Evaluation of hepatitis C treatment and care model in primary healthcare centers in the country of Georgia

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Background and Aims: In April 2015, with a partnership with Gilead Sciences and technical assistance from the US Centers for Disease Control and Prevention, Georgia launched the world’s first hepatitis C elimination program. By the end of November 2023, more than 85,000 patients with current hepatitis C virus (HCV) infection initiated treatment, with 99% cure rates among those tested for sustained virologic response (SVR). Broad access to direct acting antivirals (DAAs) resulted in rapid increase in treatment uptake in 2016, which has since declined due to barriers in diagnosis and linkage to care. To address this issue, Georgia initiated service decentralization in 2018 by integrating HCV screening and treatment in primary healthcare centers (PHCs). We report preliminary results of an integrated model of hepatitis C care in PHCs.

Method: By November 30, 2023, a total of 10 PHCs were providing hepatitis C care services throughout the country. The integrated model was based on “one stop shop” approach, where patients receive all HCV screening, treatment, and care services in selected PHCs. PHCs provided care to HCV treatment-naïve patients with no or mild fibrosis (FIB-4 score<1.45) using simplified diagnostics and a treatment monitoring approach, while persons with advanced liver fibrosis/cirrhosis were referred to specialized clinics. Patients were treated with Sofosbuvir/Ledipasvir and/or Sofosbuvir/Velpatasvir for 12 weeks. SVR was defined as undetectable HCV RNA at 12-24 weeks after end of therapy. The Extension for Community Healthcare Outcomes (ECHO) telemedicine model was used to train and support primary healthcare providers. Regular teleECHO videoconferencing was conducted to provide primary care providers with advice and clinical mentoring.

Results: Overall, 1,881 persons with current HCV infection were evaluated for FIB-4 score at PHCs as of November 30, 2023. A total of 1,238 persons initiated treatment, and of them 1,162 (93.9%) had completed treatment at the time of analysis. Of 1,134 persons eligible for SVR testing (12-24 weeks post treatment completion), 889 (78.4%) had been tested, and 874 (98.3%) achieved SVR.

Conclusion: Our analysis shows the effectiveness of integrating a simplified HCV diagnosis and treatment model in PHCs. Countrywide expansion of this model is warranted to bridge the gaps in the hepatitis C care continuum and ensure high rates of treatment uptake, enabling Georgia to achieve hepatitis C elimination.