4th HEPATITIS C TECHNICAL ADVISORY GROUP

TAG Meeting

PILOTING INTEGRATED HIV, HCV AND TB SCREENING AT PHC LEVEL IN SAMEGRELO REGION

Dr. Irma Khonelidze

National Center for Disease Control and Public Health

HCV, TB and HIV Integrated Screening Model at the Primary Healthcare Level

- Pilot Project
- Samegrelo-Zemo Stvaneti Region
- November 2017– October 2018
- Integrated screening at PHC -April, 2018

Objective: To improve case detection of Hepatitis C, Tuberculosis and HIV infection at the primary healthcare level in the country of Georgia

Samegrelo-Zemo Svaneti Region

HCV Prevalence – 10.9% (Anti-HCV+) 7,27% (HCV RNA+)

[Georgia: 7,7 Anti-HCV+; 5,4 HCV RNA+]

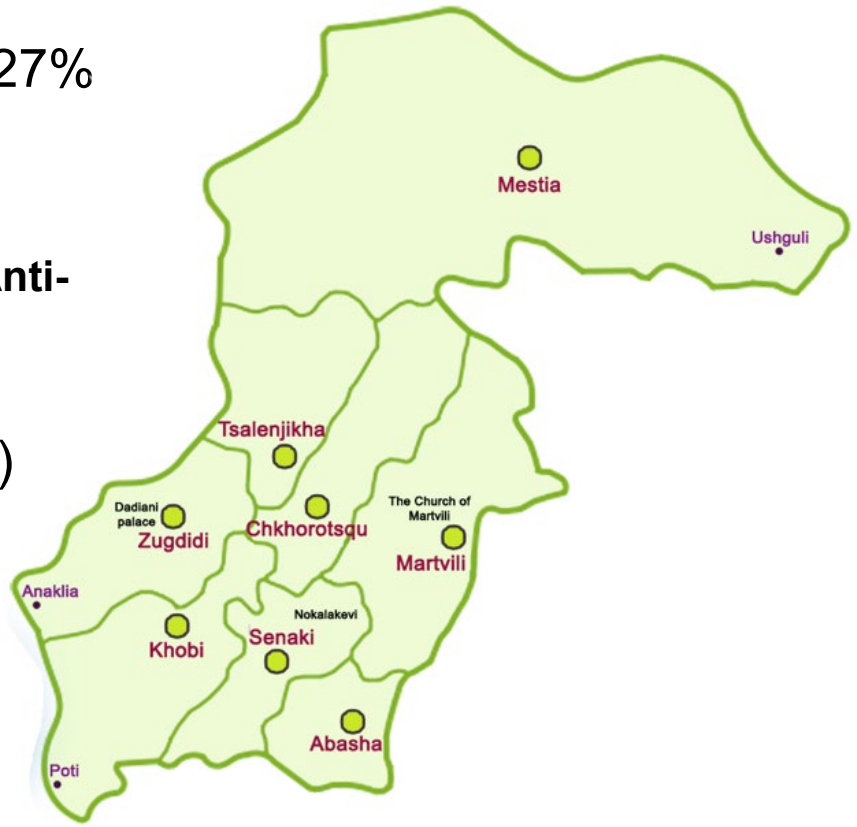
Estimated number of HCV RNA+ 15,458 (23,238 Anti-HCV+)

TB Prevalence - 120 (100,000 population)

[Georgia 79 (100,000 population)]

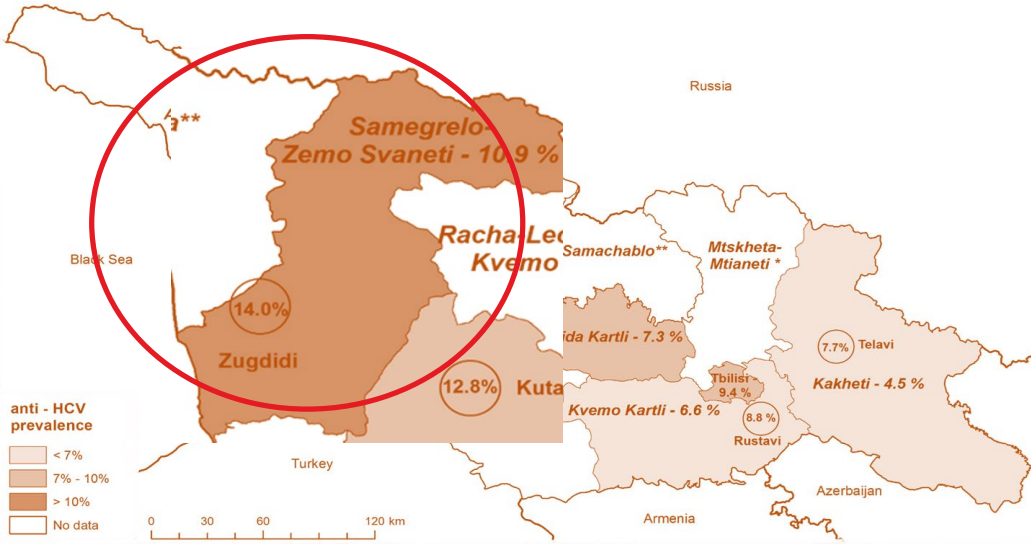
HIV/AIDS Prevalence - 199 (100,000 population)

[Georgia:136 (100,000 population)]



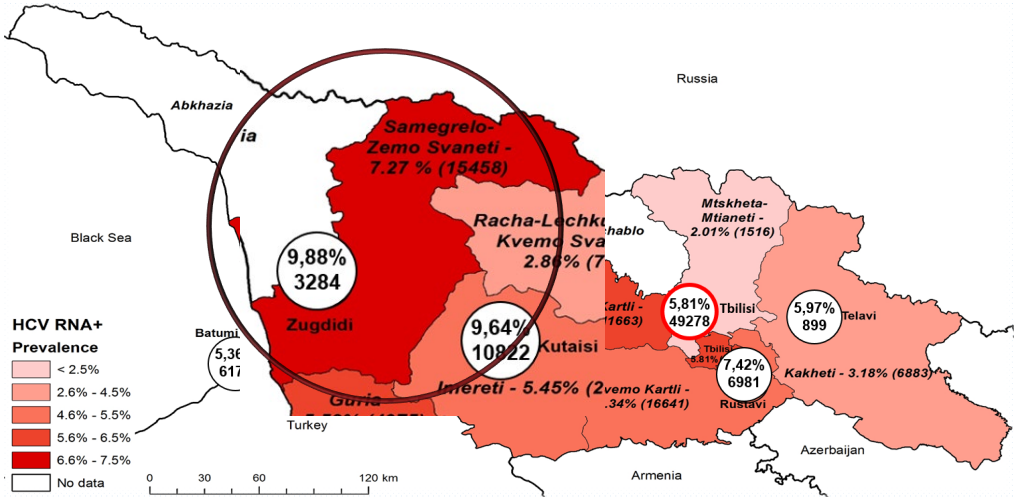
Population - 320,800
≥ 18 Population – 250,700

Samegrelo-Zemo Svaneti Region has Highest Prevalence of Anti-HCV and HCV RNA+



Anti-HCV prevalence in major cities and regions of Georgia

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



HCV, TB and HIV Integrated Screening Model at the Primary Healthcare Level
Pilot Project Activities (cont.)

Local public-private partnership for effective integration of TB/HIC/HCV screening in PHC has been developed

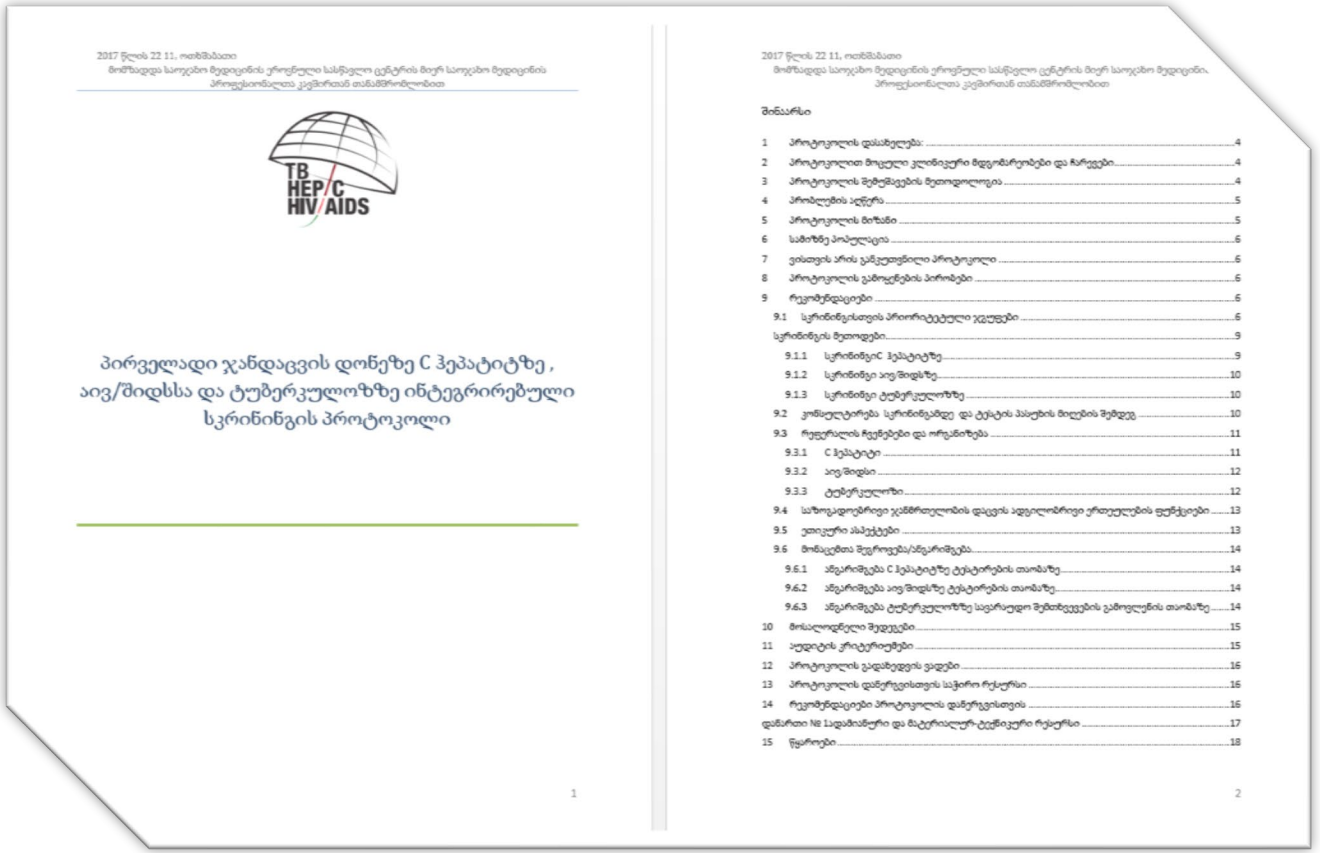
Local government committed and allocated budget for incentives linked to screening coverage

