FIND

THREE-ARMED, CLUSTER INTERVENTION STUDY OF HEPATITIS C VIREMIA TESTING FOR PEOPLE WHO INJECT DRUGS IN GEORGIA

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BACKGROUND

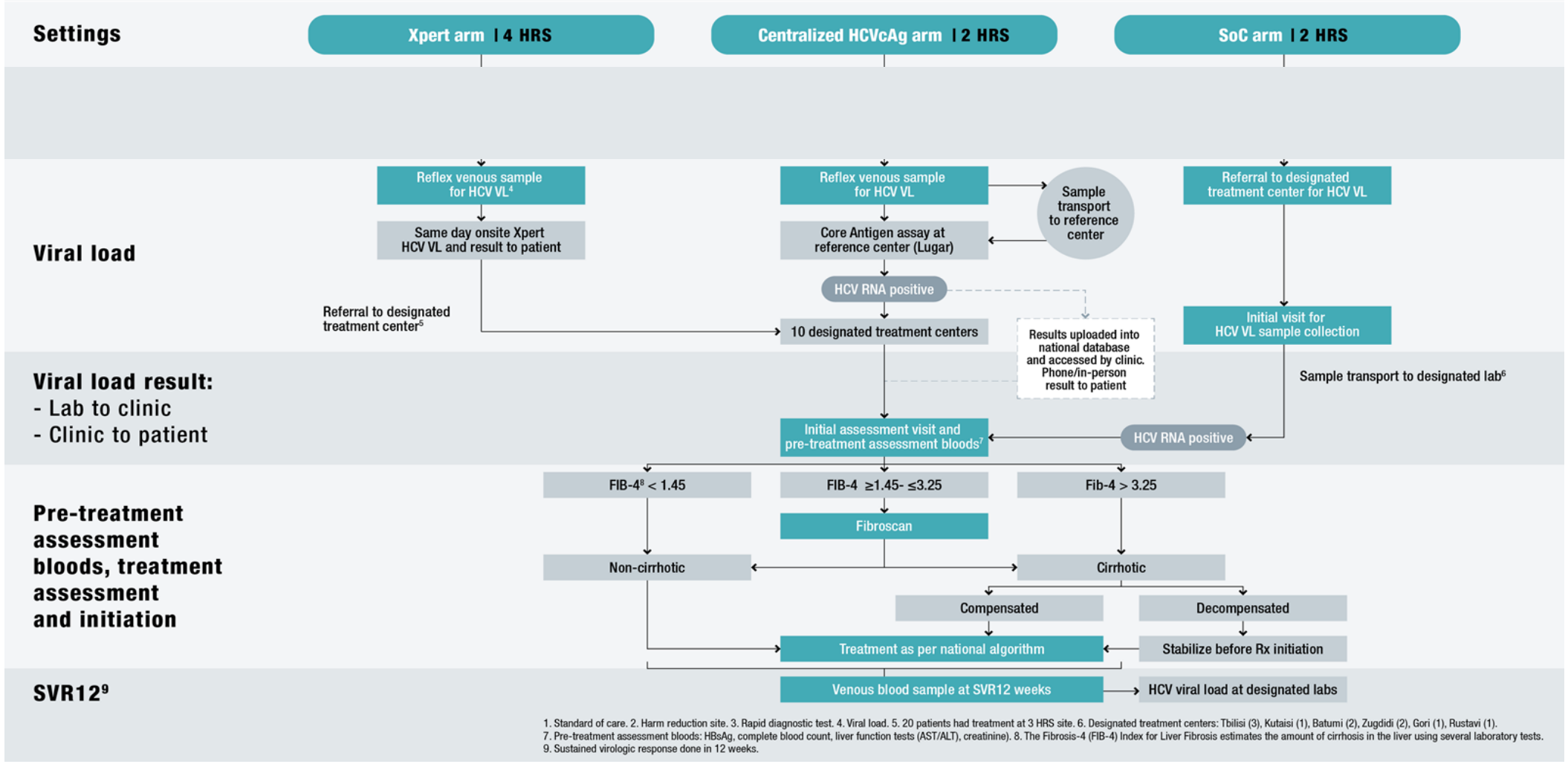
Population of 3.7 million people.
Anti HCV + 7.7% Anti HCV , HCV RNA + 5.4%
PWIDs: ~66% (~50,000 PWID in the country)
Started a national HCV elimination program in 2015

