

**5<sup>th</sup> HEPATITIS C**  
TECHNICAL ADVISORY  
GROUP  
**TAG Meeting**

**TAG 2018 RECOMMENDATIONS, STATUS OF HCV  
SURVEILLANCE: SUCCESSES, CHALLENGES,  
AND PLANS TO ADDRESS CHALLENGES**

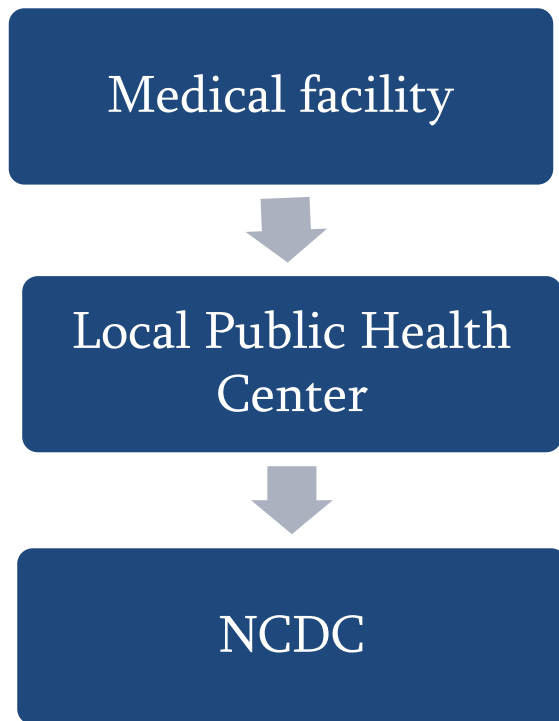
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*November 19, 2019*

# Existing Viral Hepatitis Surveillance System

Case reporting – regulated by the Ministerial decree on medical statistics



	ICD-10 code	Notification	Epi investigation
Other viral hepatitis	B17.0; B17.8	Aggregated	No investigation needed
Acute hepatitis A	B15	1 case	Each case
Acute hepatitis B	B16	1 case	Each case
Chronic hepatitis B	B18.0; B18.1	Aggregated	Outbreak – 2 or more cases
Hepatitis C	B17.1 B18.2	<b>Notification/investigation – under the Elimination Program</b>	
Acute hepatitis E	B17.2	1 case	Each case

# Existing HCV Information Database System

- TB Patients
- HIV+ Individuals
- IDUs
- Hemodialysis Patients
- Prisoners
- Blood donors
- Hospitalized Individuals
- Hemophiliacs etc.

Screening by  
Different Risk  
Groups and  
Cohorts

**HCV Screening Module Capacities**

- Infection distribution by age and sex
- Geographic distribution
- Infection concentration in certain population groups
- seroconversion

HCV Screening  
Database  
(Stop-C)