HCV, TB and HIV Integrated Screening Model at the Primary Healthcare Level
Pilot Project Activities

- Awareness raising campaigns have been conducted targeted all stakeholders including general public on all thee diseases in the region

HCV, TB and HIV Integrated Screening Model at the Primary Healthcare Level
Pilot Project Activities (cont.)

- Integrated TB/HIC/HCV screening protocol developed;
- Over 450 doctors and nurses, and district quality managers trained



2017 წლის 22 11, ოთხშაბათი
მომზადდა საოჯახო მედიცინის ეროვნული სასწავლო ცენტრის მიერ საოჯახო მედიცინის პროფესიონალთა კავშირთან თანამშრომლობით

TB HEP C HIV AIDS

პირველადი ჯანდაცვის დონეზე C ჰეპატიტზე, აივ/შიდსსა და ტუბერკულოზზე ინტეგრირებული სკრინინგის პროტოკოლი

1

2017 წლის 22 11, ოთხშაბათი
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პროფესიონალთა კავშირთან თანამშრომლობით

შინაარსი

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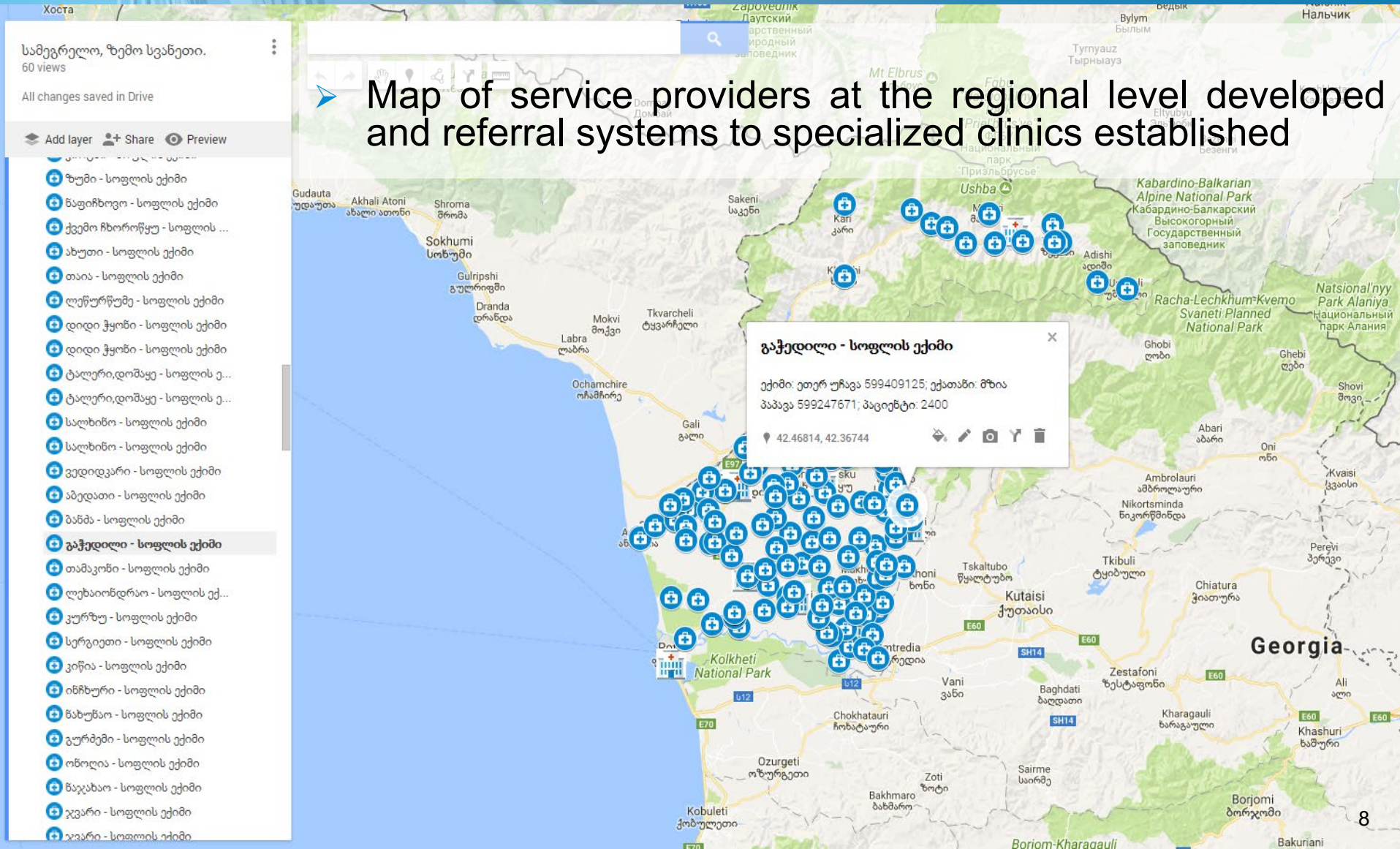
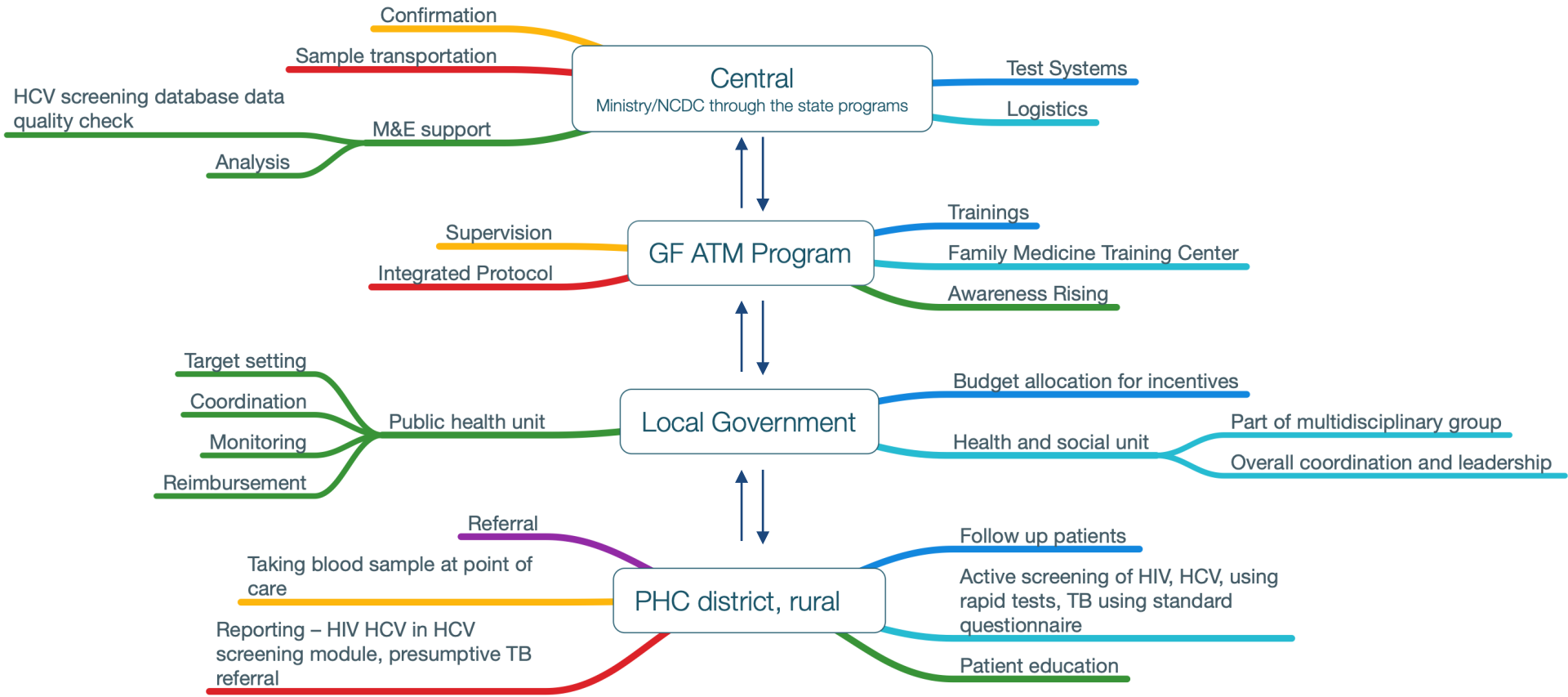
HCV, TB and HIV Integrated Screening Model at the Primary Healthcare Level
Pilot Project Activities (cont.)

