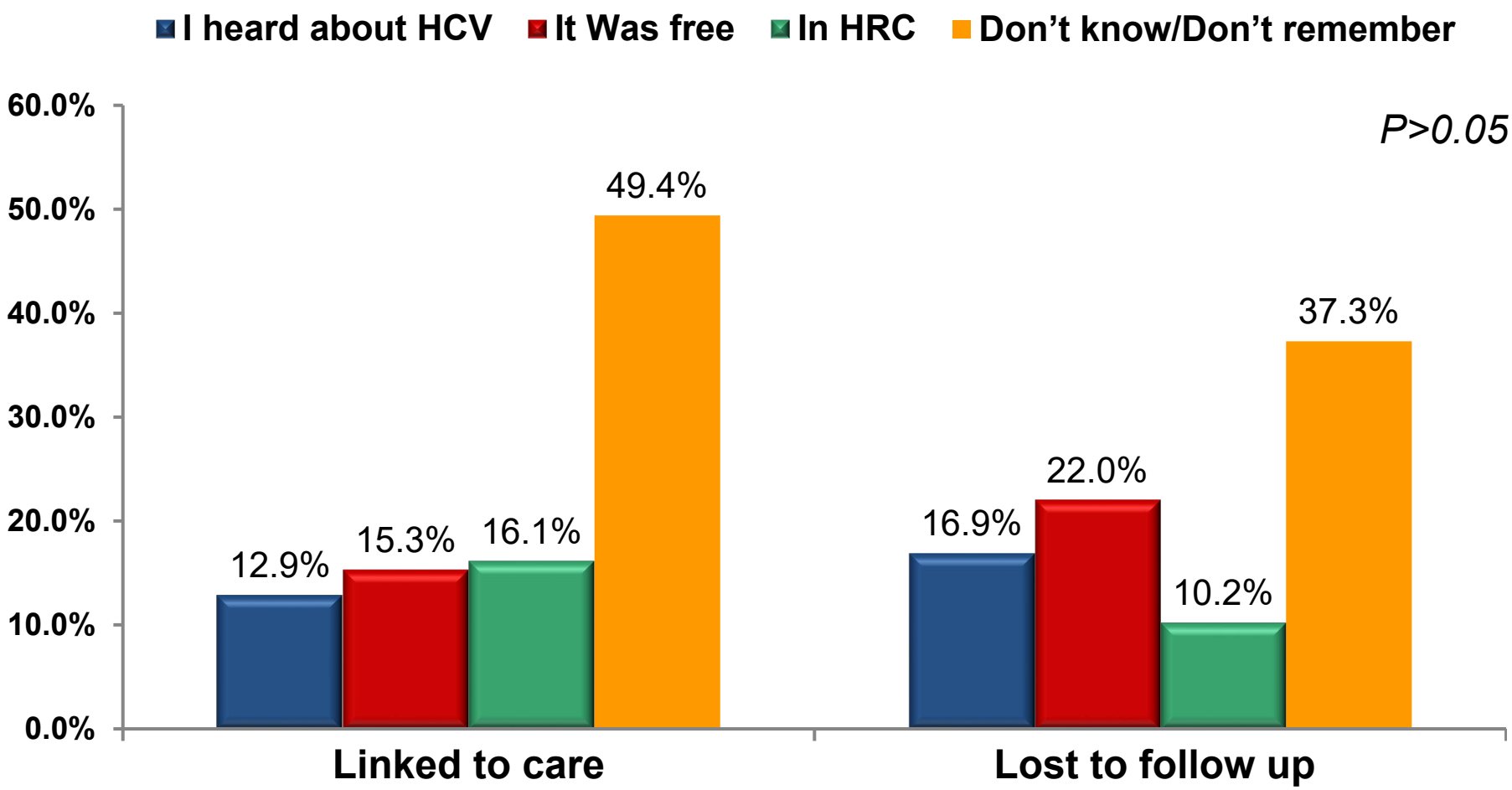
Up to date 162 PWID are enrolled in the study

Characteristics	Linked to care N=95	Lost to follow up N=67
Age		
Mean	46 (28-66)	45 (27-67)
Gender		
Male	91	90.9
Female	9	9.1
Level of education		
Elementary school	2.5	3.3
High school	48.0	54.1
Professional college	14.9	9.8
University	34.6	32.8
Employment		
Unemployed	58.5	61.3
Self-employed	19.5	21.0
Incomplete working rate	7.3	3.2
Employed	12.3	9.7
Retired	2.4	4.8
Family income (Monthly)		
<300	20.6	33.3
300-700	27.9	22.8
>700	16.2	7.0
Refuse	35.3	36.9

