Approaches to providing hepatitis C viremia testing to people who inject drugs in Georgia

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Background and Aims: In line with the WHO hepatitis C virus (HCV) elimination targets, Georgia embarked on an elimination programme in 2015. However, a large proportion of infected persons remain unaware of their infection. To expand the treatment more widely to those at high risk of HCV infection, people who inject drugs (PWID) are prioritized for test and treat strategies. Though anti-HCV screening for PWID has been implemented at point-of-service, access to confirmatory viremia testing remains a major barrier. We evaluated two novel approaches to improve access to viremia testing among PWID attending for care at harm reduction sites (HRS).
Methods: This is an ongoing non-randomized interventional study where HRS are assigned to one of three arms i) at four HRS, decentralized testing (Arm 1) where blood draw, viremia testing and results provision is done on-site on the same day, ii) at two HRS a centralized viremia testing approach is implemented (Arm 2) with blood draw on site and testing at a centralized lab. Test results are made available at HRS at a follow up visit, iii) at two HRS testing is done as per standard of care (Arm 3) where patients are referred to a treatment centre for testing and results provided at the treatment centre. Arm 1 and Arm 2 are using "HRS-based-approaches" as participants have blood drawn and receive test results at HRS. Participants are eligible for the study if they tested anti-HCV positive on the same day and did not have confirmed diagnosis. The proportion of participants who received their HCV viremia test result is compared across the three arms. We assess time to reporting of results.
Results: Between 21 May and 30 June 2018, 305 participants were enrolled [183(60%) in Arm 1, 57(19%) in Arm 2; 65(21%) in Arm 3]. Participants were predominantly male (95%), median age 42 years and 81% were currently injecting drugs. 289 (95%) participants reported having taken an HIV test and of these 288(99.7%) self-reported being negative and one did not know their status. To date all participants enrolled in Arm 1 and 2 have had blood drawn for viremia testing and similarly all participants enrolled in Arm 3 were referred to treatment centers for testing. To date, 280 participants who had a confirmatory viremia test done and of these, 248(88.6) received their results (183 in Arm 1, 57 in Arm 2 and 8 Arm 3). Of those with results, 215(86.7%) were positive while 33(13.3%) were negative. On average participants received their results the same day (on average within 3 hours) in Arm 1, 5 days in Arm 2 and 14 days in Arm 3 from the time they had blood drawn for testing.
Conclusions: Providing blood draw for HCV confirmatory viremia testing at HRS where PWIDs attend for care/needle provision improves access to HCV confirmatory viremia testing. The "HRS based approaches" resulted in a larger proportion of participants receiving their confirmatory test results and the turnaround time was shortest where blood draw at HRS was combined with on-site testing.