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Dear Honorable Ekaterine Tikaradze and Esteemed Colleagues,

We, the speakers at the 2nd Transcaucasus Symposium on HBV Infection in Tbilisi, are writing to the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, and to the administrative leadership of the Georgia government to ask for support for a country-wide hepatitis B virus (HBV) control and elimination program. This program would include goals that align with the World Health Organization (WHO) and the United States Centers for Disease Control and Prevention elimination initiatives and would work in parallel with Georgia's well-regarded HCV Elimination Program. We also were pleased to hear that at the 5th Technical Advisory Group (TAG) for HCV Elimination in Tbilisi, held 18 – 20 November 2019, that the TAG recommended Georgia adopt HBV elimination as part of their new 2021 – 2025 Strategic Plan for Viral Hepatitis Elimination. Elimination of HBV and HCV would again

place Georgia among the world's leaders in Viral Hepatitis Elimination. The WHO plan is to eliminate HBV and HCV as public health threats globally by 2030, as defined by a 65% reduction in mortality and 90% reduction in HBV incidence as compared with 2015 baseline values[1]; Georgia is well poised to lead these efforts in the region and globally.

Georgia has a model strategy and developed infrastructure for HCV elimination that could be leveraged for HBV elimination. Key elements of achieving HBV elimination targets include vaccination, screening, diagnostic evaluation, linkage to care, and treatment accessibility for those requiring antiviral treatment[2].

Currently, the following are the only activities for HBV control administered by the Georgian Government:

1. All pregnant women are currently screened, and immune globulin is used among newborns of HBsAg positive mothers

2. All newborns are vaccinated since 2002.

3. HBsAg and antiHBc tests are routinely done among all HCV infected people through HCV elimination program

4. PWID receiving harm reduction services (both NSP and OST) are screened on HBsAg, but, unfortunately, not for antiHBc/antiHBs and vaccination is not provided despite multiple requests.

5. HCV infected individuals are receiving HBV vaccine within HCV elimination program

6. From Jan 2019, all HCWs are advised to get HBV test and vaccine.

A successful HBV elimination program in Georgia will require reimbursement for all aspects of HBV care through combined government support where applicable, provision by private insurance companies. There is scant data on HBV prevalence in Georgia and subsequently little information on morbidity and health care costs, this data is recommended to be part of the HBV elimination effort. Not all individuals (typically 15-30%) with chronic hepatitis B require immediate treatment according to current guidelines. Diagnosis should include appropriate baseline testing as outlined in European Association for the Study of the Liver guidelines[3] particularly . First-line tests for all adults would be an HBV triple panel that includes anti-HBs and anti-HBc as well as HBsAg, then subsequent confirmation testing with quantitative HBV DNA

in HBsAg+ patients. This would allow determination of who needs HBV vaccination as well as those infected with HBV and who may be at risk for reactivation. All HBsAg-positive patients should undergo testing for antibodies to HDV, and subsequent quantitative HDV RNA evaluation if anti-HDV positive. Nucleoside analogues (tenofovir or entecavir can be procured as low-cost generic drugs in Europe (at a cost of $10 per month or less in some locations). Their widespread use will significantly reduce the morbidity from cirrhosis and hepatocellular carcinoma.

The 2015 National serosurvey found that among the 3% of Georgian adults living with HBV (estimated 80,000), < 1% are also infected with delta virus (HDV) (Georgia NCDC; unpublished data). Multiple studies have shown that HBV/HDV coinfection can accelerate progression to liver cirrhosis over HBV mono-infection, and that coinfection increases the risk of hepatocellular carcinoma (HCC) development[4].

Georgia is well positioned to succeed in HBV Elimination. Prevention programs, such as routine childhood vaccination and maternal screening and prevention of mother to child transmission, have been in place since the early 2000's, thus reducing greatly the risk of HBV for future generations of Georgians. In addition, we propose the formation of a committee to include members of the MOH, HBV experts, public health planners and patient representatives to help set in motion additional initiatives, prevention programs and promote the dissemination of new treatment research. We respectfully request that the Government of Georgia formulate and support an HBV elimination program that will align with World Health Organization initiatives and benefit the public health of Georgian citizens. We believe Georgia, as the world's first EASL-International Liver Foundation Center of Excellence in Viral Hepatitis Elimination, has an opportunity to lead the world in this endeavor, and offer our support.

Sincerely,

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4. Wursthorn K, Manns MP, Wedemeyer H. Natural history: the importance of viral load, liver damage and HCC. Best practice & research Clinical gastroenterology. 2008;22(6):1063-79.