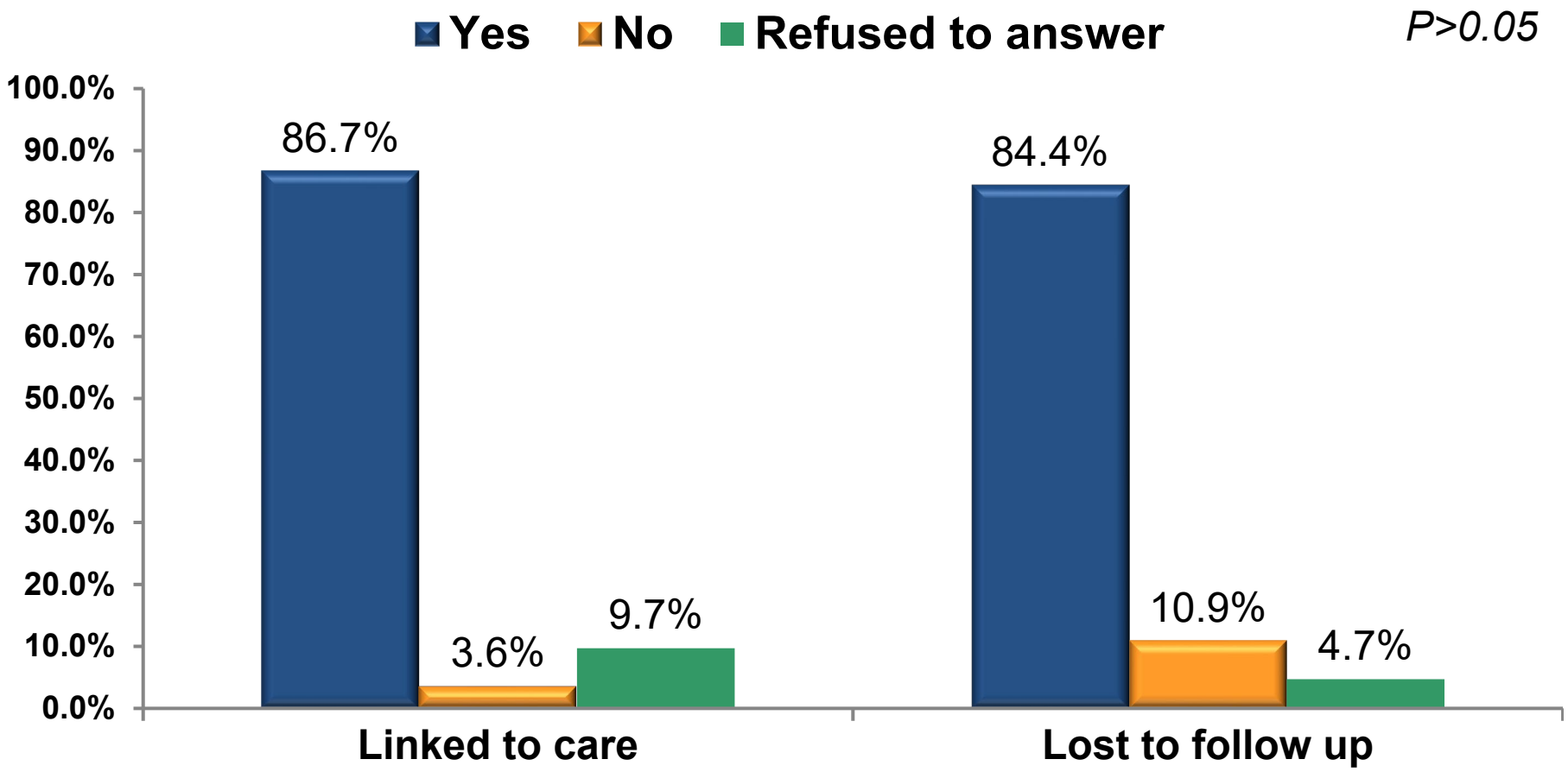
Do you know what is hepatitis C?



