4th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

SURVEILLANCE FRAMEWORK OF THE HCV ELIMINATION PROGRAM IN GEORGIA- CURRENT SITUATION AND VISION FOR THE FUTURE

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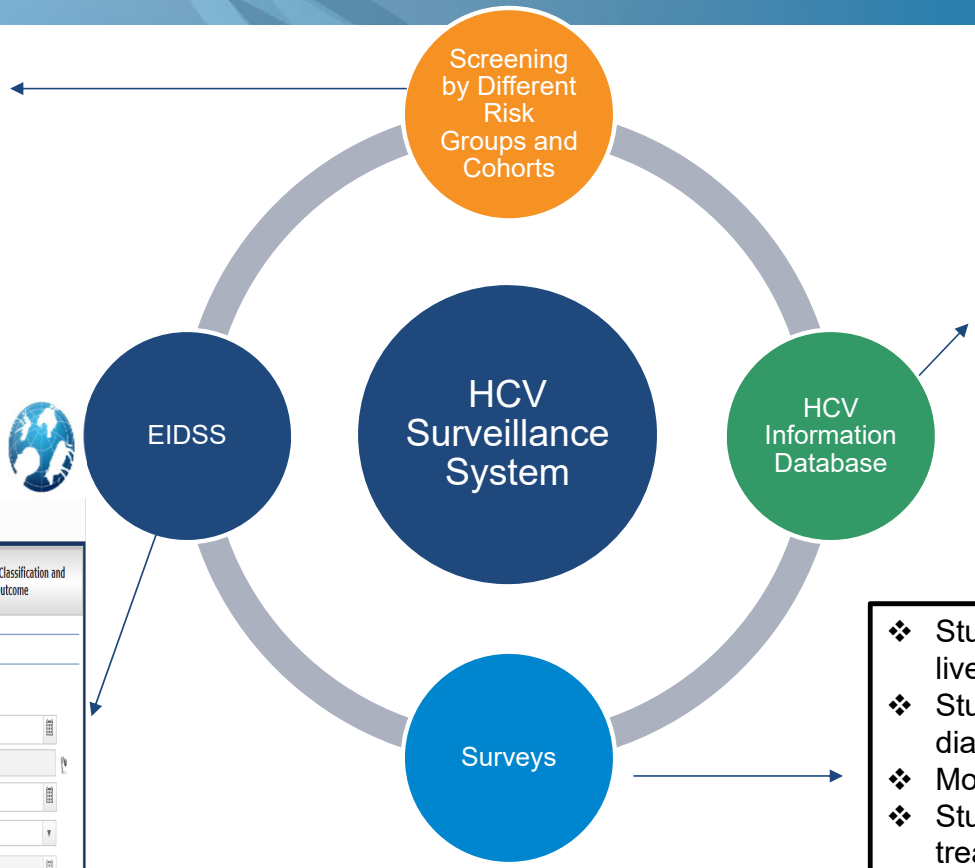
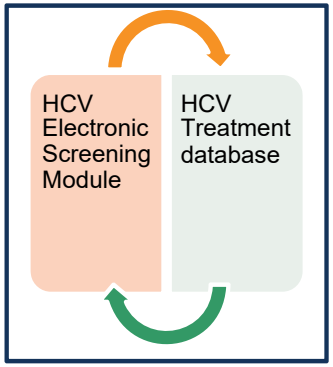
Existing HCV Surveillance System in Georgia

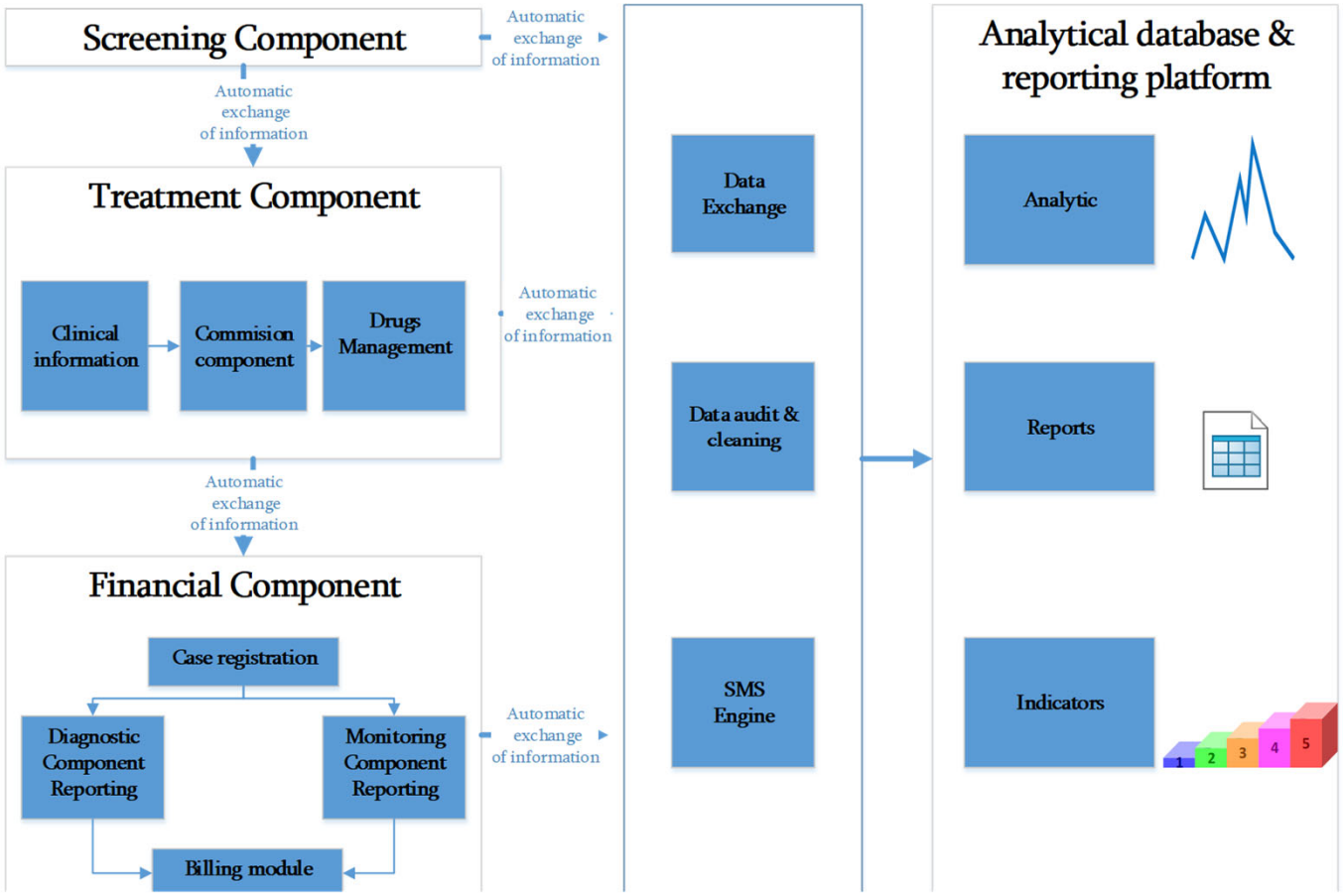
- TB Patients
- HIV+ Individuals
- IDUs
- Hemodialysis Patients
- Prisoners
- Blood donors
- Hospitalized Individuals
- OST Program Beneficiaries
- Follow-up Cohort
- Hemophilia Patients etc.





