

Key Developments and Questions

Georgia HCV Elimination Program 4th Technical Advisory Group Meeting

29 November 2018

Francisco Averhoff, MD, MPH

Division of Viral Hepatitis (DVH)

Centers for Disease Control and Prevention



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Viral Hepatitis



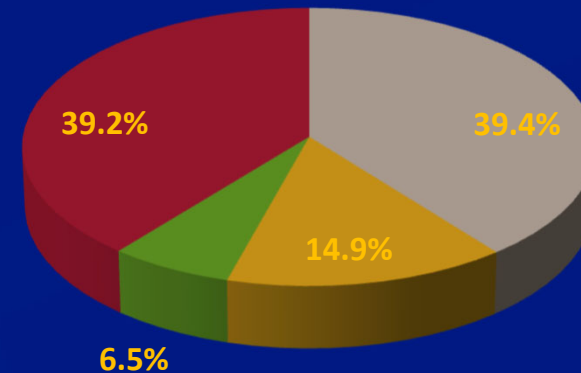
Georgia HCV Elimination Program

- ❑ **HCV Elimination Program launched in April, 2015**
- ❑ **Goal: 90% reduction in HCV prevalence by 2020**
 - 5% chronic HCV prevalence to be reduced to 0.5%
- ❑ **MOU signed with Gilead Science to provide free of charge DAAs**
- ❑ **MOU with CDC**
 - Technical Assistance
 - Monitoring and Evaluation (M&E)
 - Research

National Seroprevalence Survey

- ✓ Conducted 2015
- ✓ Stratified, multi-stage cluster design
- ✓ Total number of interviews – 6330 (90% response rate)
- ✓ Total number of blood samples – 6010 (86% response rate)

- IDU (with/without blood transfusion or incarceration)
- Blood transfusion (no IDU)
- Prison (no IDU or blood transfusion)
- Unknown risk factor



Characteristics	%	Estimated # nationwide ≥18 years
Anti-HCV+	7.7%	215,000
HCV RNA+	5.4%	150,000

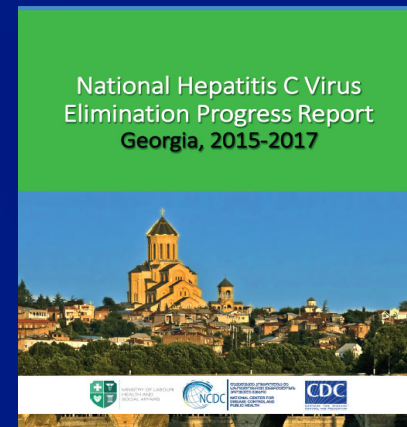
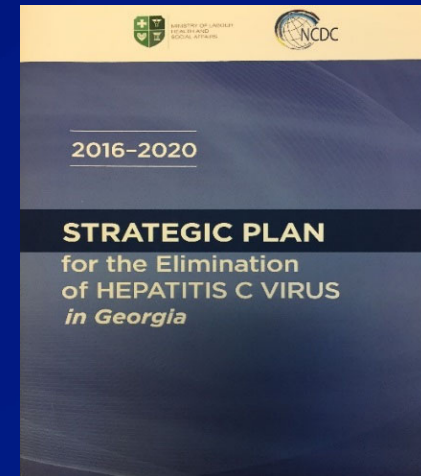
Males age 30 – 59 years, HCV+ = 10 -22%

Elimination Strategy and M&E, 2016 – 2020

□ Georgia HCV Elimination Plan

- Advocacy
- Surveillance
- Prevention:
 - Infection Control
 - Harm Reduction
 - Safe Blood
- Laboratory and Diagnostics
- Screening and Linkage to Care
- Care and Treatment

□ Monitoring and Evaluation, Annual Report



*Controlled for sex, age, residence and history of incarceration

Where are we in 2018?