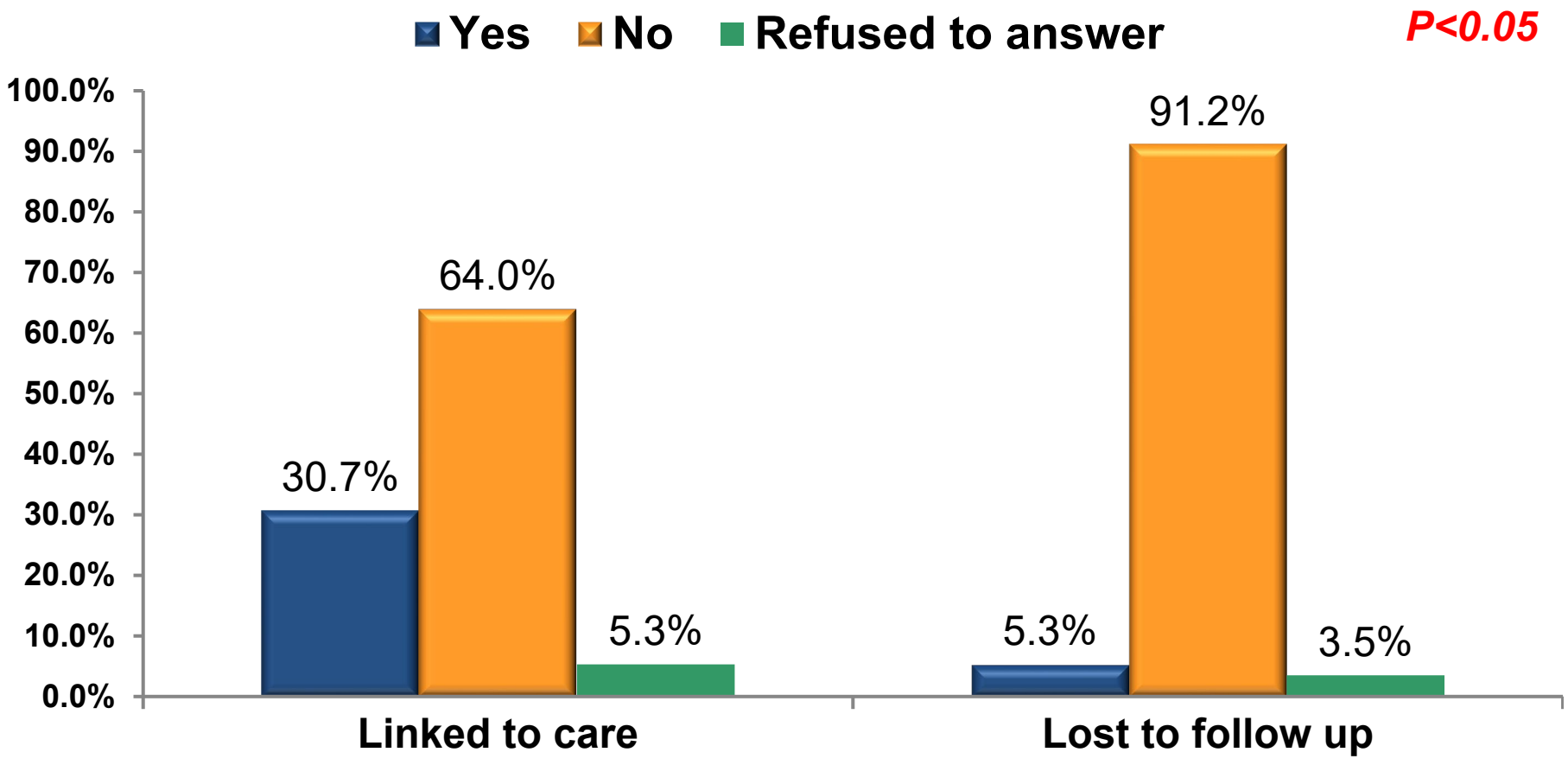
Why did you have HCV screening test?