- Map of service providers at the regional level developed and referral systems to specialized clinics established



HCV, TB and HIV Integrated Screening Model Roles and Responsibilities



HCV AB screening within the Integrated Screening Model

Total number screened within the pilot

88,178

90%

Target: 1 April – 31 December 2018

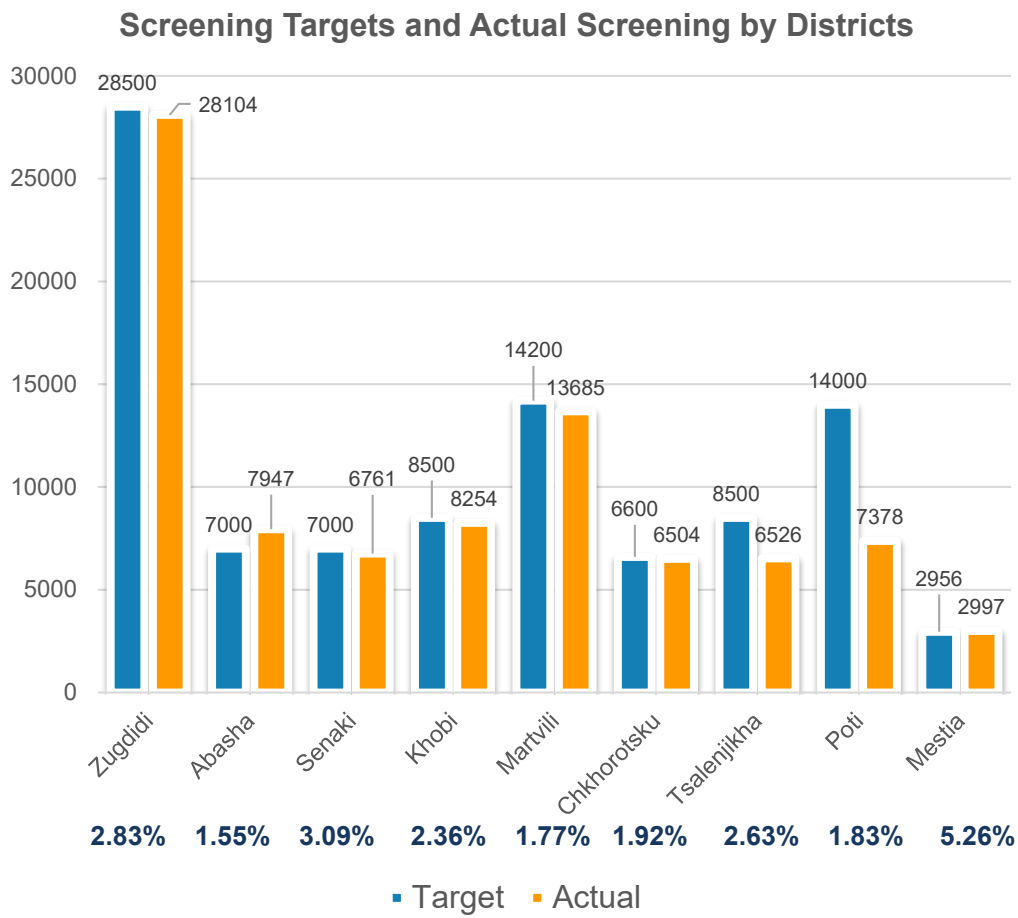
97,444

58,478

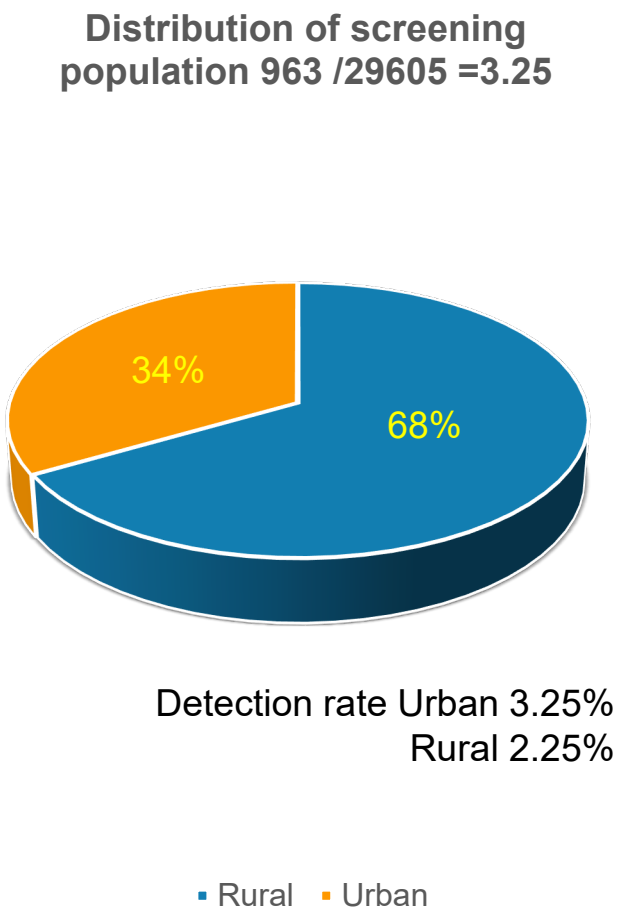
Total Number of Screened before the pilot

Over 60% increase in screening coverage

Hep C screening outcomes [2]
AB detection rate 2.58% [2,279]