- Study on HCV-attributable liver cancer
- Study on acute hepatitis diagnostics
- Mortality Study
- Study on barriers of treatment and confirmation etc.

Current Hepatitis C Unified Information System



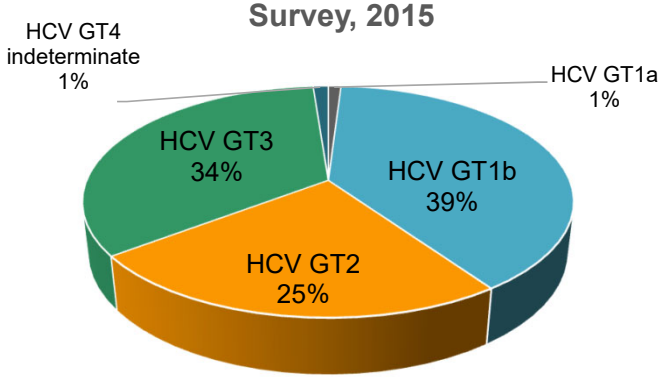
- SMS message functionality on screening results
- Decentralization of confirmation test samples
- New interface and platform of treatment system
- Integrating a new treatment system with the screening module (STOP C)
- Simplified electronic management and reduced barriers of involvement in treatment
- Optimization of commission of the review process.
- Supply management optimization
- Optimization of the patient referral process between providers
- Simplified report and analysis

HCV Seroprevalence Survey, 2015

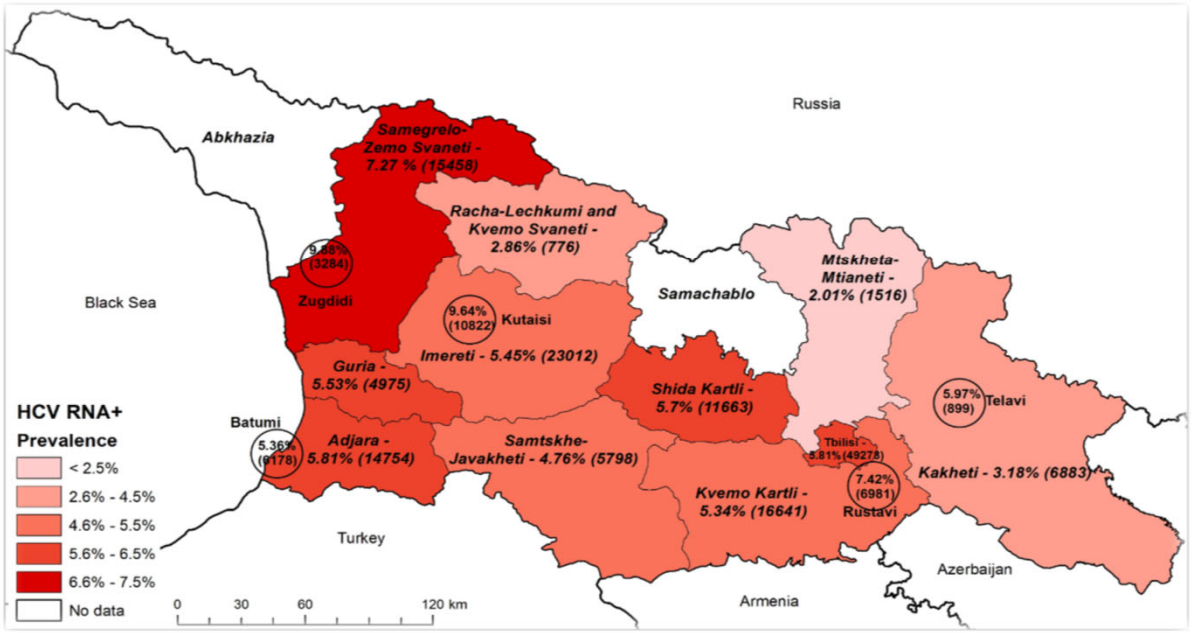
HCV Seroprevalence Survey, 2015

Characteristic	n	Weighted %	Estimated # nationwide ≥18 years
Anti-HCV+	425	7.7%	215,000
HCV RNA+	311	5.4%	150,000

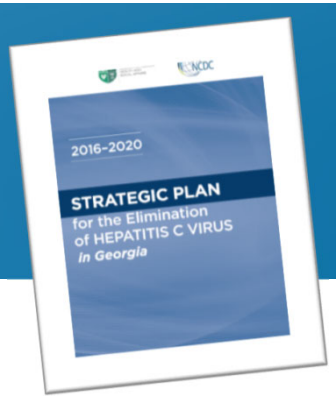
HCV Genotypes- Seroprevalence Survey, 2015



Prevalence and Estimated Number of HCV RNA+ Individuals by Regions and Cities



National HCV Elimination Strategy



Goal

Elimination of HCV by ensuring prevention, diagnostics and treatment of the disease

Targets

90-95-95

By 2020

- ✓ **90% of people living with HCV are diagnosed (n=135,000)**
- ✓ **95% of those diagnosed are treated (n=128,250)**
- ✓ **95% of those treated are cured (n=122,000)**

- Promote advocacy, awareness and education, and partnerships for HCV associated resource mobilization
- Prevent HCV transmission
- Identify Persons Infected with HCV
- Improve HCV Laboratory Diagnostics
- Provide HCV Care and Treatment
- Improve HCV Surveillance

