

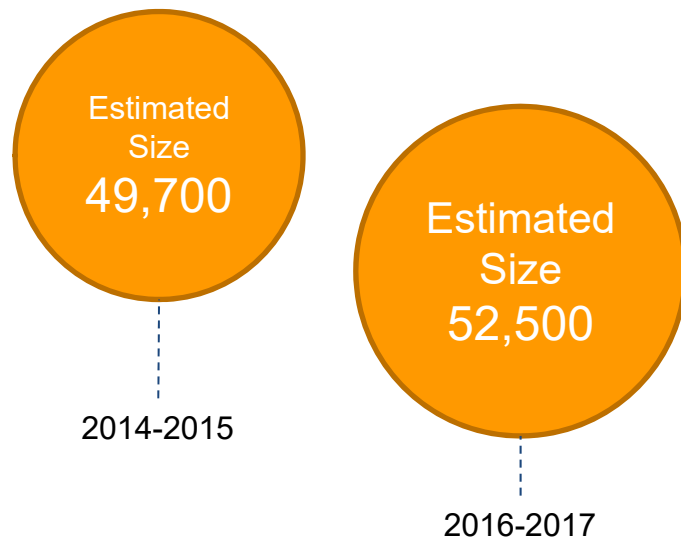
4th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

**UPDATE ON PREVENTION,
SCREENING AND LINKAGE TO
TREATMENT OF PWID**



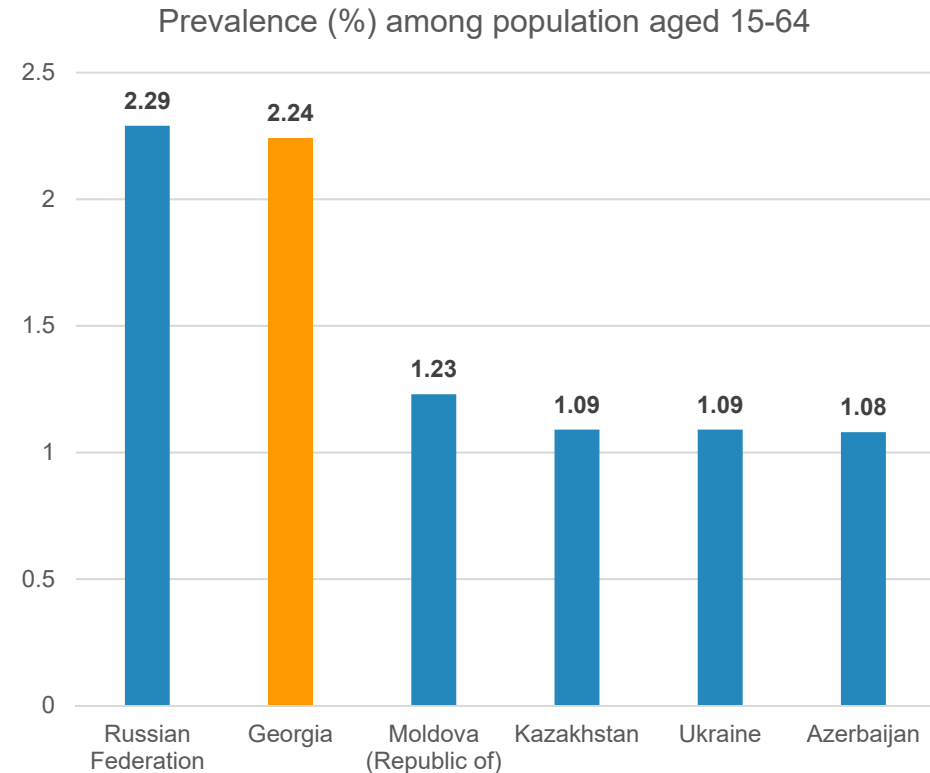
Dr. Ketevan Stvilia
National Center for Disease Control and
Public Health

Estimated Population Size of People Who Inject Drugs in Georgia



Population Size Estimation Study revealed increase in estimated number of people who use drugs

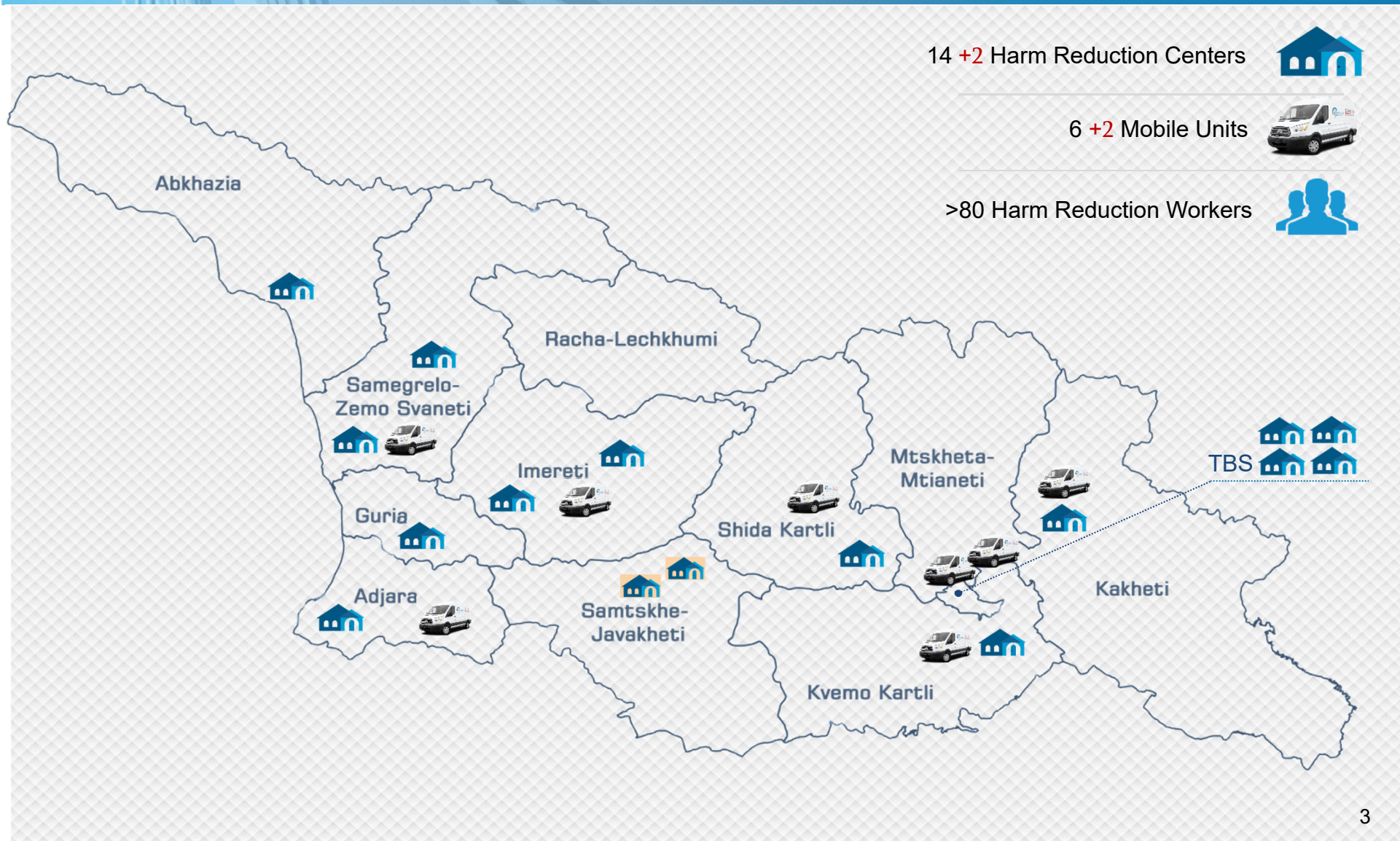
Opioid Dependent PWIDs
estimated size 22,000 -25,000