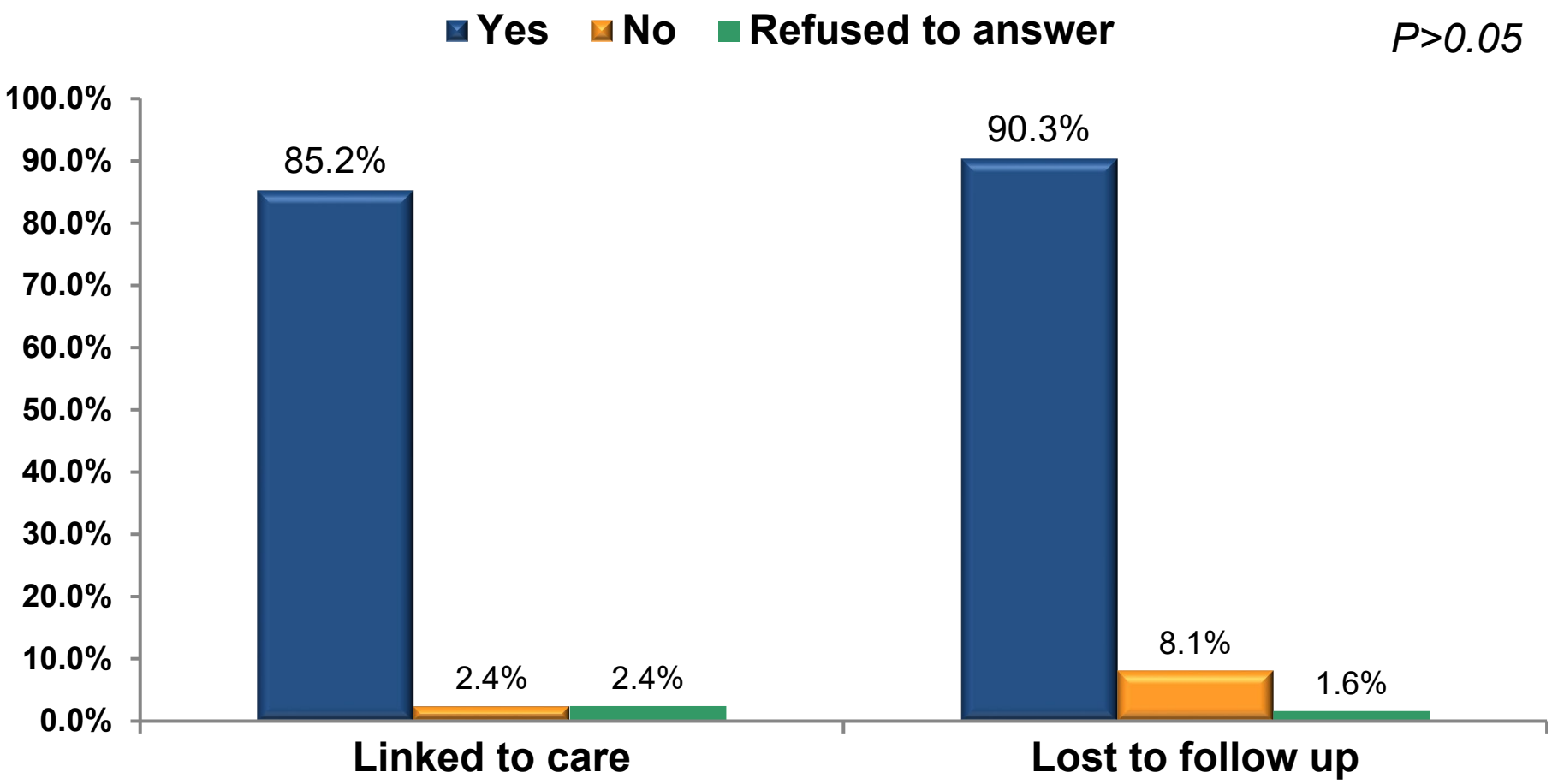
Do you have enough information about HCV program?



