**Georgia**

Can eliminate hepatitis

**National Hepatitis Elimination Profile**

<table>
<thead>
<tr>
<th>Hepatitis B virus (HBV)</th>
<th>Hepatitis C virus (HCV)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>HBV elimination goal</td>
<td>HCV elimination goal</td>
</tr>
<tr>
<td><strong>PARTIAL</strong>*</td>
<td><strong>PARTIAL</strong>*</td>
</tr>
</tbody>
</table>
| Elimination of HBV mother to child transmission goal | Development of a strategy for EMTCT of syphilis, HIV, and HBV is underway.

*Strategy N2 is to Prevent HCV and HBV transmission focuses on different areas, but not specifically mother-to-child transmission. Development of a strategy for EMTCT of syphilis, HIV, and HBV is underway.

**The Health Burden of Viral Hepatitis**

<table>
<thead>
<tr>
<th>Number of persons living with HBV infection, 2021</th>
<th>Number of persons living with chronic HCV infection, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>78,000</td>
<td>48,600</td>
</tr>
<tr>
<td>Only adult population</td>
<td>Only adult population</td>
</tr>
</tbody>
</table>

**Compared to:**

<table>
<thead>
<tr>
<th>Number of persons living with HBV infection, 2015</th>
<th>Persons living with chronic HCV infection, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>80,000</td>
<td>150,000</td>
</tr>
<tr>
<td>Only adult population</td>
<td>Only adult population</td>
</tr>
</tbody>
</table>

**Georgia was one of the first countries in the world to embark on HCV elimination.**
2.7%
Prevalence of HBsAG, 2021
Only adult population
Based on national survey

A 7% DECLINE COMPARED TO:

2.9%
Prevalence of HBsAG, 2015
Only adult population
Based on national survey

1.8%
Prevalence of chronic HCV (RNA+), 2021
Only adult population
Based on national survey

A 67% DECLINE COMPARED TO:

5.4%
Prevalence of chronic HCV (RNA+), 2015
Only adult population
Based on national survey

14.7%
Prevalence of chronic HCV (RNA+), Persons who inject drugs, 2021
BSS Lite conducted in 2021
Presented at the 7th Technical Advisory Group meeting, March 23-25, 2022

NO DATA
New HBV infections

NO DATA
New HCV cases

367 (268 - 493)
HBV-related deaths, 2019
Modelled

10 (7.31 - 13.50)
Deaths per 100,000, 2019

367 (274-490)
HCV-related deaths, 2019
Modelled

10 (7.47-13.40)
Deaths per 100,000, 2019
PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

<table>
<thead>
<tr>
<th>Virus</th>
<th>Percentage Change in New Infections</th>
<th>Percentage Change in Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
<tr>
<td>HBV</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
<tr>
<td>HCV</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
<tr>
<td>HCV</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

Prevalence of HBsAg in children < 5 years (%), 2021: 0.03%

ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96.5%</td>
<td>Hepatitis B vaccination coverage for newborns, 2020</td>
</tr>
<tr>
<td>91%</td>
<td>HepB 3 dose vaccine coverage for infants, 2020</td>
</tr>
</tbody>
</table>

Routine immunization for hepatitis B resulted in successful prevention of infection in children, with the estimated prevalence of 0.03% in 5-17 age group (2021 serosurvey).
**Proportion of diagnosed HBV persons receiving appropriate treatment**

**NO DATA**

**Number of persons tested for HBsAg**

**NO DATA**

**Number of persons on treatment for HBV**

**NO DATA**

**Number of sterile needles and syringes provided per persons who injects drugs per year, 2021**

78

WHO 2020 Target 200

**Proportion of persons living with HCV diagnosed, 2020**

60%

WHO 2020 Target 30%

**Number of persons tested for HCV, 2018-2020**

- Anti-HCV 2018: 1,325,783
- Viremia 2018: 78,611
- Anti-HCV 2019: 1,916,929
- Viremia 2019: 100,844
- Anti-HCV 2020: 2,215,655
- Viremia 2020: 112,809