HCV Seroprevalence Survey vs. Screening Data I

HCV Seroprevalence Survey, 2015

Characteristic	n	Weighted %	Estimated # nationwide ≥18 years
Anti-HCV+	425	7.7%	215,000
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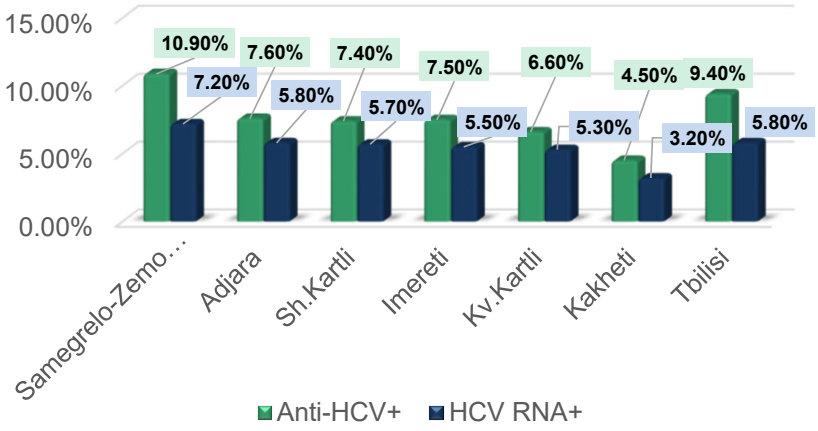
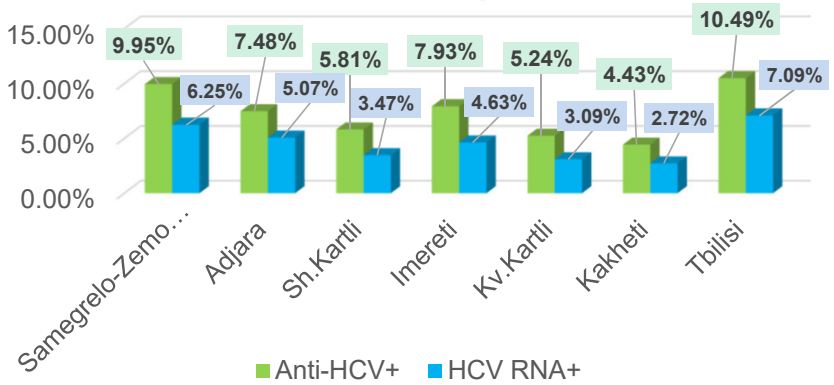
HCV Prevalence-Screening Results

Characteristic	n	Weighted %	Total # of Positive Cases
Anti-HCV+	1,217,612	9.88%	120,153
HCV RNA+	1,217,612	5.28%	64,232
HCV RNA+ (Based on additional lost to follow-up cases)	1,217,612	6.69%	81,482

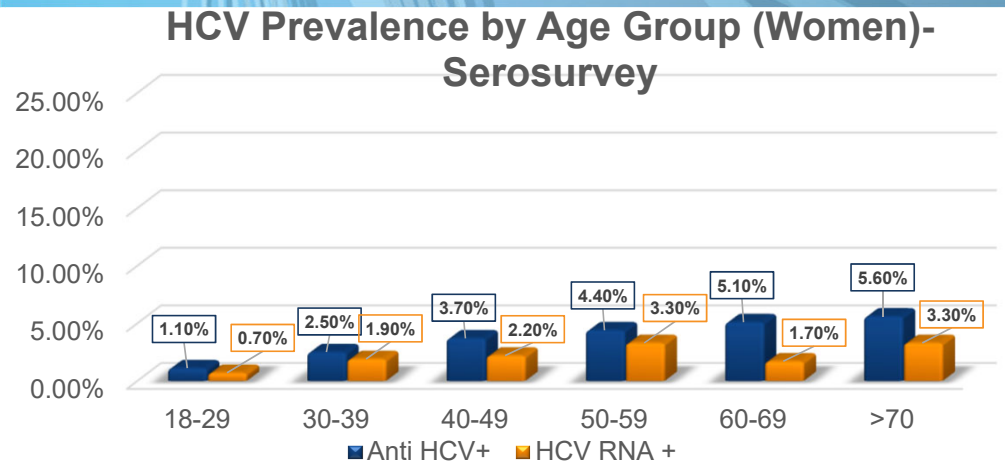
HCV Prevalence By Region (Serosurvey)

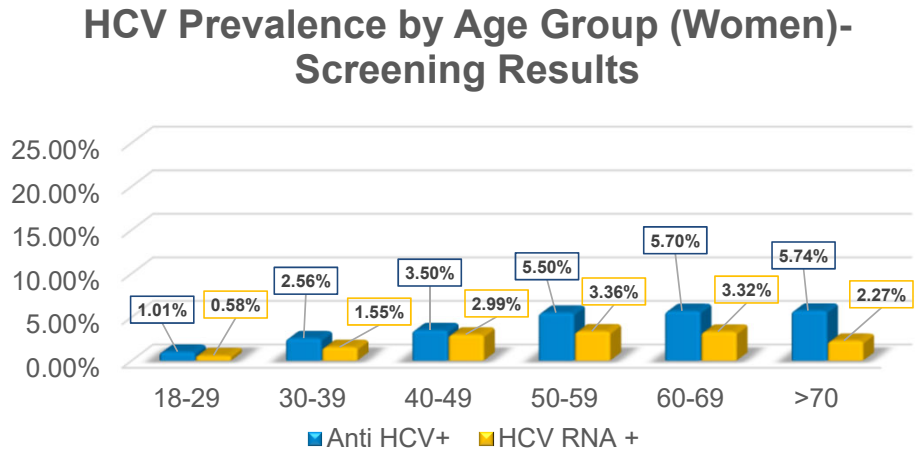


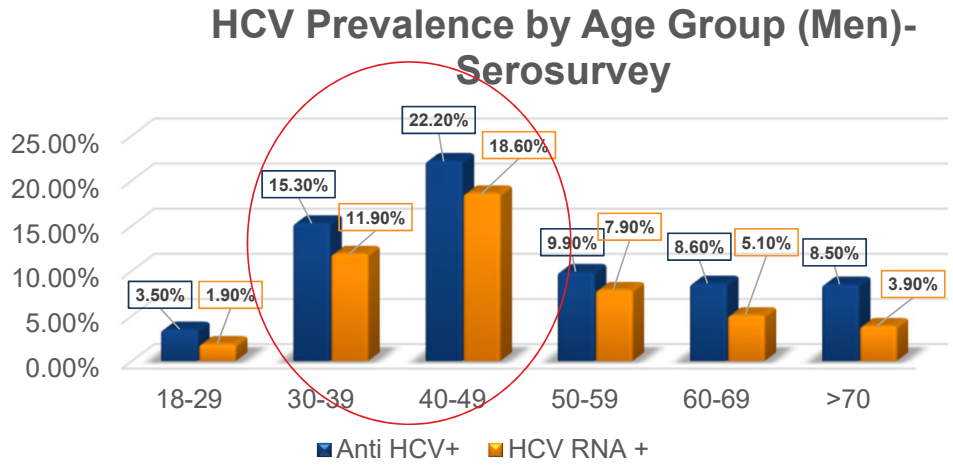
HCV Prevalence By Region (Screening Results)