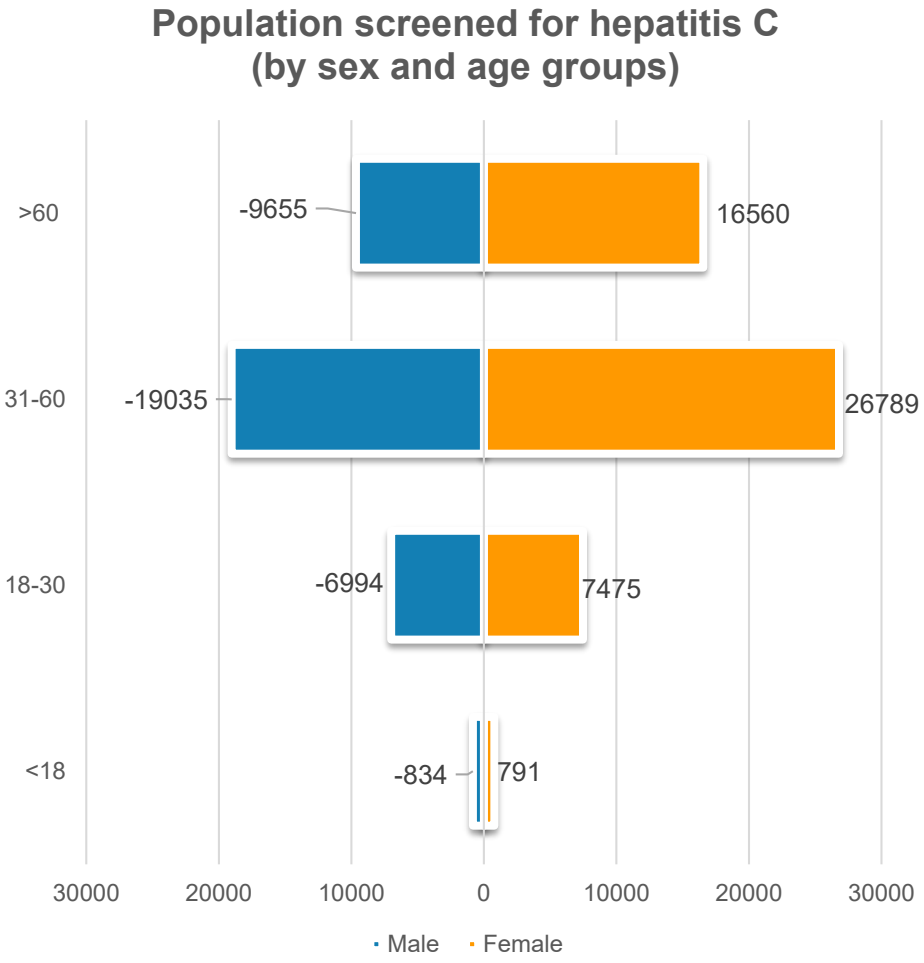


Total Actual Screening: 88,178;
22 Records missing municipality attribute

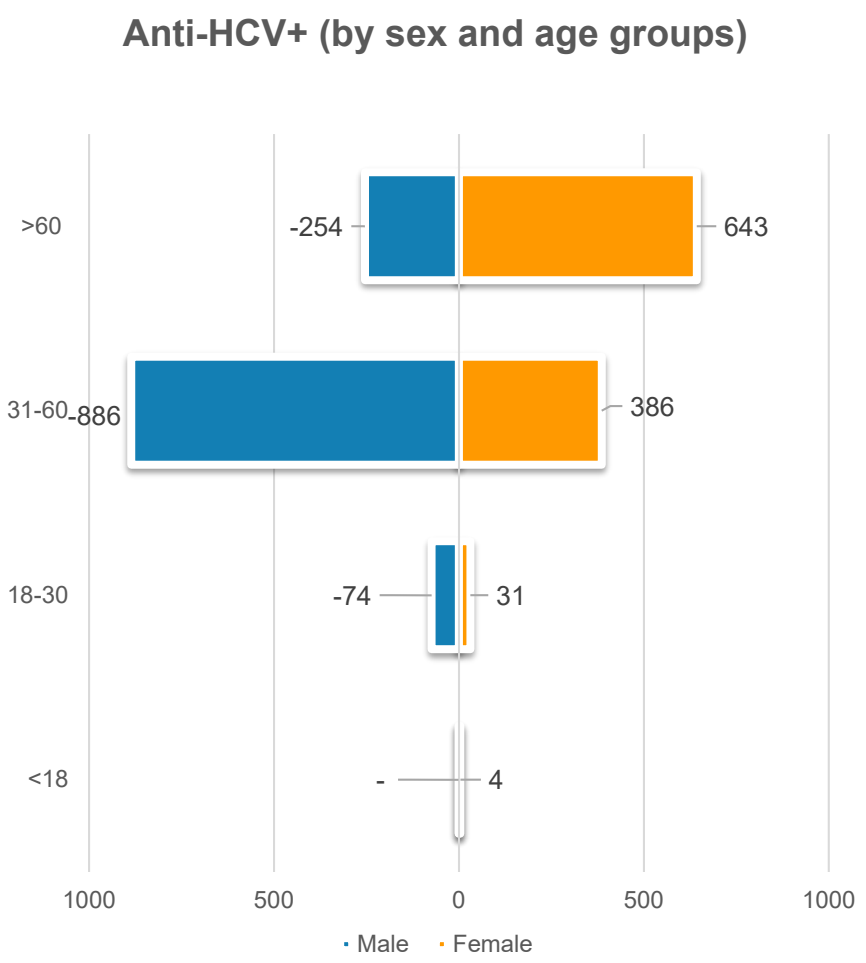


Detection rate Urban 3.25%
Rural 2.25%

Hep C screening outcomes [1]



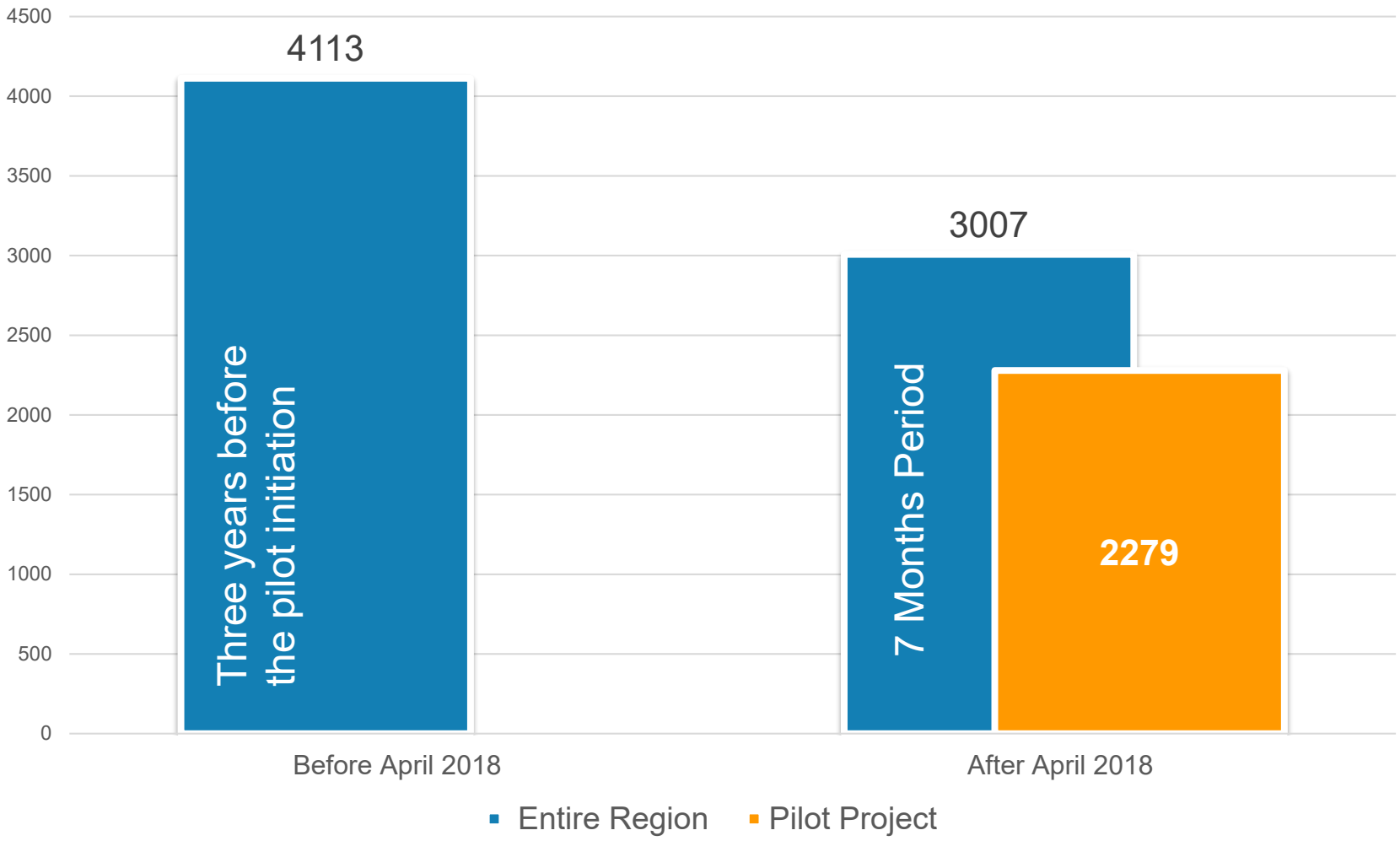
Total: 88,178; 45 Records missing Age



Total: 2,279

Hep C screening outcomes [3]

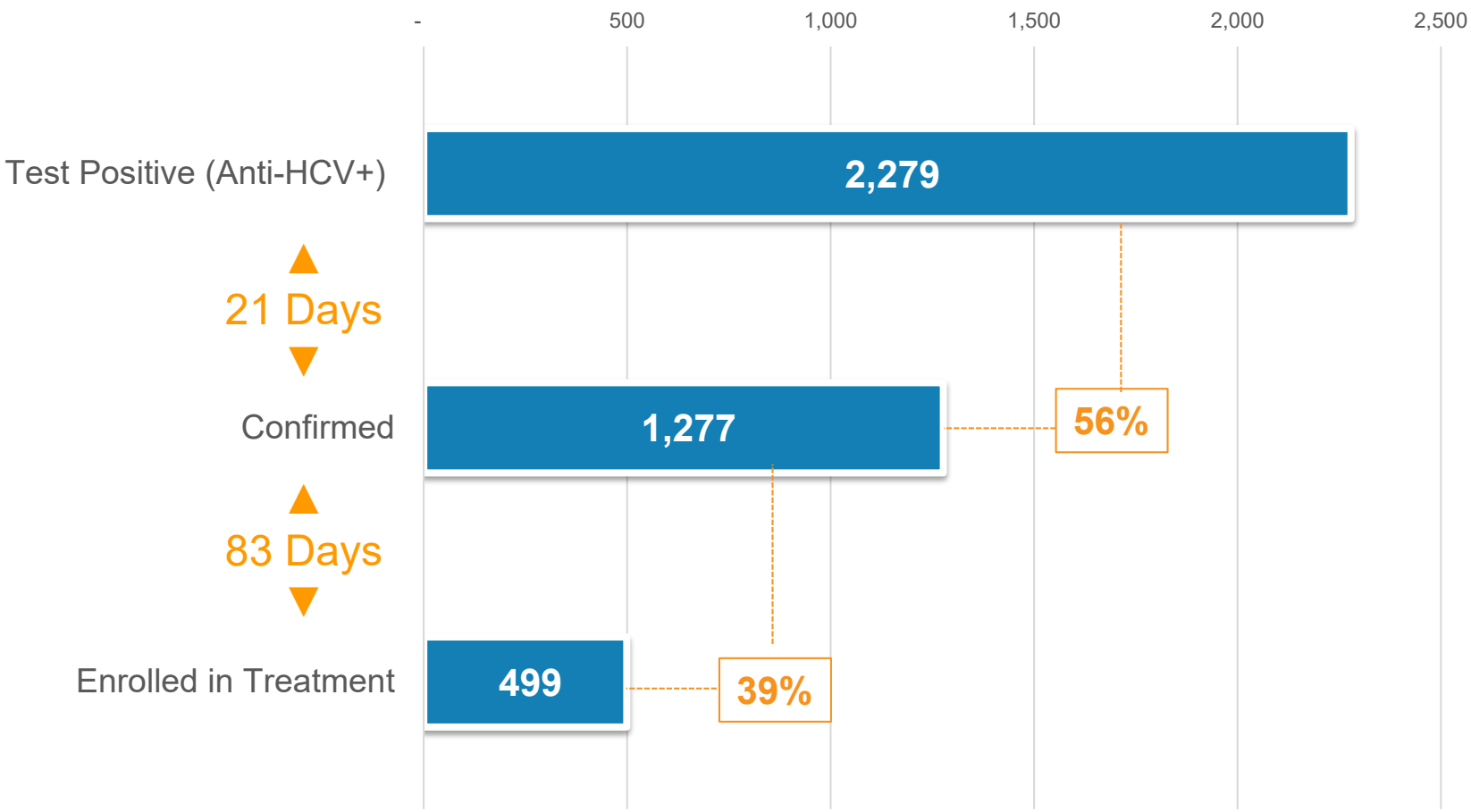
Anti HCV+



Hep C screening outcomes [6]

