

5th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting

**TAG RECOMMENDATIONS AND
2019 PRIORITIES**

TAG Members

Overarching Considerations

- 2018 TAG Recommendations should be reviewed and pursued
- Recommend developing an updated 2021–2025 National Strategic Plan
 - Should be integrated into Universal Health Care
 - Consider including HBV Elimination

Improve HCV Surveillance and Program Effectiveness (2019 Recs)

- Utilize surveillance system to monitor incidence, re-infection, proportion positive, testing utilization
 - Assess incident cases for risk factors, substance use behavior, and transmission networks
- Strengthen sentinel surveillance (incidence, re-infection)
- Assess CoC by region and key populations
- HCC surveillance among cirrhotics
 - Is treatment available?
 - Explore the risk factors in this population
 - Consider identifying a high-risk cohort for prioritized screening
- Perinatal surveillance
 - Consider limiting pediatric HCV testing to exposed infants (eliminate routine testing for hospitalized children <12 yrs age)

Identify Persons Infected with HCV (2019 Recs)

- Integrate testing into primary care screening for NCDs with quality indicators and provider incentives
- Integrate HIV testing with HCV testing
- Establish a strategy for monitoring testing uptake and proportion positive
- Focus testing and linkage the right people and right places
 - Geographically (Tbilisi)
 - Older men
 - PWID (respondent-driven sampling,)
- Explore the feasibility of innovative strategies to expanding community based testing among hard-to-reach populations

Link Persons With HCV Infection (2019 Recs)

- Increase number of people tested and treated by community providers (HR & PCPs) so that at least 25% of treatment is delivered where client is tested
- Eliminate barriers to decentralization (e.g., cameras, taxation, regulations)
- Explore role of patient incentives for linkage
- Pilot a data-to-care program coupled with peer navigators

Provide HCV Care and Treatment (2019 Recs)

- Complete plans to implement pan-genotypic regimens
- Increase access to treatment for patients with ESRD
- Simplify monitoring
 - Eliminate on-treatment LFTs (except for HBV co-infected clients)
 - Eliminate GT when pan-genotypic regimen available
- Recommend decentralized treatment initiation of compensated cirrhotics (with subsequent referral to specialist)
- Consider micro-elimination of prison population in collaboration with NCDC to create further momentum
 - Eliminate barriers to treatment (e.g., minimum sentence requirement, care navigators)
- Consider introducing academic detailing to inform & increase confidence among PCPs

Promote Advocacy, Awareness, Education, and Partnerships for HCV-associated Resource Mobilization (2019 Recs)

- Create paid opportunities for individuals with lived hepatitis experience to participate in elimination campaign
- Continue campaign to normalize HCV testing among general population
- Explore alternatives to filming of patients taking medications
- Initiate campaign to communicate with marginalized populations and address their concerns

Prevent HCV Transmission: Harm Reduction (2019 Recs)

Prevention

- Secure plan for transitioning funding for HR sites from global fund to government budget
- Continue to ensure level of harm reduction/OST coverage is sufficient to reduce hepatitis C.
- Expand mobile services to provide needle exchange, syringe services, OST, and hepatitis C treatment for remote areas

Treatment

- Expand HCV treatment to all HR sites
- Conduct survey among PWID to identify barriers to access to treatment
- Permit narcologists to prescribe HCV treatment
- Extend ECHO to OST providers (integrate OST/HCV ECHOs?)

Prevent HCV Transmission: Blood Safety (2019 Recs)

- Mandate participation of ALL blood collection sites in Blood safety program (mandate state regulation of all blood banks)
- In 2020, perform phased implementation to move from pilot to full implementation of NAT testing of all specimens (project and accommodate delays associated with testing period)
 - Evaluate impact on workflow, including shortages in blood products
- Assess feasibility of centralized testing for all blood screening
- Develop an accreditation framework
 - Blood safety program evaluation of blood services to determine adherence to standard practice
- Develop lookback system to identify recipients of blood products from positive donors and ensure positive donors are linked to care
- Continue efforts to increase proportion of voluntary blood donors

Prevent HCV Transmission: Infection Control in Healthcare, Non-traditional Healthcare, and Community Settings (2019 Recs)

- Utilize epidemiological surveillance data on acute cases to determine contribution of healthcare to new cases
 - Investigate new cases lacking traditional risk factors for healthcare exposures
 - Investigate cases with healthcare exposure to identify and control outbreaks
 - Determine contributions of different healthcare settings, including nontraditional healthcare
- Complete national IPC guidance
 - Develop dissemination plan and implementation guidance / SOPs
- Consider pilot study to assess high-risk practices (injection safety, equipment sterilization) in select healthcare setting (e.g., dental, other)
- Consider routine monitoring for HCV for special populations (dialysis, NAT testing in immunocompromised)
- Strengthen IPC training and engagement of clinical staff in healthcare settings; ongoing IPC quality assessments

Improve HCV Laboratory Diagnostics (2019 Recs)

- Continue quality controls and proficiency monitoring as outlined in the 2018 TAG recommendations and make these standard operating procedures
- Use the quality data generated on 13 RDT at Lugar to choose the highest sensitivity and specificity
- Prioritize tests evaluated on seroconversion panels
- Limit the number of tests; each test produces its own unspecific results
- Continue DBS evaluation for RNA keeping cross-contamination during shipping in mind
- Continued support for archiving of key blood samples for future use (outbreak investigations, research)
- Conduct validation of rapid tests on seroconversion panels
- Explore cost-effective approaches for confirming core antigen negative results

5th HEPATITIS C
TECHNICAL ADVISORY
GROUP
TAG Meeting