**HCV  
Information  
Databases**

Surveys

EIDSS

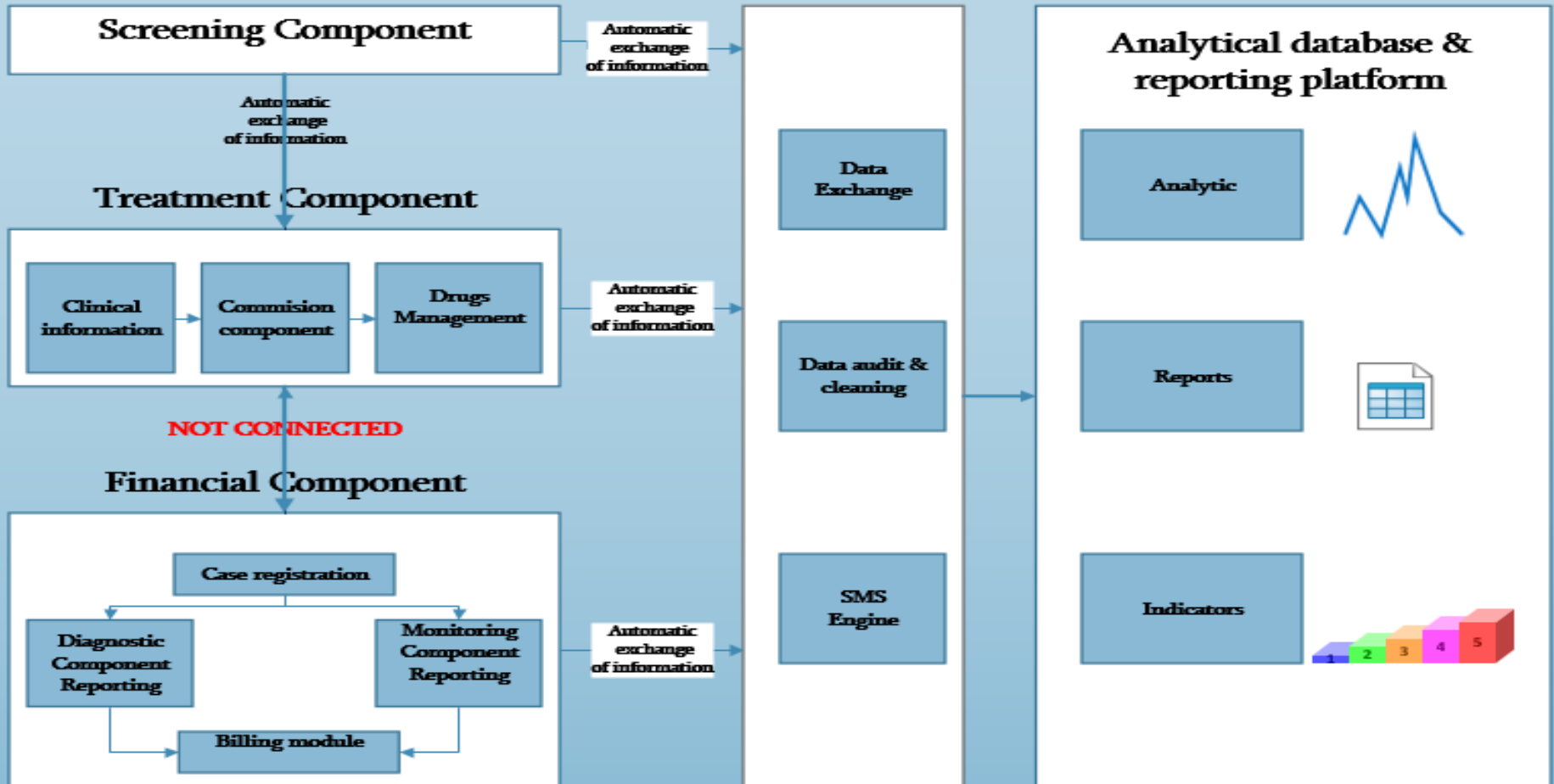


Clinical Information		Samples Collection	Contact List	Case Classification	Epidemiological Links and Risk Factors	Final Case Classification and Outcome
<b>General Information</b>						
Diagnosis	Acute viral hepatitis B					
Initial Case Classification	<input type="text"/>			Date of Exposure	<input type="text"/>	<input type="text"/>
Date of Symptoms Onset	<input type="text"/>			Location of exposure, if known	<input type="text"/>	<input type="text"/>
Facility Where Patient First Sought Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Patient First Sought Care	<input type="text"/>	<input type="text"/>
Non-Notifiable Diagnosis from facility where patient first sought care	<input type="text"/>			Hospitalization	<input type="text"/>	<input type="text"/>
Place of Hospitalization	<input type="text"/>			Date of Hospitalization	<input type="text"/>	<input type="text"/>
Antibiotic/Antiviral therapy administered before samples collection	<input type="text"/>					