Pilot Project Cascade

88,178 Individuals screened within the pilot project.
AB detection rate 2.58% [2,279]

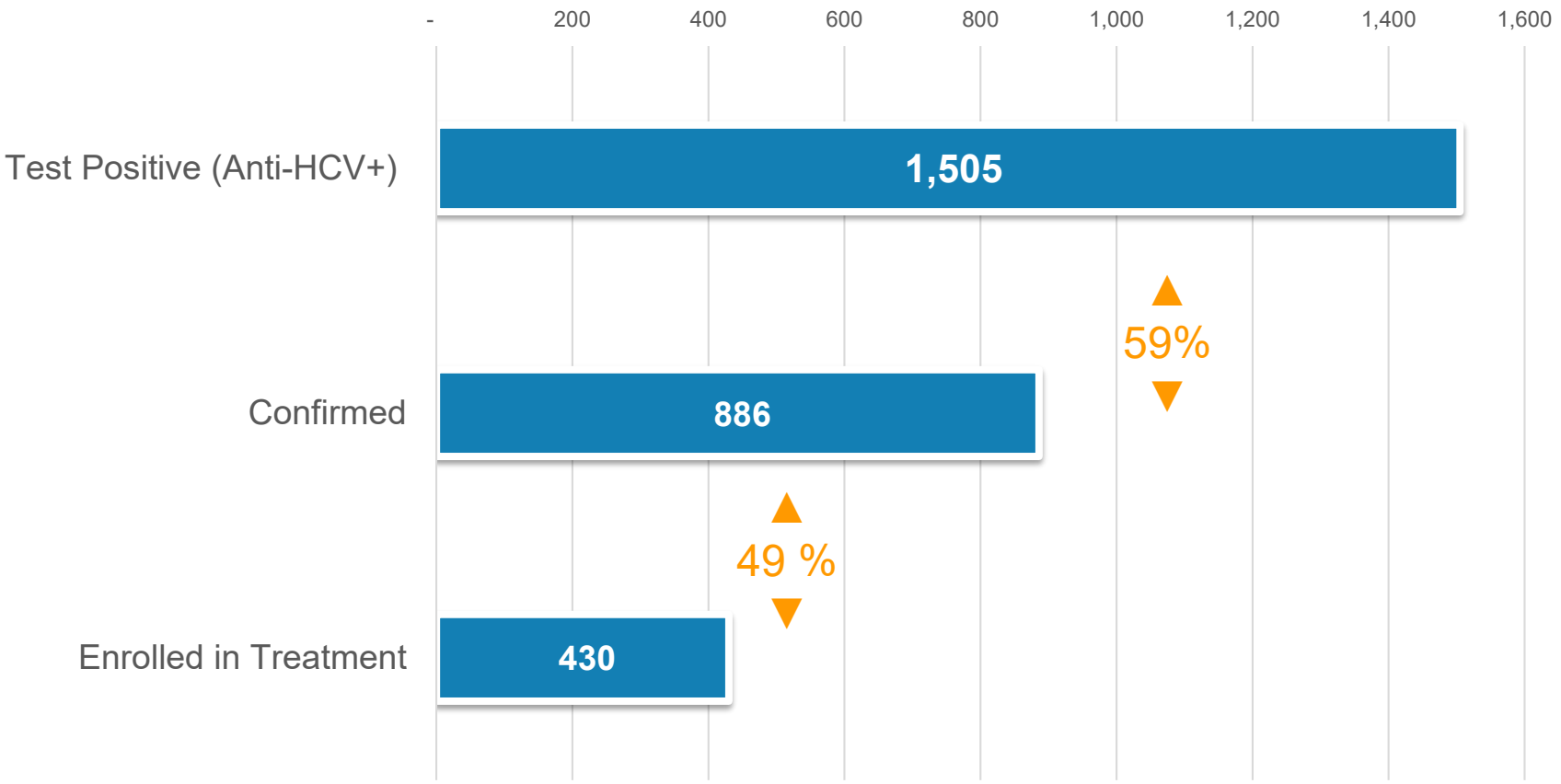


Hep C screening outcomes [7]

Pilot Project Cascade

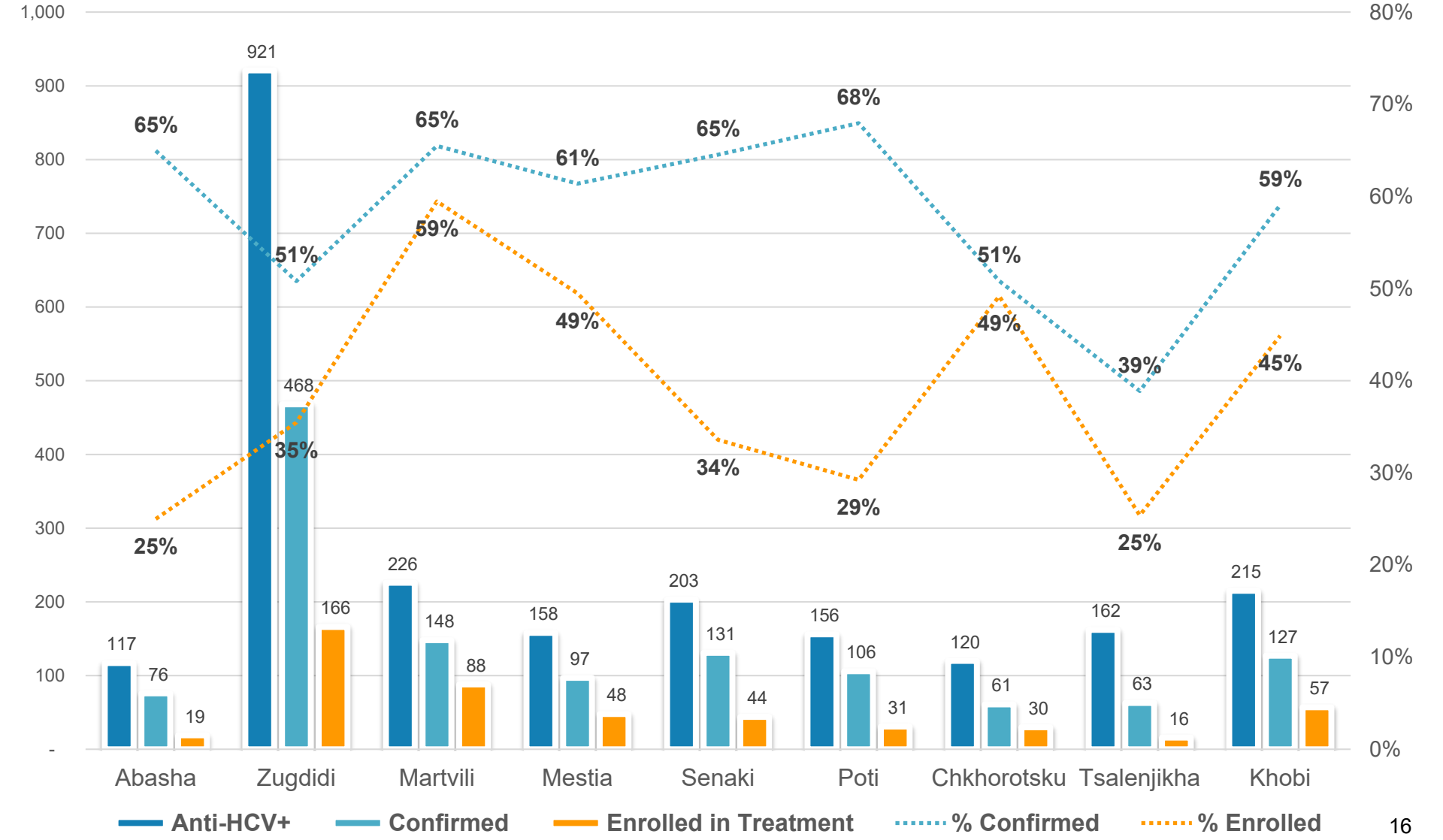
Lead Time: Anti-HCV+ to Treatment Initiation

Lead time from Anti-HCV+ to Treatment initiation 100 Days
Data Extraction: October 31st
Eligible for Analysis: Screened before 23-Jul