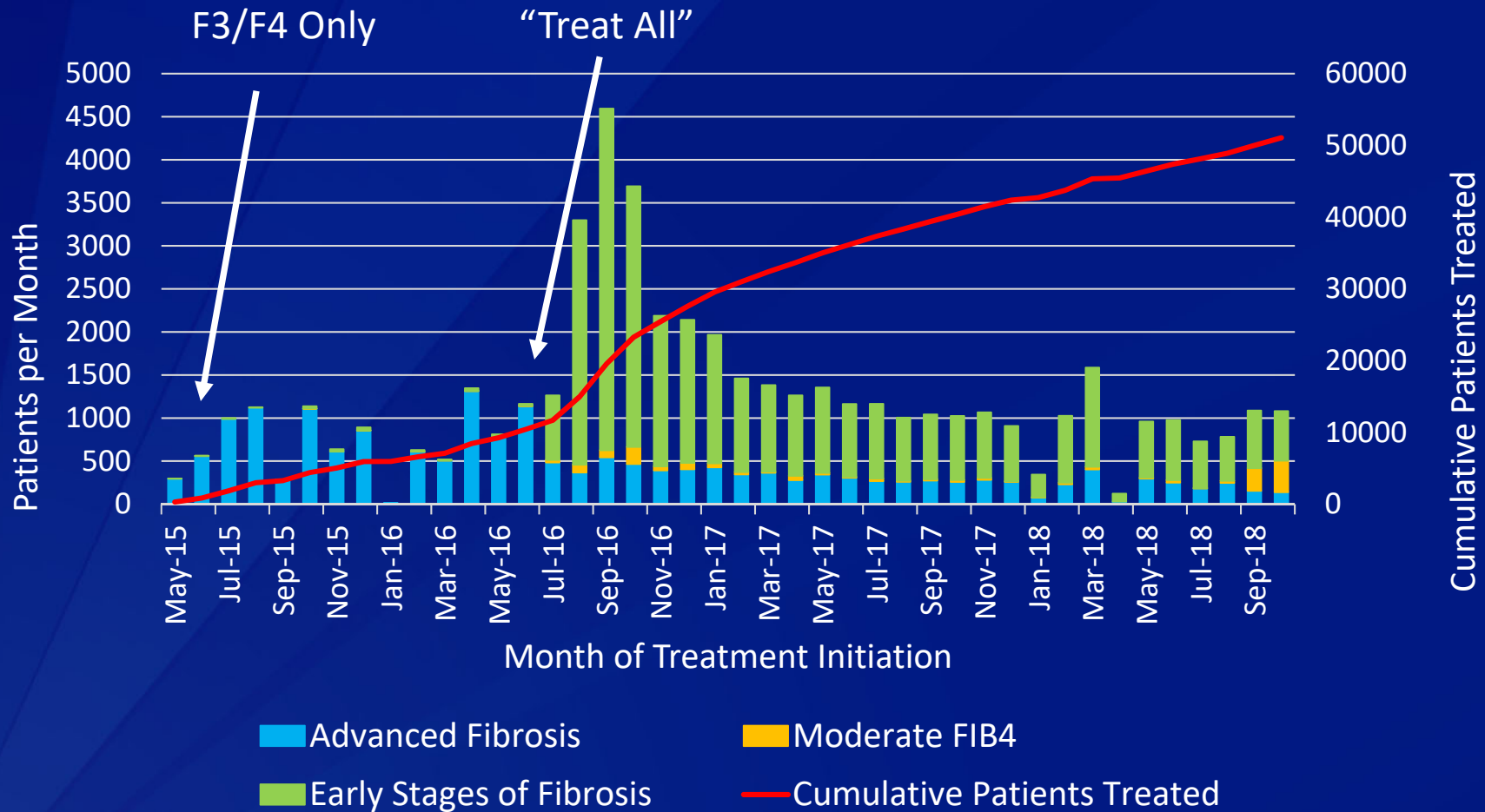
- ❑ Know the burden (2015)
- ❑ Know the risk factors (2015)
- ❑ National Strategy
- ❑ Goals and targets
- ❑ Treatment available and free of charge
- ❑ Diagnostics available and (mostly) free of charge
- ❑ National screening program
- ❑ Prevention
 - Expanded Harm Reduction Services
 - Improving Blood Safety
 - Improving Infection Control

Key Development: Information Systems

- ❑ **Unique national ID allows for linkage of databases**
 - Treatment database
 - Screening database
 - Hospital inpatient electronic records
 - Vital statistics
 - Cancer registry

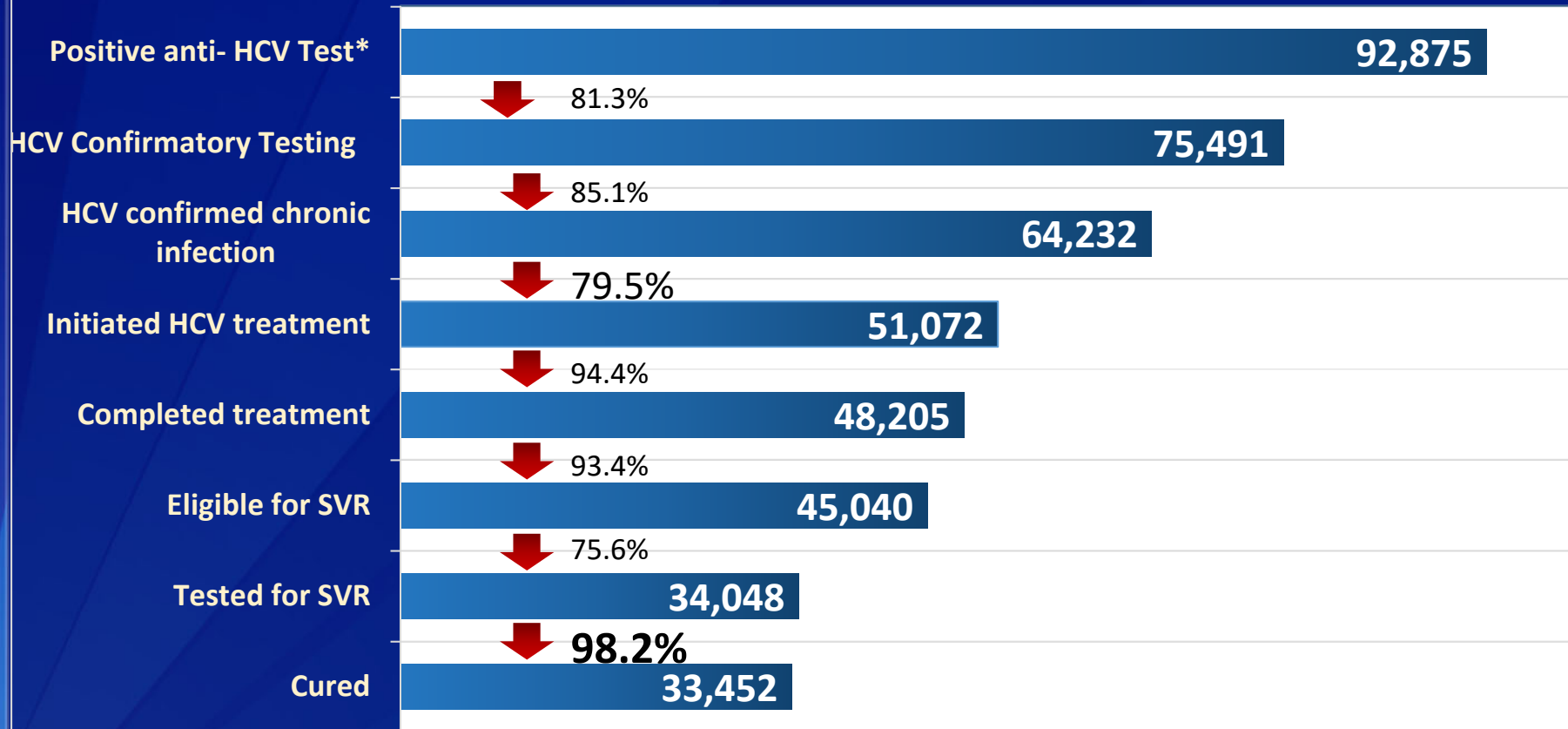
- ❑ **Allows for tracking the care cascade, mortality, incidence, risk factors, other**