Europe and Asia region
* World Drug Report 2017
* Curatio International Foundation

HCV AB prevalence was 63.2% among and the estimated size of HCV AB positive PWIDs is 33,000 (BBSS, 2017)

Geographic Distribution of NSP Services



Meeting Strategic Objectives of NSP

Ob. 3.3 Decrease HCV incidence among PWID

HCV interventions added in 2018

Intensify HCV **detection** efforts among PWID

Intensify HCV **prevention** efforts among PWID

Improved care and **treatment** for PWID living with HCV

Ensure Linkage between the Prevention and Treatment Services



Case management
support in every Harm
Reduction Center

1,155 GEL (#41)



Number of Patient
Schools and Peer
Meetings held

54 (#703 patients)



HCV Confirmation
At Harm Reduction
Centers through FIND
HCV Demo Project

903 HCV confirmation tests



Linkage between
the Prevention and
Treatment Systems
is established




4 Integrated HCV
Treatment Centers in Harm
Reduction Centers

1 OST center
3 NSP Centers

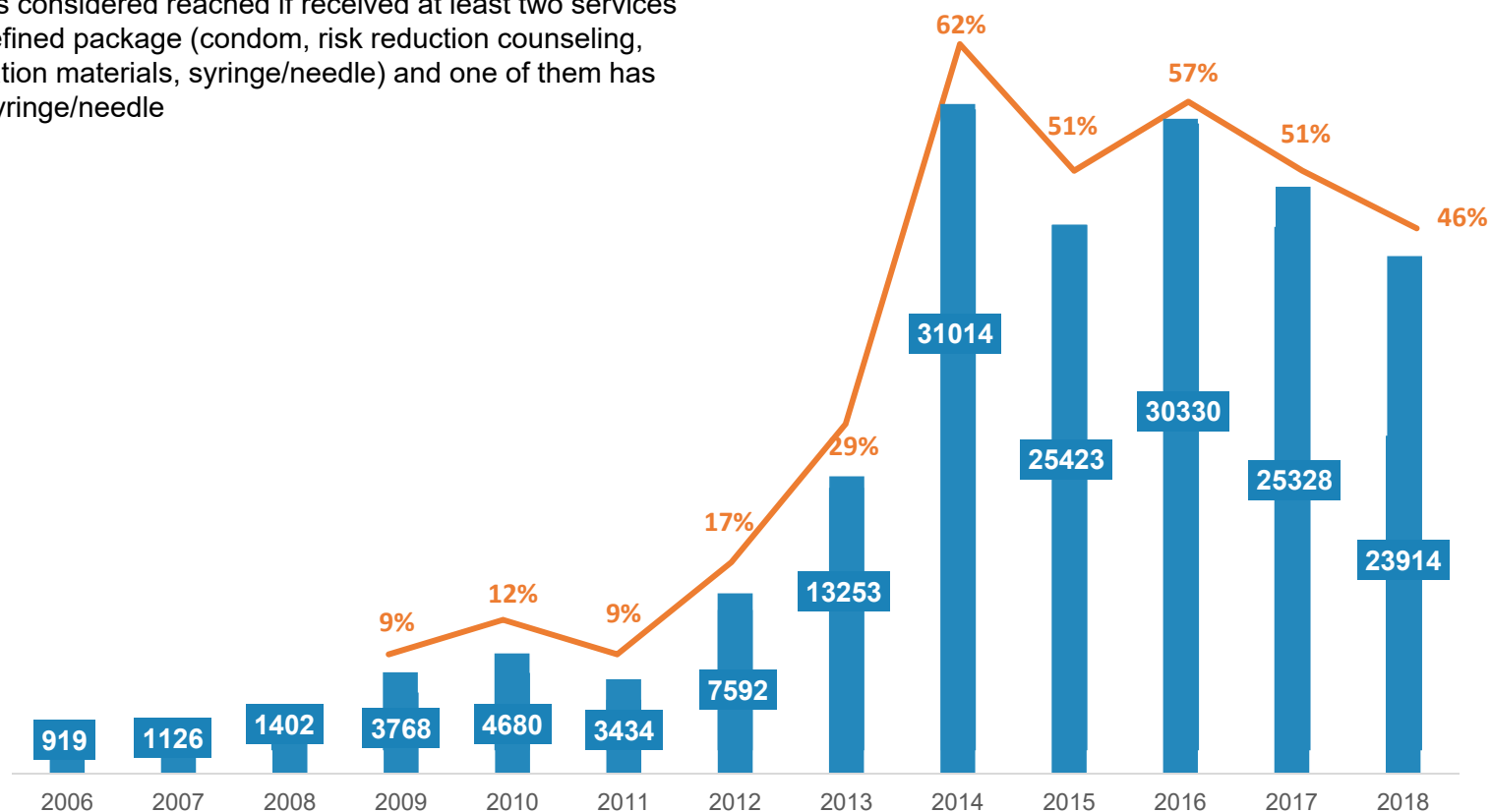
Optimized case finding for HIV and HCV
(giving cash incentives to PWIDs for
bringing potentially positive peers)



PWID Coverage within TGF NSP

Defined package of services (2 Services, where  is must)

PWID is considered reached if received at least two services from defined package (condom, risk reduction counseling, information materials, syringe/needle) and one of them has to be syringe/needle

