

Georgia

| High MDR-TB burden |

Tuberculosis profile

Population 2013 **4.3 million**

Estimates of TB burden * 2013	Number (thousands)	Rate (per 100 000 population)
Mortality (excludes HIV+TB)	0.31 (0.2–0.43)	7 (4.7–9.8)
Mortality (HIV+TB only)	0.02 (0.013–0.028)	0.46 (0.31–0.64)
Prevalence (includes HIV+TB)	7.1 (3.4–12)	163 (79–277)
Incidence (includes HIV+TB)	5 (4.7–5.5)	116 (109–126)
Incidence (HIV+TB only)	0.097 (0.069–0.13)	2.2 (1.6–3)
Case detection, all forms (%)	68 (63–73)	

Estimates of MDR-TB burden * 2013	New	Retreatment
% of TB cases with MDR-TB	11 (9.7–13)	38 (34–42)
MDR-TB cases among notified pulmonary TB cases	270 (230–310)	440 (400–490)

TB case notifications 2013	New **	Relapse
Pulmonary, bacteriologically confirmed	1 828	281
Pulmonary, clinically diagnosed	584	0
Extrapulmonary	721	20

Total new and relapse	3 434
Previously treated, excluding relapses	885
Total cases notified	4 319

Among 3 434 new and relapse cases:
183 (5%) cases aged under 15 years; male:female ratio: 2.2

Reported cases of RR-/MDR-TB 2013	New	Retreatment	Total **
Cases tested for RR-/MDR-TB	1 750 (96%)	538 (45%)	2 288
Laboratory-confirmed RR-/MDR-TB cases			406
Patients started on MDR-TB treatment			526

TB/HIV 2013	Number	(%)
TB patients with known HIV status	2 698	(62)
HIV-positive TB patients	56	(2)
HIV-positive TB patients on co-trimoxazole preventive therapy (CPT)	50	(89)
HIV-positive TB patients on antiretroviral therapy (ART)	50	(89)
HIV-positive people screened for TB	2 369	
HIV-positive people provided with IPT	92	

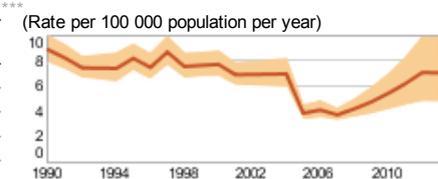
Treatment success rate	(%)
New and relapse cases registered in 2012	85
Previously treated cases, excluding relapse, registered in 2012	74
HIV-positive TB cases, all types, registered in 2012	63
RR-/MDR-TB cases started on second-line treatment in 2011	50
XDR-TB cases started on second-line treatment in 2011	11

Laboratories 2013	
Smear (per 100 000 population)	0.3
Culture (per 5 million population)	2.3
Drug susceptibility testing (per 5 million population)	1.2
Sites performing Xpert MTB/RIF	1
Is second-line drug susceptibility testing available?	Yes, in country

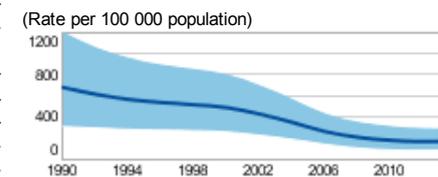
Financing TB control 2014	
National TB programme budget (US\$ millions)	13
% Funded domestically	45%
% Funded internationally	55%
% Unfunded	0%

* Ranges represent uncertainty intervals

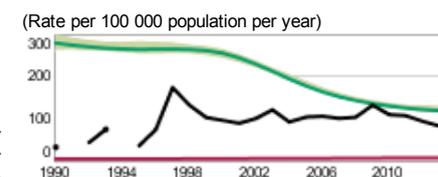
** Includes cases with unknown previous TB treatment history



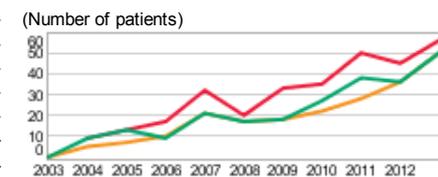
— Mortality (excludes HIV+TB)



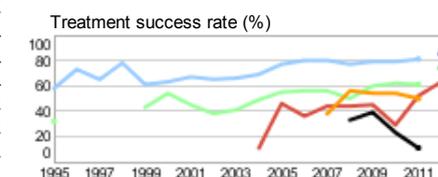
— Prevalence



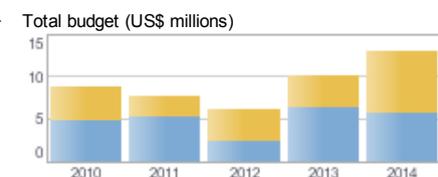
— Notified (new and relapse) — Incidence (HIV+TB only)



