

HEPATITIS C TREATMENT INTEGRATION WITH HARM REDUCTION SERVICES IN GEORGIA: PRELIMINARY FINDINGS

M. Butsashvili¹, G. Kamkamidze¹, M. Kajaia¹, L. Gulbiani¹, L. Gvinjilia², T. Kuchuloria², A. Gamkrelidze³, E. Adamia⁴, M. Nasrullah⁵, F. Averhoff⁵

¹Health Research Union/Clinic NEOLAB, ²TEPHINET, Tbilisi, Georgia, ³National Center for Disease Control and Public Health, Tbilisi, Georgia, ⁴Ministry of internally displaced persons from the occupied territories, labor, health and social affairs of Georgia, ⁵Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, CDC, Atlanta, United States.

Background: Georgia embarked on hepatitis C elimination in April 2015. People who inject drugs (PWID) represent a major share of hepatitis C burden in the country. Ensuring access to treatment for HCV infected PWID is needed to reach elimination goals. Integration of treatment services into harm reduction (HR) settings could facilitate access for HCV infected PWID.

Description of model of care: The Ministry of Health established a working group for integration of hepatitis C treatment services into HR settings in early 2018. Four pilot HR centers were selected to implement hepatitis C integrated treatment: one oral substitution therapy (OST) site in Tbilisi and three needle syringe programs (NSP)-one each in Tbilisi, Zugdidi, and Batumi. Three sites conduct HCV antibody screening and have HCV RNA testing (using GeneXpert) available on-site. A simplified laboratory testing algorithm was introduced, and patients having FIB4>1.45 are referred to specialized clinics for treatment while patients with FIB4<1.45 are treated at HR center. Sofosbuvir/ledipasvir (for genotype1) and sofosbuvir/velpatasvir (for genotype 2/3) regimens are used for treatment. We analyzed data from HR program and the national treatment program. In addition, providers at pilot sites were surveyed to assess acceptability of treatment integration.

Results: During the first two months of treatment services at HR sites, 155 clients tested HCV RNA positive, of whom 44(28.4%) had FIB4>1.45 and were referred to specialized clinics and 111 patients (71.6%) began treatment at HR centers. No patients had completed treatment as of March 2019. Overall, 62 HR staff were surveyed. The majority of respondents (n=60; 96.7%) were supportive of hepatitis C treatment integration into HR centers. The most common reason cited for why they favored treatment integration was “patient/client convenience,” reported by 57/60(95%) of respondents.

Conclusion: Integration of hepatitis C care with HR services is likely feasible at HR centers and it is highly acceptable for personnel who provide HR services.