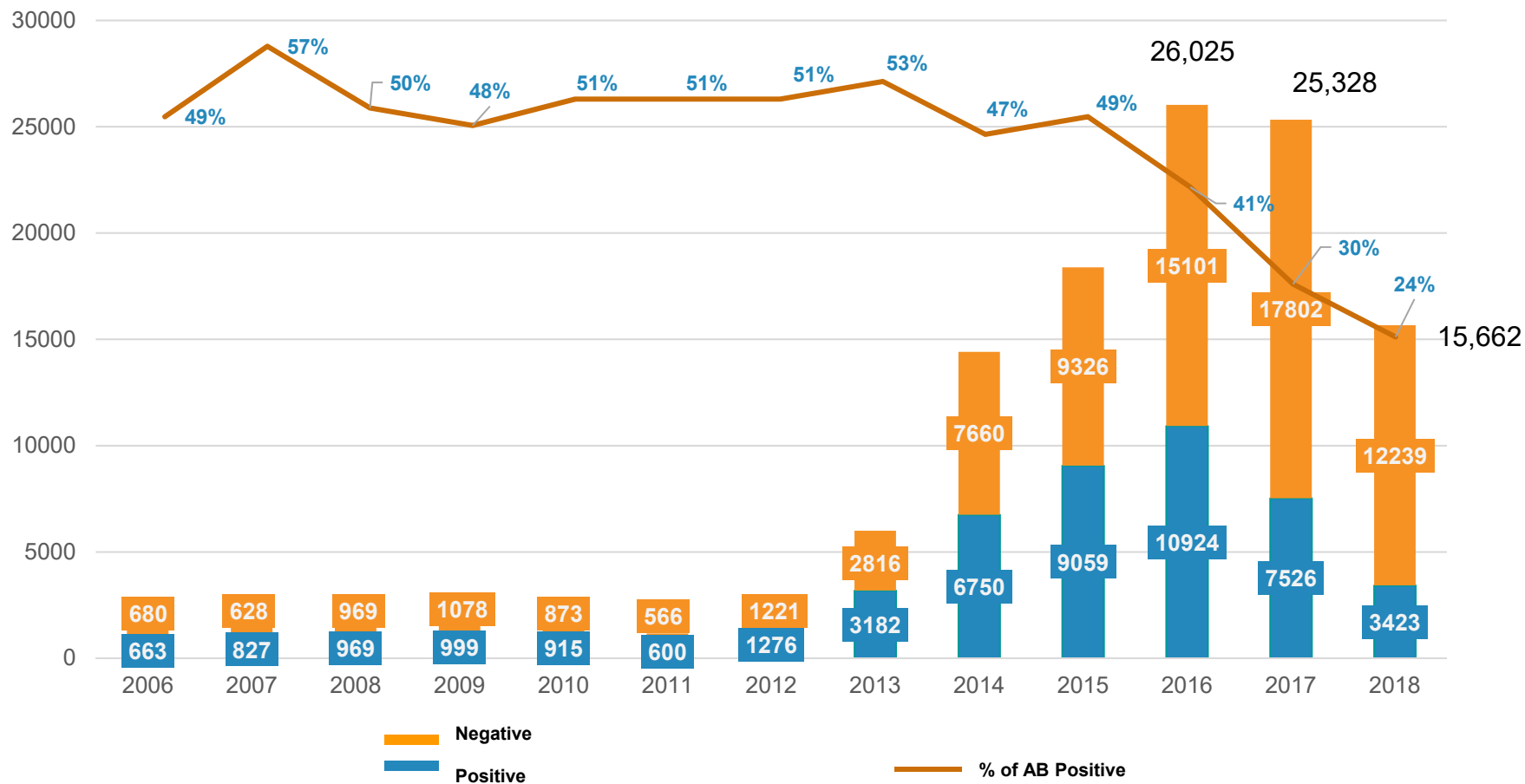


□ Period: 2018 As of October 1st
□ Source: GHRN Data

— Percent of estimated PWID number
— Number of PWIDs screened on HCV infection

Number of PWIDs tested for HCV AB

PWID and their sexual partners



- Period: 2018 As of October 1st
- Number of RDTs
- Source: GHRN Data

Meeting Strategic Objectives

Ob. 3.3 Decrease HCV incidence among PWID

Number of PWIDs and their partners HCV AB tested in Harm Reduction Program

2017

25,328

2018

(9 months)