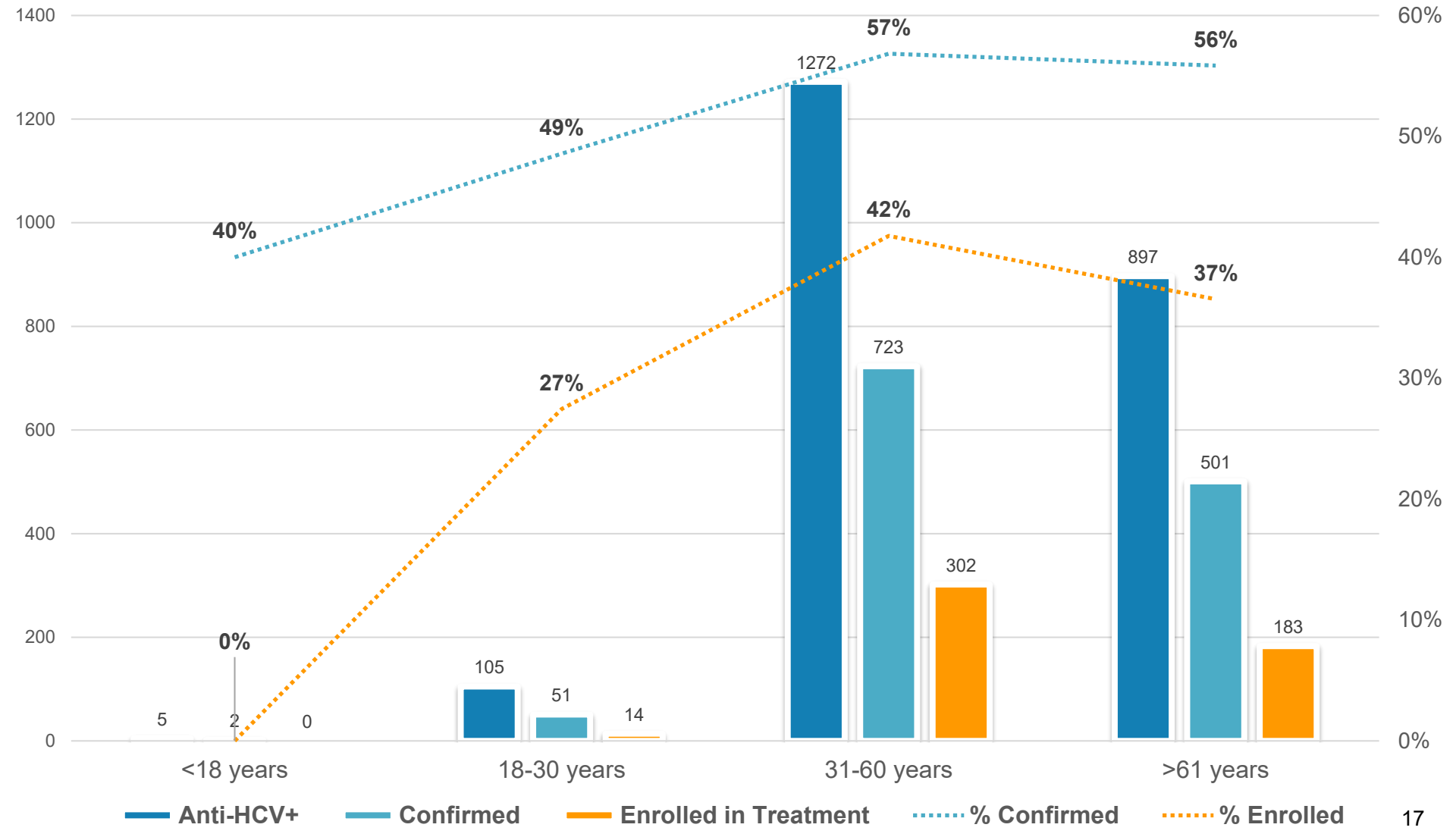
Enrollment in Treatment

By Municipalities



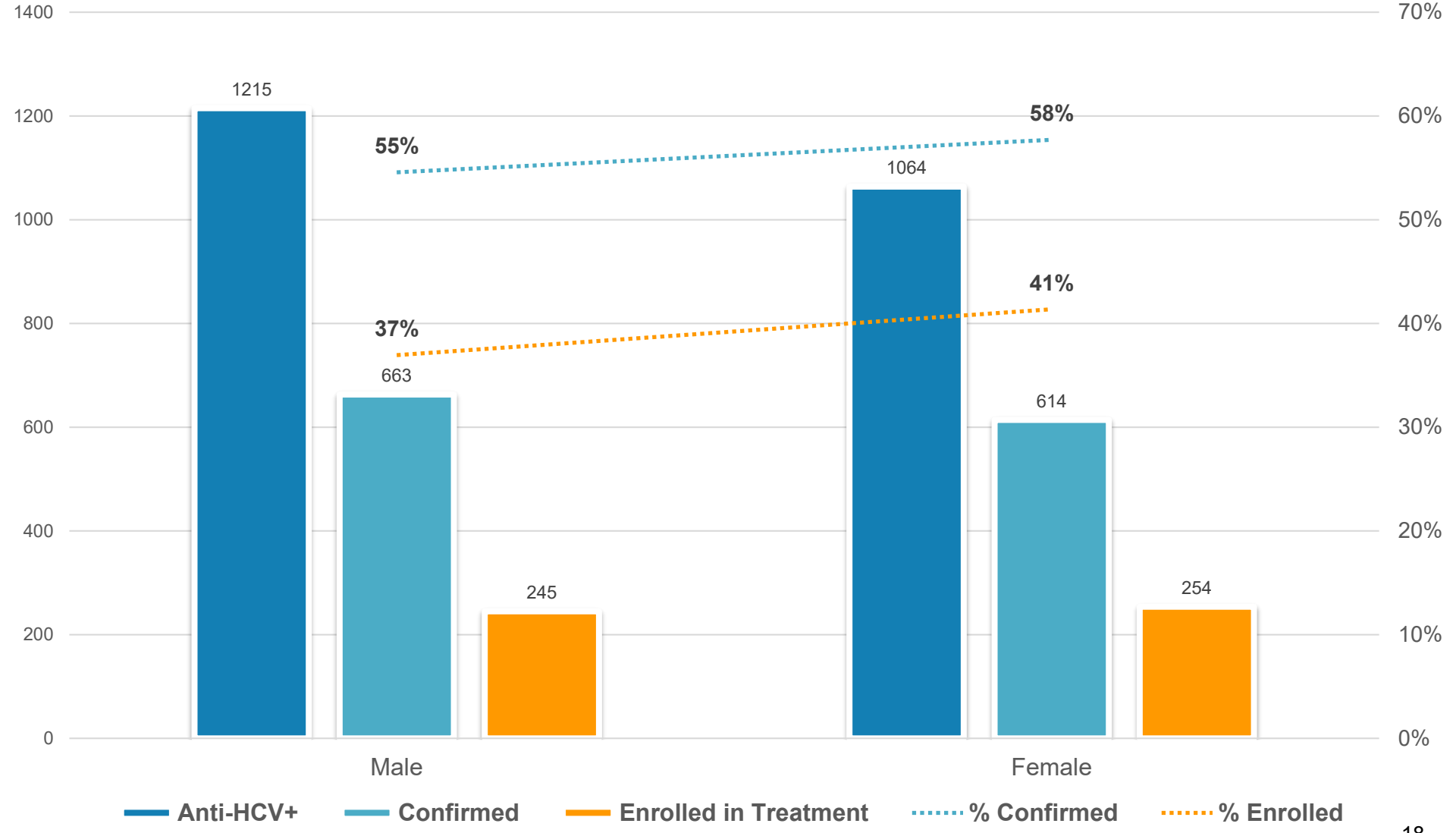
Enrollment in Treatment

Age Group



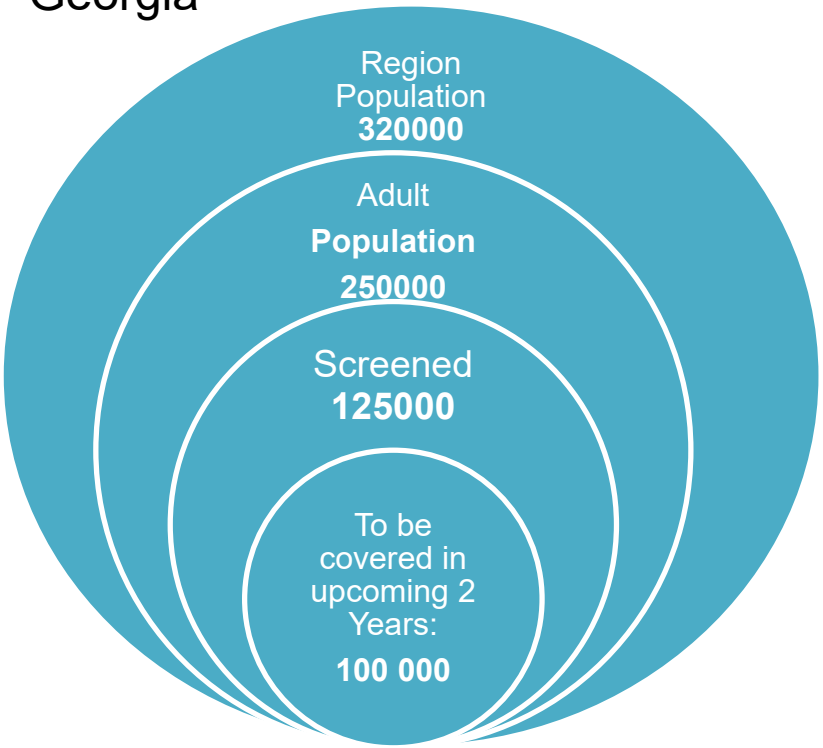
Enrollment in Treatment

Gender



Looking Forward

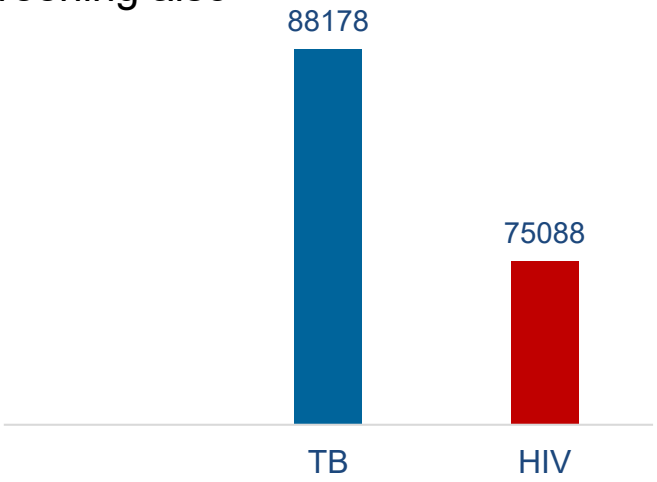
Samegrelo region to be the first to eliminate HCV in Georgia



The Model will be replicated in other regions during 2019-2020, next is Ajara - by the end of 2018

The integrated screening program has allowed 60% increase of the local population number screened on HCV infection.

