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## **Evaluation of Hepatitis C treatment outcome among people who inject drugs in Georgia**

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### **Background:**

The prevalence of HCV antibodies in Georgia is very high (7.7%). People who inject drugs (PWID) account for the largest group of infected patients in Georgia. In 2015, the Ministry of Health in collaboration with the US Centers for Disease Control and Prevention (CDC) implemented an HCV elimination program. There were initial concerns among medical personnel and policy makers that PWID would have poor treatment compliance that would lead to poorer outcomes. This study was designed to estimate rapid virologic response (RVR) and sustained viral response (SVR) rates among PWID compared to those without a history of injection drug use (non-PWID).

### **Methods:**

Sociodemographic, behavioral and clinical data were extracted from one of the largest participating clinics, NeoLab. Advanced liver fibrosis was defined as FIB4 >3.25 and liver elastography ≥F3. RVR was measured at week 4 after treatment initiation and SVR was measured at 12-24 weeks after completion (SVR). Socio-demographic, clinical and laboratory data were compared for PWID and non-PWID.

### **Results:**

Of the 4091 patients in the HCV elimination program, 1775 (43.4%) had history of injecting drugs. The two study groups were comparable in age. Among PWID only 0.7% were females compared to 27.1% of females among non-PWID ( $p < 0.0001$ ). Genotype 3 predominated among PWID (43.2%) vs. non-PWID (34.8%,  $p < 0.001$ ). RVR was higher in PWID (97.3%) vs non-PWID (95.0%,  $p < 0.01$ ). For PWID

compared to non-PWID, SVR rates were comparable (96.0% vs 95.0%,  $p=0.24$ ) as were advanced liver fibrosis (44.5% vs 43.1%,  $p=0.44$ ).

**Conclusion:**

Treatment outcomes among PWID were similar to non-PWID, suggesting that treatment adherence may be sufficiently similar to achieve reasonably comparable clinical outcomes.