

# **SCALING UP INDEX TESTING AMONG PWID IN GEORGIA: A TARGETED APPROACH TO HEPATITIS C AND B DETECTION AND LINKAGE TO CARE**

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## **Background:**

Hepatitis C is a major public health challenge in Georgia (5.4% HCV RNA). PWID are the most affected, with anti-HCV prevalence at 50-92%. WHO identifies index testing as key to interrupting transmission and linking individuals to treatment. After nine years of HCV elimination efforts, positive case numbers declined, prompting the introduction of HCV index testing at harm reduction sites in March 2024 to enhance early diagnosis and reduce transmission among PWID.

## **Description of model of care/intervention/program:**

The intervention began at harm reduction sites with program clients (“Seeds”). Index testers and partners had to be HCV/HBV-positive and not enrolled in treatment. Each seed recruited at least five partners for HBV, HCV, HIV, and syphilis testing at stationary or outreach sites, with monetary incentives. The process followed WHO’s 5C principles—consent, counseling, confidentiality, result sharing, and connection to services. A secure database with unique identifiers ensured anonymity, prevented duplication, and supported linkage to care.

## **Effectiveness:**

Over 10 months, 78 HCV and 9 HBV index clients recruited 377 partners (360 male, 17 female). Among them, 62 HCV-positive cases were identified (16.44%), with 38 (61.3%) confirmed as RNA-positive. Six HBV-positive cases were found, with one confirmed. All confirmed cases were enrolled in treatment.

## **Conclusion and next steps:**

Georgia’s index testing model effectively identifies undiagnosed cases, links them to care, and interrupts transmission among high-burden populations. This approach aligns with WHO recommendations and offers a best practice adaptable to other settings.

## **Disclosure of Interest Statement:**

The authors declare no conflicts of interest.