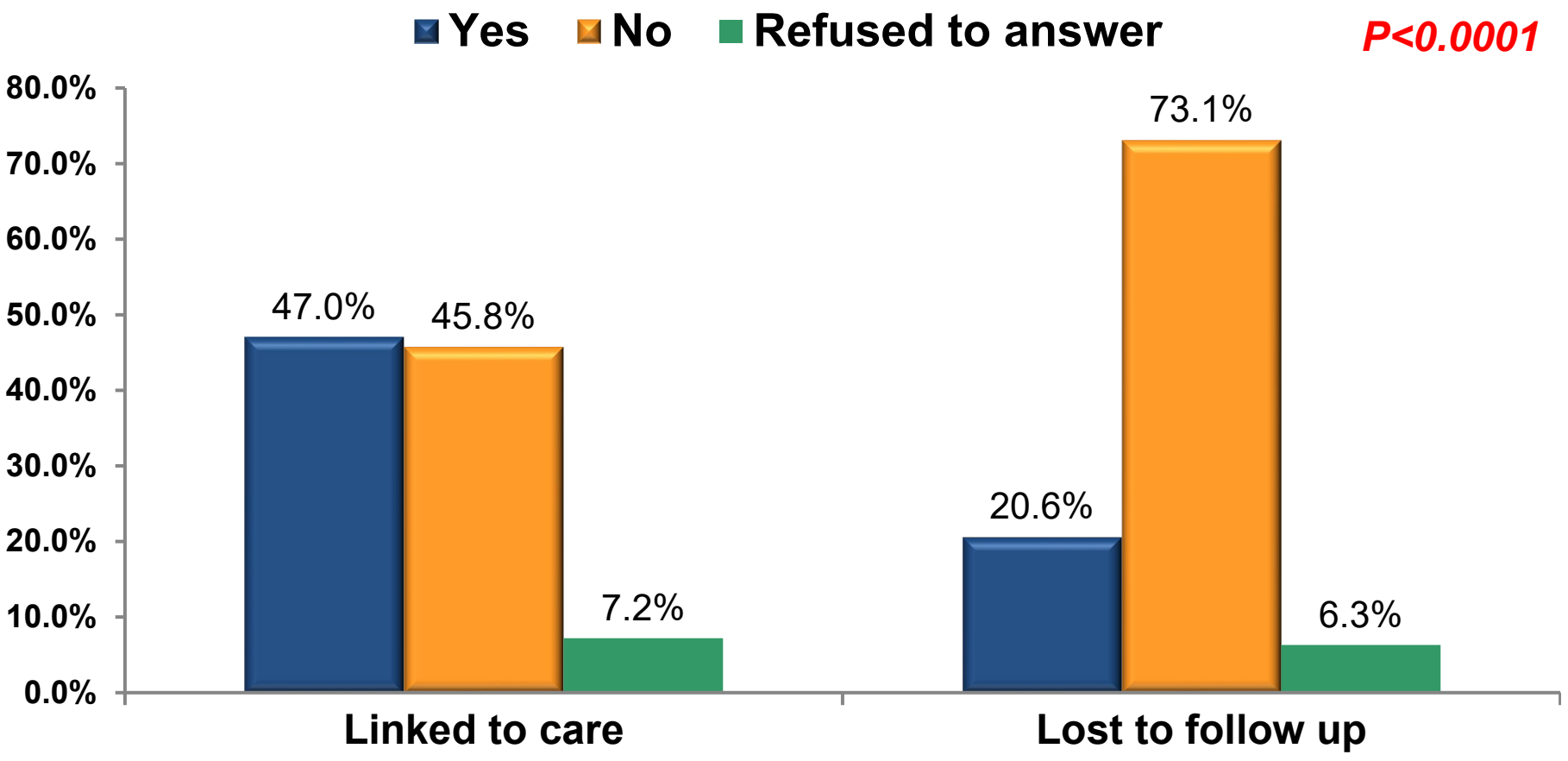
Knowledge of additional test needed



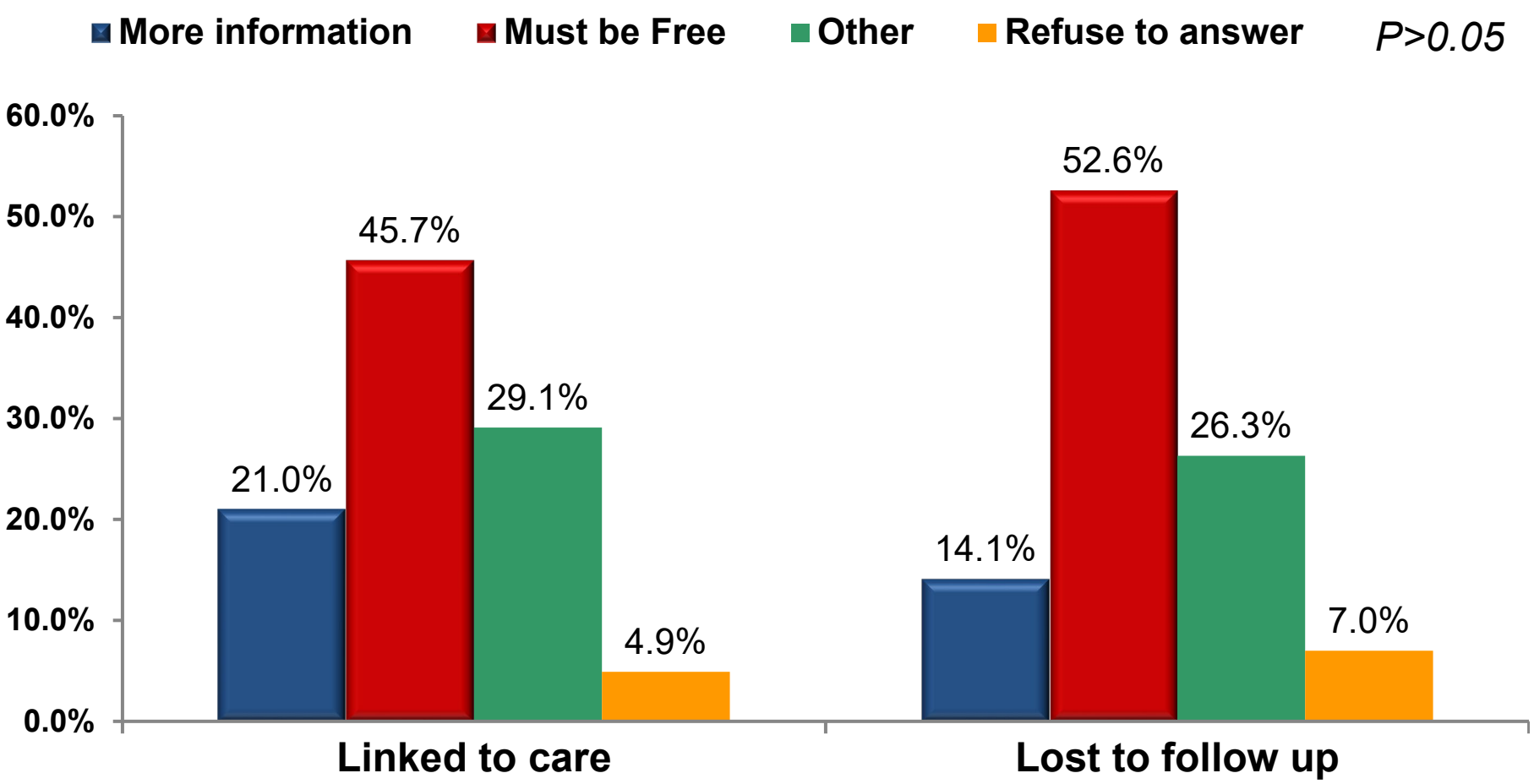