National program is making good progress however wanted to strengthen linkage of HCV RDT+ PWID to confirmatory testing

FIND in partnership with Georgia's NCDC conducted a cluster, non-randomized interventional study to determine strategies to improve that linkage

METHODS

STUDY DESIGN AND PATIENT CARE PATHWAY

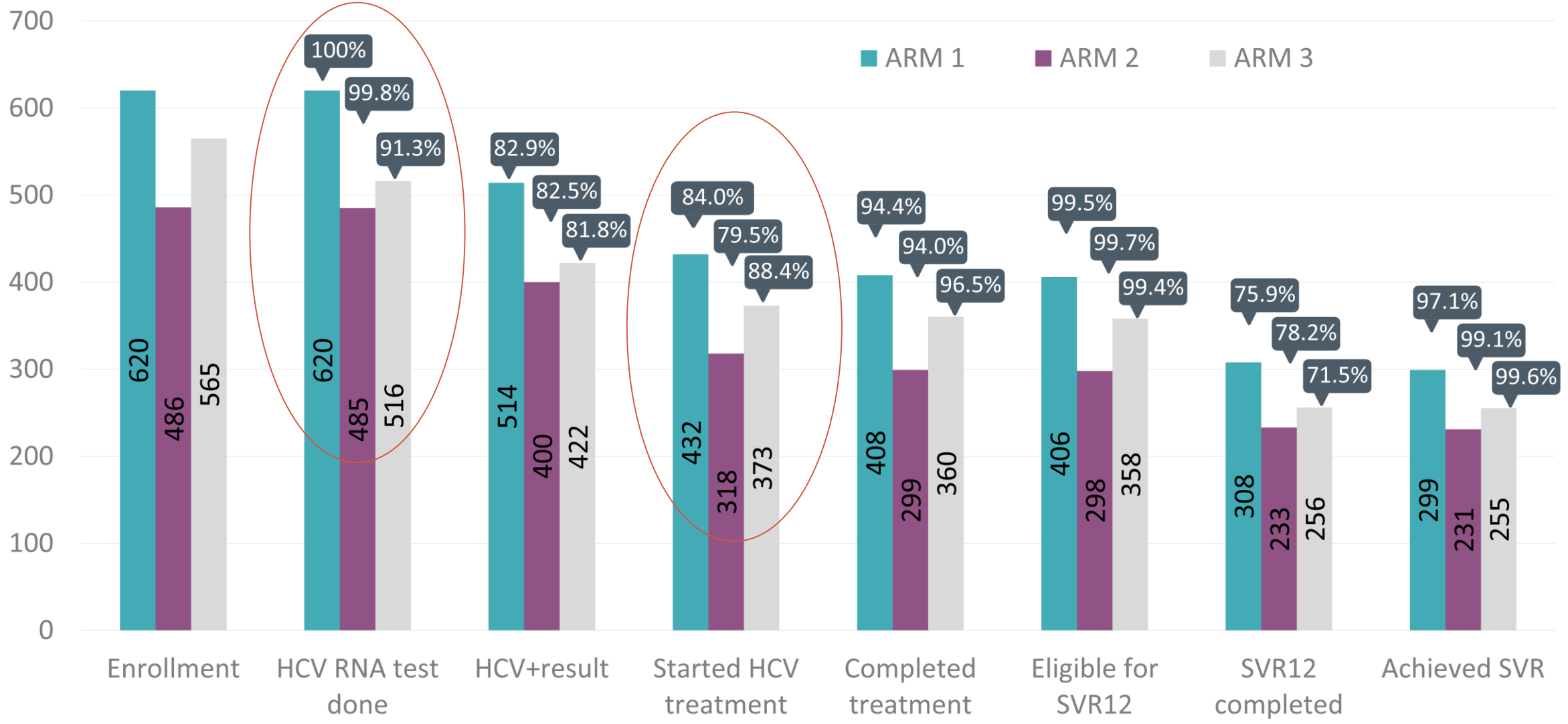


1. Standard of care. 2. Harm reduction site. 3. Rapid diagnostic test. 4. Viral load. 5. 20 patients had treatment at 3 HRS site. 6. Designated treatment centers: Tbilisi (3), Kutaisi (1), Batumi (2), Zugdidi (2), Gori (1), Rustavi (1).
7. Pre-treatment assessment bloods: HBsAg, complete blood count, liver function tests (AST/ALT), creatinine). 8. The Fibrosis-4 (FIB-4) Index for Liver Fibrosis estimates the amount of cirrhosis in the liver using several laboratory tests.
9. Sustained virologic response done in 12 weeks.

DEMOGRAPHICS

	Total	Arm 1	Arm 2	Arm 3
Age, Median (IQR)	43 (37, 50) n=1671	43 (38, 50) n=620	43 (36, 50) n=486	43 (37, 50) n=565
Male Female	95.4%, n=1594 4.6%, n= 77	96.0%, n=595 4.0%, n= 25	92,4%. n=449 7.6% n=37	97.3% n=550 2.7% n= 15
Georgian Armenian Other	1576 (94.3%) 34 (2.0%) 61 (3.7%)	589 (95%) 21 (3.4%) 10 (1.6%)	452 (93%) 7 (1.4%) 27 (5.6%)	535 (84.7%) 6 (1.1%) 24 (4.2%)
Primary Secondary Tertiary	10 (0.6%) 989 (59.2%) 672 (40.2%)	1 (0.2%) 337 (54.4%) 282 (45.5%)	4 (0.8%) 229 (61.5%) 183 (37.7%)	5 (0.9%) 353 (62.5%) 207 (36.6%)
Employed Unemployed	590 (35.3% 1062 (63.6%)	199 (32.1%) 419 (67.6%)	198 (40.7%) 282 (58.0%)	193 (43.2%) 361 (63.9%)