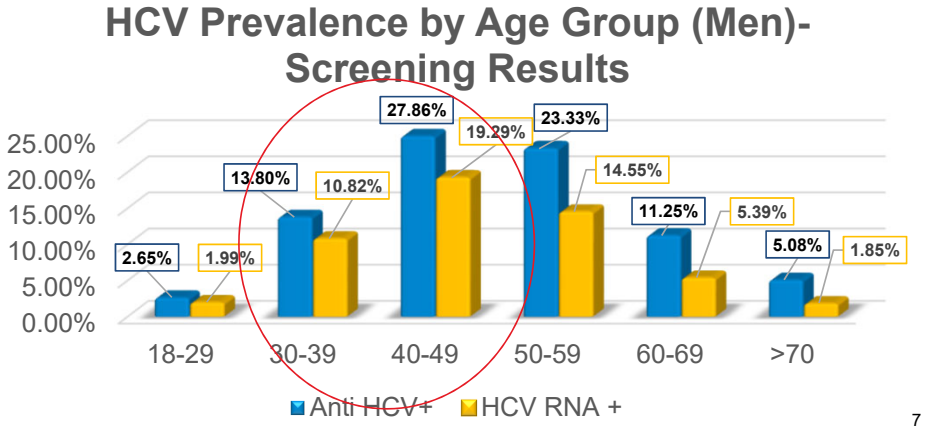


HCV Seroprevalence Survey vs. Screening Data II

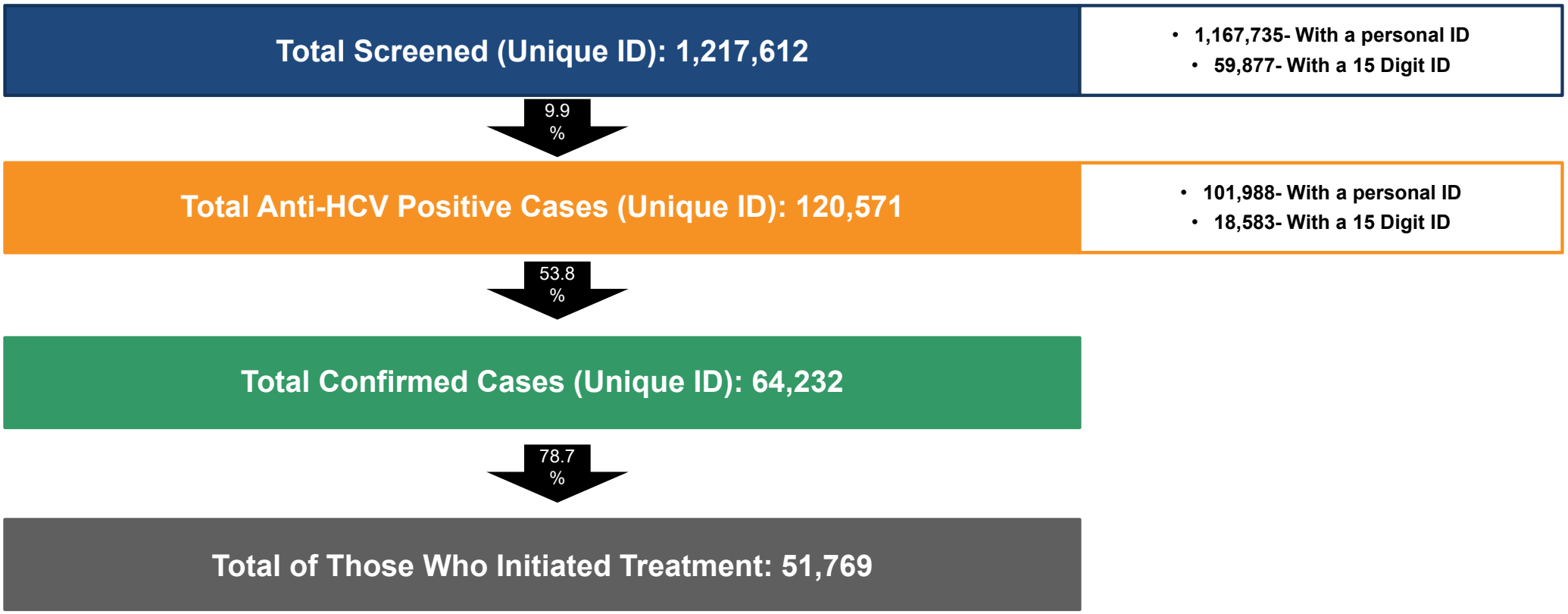








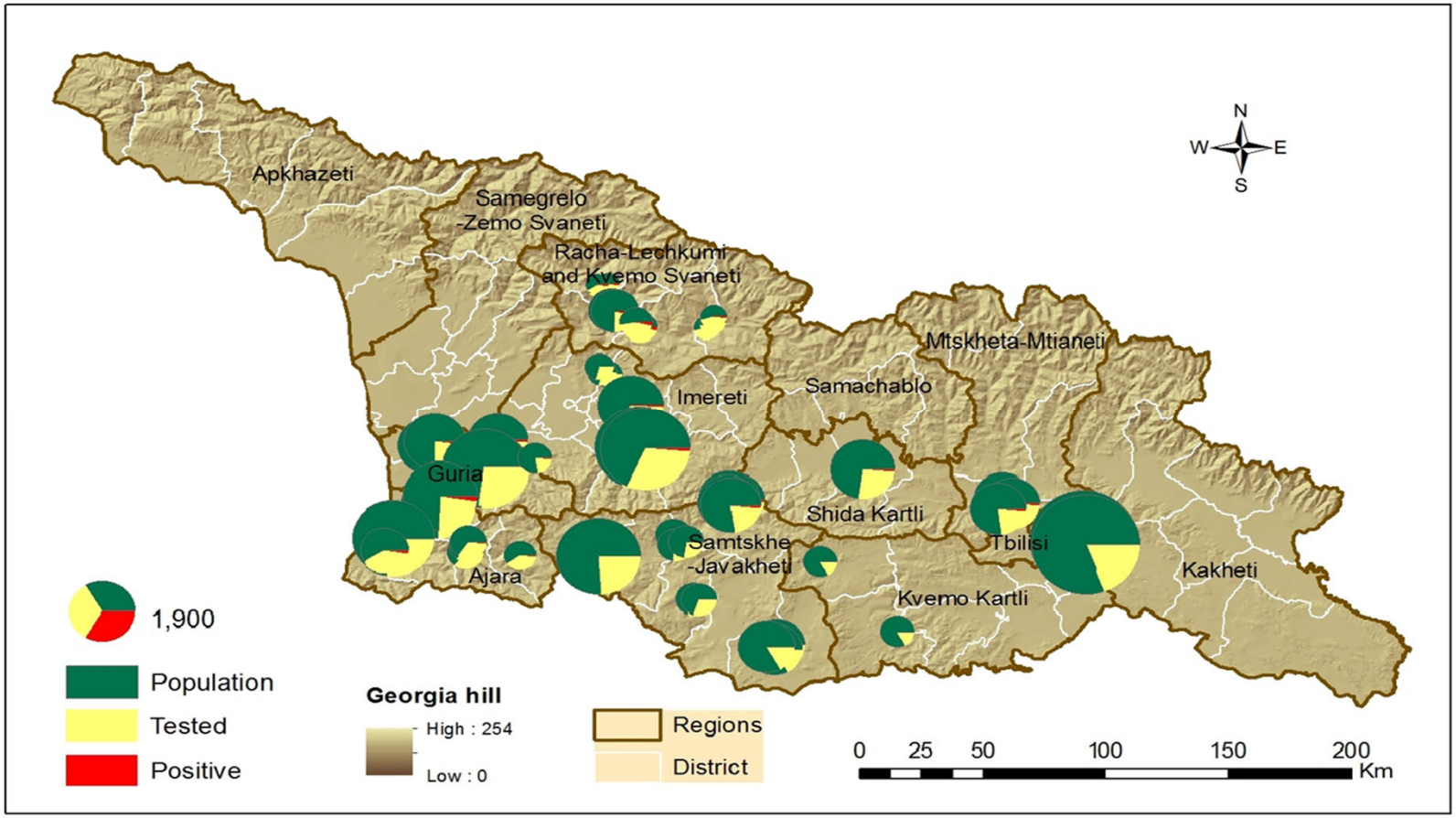
Screening and Treatment Cascade- Adult Population



Micro-elimination in Specific Risk-Groups

	TB Patients	HIV Infected Individuals	Hemophilia Patients	OST Program Beneficiaries	Dialysis Patients	War Veterans and Their Family Members
Target Population	3,276	4,126	383	9,614	3,017	69,255
Screenings	2,359	3,588	164	7,436	2,510	27,308
Screening Coverage %	72.01%	86.96%	42.82%	77.35%	83.20%	39.43%
Of Those Positive	471	1,410	88	6535	554	3,577
Finding Screening Positives %	19.97%	39.30%	53.66%	87.88%	22.07%	13.10%

Micro-elimination in Georgian Villages



- 14,049 People Have Been Screened in 38 Villages
- Total Coverage of Testing: 33%
- 690 Cases Have Been Found

Lost To Follow-Up Anti-HCV+ Individuals

- 21,542 adult individuals are lost to follow-up
- Pilot stage – 1280 individuals in 32 municipalities (≤100 Anti-HCV+ people in each)
- Confirmatory testing available in all 32 small municipalities to prevent the geographic barrier
- Public health center epidemiologists follow each individual and refer them to confirmatory testing