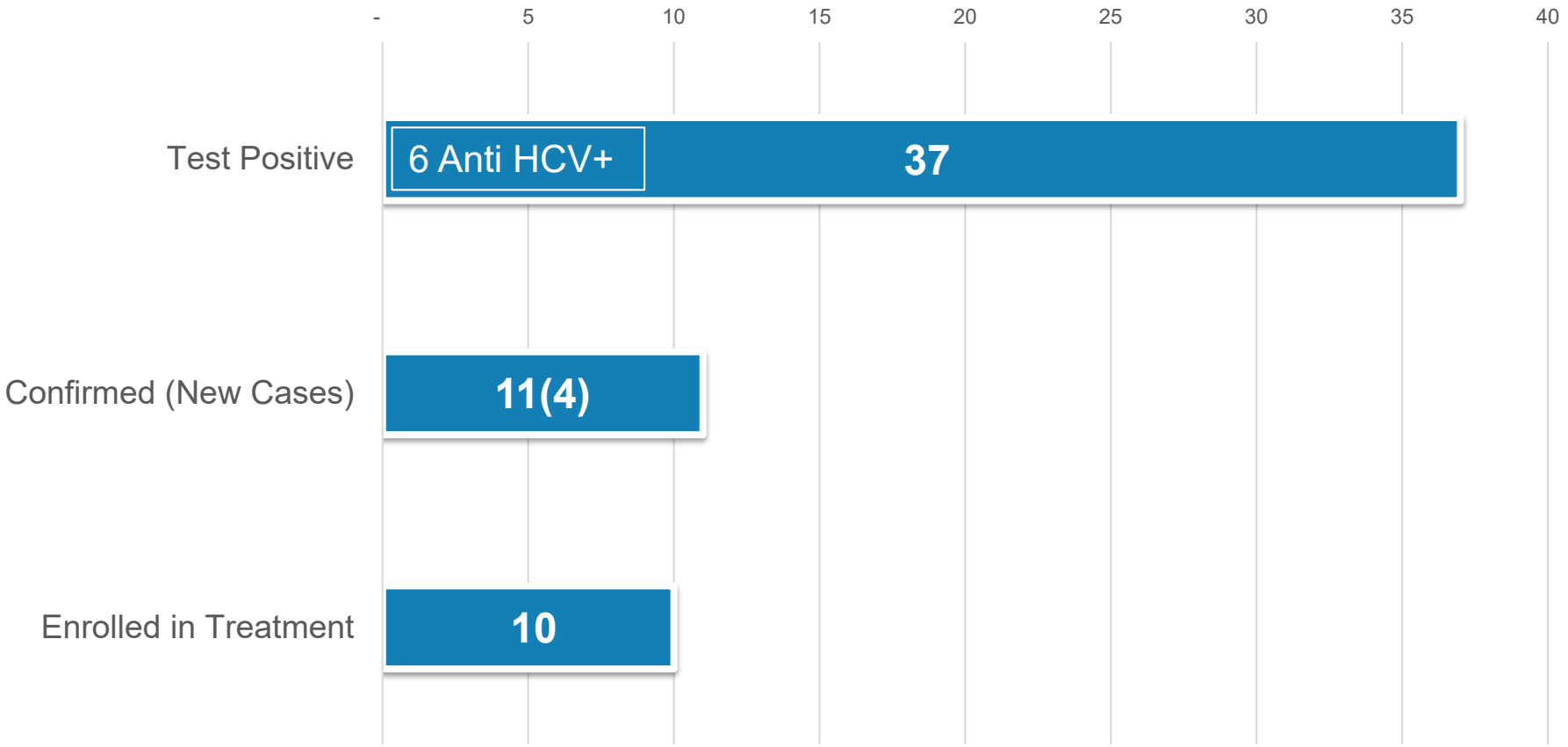
The Integrated model has allowed considerable increase in TB and HIV screening also



37 HIV AB positive individuals and 192 presumptive TB cases were identified and referred for further confirmation and treatment.

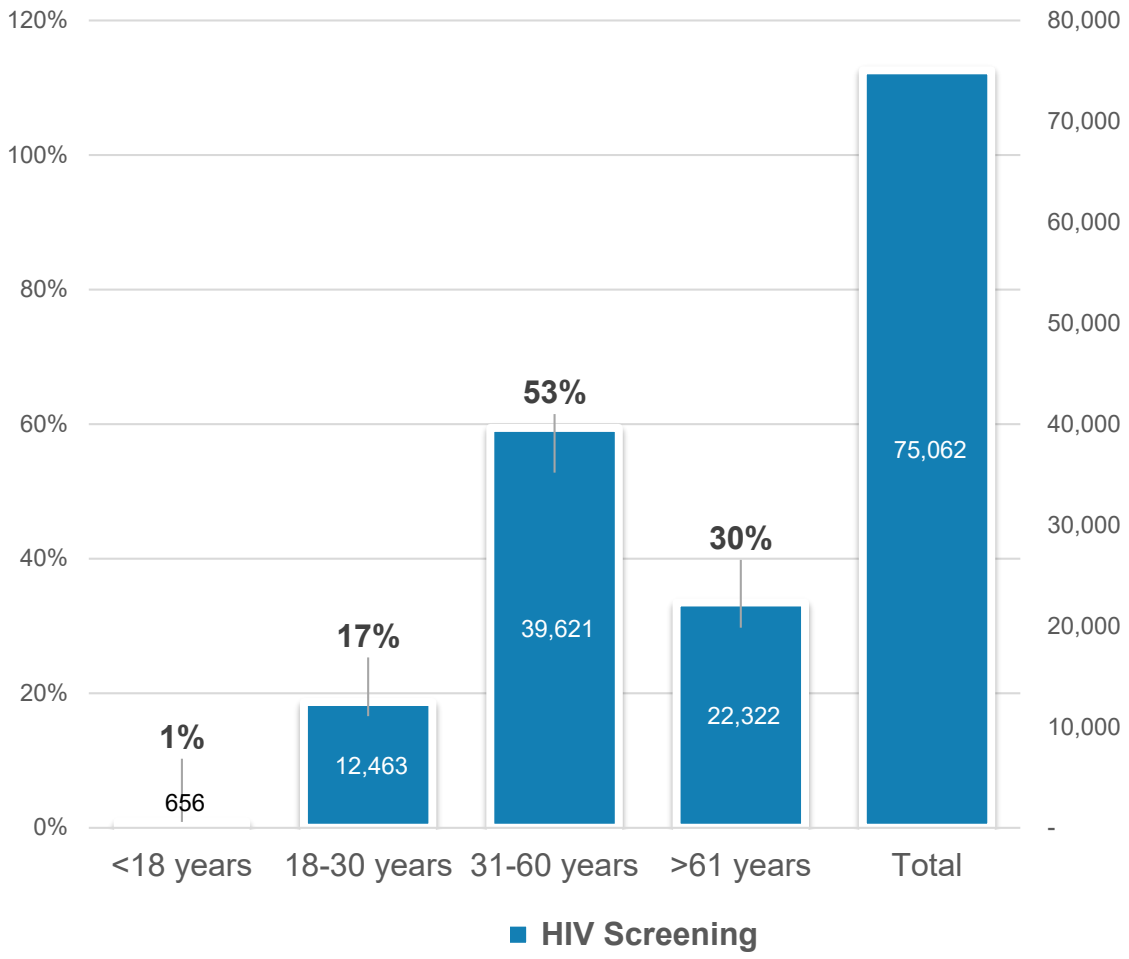
HIV screening outcomes

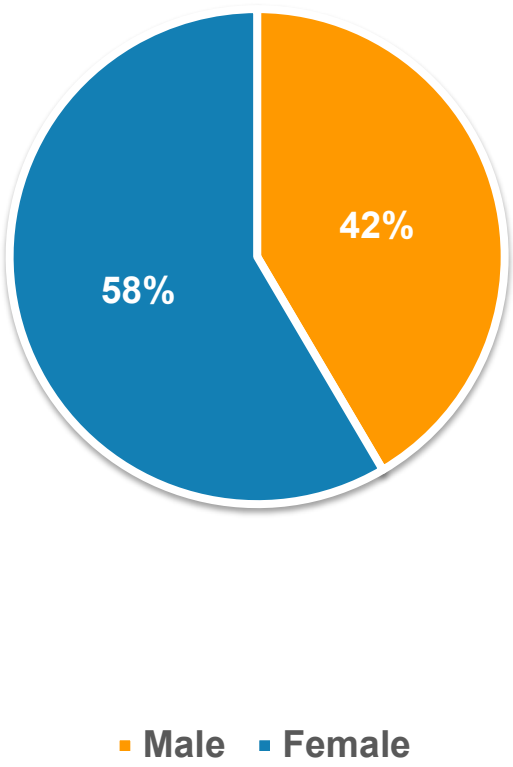
75,105 Individuals Screened, with detection rate of 0.05% [37]



HIV screening outcomes [2]