— HIV-positive TB patients on CPT — on ART



— New — Retreatment — New and relapse — Retreatment, excluding relapse — HIV-positive — RR-/MDR-TB — XDR-TB



— Funded domestically — Funded internationally — Unfunded

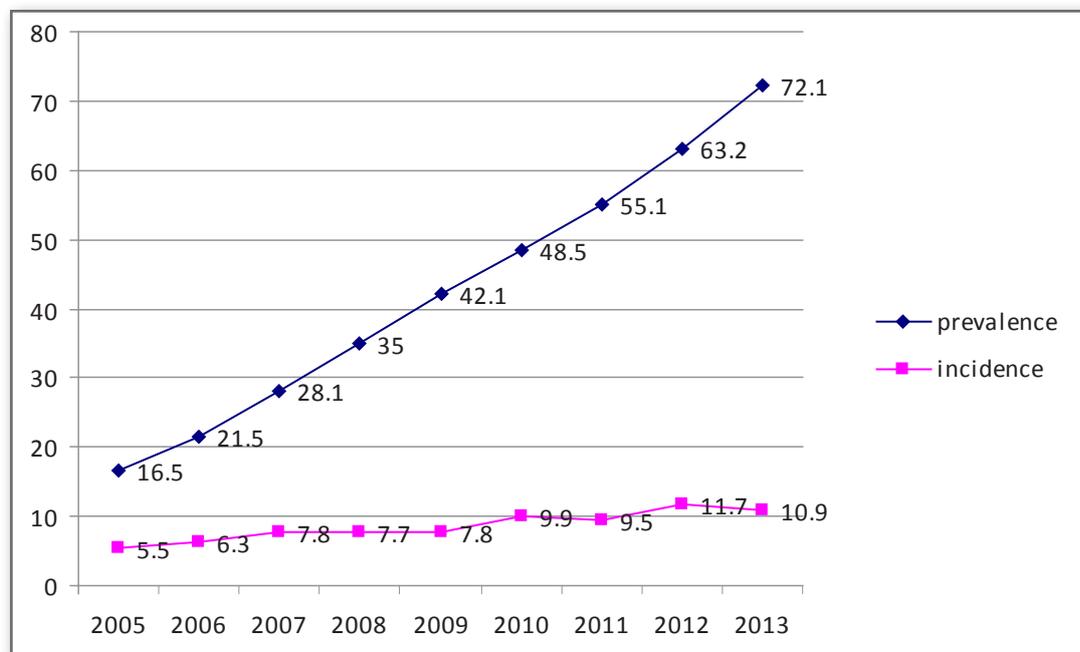
Data are as reported to WHO. Estimates of TB and MDR-TB burden are produced by WHO in consultation with countries.
Generated: 2015-06-12

Data: www.who.int/tb/data

Overview of the AIDS epidemic

The first case of HIV in Georgia was detected in 1989. Thereafter the number of annually detected cases has been relatively small. Georgia is one of those very few countries in the world and in the region where the HIV incidence has been increasing steadily during the last decade.

Figure 1: HIV/AIDS prevalence and incidence rates 2005-2013 (per 100 000)



