BARRIERS OF LINKAGE TO HEPATITIS C CARE AMONG PEOPLE WHO INJECT DRUGS IN GEORGIA

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Background: Georgia is the first country embarking on hepatitis C elimination. People who inject drugs (PWID) are responsible for disproportionate share of hepatitis C burden and need access to treatment in order to reduce transmission and achieve elimination. Barriers to seeking diagnostic follow-up and enrollment into the program among HCV antibody (anti-HCV) positive PWID are not well understood.

Methods: Study participants were enrolled from 12 harm reduction (HR) sites. We compared anti-HCV positive PWID obtaining HCV RNA or core-antigen tests (defined as linked to care [LC]), to anti-HCV positive PWID not receiving confirmatory tests within 90 days of their positive anti-HCV test (not linked to care [NLC]). LC and NLC PWID were contacted and asked about potential barriers to seeking additional care.

Results: A total of 500 PWID were enrolled, 245 LC and 255 NLC. There were no differences between the two groups by gender, employment status, education level, knowledge of anti-HCV status, and confidence/trust in elimination program (p>.05). PWID aged ≥35 years were more likely to be linked compared to those <35 (p<0.05). Having enough information about the program was associated with linkage to care with 8.7% of NLC compared to 3.3% of LC stating they did not have sufficient information (p<0.05). More NLC (77.7%) than LC (58.9%) reported that enrollment was not affordable (p<0.0001). More NLC (43.9%) compared to LC (36.4%) stated that making the program completely free would improve access (p<.05). In addition, more NLC (16.1%) than LC (3.3%) stated that having more treatment provider clinics could improve access (p<.05).

Conclusion: In Georgia, barriers to linkage to care among anti-HCV positive PWID include perceived high cost of care, lack of information on elimination program, perceived lack of access to treatment sites, and younger age. Educational programs in HR sites to address misconceptions about the program may improve linkage to care among PWID.