- So far 772 people have been reached

TAG 2017 Recommendations/ Recommendations of the Workshop on Viral Hepatitis Surveillance (March, 2018)

- Conduct retrospective review of infectious diseases hospitals medical records for acute hepatitis cases
- Ensure quality of screening tests
- Centralize provision of tests-kits
- Enhance public health centers capacity and infrastructure for participation in HCV surveillance
- Monitor linkage to care using the screening registry and the Elimination C database
- Revise and modify current case definitions for acute and chronic hepatitis C

Completed

- Establish acute hepatitis C surveillance -Integrate reporting of acute HCV to EIDSS
- Link harm the reduction database to the treatment database through unique IDs, ensuring personal data protection
- Modify the decree to mandate hemodialysis units to report and enter all cases tested for HCV
- Use the E-Health database, cancer registry and vital statistics for sequel surveillance

In Progress

- Conduct case investigation for each HCV+ child and repeat testing at 18 months

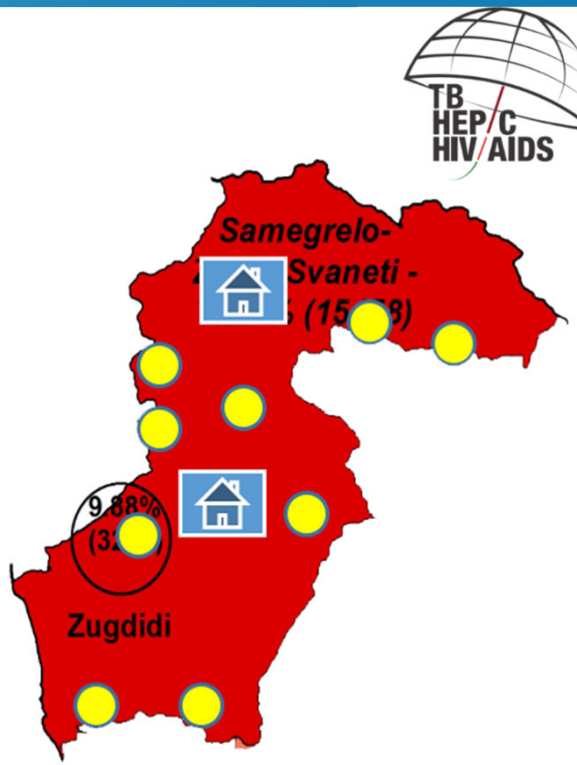
Planned

Samegrelo –Zemo Svaneti Pilot Project:Three Diseases (HIV/HCV/TB) Under One Umbrella- As an Example of Regional Surveillance