Fibrosis Stage* of patients initiating treatment by date, Georgia, May 2015 – October 2018



* Advanced fibrosis defined as fibroscan \geq F3 or FIB4 $>$ 3.25. Early stages of fibrosis: fibroscan $<$ F3 or FIB4 $<$ 1.45. Moderate: FIB4 1.45-3.25 with no fibroscan result. For all classifications, priority given to fibroscan result when available.

Georgia Hepatitis C Elimination Program Care Cascade, April 28, 2015 – October 31, 2018

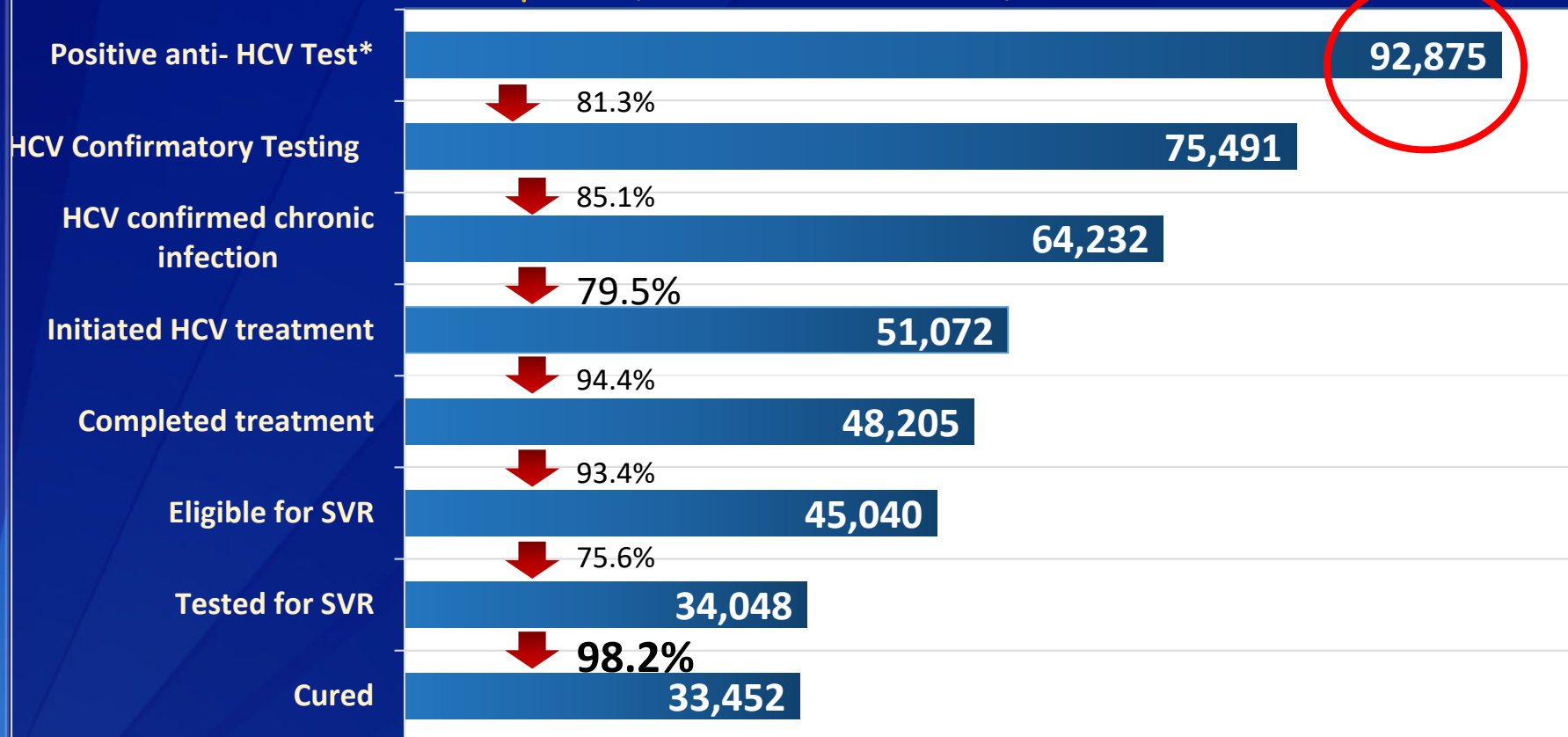


* Among persons age ≥12 with PID screened from January 1, 2015

Key Challenges, 2018

- **Identification of *all* HCV infected:**
 - $\approx 1/2$ of 200,000+ HCV+ identified

Georgia Hepatitis C Elimination Program Care Cascade, April 28, 2015 – October 31, 2018