Note: Anti-HCV testing number does not include persons with 15-digit code (beneficiaries who were tested in harm reduction services)
**Proportion of diagnosed persons who have been cured (%), 2020**

81%

**Number of persons initiated on treatment, 2018-2020**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of initiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>52,594</td>
</tr>
<tr>
<td>2019</td>
<td>64,537</td>
</tr>
<tr>
<td>2020</td>
<td>69,192</td>
</tr>
</tbody>
</table>

*Note: Number of people who initiated treatment*

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**POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS**

**STRATEGIC INFORMATION**

Routine official reports to monitor HBV and HCV

Estimates of HBV and/or HCV economic burden

**NOTES**

Death registry collects information on causes of death, but detailed study on HCV- and HBV-related mortality is undergoing

Sentinel surveillance sites are being established to monitor the new HCV infections. Several research projects are underway to estimate the HCV incidence

Two nationwide seroprevalence surveys have been conducted in 2015 and 2021

Economic evaluation currently underway

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Not Adopted
Monitoring of HBV and HCV diagnosis and treatment

Monitoring of HCV diagnosis and treatment is routinely conducted. Monitoring for HBV diagnosis and treatment have not been implemented yet, but is included in the new strategic document on eliminating viral hepatitis in Georgia, 2021-2025. HBV workgroup has been established, acting as a basis for creating a short-term action plan, the long-term strategy, guidelines and other materials for HBV control in the country.

Achievements

Nationwide program databases allow for monthly analysis of cascades of care and linkage to other nationwide databases (e.g., mortality, cancer and hospitalization registries)

A repeat nationwide serosurvey was conducted in 2021 to assess the burden of hepatitis B and C among adults and children aged 5 years and older. The prevalence of hepatitis C among adults decreased by 67% between 2015 and 2021 (from 5.4% to 1.8%)

Innovations

Georgia is pursuing several research projects to estimate the HCV incidence using programmatic data

In 2020, the Lugar Center became the first regional lab to utilize Global Hepatitis Outbreak Surveillance Technology (GHOST)

Prevention of Mother to Child Transmission

Universal policy for hepatitis B vaccination of newborns within 24 hours of birth

Recommendations for:

- HBV testing of pregnant women
- HCV testing of pregnant women

Achievements

Georgia submitted the validation report to document the achievement of the regional hepatitis B control targets in the WHO European Region
ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of orginator DAAs 19  
**Adopted**

Eligible for generic DAAs 20  
**Eligible**

Registration of generic DAAs 19  
**Adopted**

Licensed point-of-care PCR testing to detect HBV and HCV 7  
**Partially Adopted**  
*Implemented in harm reduction sites for HCV*

TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

**HBV:** Risk-based  
**Adopted**

**HBV:** Age cohort or Universal  
**Not Adopted**

**HCV:** Risk-based 8  
**Adopted**  
*Anti-HCV testing is freely available countrywide in multiple programs and settings*

**HCV:** Age cohort or Universal  
**Adopted**  
*Adopted universally for anti-HCV but not for HBsAg*

No patient co-pays for HBsAg and anti-HCV testing 9  
**Partially Adopted**

ACHIEVEMENTS

*As of December 31, 2021, 2.2 million adults in Georgia were tested for HCV antibodies, representing almost 80% of adult population*

HCV testing has been decentralized, RNA point-of-care testing and HCV core antigen testing have been introduced

*An integrated TB/HIV/HCV screening program at primary healthcare centers (PHC) was piloted in April 2018 and has since been expanded to every region across the country*
Ensuring all people who screen positive are referred for viremia testing, and all those with chronic infection are linked to treatment requires innovative strategies and added outreach.

### ACCESS TO HBV AND HCV TREATMENT

**HBV:** National treatment guidelines

- Simplified care: Simplified treatment and monitoring algorithm for primary care providers
  - Not Adopted

  - Simplified care: No patient treatment co-pays
  - Not Adopted

**HCV:** National treatment guidelines

- Simplified care algorithm: Less than 2 clinic visits during treatment
  - Not Adopted

- Simplified care algorithm: Non-specialists can prescribe treatment
  - Adopted

- Simplified care algorithm: No patient treatment co-pays
  - Adopted

- No fibrosis restrictions
  - Adopted

- No sobriety restrictions
  - Adopted

- No genotyping
  - Adopted

### ACHIEVEMENTS

All HCV-related diagnostic and treatment services are free of charge for every patient.