Trusting HCV elimination program



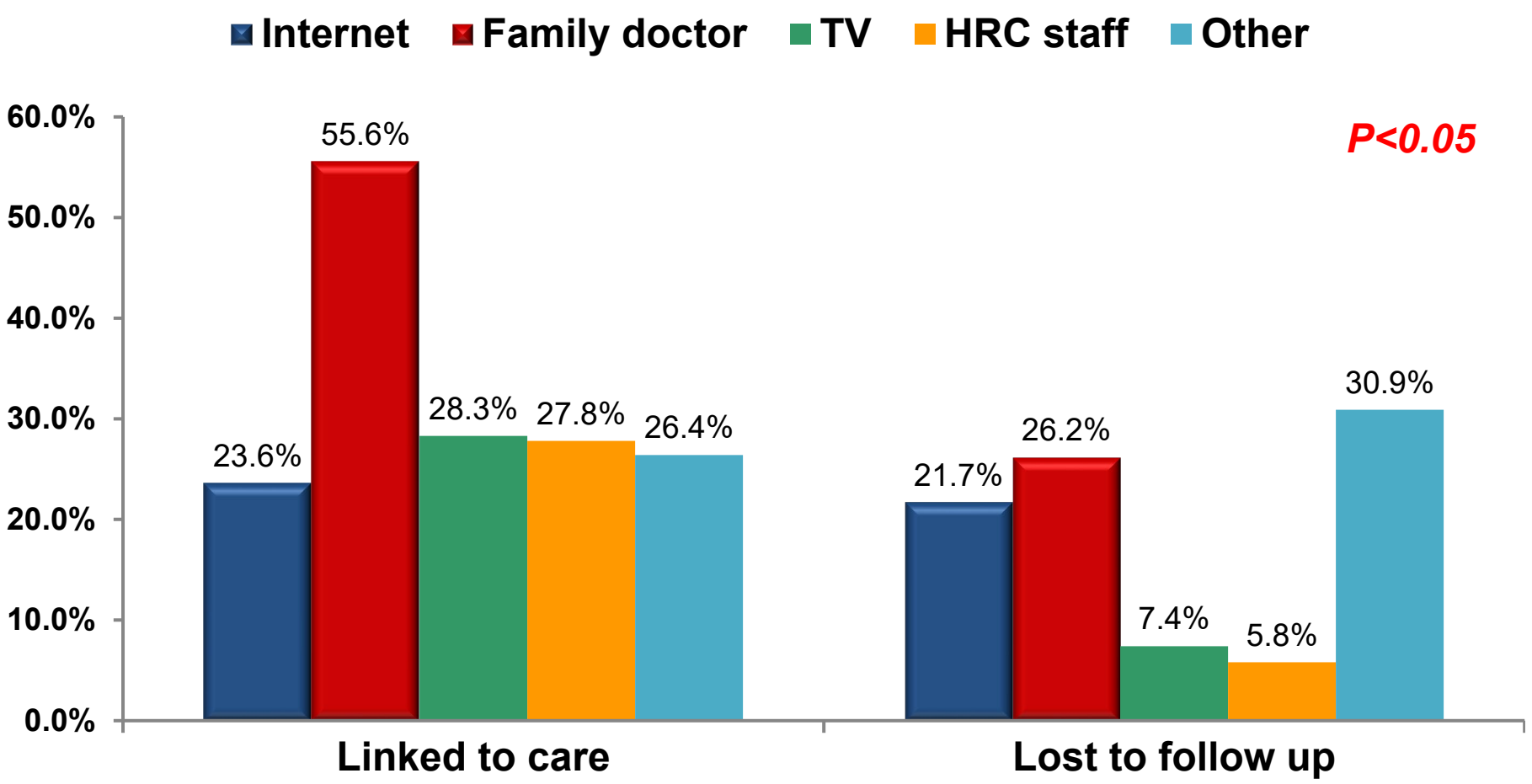
Financial accessibility of HCV elimination program



