5th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

INTEGRATING HCV SCREENING AND SIMPLIFIED TREATMENT SERVICES IN PRIMARY HEALTHCARE

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Background

- In April 2015, with a partnership with Gilead Sciences and technical assistance from U.S. CDC, Georgia launched the world's first hepatitis C elimination program.
- By September 2019, more than 60,000 persons initiated treatment, achieving >98% cure rates.
- Broad access to direct acting antivirals (DAAs) resulted in rapid increase in treatment uptake in 2016, which has since declined due to barriers in diagnosis and linkage to care.
- Integration of screening and treatment services in primary healthcare offers opportunity to eliminate barriers and to improve engagement in the entire continuum of HCV care
- Georgia initiated service decentralization in 2018 by integrating HCV screening and treatment in primary healthcare centers (PHCs).
- We report preliminary results of an integrated model of HCV care in PHCs as of August 31, 2019.



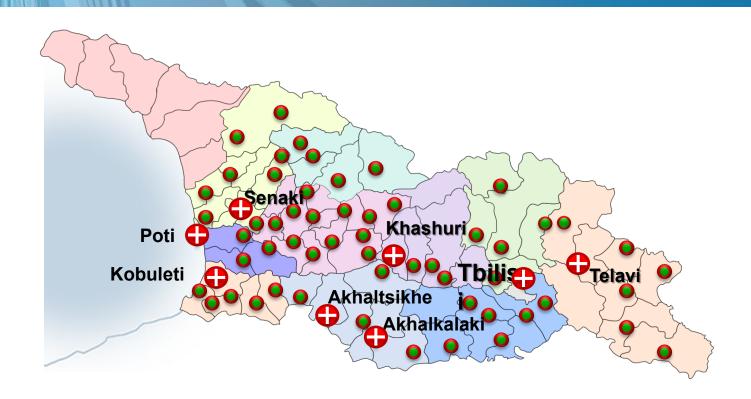


Pilot project

Integrating HCV screening and simplified treatment services in primary healthcare

This model already provided the basis for the decentralization of treatment and care in PHCs and hospitals nationwide

Decentralization of HCV diagnostics, treatment and care services in Primary healthcare centers (PHCs) in Georgia



- Integration of HCV diagnostics, treatment and care services in at least one PHC of each district of Georgia
- HCV diagnostics, treatment and care services should be integrated in 69 PHCs across the country during the first phase of the program

CME trainings for primary care specialists





- A special CME training program for primary care physicians developed and approved by MoLHSA
- Trainings were conducted for all PHCs participating in the program.

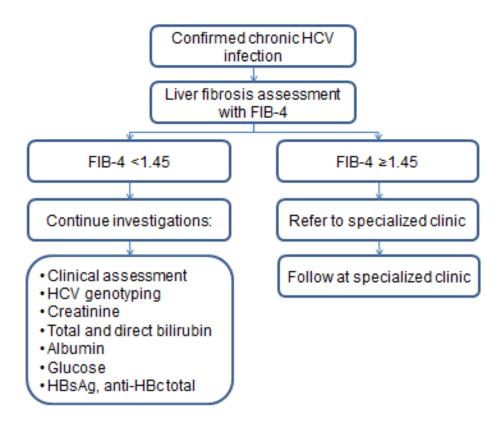
Completed activities

- HCV diagnostics, treatment and care protocol prepared for this project.
- Integration of the project activities into national HCV elimination program was approved by a Government decree.
- IT unit at MoLHSA created a separate module in national HCV elimination program database to collect data on patients receiving diagnostics, treatment and care services at PHCs.

Methods

- A total of 10 PHCs provided HCV care services throughout the country.
- "One stop shop" approach used by which patients received all HCV screening, treatment and care services at the PHCs.
- PHCs provided care to HCV treatment-naïve patients with no or mild fibrosis (FIB-4 score<1.45) using simplified diagnostics and a treatment monitoring approach, while persons with advanced liver fibrosis/cirrhosis were referred to specialized clinics.
- Patients received Sofosbuvir/Ledipasvir and/or Sofosbuvir/Velpatasvir for 12 weeks. Sustained virological response (SVR) was defined as undetectable HCV RNA 12-24 weeks after end of therapy.

Pre-treatment evaluation

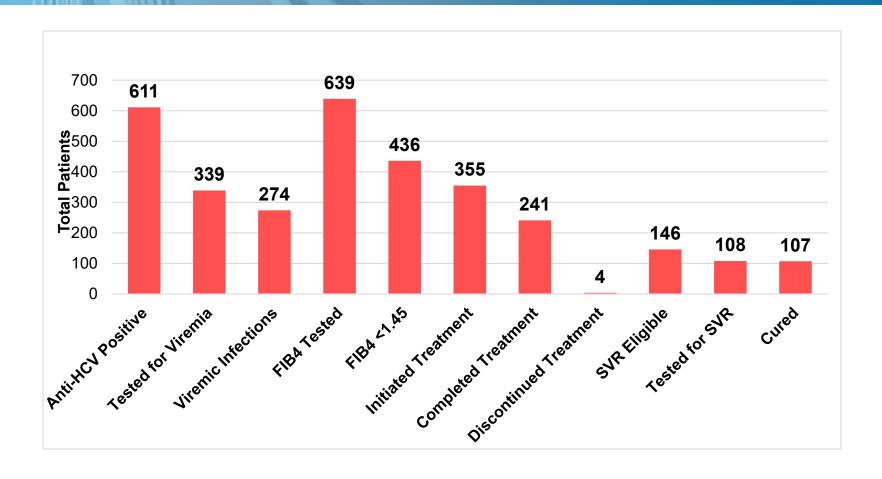


Monitoring algorithm during antiviral therapy

Simplified treatment monitoring procedures				
Measurements	Treatment Duration (weeks)			After treatment completion (weeks)
	4	8	12	12 or 24
Clinical assessment	X	Х	X	X
HCV RNA quantitative				X
Complete blood count	X*	X*	X*	
ALT	X	X	X	

^{*} only for patients receiving Ribavirin containing regimens

Site performance of HCV care in PHC, August 31, 2019



^{*}Totals are cumulative for PHC decentralization sites. Each bar represents the number of patients completing each stage of the cascade, irrespective of the previous stage.

Conclusion

Our study reported the feasibility and effectiveness of integrating a simplified HCV diagnostic and treatment model in PHCs.

Countrywide expansion of this model is warranted to bridge the gaps in the HCV care continuum and ensure high rates of treatment uptake towards achieving elimination targets.

Acknowledgements



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