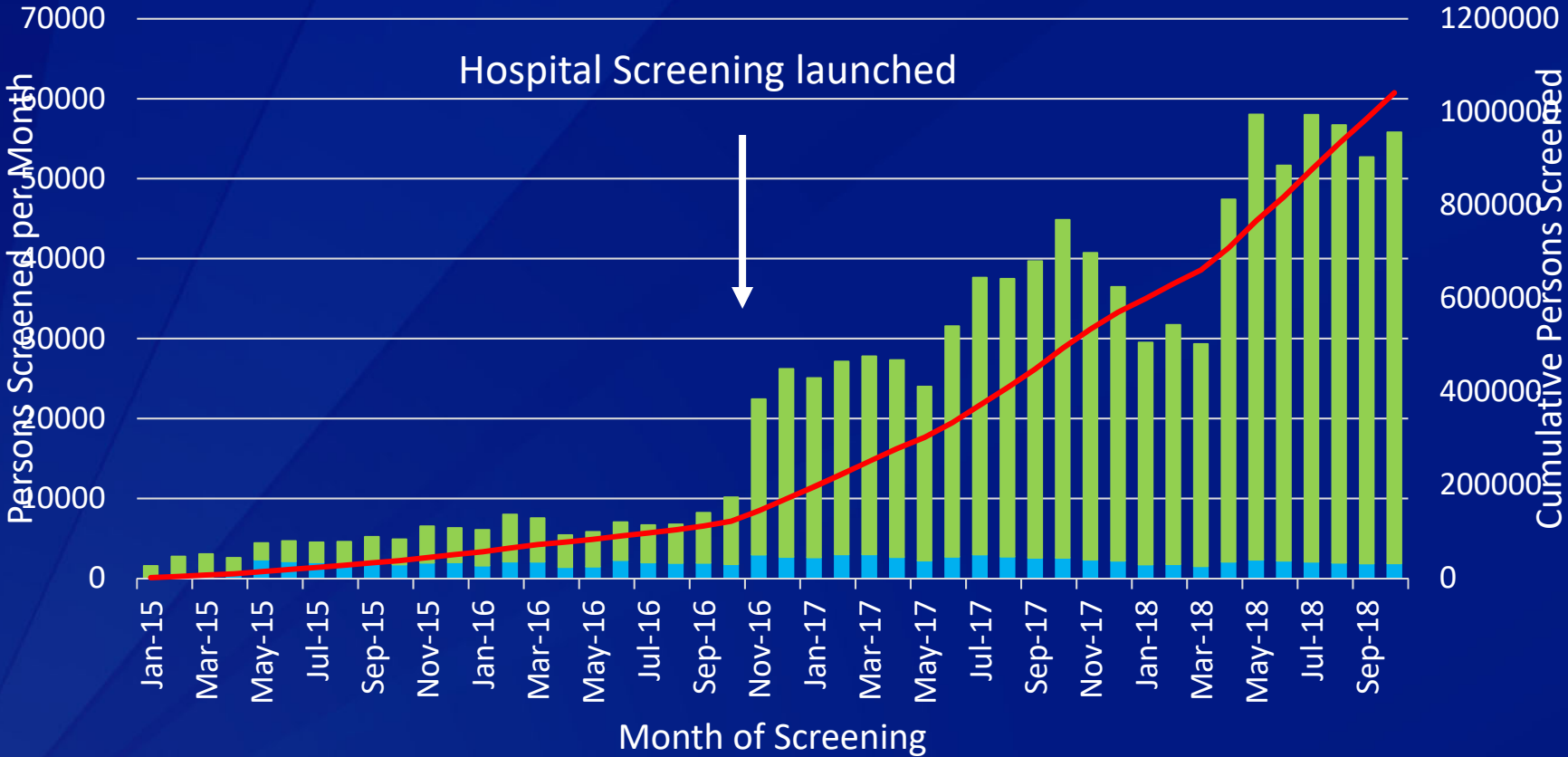


* Among persons age ≥ 12 with PID screened from January 1, 2015

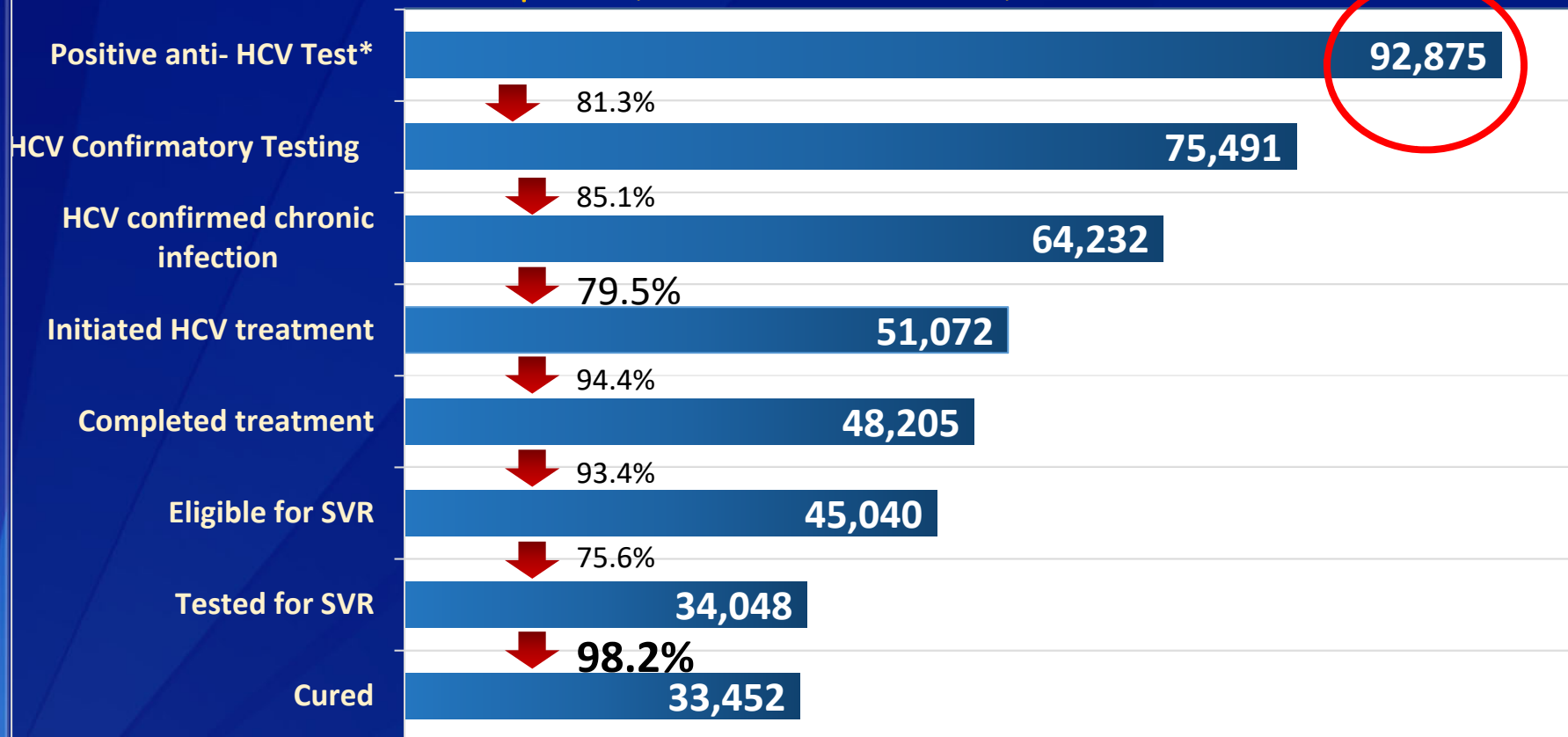
Response

- ❑ Increase screening!

Adult persons screened by month, Georgia HCV elimination program, January 2015 - October 2018



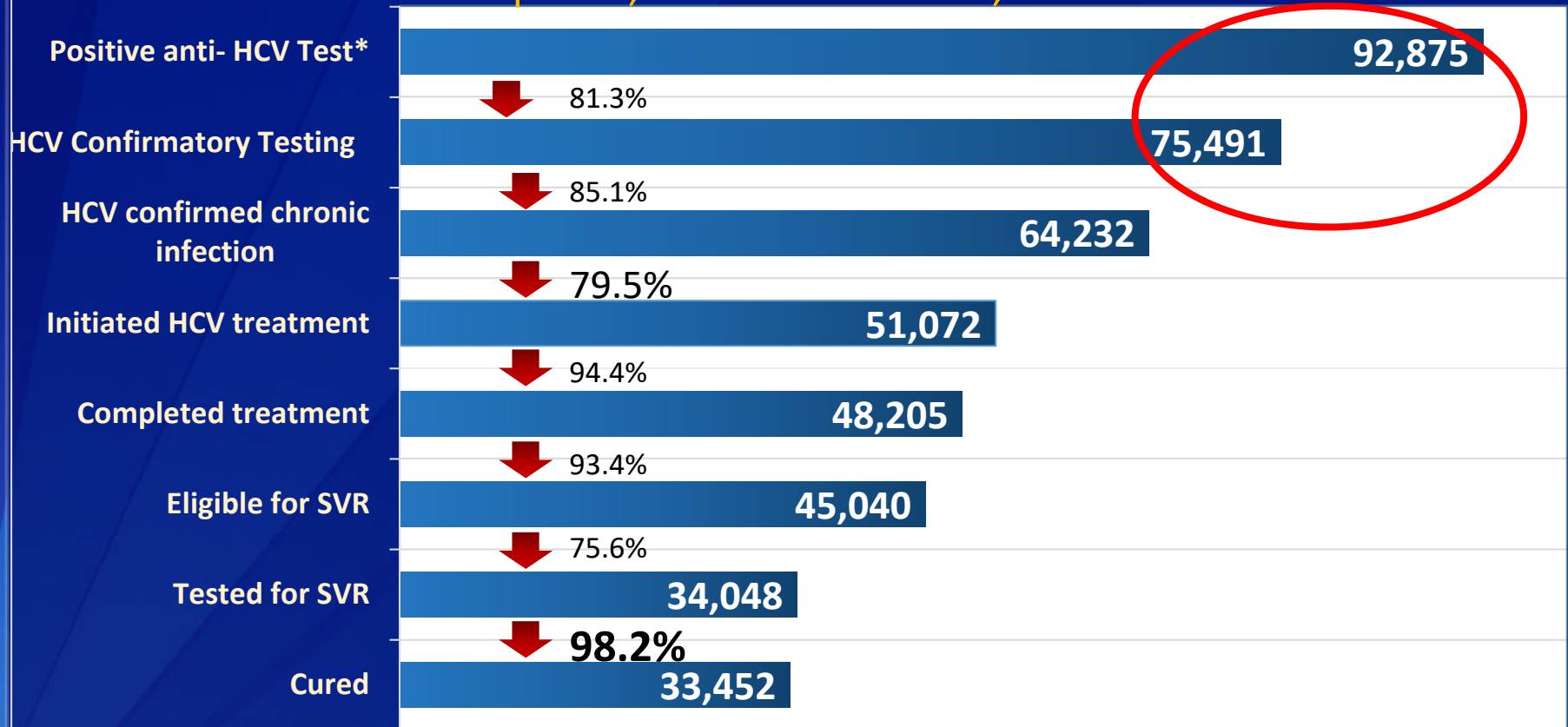
Georgia Hepatitis C Elimination Program Care Cascade, April 28, 2015 – October 31, 2018



* Among persons age ≥ 12 with PID screened from January 1, 2015

Key Challenge 2018: Ensure Linkage to Care

Georgia Hepatitis C Elimination Program Care Cascade, April 28, 2015 – October 31, 2018