	Samegrelo-Zemo Svaneti	Georgia
HCV Prevalence	7,27% (HCV RNA+)	5,4 (HCV RNA+)
TB Prevalence	120 (100,000 population)	79 (100,000 population)
HIV Prevalence	199.3 (100,000 population)	136.6 (100,000 population)

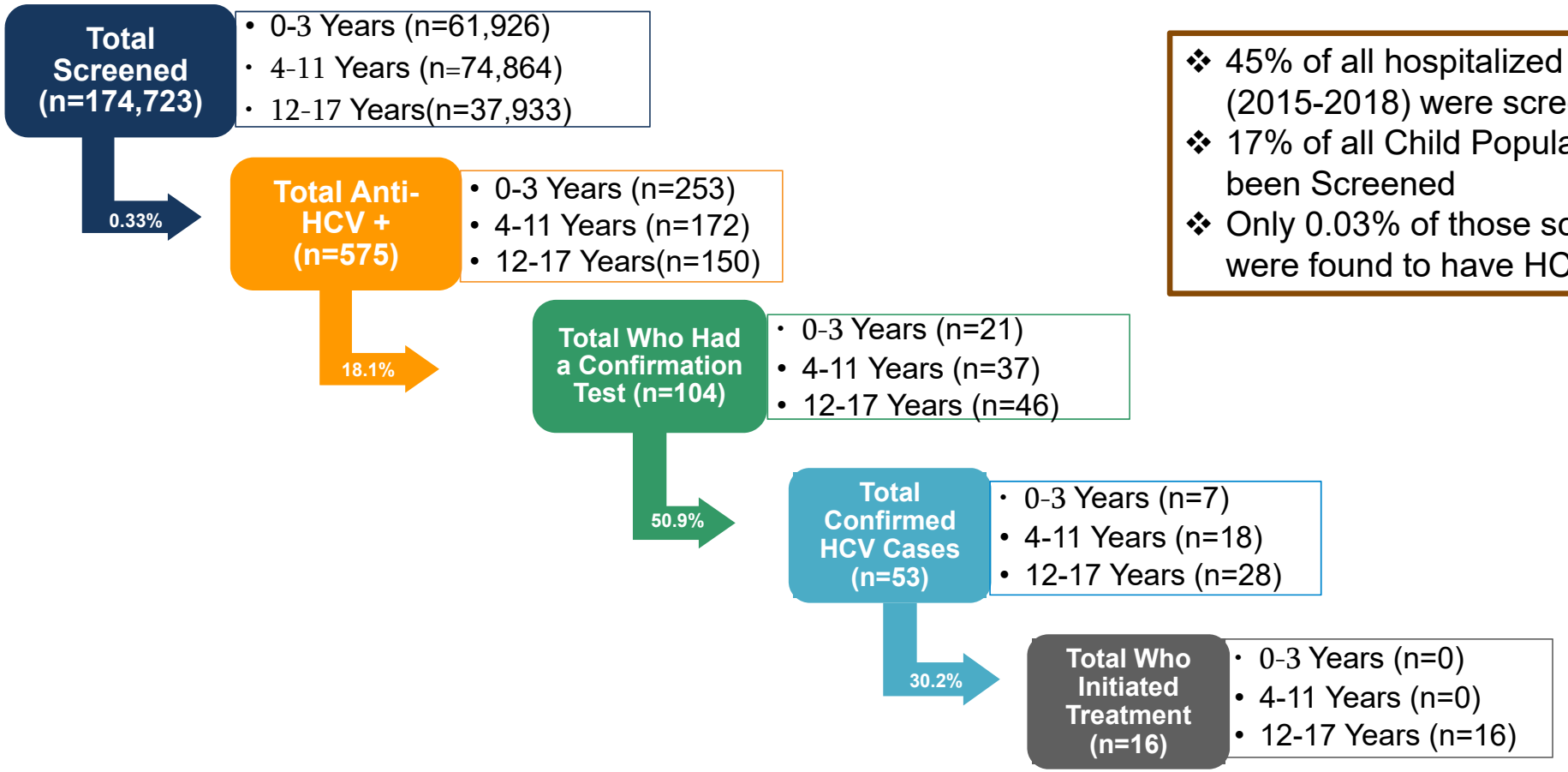
- 88178 - Screened
- 2279 - Anti-HCV+
- 1277 - Confirmed
- 178 - Registered for Further Testing
- 499 - Has Initiated Treatment

- Integrated TB/HIV/HCV screening protocol approved
- 454 doctors and nurses trained
- Integrated multidisciplinary service monitoring groups established
- The partners roles were established based on the memorandum
- Municipal programs supporting pilot implementation approved