Screened Individuals

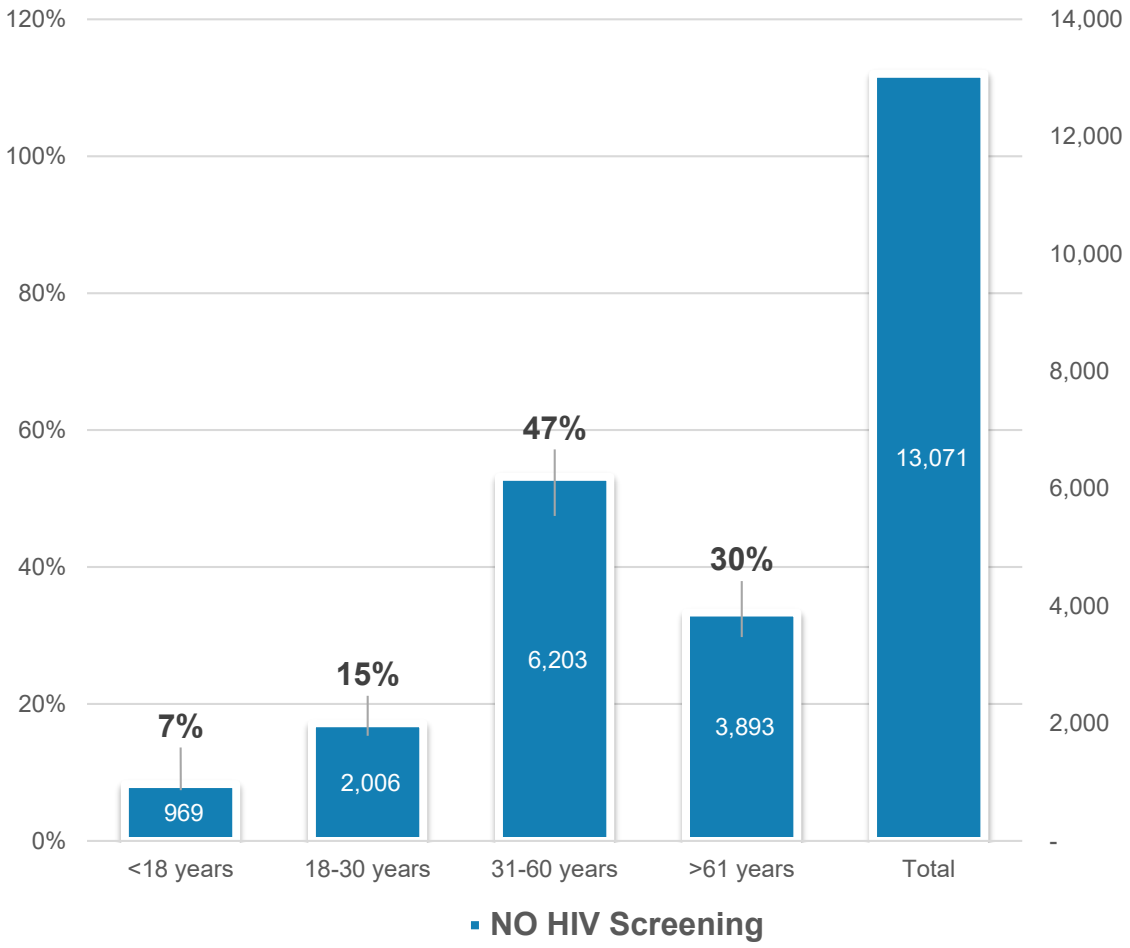


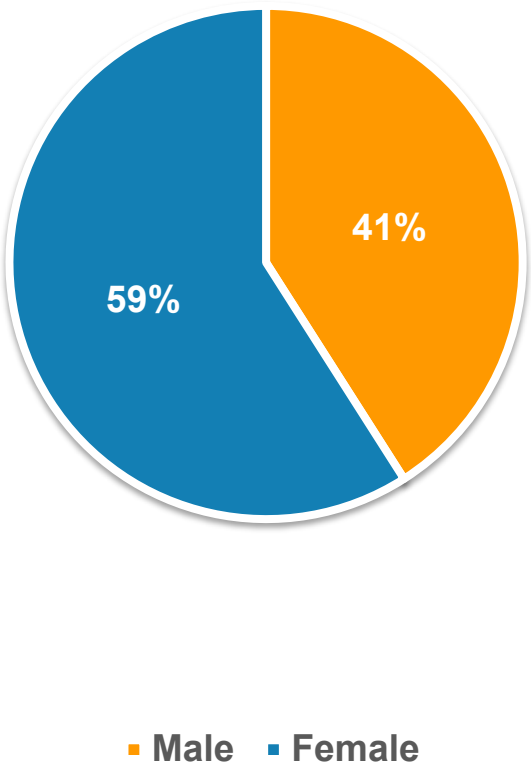


Total Screening: 75,105;
43 Records missing age attribute

HIV screening outcomes [3]

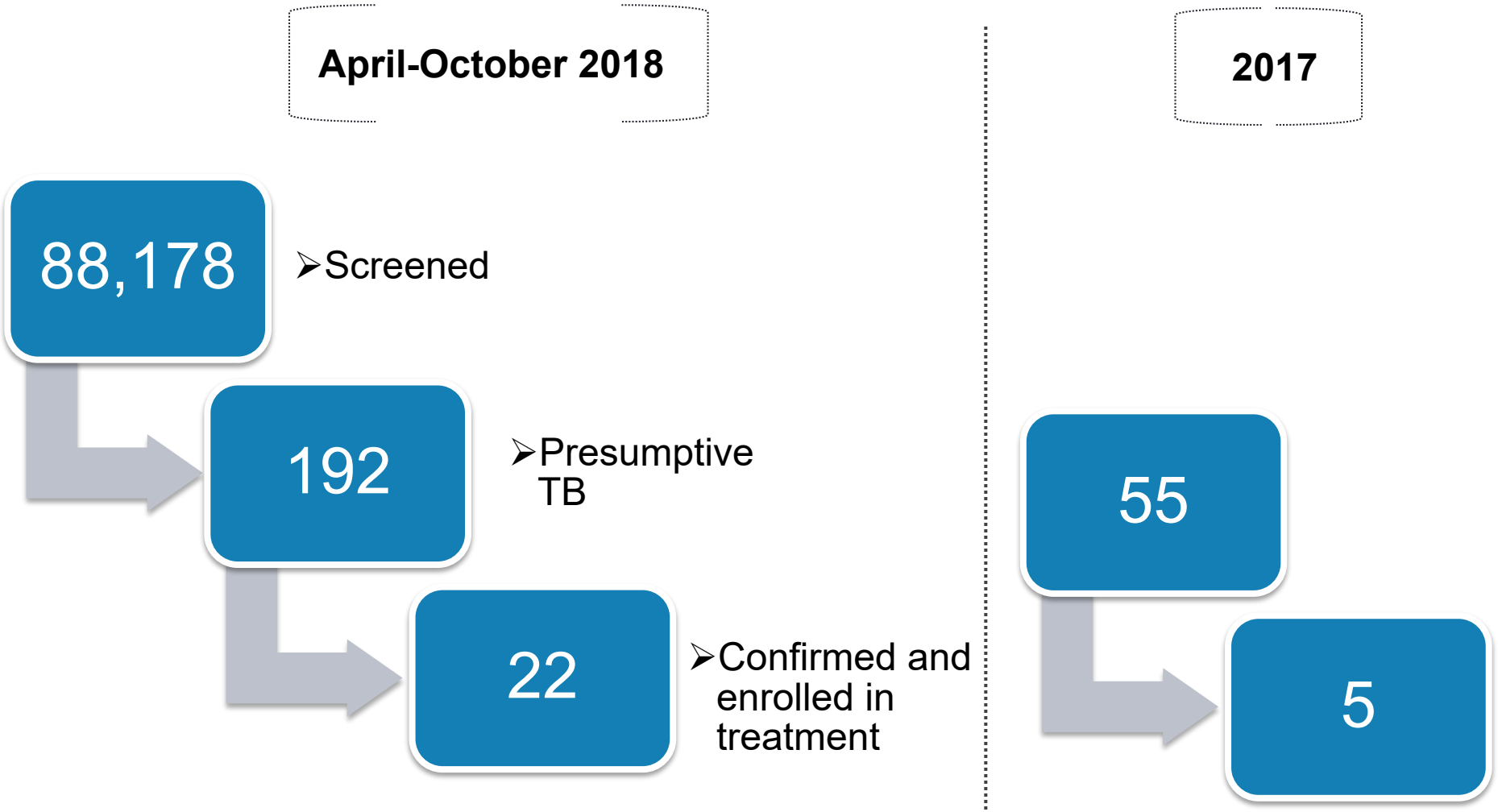
Individuals NOT Screened





NOT screened on HIV: 13,072;
1 Record missing age attribute

TB screening outcomes



Lessons learned from the Georgia elimination program can inform programs in other countries striving to eliminate HCV and end TB and HIV epidemics as a public health threat.

- Provision of TB, HCV and HIV screening, confirmation, care and treatment services at **non-specialized settings nearer to patients' homes** is critical for achieving the elimination goals;
- Integration of **TB, HCV and HIV screening in PHC settings decreases stigma** related to each of them;
- **Decentralization and integration of HCV/HIV/TB services' delivery in primary care** can result in overcoming barriers to access care and treatment
- Putting **right financial and non-financial incentives** significantly promotes performance
- Countries have to **adjust international experience to local realities** and explore novel approaches.

Thank You!