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

# Hepatitis C Unified Information System

## C Hepatitis Unified Information System – Current Information Flow



# TAG 2018 Recommendations: Improve HCV Surveillance and Program Effectiveness

- Establish surveillance for acute/incident HCV infections:
  - Utilize existing screening systems to identify seroconversions and conduct an investigation
  - Establish sentinel sites
  - Enhancing surveillance at select settings serving at risk populations (e.g. PWID, Prisoners, other)
- Establish surveillance for reinfection among high risk populations and ensure linkage to care and treatment
- Monitor the prison population for HCV prevalence and incident HCV infections; Link prison screening and treatment data systems to the national screening and treatment databases
- Establish enhanced surveillance activities among screen-positive “young” persons (i.e. < 18 years)
- Consider situations from above list where use of molecular epidemiology may be appropriate

# Improve HCV Surveillance: Establish surveillance for acute/incident HCV infections

- Retrospective Study on the Prevalence of Acute Viral Hepatitis in Georgia - 2018
  - Goal: To develop recommendations for strengthening the viral hepatitis surveillance system
  - Methods: Total of 222 cases with acute viral hepatitis and 40 cases of jaundice were studied using the medical charts from 24 medical facilities in 9 regions of Georgia
  - Key Findings:
    - Over half of suspected acute HCV cases weren't confirmed
    - Clinical diagnoses did not correspond to case definitions in the national surveillance

# Improve HCV Surveillance: Establish Hepatitis B & C Sentinel Surveillance (cont.)

- Ongoing activities:
  - Government decree submitted for consideration, budget identified
  - The criteria for inclusion in Sentinel Surveillance were elaborated:
    - Infectious disease hospital
    - HCV treatment provider
    - Lab capacity
  - Four medical facilities were selected in Tbilisi, Imereti, Samegrelo and Adjara regions
  - Actions to be implemented by sentinel sites:
    - HCV screening (already implemented)
    - HBV screening of hospitalized patients
    - Additional diagnostic tests for screening positive individuals and engagement in treatment
    - Special reporting forms (under development)

# Improve HCV Surveillance: Establish surveillance for reinfection among high risk populations

- Characterization of HCV recently infected and re-infected cohort among people who inject drugs (PWIDs) at selected harm reduction sites in Georgia using GHOST technology
- Methods (proposed):
  - Investigators: Study will be conducted by the NCDC's surveillance team and the Lugar Laboratory center in close collaboration with the US CDC and Harm Reduction Centers
  - Piloted in 2 cities: Tbilisi and Zugdidi
  - Study participants (informed consent): PWID testing HCV+ antibody
  - Questionnaires: developed, administered by harm reduction centers' staff
  - Blood Samples: sent to Lugar center for HCV confirmation and sequencing, results entered into GHOST data system for analysis
- Launch: anticipated in 2020