PWID
13,836

Partner
1,826
11.6%

Target *M&E Framework, HCV
Elimination Strategy is 25,000

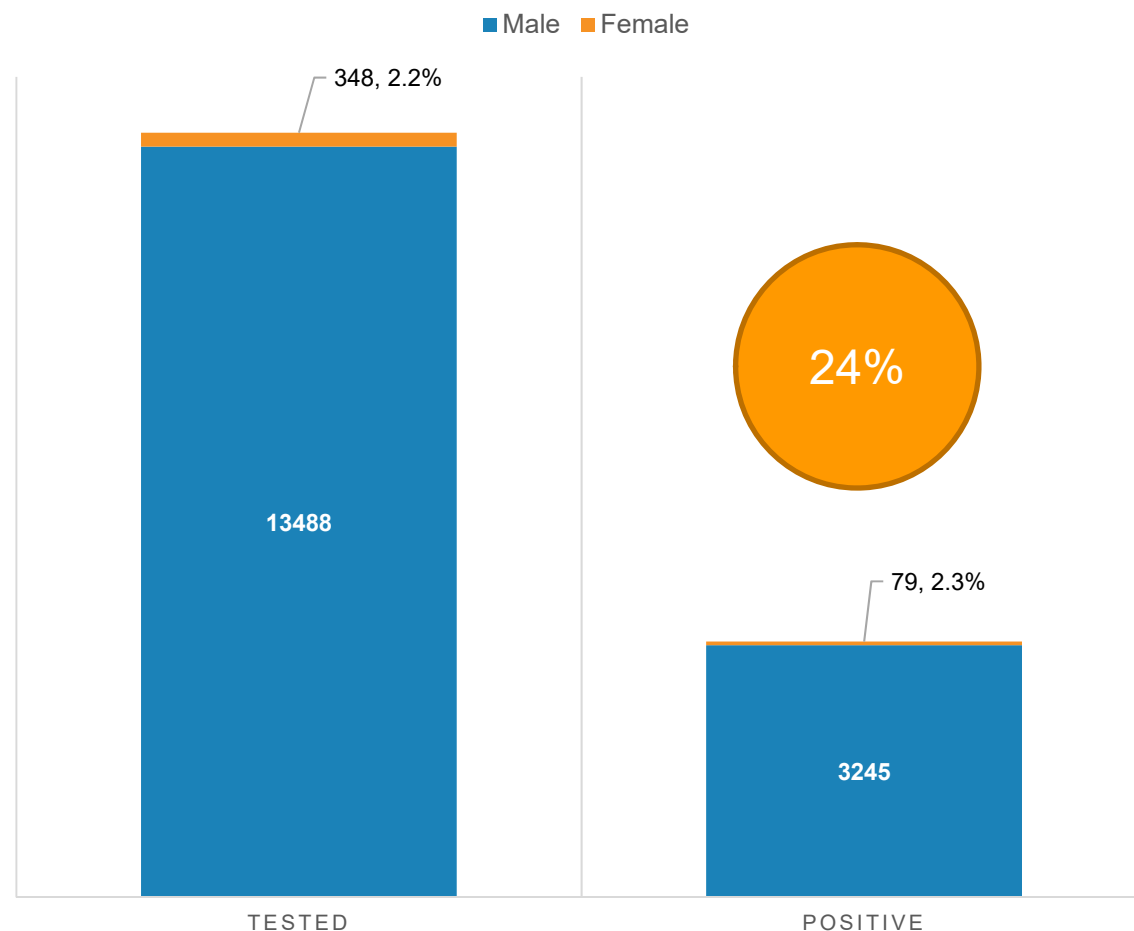


Total number of PWIDs screened
AB positive at Harm Reduction
Centers since 2006

47,111

PWID HCV AB Testing in Harm Reduction Program as of October 1st, 2018

Overall N=13,836



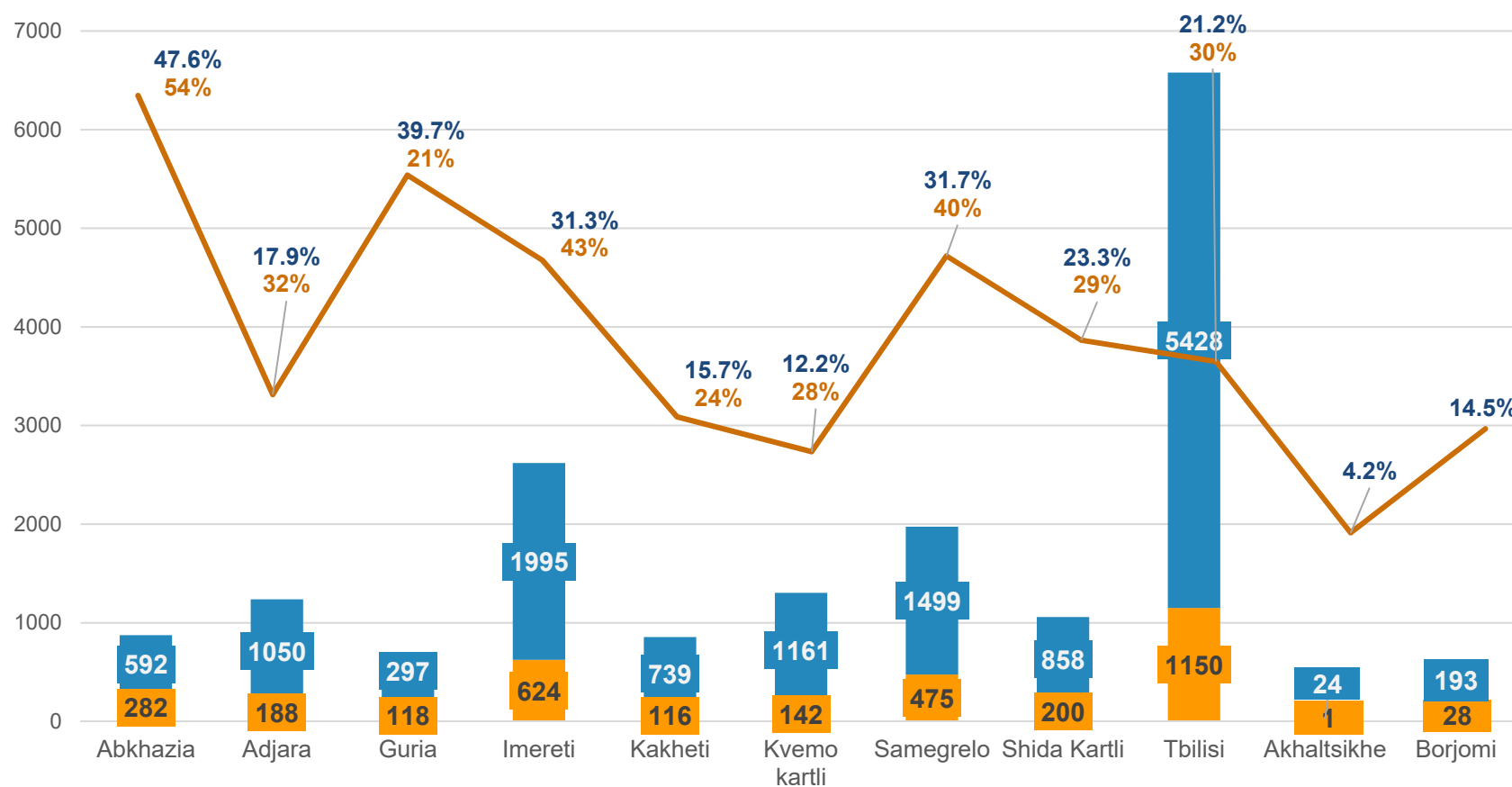
□ Period: 2018 As of October 1st
□ Number of Individuals (Unique IDs)
□ Source: GHRN Data

PWID Male Antibody Prevalence	24%
PWID Female Antibody Prevalence	23%
Overall Antibody Prevalence	24%

PWID HCV AB Testing in Harm Reduction Program as of October 1st, 2018

Regional Breakdown

Overall N=13,836



- Period: 2018 As of October 1st
- Number of Individuals (Unique IDs)
- Source: GHRN Data