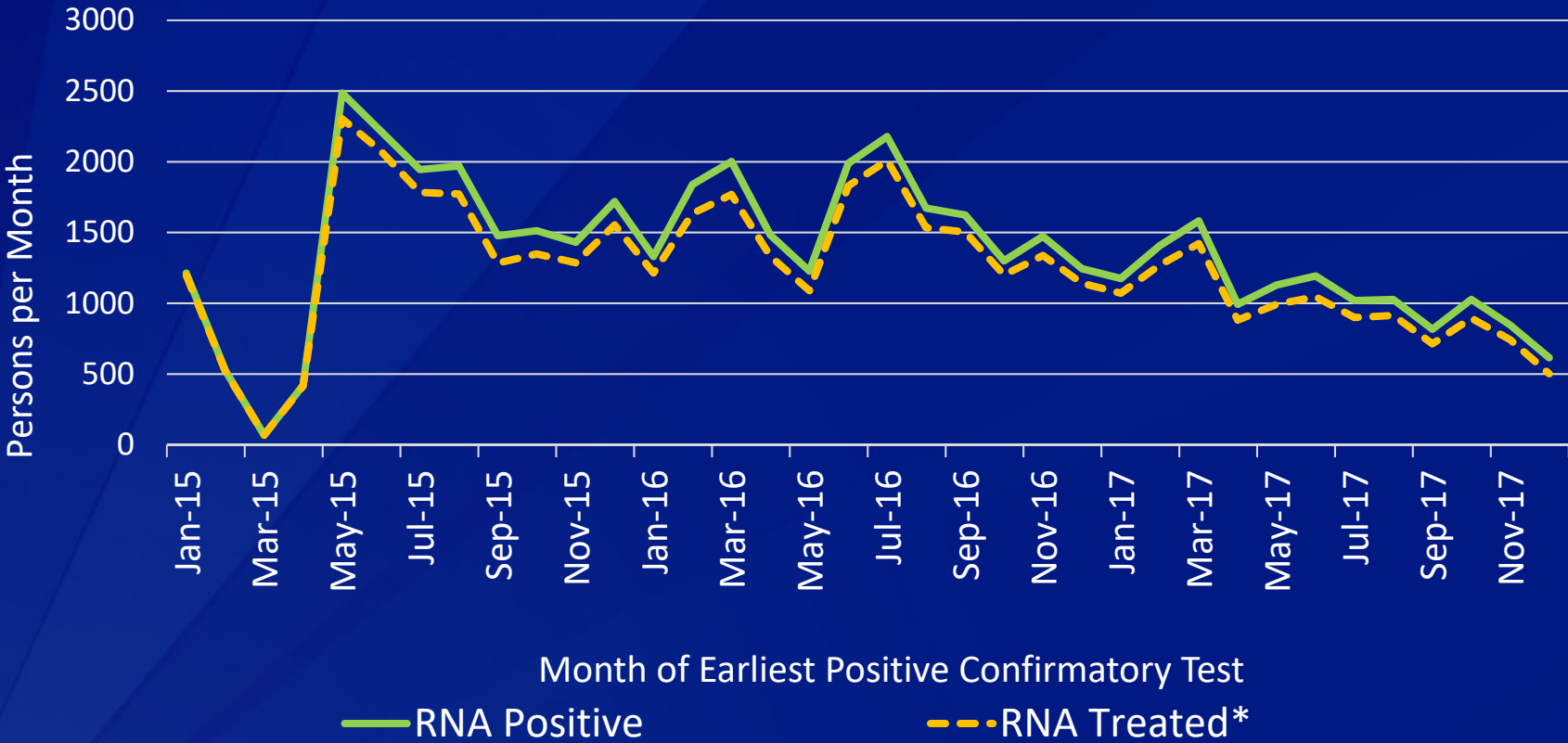
* Among persons age ≥ 12 with PID screened from January 1, 2015

Key Challenges, 2018

□ Ensure linkage to Care

- 20% dropout from screen HCV-Ab+ to receive confirmatory testing
- Linkage to care = confirmatory testing?

HCV confirmatory testing at treatment centers (RNA), Georgia, January 2015 – December 2017