CARE CASCADE



RESULTS

TURN AROUND TIME

Median (IQR, range) years	HCV screening and sample collection for viremia test	Sample collection and completion of sample testing	Tests results to patient notification	Patient notification to treatment initiation	Total time (HCV screening to treatment initiation)
Arm 1	0 (0, 0) days [0 – 1 days] n=620	0.07 (0.07, 0.08) days [0.06 – 0.97 days] n=620	0.01 (0.01, 0.02) days [0.0 – 3.0 days] n=620	57 (38, 87) days [9 – 776 days] n=432	57 (39, 87) days [9 – 776 days] n=432
Arm 2	0 (0, 0) days [0 – 63 days] n=483	5.9 (3.1, 8.0) days* [0.2 – 65.2 days] n=483	8.9 (6.0, 15.0) days [0.04 – 118.1 days] n=483	31 (23, 61) days [11 – 604 days] n=318	50 (38, 80) days [21 – 673 days] n=318
Arm 3	1 (0, 4) days [0 – 483 days] n=508	5.1 (1.2, 7.9) days [0.0 – 92.1 days] n=505	6.8 (3.9, 12.8) days [0.1 – 376.7 days] n=498	43 (29, 68) days [1 – 636 days] n=366	67 (45, 94) days [18 – 776 days] n=373

CONCLUSION

Point-of-care viremia testing and blood drawn on-site for HCVcAg testing resulted in more HCV seropositive patients being tested within a shorter timeframe compared with referral for blood collection using SOC.

Proportions of viremic patients who were referred to treatment centres and subsequently initiated treatment were similar across all arms.

These findings underscore the benefits of fully decentralized HCV care.

THANK YOU!

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