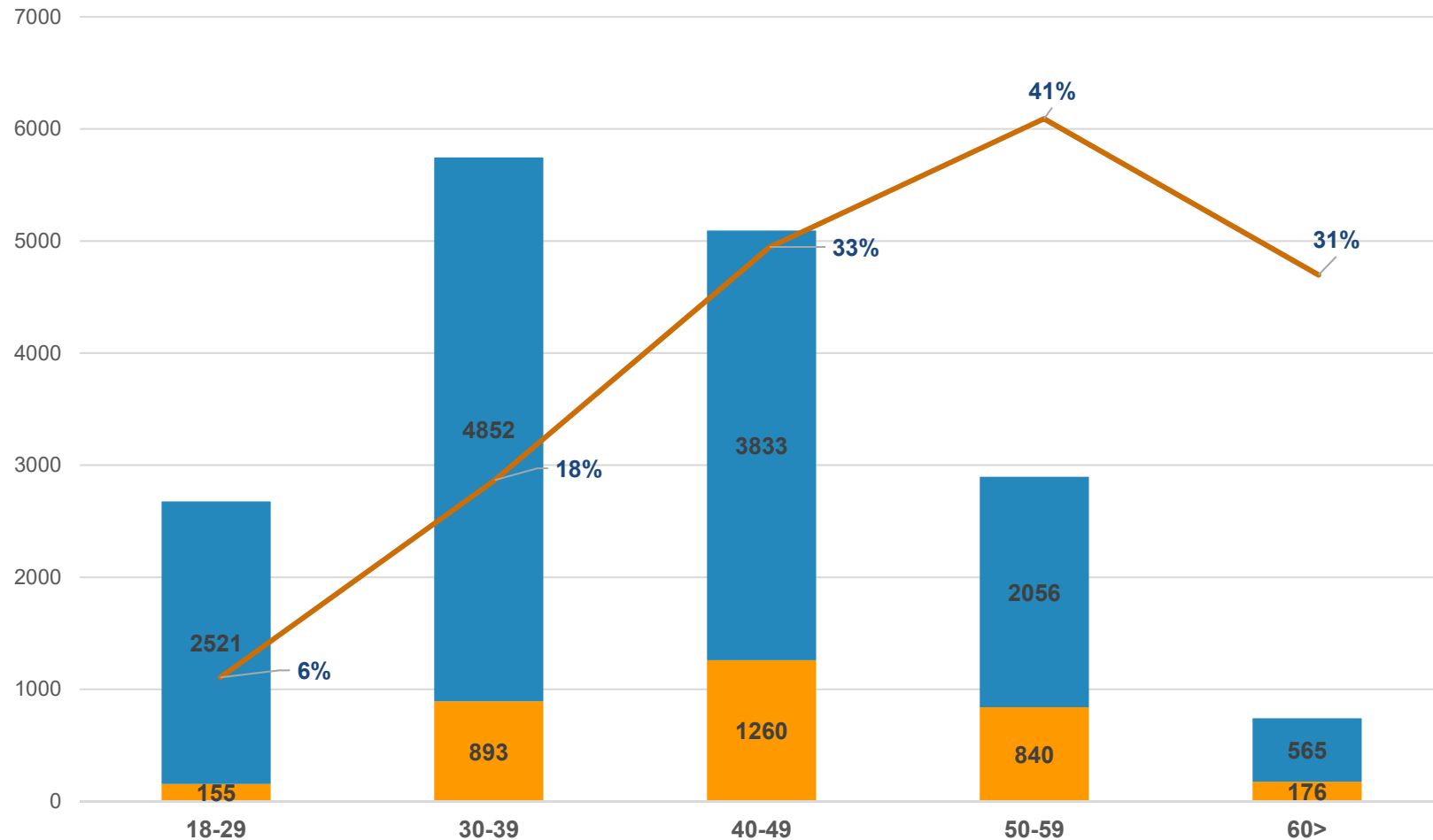
Positive
Total number Screened

% of AB Positive

PWID HCV AB Testing in Harm Reduction Program as of October 1st, 2018

Age Groups

N=13,836



- Period: 2018 As of October 1st
- Number of Individuals (Unique IDs)
- Source: GHRN Data

Positive
Total number
Screened

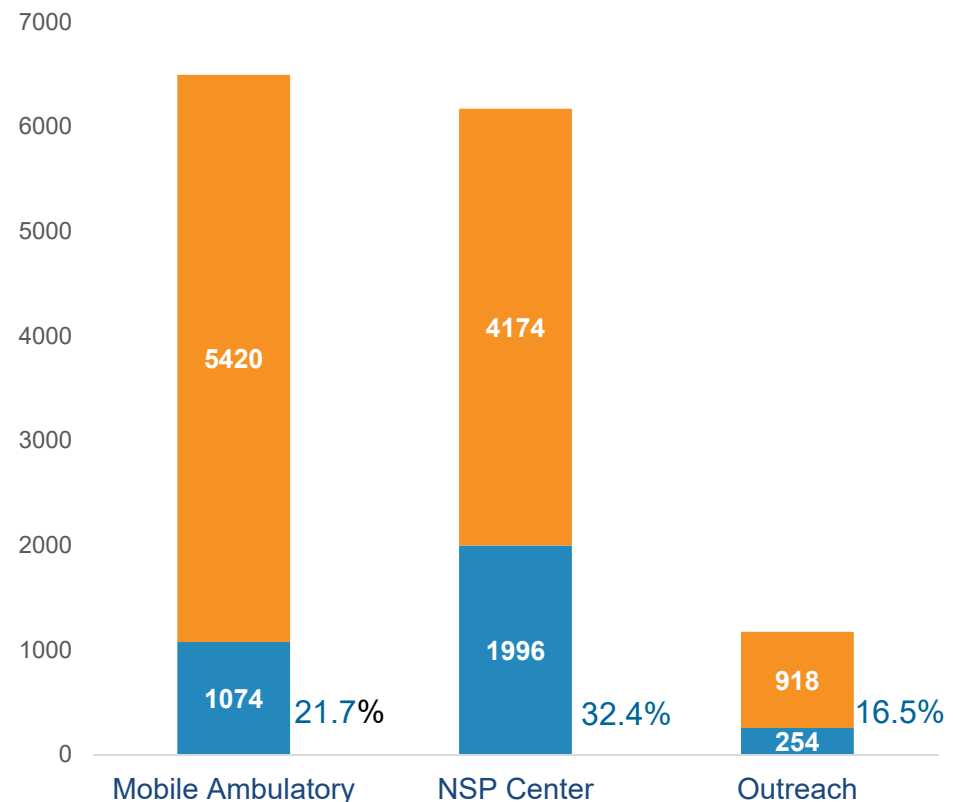
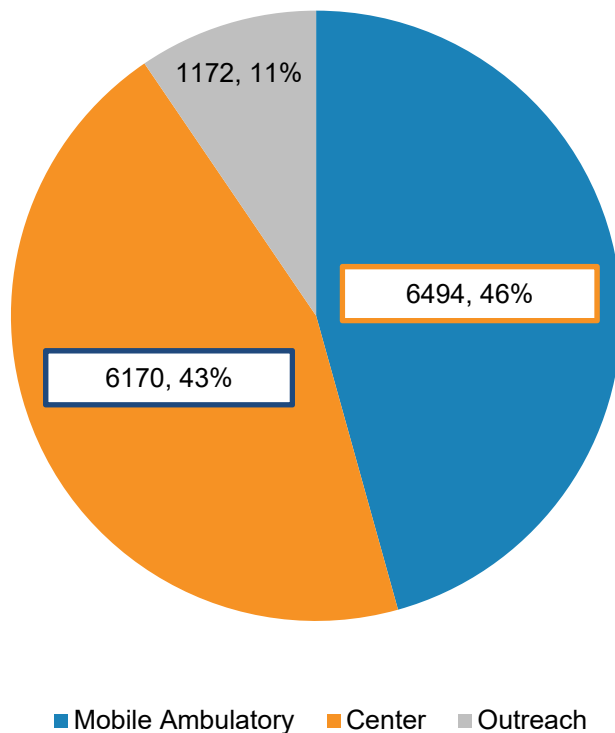
% of AB Positive