By the end of 2021, approximately 77,000 individuals started treatment for hepatitis C within elimination program, with a 99% SVR rate among those tested.

From December 2018, all patients on hepatitis C treatment receive the pangenotypic regimens, eliminating the need for genotyping and allowing for simplified treatment and monitoring algorithms.
## Health Equity and Addressing Disparities

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>National strategy addresses populations most affected</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>National anti-discrimination laws against people living with hepatitis B and/or C</td>
<td>No Data</td>
<td>National decree on the vaccination for adults with high-risk (healthcare workers, patients with HCV and HIV infection)</td>
</tr>
<tr>
<td>National policy for adult hepatitis B vaccination</td>
<td>Adopted</td>
<td>National decree on the vaccination for adults with high-risk (healthcare workers, patients with HCV and HIV infection)</td>
</tr>
<tr>
<td>National policy for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harm reduction for persons who inject drugs (PWID)</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td>Syringe exchange in federal prisons</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>78</td>
<td>WHO 2020 Target 200</td>
</tr>
<tr>
<td>Number of opioid substitution therapy recipients per 100 PWID</td>
<td>48.7</td>
<td>2020 data: 71% among PWID using opioids 22% among all PWIDs (Source: Communication with Georgia Ministry of Health)</td>
</tr>
<tr>
<td>Decriminalization of possession of syringes &amp; paraphernalia</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Decriminalization of drug use</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>Decriminalization of hepatitis infection</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>

### Innovations

**INNOVATIONS**

During 2021, the Hepatitis C Cured Patient Association and their partners identified 20 Elimination Program Ambassadors who participated in a train-the-trainer program on hepatitis awareness, media communication, and peer-to-peer consulting techniques led by health promotion and strategic communication specialists.

HCV testing and treatment are integrated in four harm reduction sites.

HCV Self-testing (HCVST) Feasibility and Acceptability Study among PWID and MSM was implemented with support of FIND in Tbilisi. HCVST was acceptable for more than 96% of the participants from both population groups.
HCV and HBV screening are provided as part of the pre-enrollment process at all 22 opioid substitution treatment (OST) clinics, with a total capacity of 13,000–14,000 beneficiaries. The number of patients enrolled in the OST program has increased from 7,381 in 2017 to 11,515 in 2021.

HCV and HBV antibody screening is available at 14 needle and syringe program (NSP) sites and 9 mobile units, employing over 200 harm-reduction (HR) workers. Stationary HR sites provide services to 11 cities and mobile units provide outreach to more than 45 cities.

OST program fully transitioned from donor funding to government funding and has increasing number of people enrolled in services each year.

The number of PWID tested for HBsAg increased from 16,755 to 31,098 during the last five years, with positivity rates decreasing from 5.7% in 2016 to 2.5% in 2021.

Substantial screening efforts among PWID have led to 27,967 being aware of their infection as of 2021.

The proportion of PWID testing positive for anti-HCV decreased from 44% in 2016 to 6% in 2021.

ACHIEVEMENTS

FINANCING

Public budget line for HBV and HCV testing and treatment

Adopted for HCV. Public program for HBV is at early stage of development

Funds from the Global Fund for TB, AIDS, and Malaria used for HBV and/or HCV testing for co-infected patients

Adopted
**NEXT STEPS TOWARD ELIMINATION**

- Complete screening entire adult population
- Continue strategic information enhancements and expansion to include HBV elimination
- Enhance linkage to care to ensure all people with chronic HCV infection are treated
- Continue strategic information enhancements and expansion to include HBV elimination

**SOURCES**


4. 7th Technical Advisory Group meeting, March 23-25, 2022


20. The Medicines Patents and Licenses Database (MedPa): Georgia https://www.medspal.org/?keywords=Georgia&disease_area%5B5D=Hepatitis+B+(HBV)&disease_area%5B5D=Hepatitis+C+(HCV)&page=1