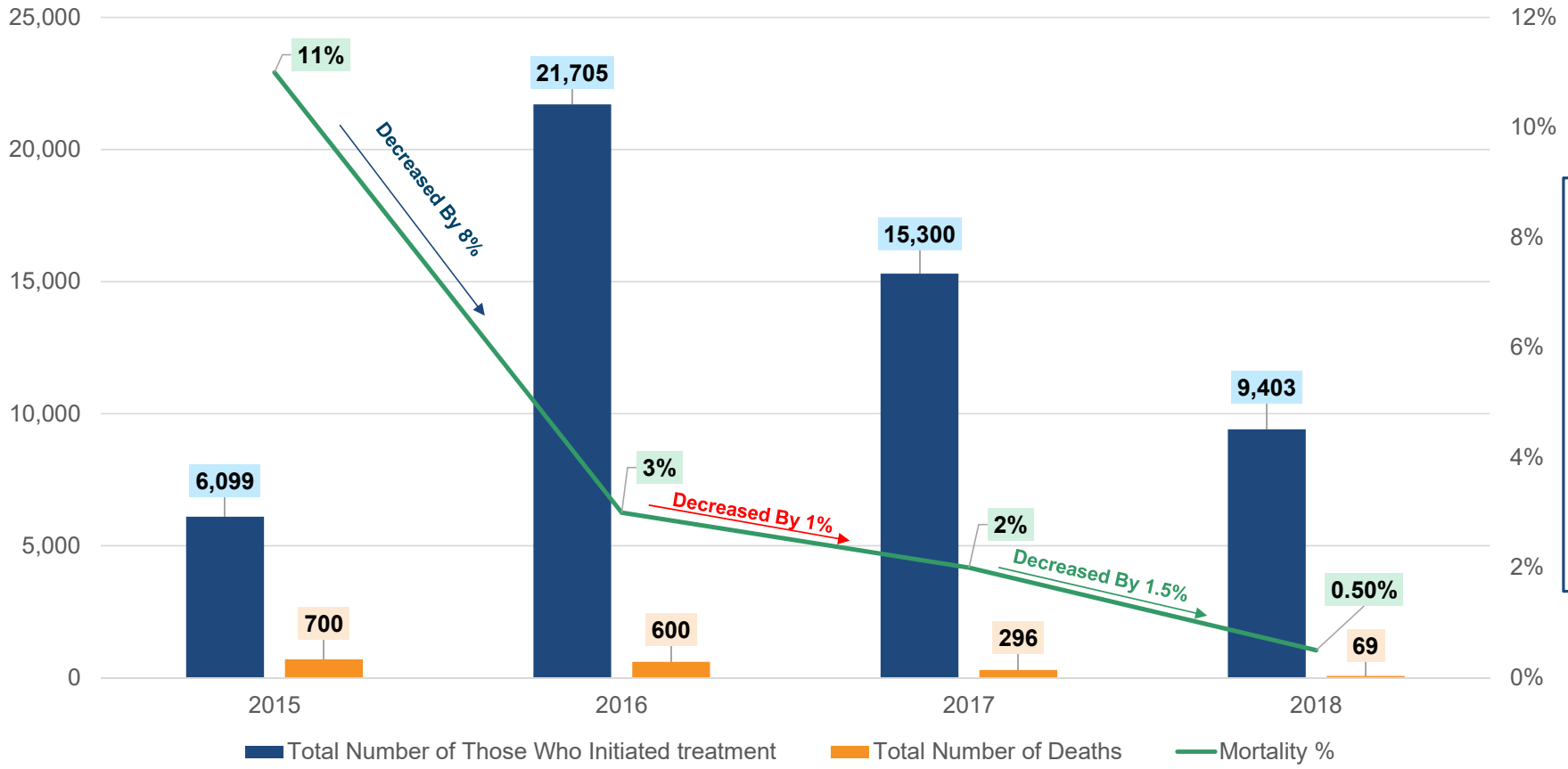
Target for HCV testing:
40% of local population

HCV in Hospitalized Children



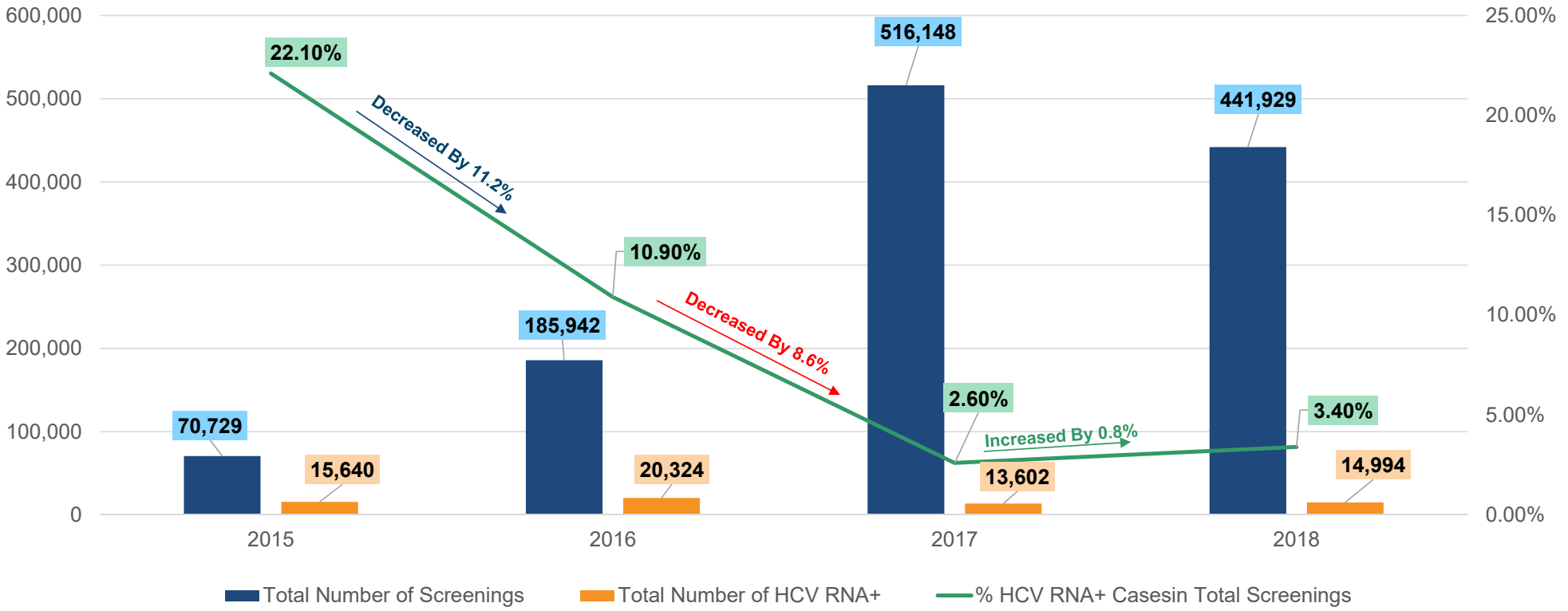
- 45% of all hospitalized children (2015-2018) were screened
- 17% of all Child Population have been Screened
- Only 0.03% of those screened were found to have HCV

Number and Percentage of Deaths Among People Enrolled in the HCV Treatment by Years