PWID HCV AB Testing in Harm Reduction Program as of October 1st, 2018

by Service Delivery Sites

N=13,836

HCV AB Testing Results per Service Provision Intervention

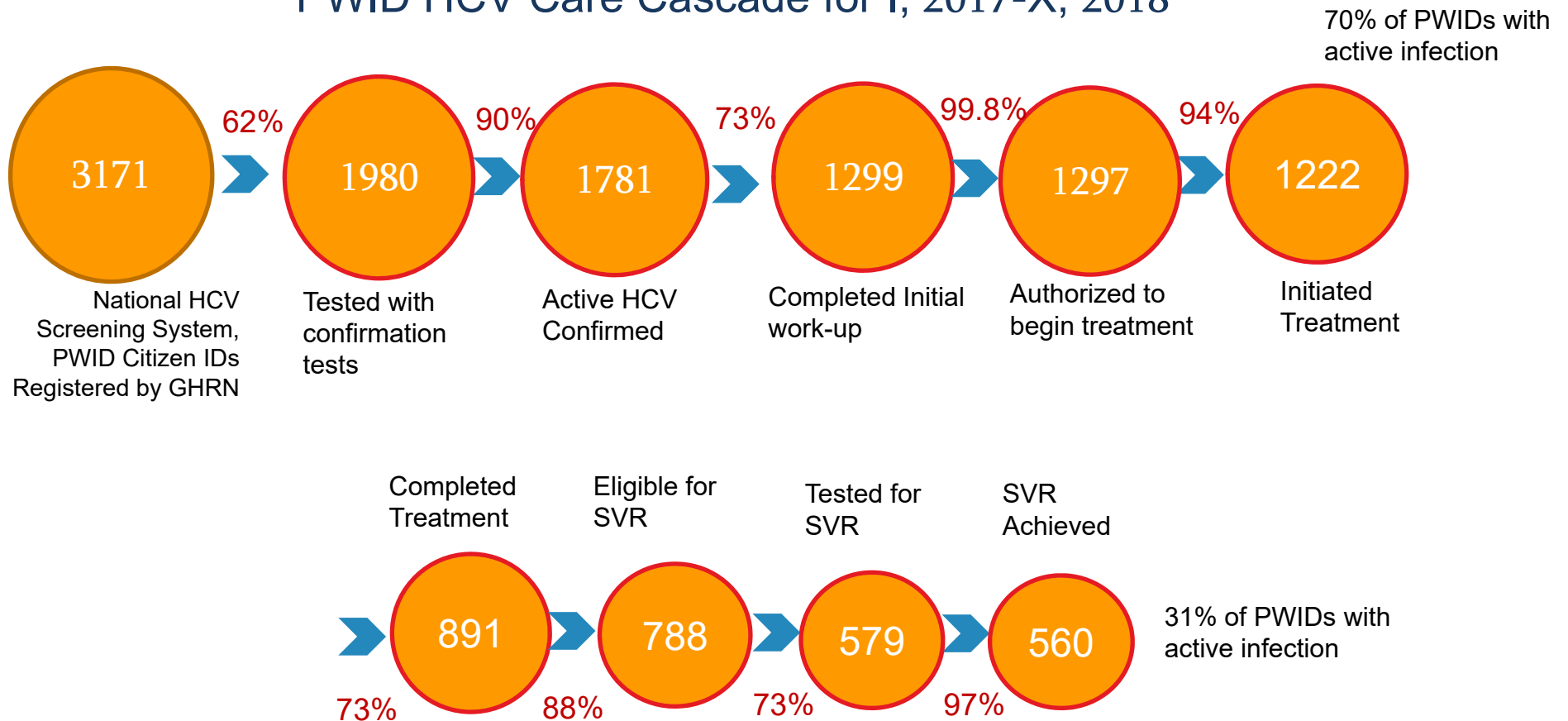


- Period: 2018 As of October 1st;
- Number of Individuals (Unique IDs)
- Source: GHRN Data

Tracking PWIDs in NSP

Screening Treatment

PWID HCV Care Cascade for I, 2017-X, 2018



- ❑ Period: 2018 As of November 1st
- ❑ Number of Individuals (Unique IDs)
- ❑ Source: GHRN Data; National HCV Screening System