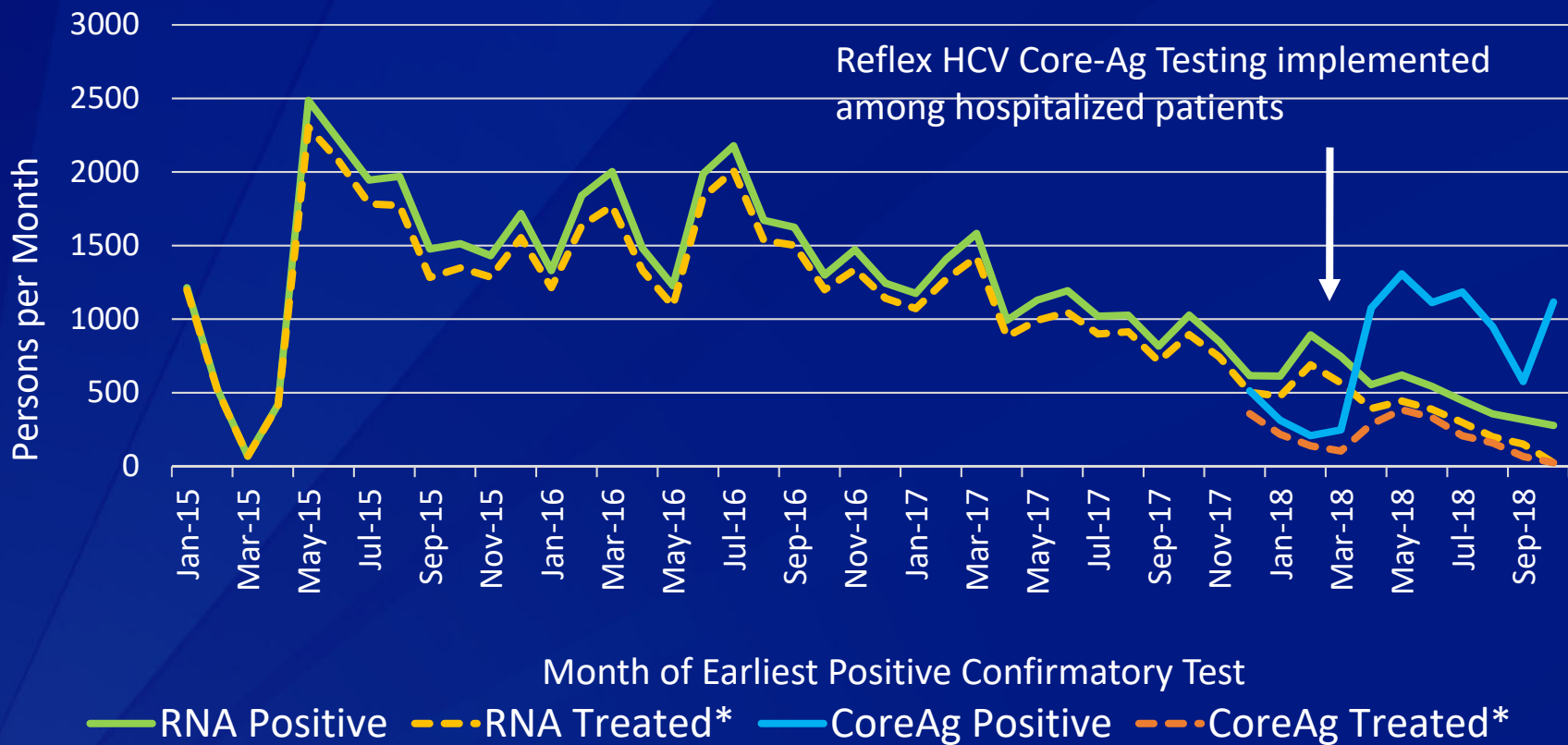


* Treatment initiation reported as cohort by month of confirmatory test

Key Activities, 2018

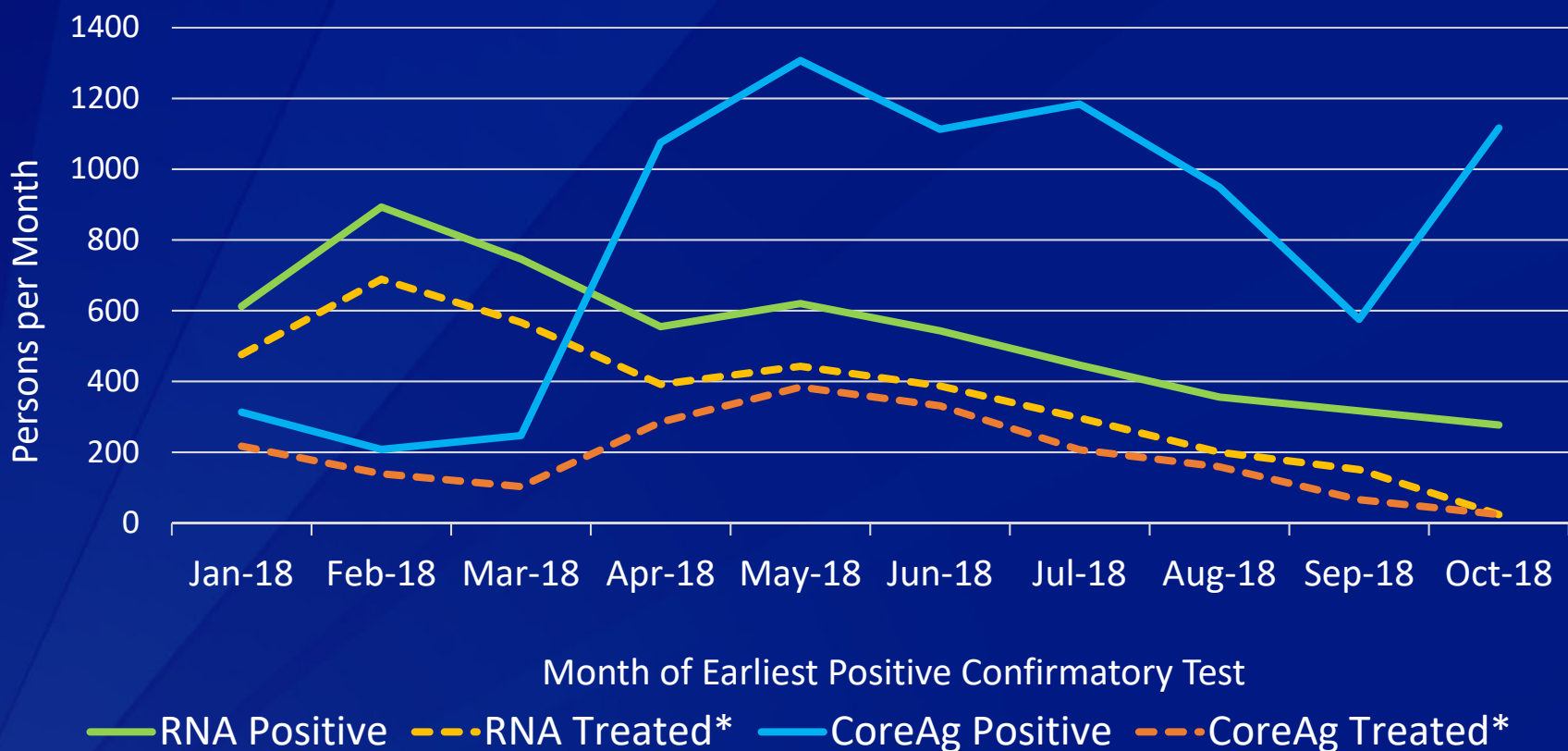
- Hospital Based Screening \approx 30,000/month screened
- “Reflex” confirmatory testing (HCV core Ag) in hospital screening program introduced in March 2018
 - *Increased confirmatory testing among HCV Ab+*

Treatment initiation by HCV confirmatory testing method and by month, Georgia, January 2015 – October 2018



* Treatment initiation reported as cohort by month of confirmatory test

Treatment initiation by HCV confirmatory testing method and month of confirmation, Georgia, January 2018 – October 2018