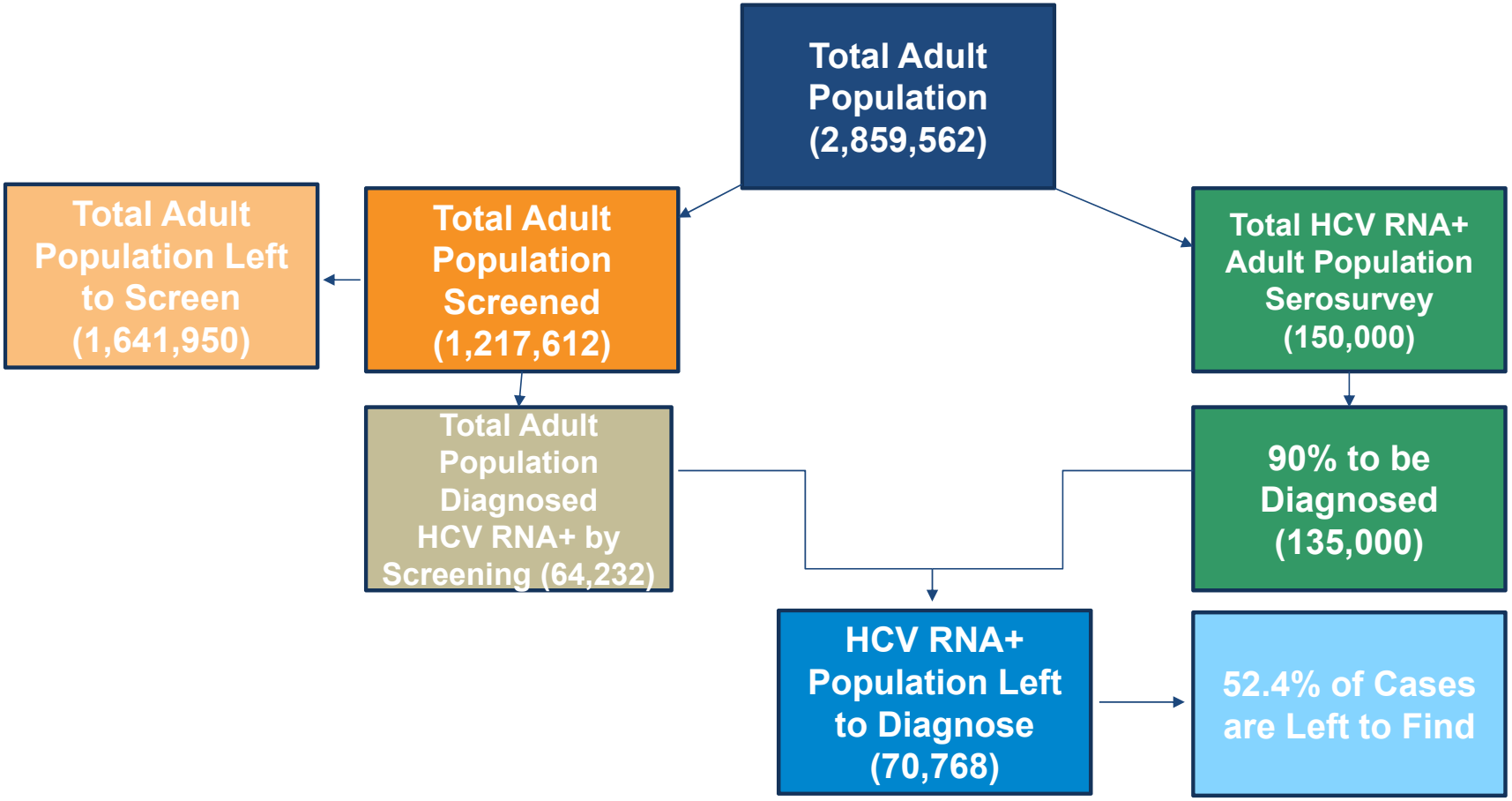


- Overall, over 4 years, only 3.3% of those who initiated treatment have died
- 64.3% of all mortality is due to those who died more than 6 months after completing treatment

Annual HCV RNA+ Cases in Screened Individuals (Unique Cases)



Future Plans: Finding the Remaining Cases



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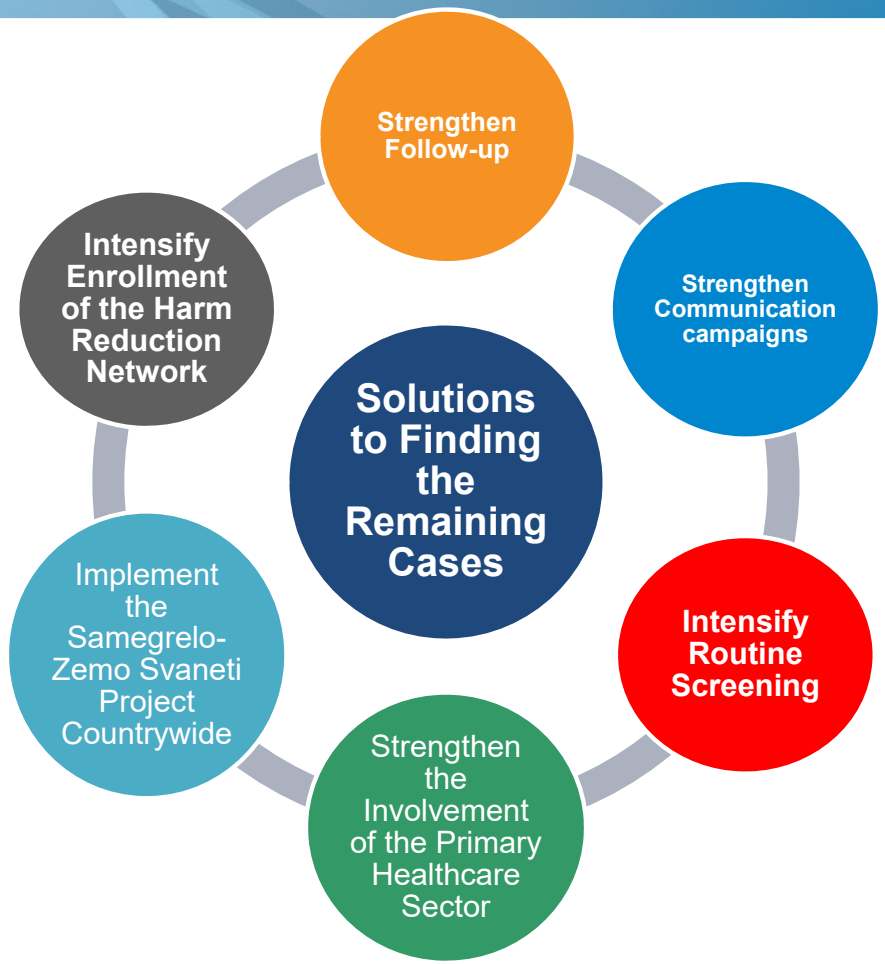

Thank You!