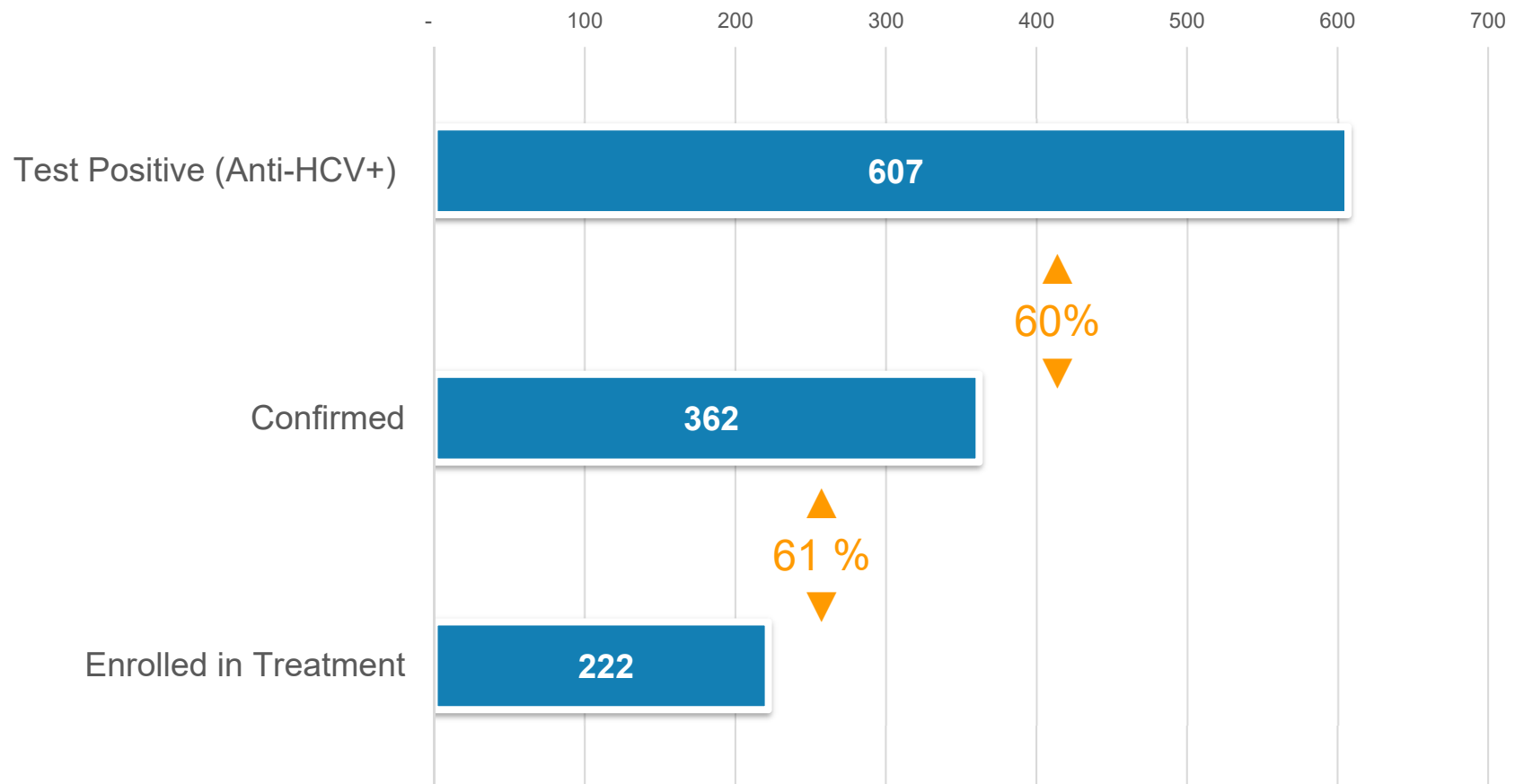
PWID Hep C screening outcomes

Lead Time: Anti-HCV+ to Treatment Initiation

Lead time from Anti-HCV+ to Treatment initiation 74 Days

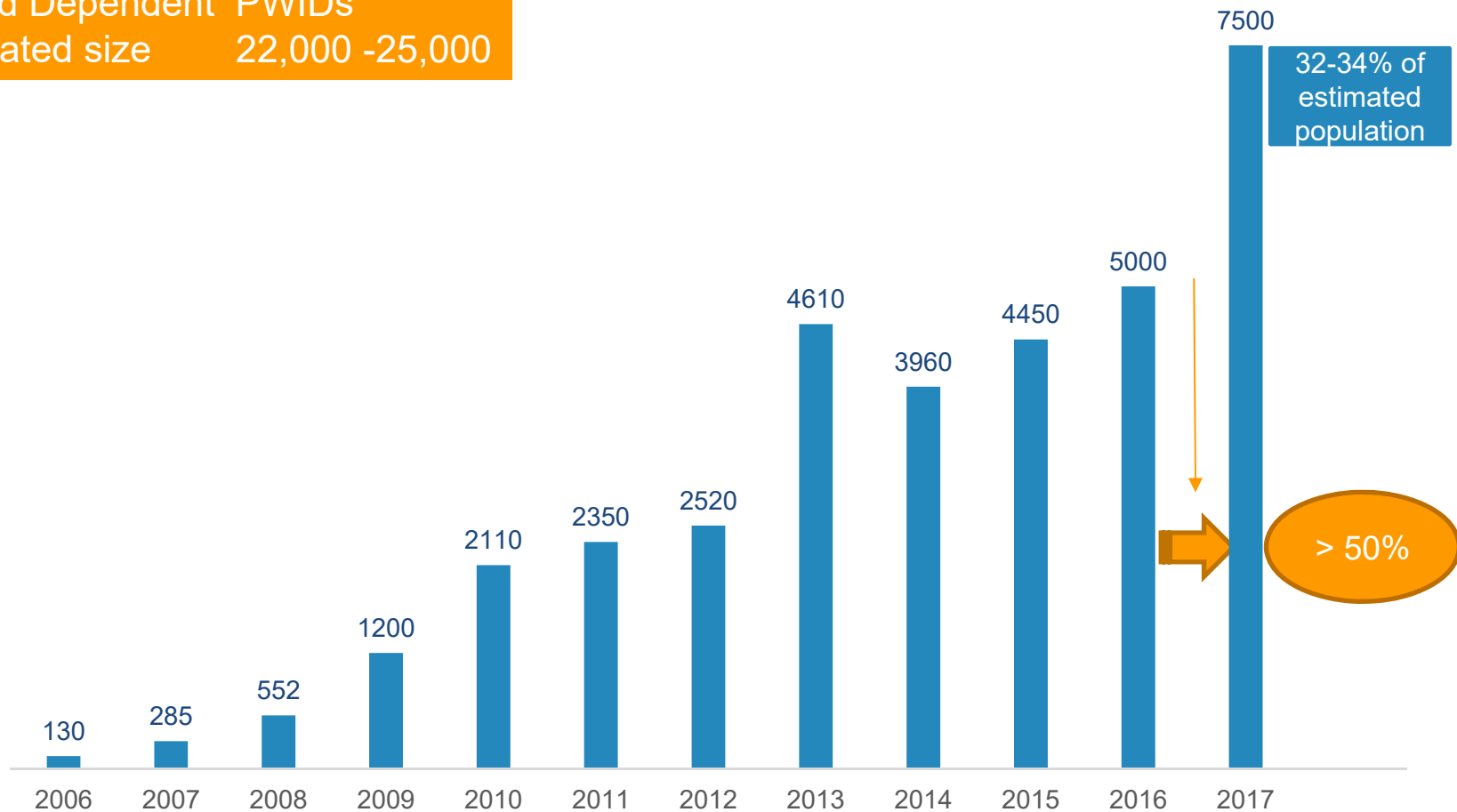
Data Extraction: October 31st

Eligible for Analysis: Screened before 19-Aug



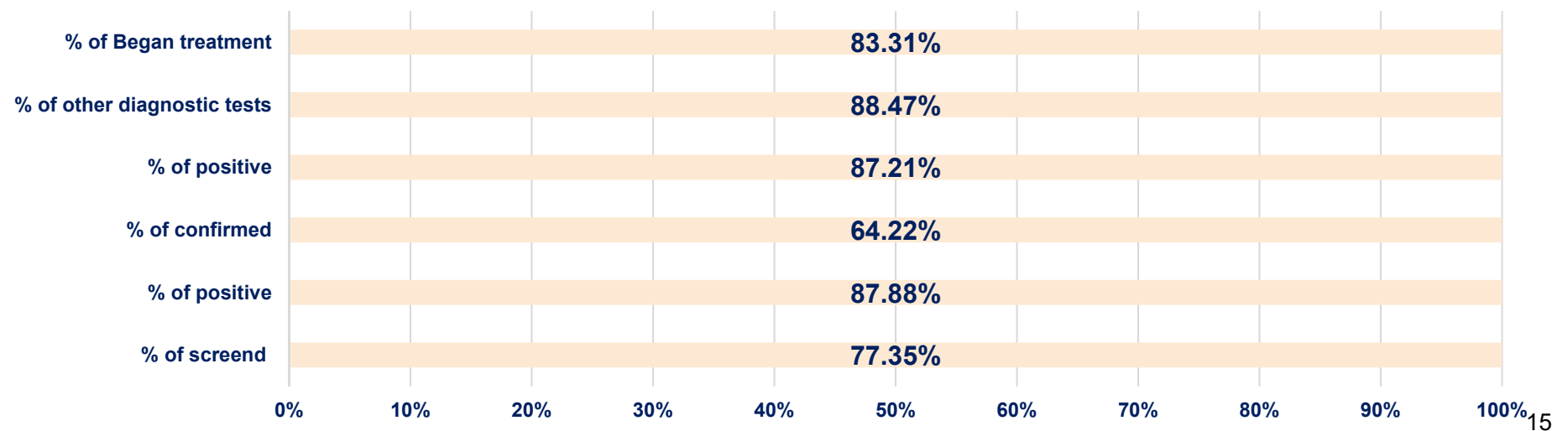
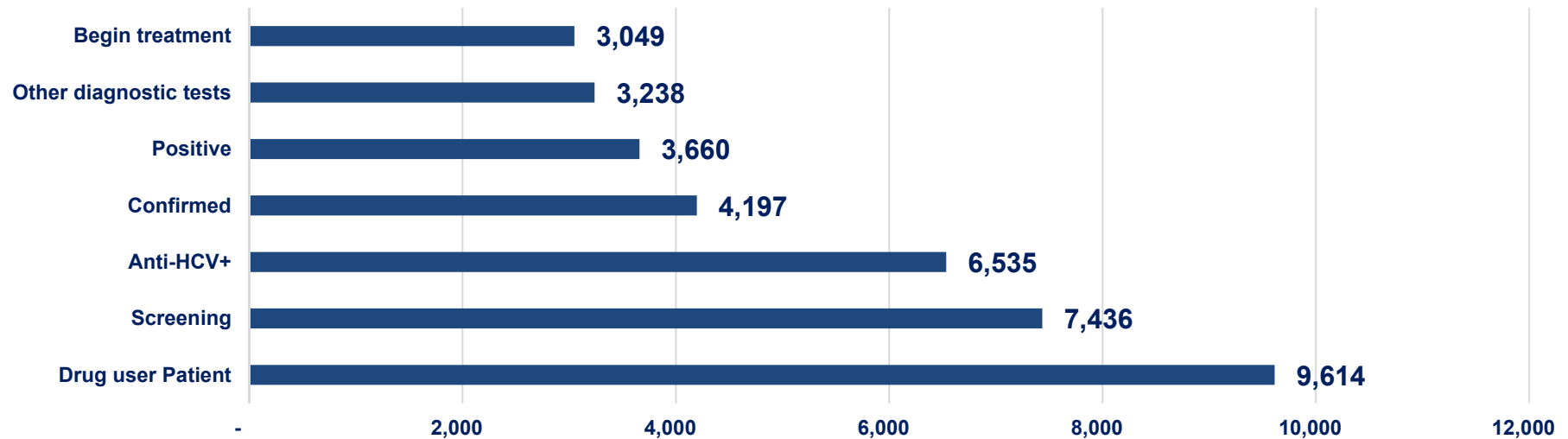
PWID OST Program Coverage

Opioid Dependent PWIDs
estimated size 22,000 -25,000



□ Individuals who used OST at list one time during the calendar year, Source: OST Program Data

HCV screening in patients enrolled in OST State program, as of November 20, 2018



Challenges

Stigma related to drug use, **legal, social** and **economic** factors that affect access to HCV care and treatment for PWID

As the number PWIDs who know their HCV status increased less beneficiaries agree to get HCV AB test and **testing coverage is decreasing**, PWIDs are less motivated to get tested on other infections, like HIV. Need to find incentive to scale up testing

PWID **coverage** with NSP and OST has increased, but still **is not adequate**.

Need to **optimize service delivery models** and prepare for transitioning from the Global Fund to the State funding