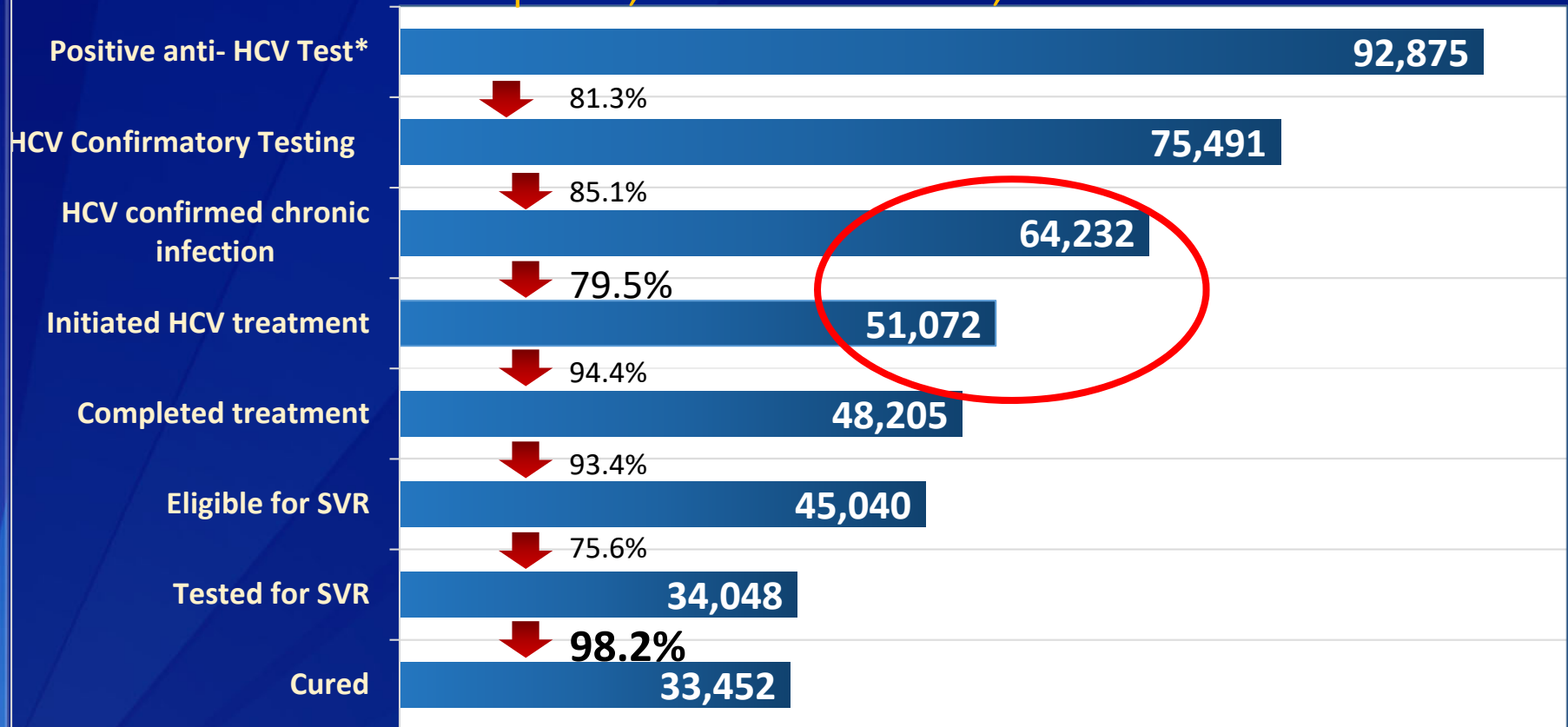
* Treatment initiation reported as cohort by month of confirmatory test

Unintended Consequences, 2018

- Hospital Based Screening + “Reflex” confirmatory testing (HCV core Ag) in hospital screening program introduced in March 2018
 - Increased confirmatory testing among HCV Ab+
 - *decreased treatment initiation among those with confirmed HCV infection!!*

Key Challenge 2018: Ensure Linkage to Care

Georgia Hepatitis C Elimination Program Care Cascade, April 28, 2015 – October 31, 2018



* Among persons age ≥12 with PID screened from January 1, 2015

Conclusions

❑ **Model Program**

- Motivated government, advocacy, partnerships
- Successful screening and treatment program established
- Comprehensive program: prevention (IPC, blood safety, harm reduction), surveillance, research, other

❑ **Linkage to Care needs to be defined as initiation of treatment (or similar)**

Conclusions

- ❑ Robust Information System allows for efficient implementation of program and real-time analysis of data
- ❑ Monitoring & Evaluation and Innovation/Research play a key role in identifying program gaps, answering key questions, and finding solutions to remedy.

Key Questions for 2019

- ❑ **Burden: Changed since 2015?**
 - Identified and Treated approx. 1/3 of 150,000 infections
 - Death?
 - Migration?
 - New Infections?
 - Re-infection?

- ❑ **Will Georgia Reach 2020 Goals?**

Key Questions, 2019

- ❑ **Access to Screening & Linkage to Care & Treatment**
 - Who is being missed by screening programs?
 - If screen positive, what are barriers to
 - Confirmation of infection?
 - Initiation of treatment?
 - Innovative models needed to improve access: decentralization of services
 - High risk populations
 - PWID
 - Corrections/Prisons
 - Other: CKD, hemophilia, cancer, other

Key Strategies Needed, 2019

- ❑ **Expand Screening (identify all HCV+)**
- ❑ **Improve Access to care (reduce/eliminate care cascade barriers)**
 - Simplify Treatment
 - Decrease costs to patients
 - Increase geographic access (Primary Health Care)
 - Increase access for high risk/PWID (treatment in Harm Reduction settings)
- ❑ **Utilize Decentralized Testing Platforms: GeneXpert in 40 TB centers**

Didi Matloba!