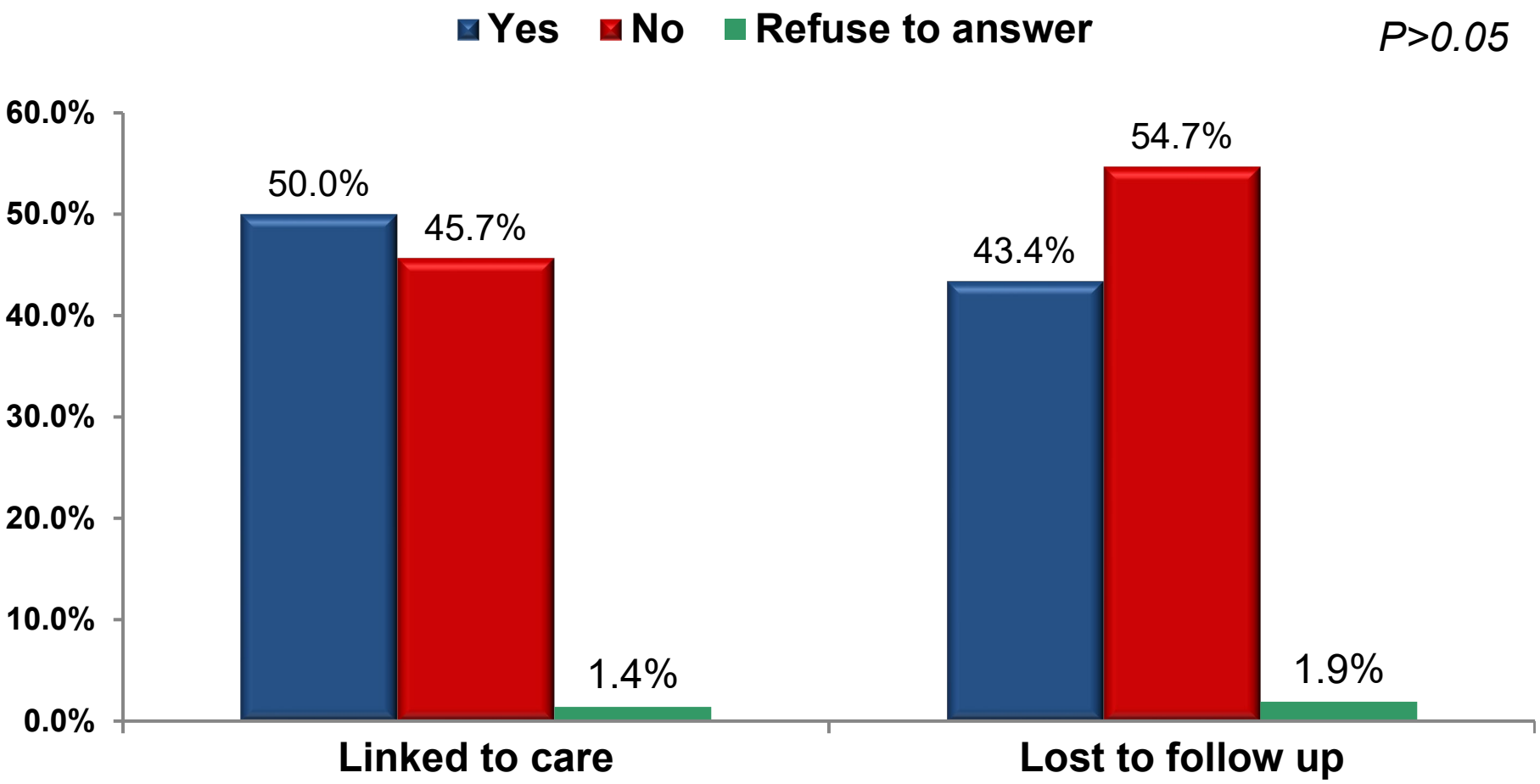
How to improve enrolment in HCV elimination program?