Ensure high **quality** of service delivery despite increased number of beneficiaries and potentially decreased funding

Need to **invest in new OST centers** to accommodate increased number of beneficiaries, improve access to services and ensure quality of services

Future Plans

Strengthen PWID **case management** component and **behavior change interventions** with increased focus on HCV care;
Continue supporting of **patients schools and peer support groups**;

2019

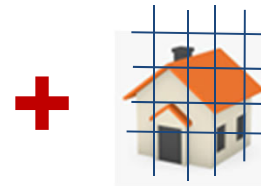
Check for reinfection - Increase HCV RNA testing capacity at NSP sites to identify reinfection cases - Increase number of NSP sites equipped with Xpert machines, procure HCV RNA cartridges through the Global Fund HIV grant/ donations from FIND, it may accelerate AB testing also;

Integrate OST+NSP to prevent HCV transmission and reinfection

Assess feasibility of opening additional integrated HCV Treatment Clinics at OST and NSP sites



Pilot Two mobile OSTs



Pilot long term maintenance OST in prison



THANK YOU!

Acknowledgements:

GHRN staff

Marine Gogia, Guranda Jikhia, Khatune Kutateladze,

NCDC

Irma Khonelidze,

Ekaterine Ruadze

Alexander Asatiani

Vladimer Getia

US CDC

Lia Gvinjilia

Shaun Shadaker

Looking forward to TAG new recommendations !