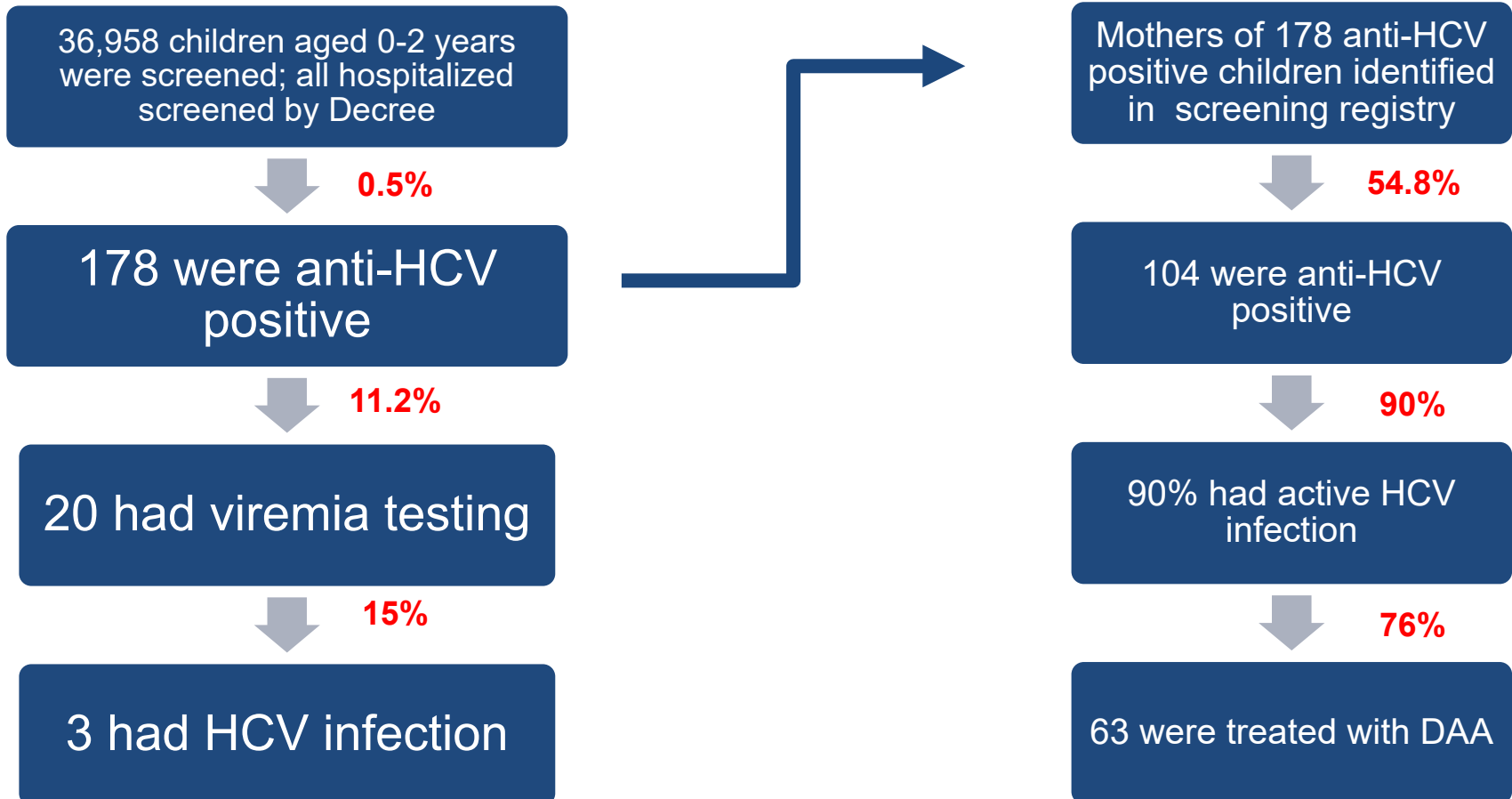
# Improve HCV Surveillance

- Monitor the prison population for HCV prevalence and incident HCV infections
- Project: Eliminating HCV infection in prison settings in Georgia
  - Underway by Infectious Diseases, AIDS and Clinical Immunology Research Center
- Link prison screening and treatment data systems to the national screening and treatment databases
  - Screening and treatment data systems are linked to the national screening and treatment databases

# Improve HCV Surveillance

Establish enhanced surveillance activities among screen positive “young” persons

November, 2016 - June, 2019



# Acknowledgements



MINISTRY OF INTERNALLY DISPLACED  
PERSONS FROM THE OCCUPIED  
TERRITORIES, LABOUR, HEALTH AND  
SOCIAL AFFAIRS OF GEORGIA

Ministry of IDPs from Occupied Territories, Labour, Health and  
Social Affairs

Technical Advisory Group Members



Centers for Disease Control and Prevention (CDC)

CDC South Caucasus Office



TEPHINET contractors for Georgia HCV Elimination Program

WHO, WHO Euro



**L.I.F.E.R.**  
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HCV Elimination Program provider facilities



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# Thank You!