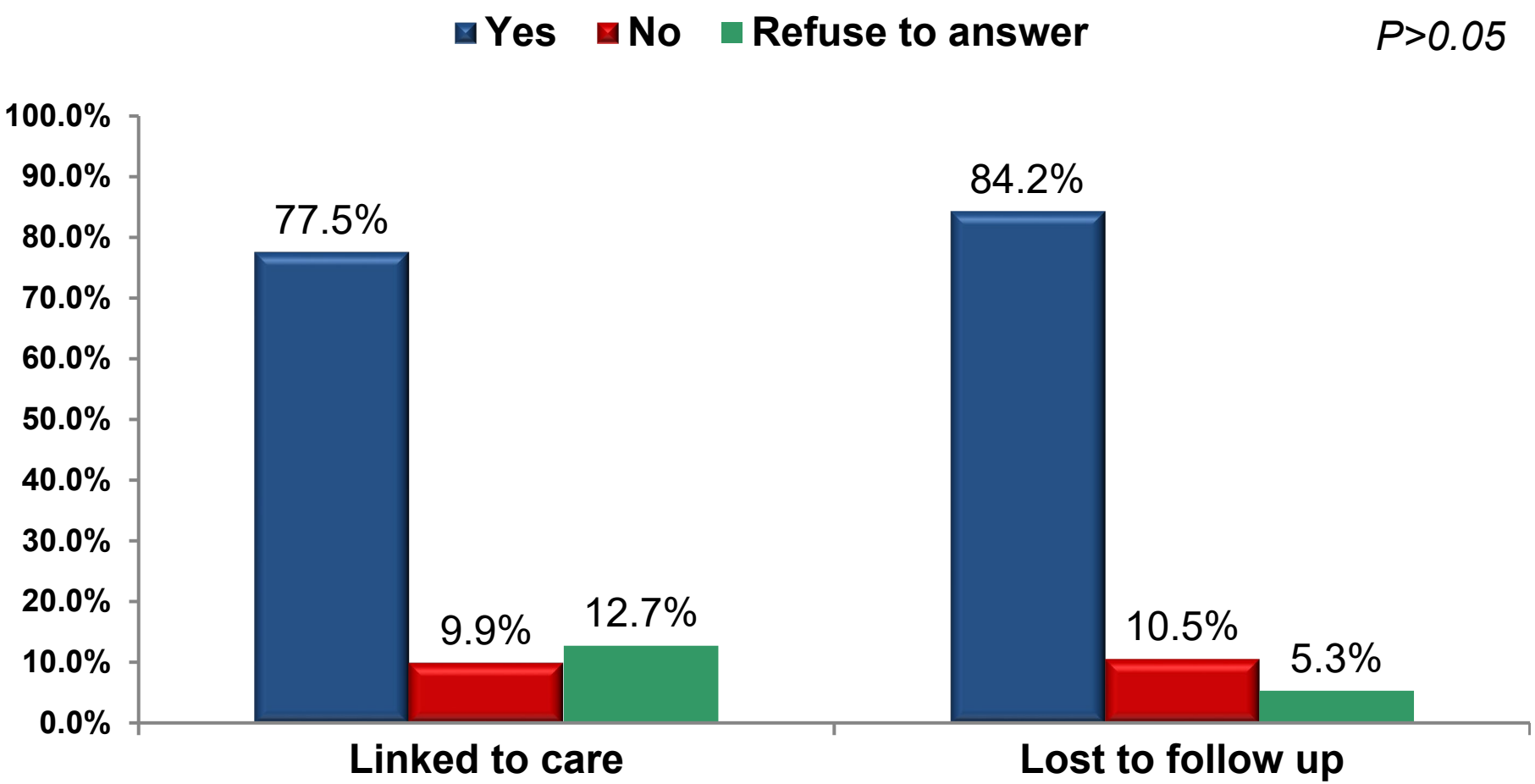
Information Source



Do you currently use the services in HR centers?



Would you be more comfortable if HCV treatment will be available in HR centers?



Expected outcomes

- We expect that the study results will generate important data to understand barriers of linkage to HCV care among PWID
- Make possible to plan effective interventions to improve the enrollment into HCV elimination program
- Ensure better coverage of most important and hard to reach population as PWID to achieve HCV elimination goal

Acknowledgements

Medecins du Monde, France

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NCDC