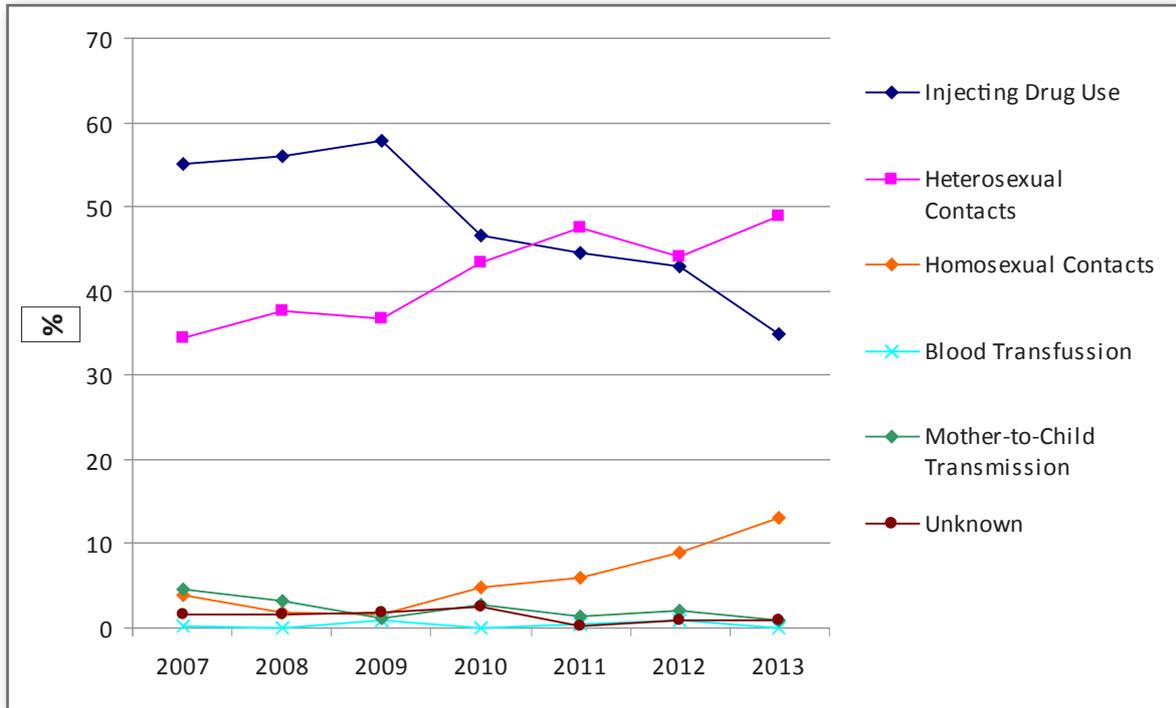
Despite a relatively low prevalence rate, the HIV/AIDS epidemic remains a significant public health concern in Georgia. There were 4131 HIV/AIDS registered cases in the country by the end of 2013. The HIV epidemic is largely concentrated among males and high-risk groups such as IDUs, MSM and FSW. HIV estimated prevalence ranges from 0,4 to 9,1% among IDUs, and 0,8%-1,3% among FSWs depending on locality. HIV prevalence increase has shown steady and alarming trend among MSM in Tbilisi (the capital city), from 7% in 2010 to 13% in 2012.

HIV prevalence among pregnant women and blood donors is lower (0.04% in both sub-populations) than in general population (0.07% in 2013).

The epidemiological distribution of the disease by gender and age indicates more cases among the 25-40 age groups. The biggest difference between the number of infected men and women was also detected in this age group (25+), while the gender difference is minimal among the 15-24 year olds. In previous years, the proportions of male and female HIV+ cases were 75% and 25% respectively. In 2011, the proportion was changed, with males accounting for 70% of cases and females for 30%. This shift would be explained by the spread of HIV among sexual partners of IDUs. The trend is still maintained in last two years.

Georgia is facing critical challenges such as drug abuse and related health and social consequences. Similar to the most Eastern European countries, injecting drug use was the major transmission mode in the early years of the HIV epidemic in Georgia. Since 2009, transmission has shifted toward the heterosexual mode (Figure 2.) which became dominant by 2011 and the trend escalated in 2013.

Figure 2: Percentage mode of HIV transmission by year



Over the past few years, Georgian government, together with international donor organizations, has been strengthening HIV surveillance and preventive efforts among high-risk groups. Second-generation surveillance among MARPs was initiated in 2002. Since then, several rounds of Bio-BSS Surveys have been conducted to measure prevalence of HIV among IDUs and provide measurements of key HIV risk behaviors. According to the last BSS conducted in 2012 among IDUs, in six major cities of Georgia (Tbilisi, Gori, Telavi, Zugdidi, Batumi and Kutiasi) prevalence rates from Batumi and Zugdidi show that the HIV epidemic has reached a concentrated epidemic level. HIV prevalence ranges from the lowest 0.4% in Telavi to the highest 9.1% in Zugdidi.

According to the national HIV surveillance system 9.3% in 2012 and 13% in 2013 of all new HIV cases were attributed to the homosexual route of transmission.

The findings of the last Bio-BSS conducted in 2012 among MSM in Tbilisi showed the substantial increase in HIV prevalence within the last two years. The most alarming finding of this study is increase in HIV prevalence from 7% in 2010 to 13% in 2012 proving that HIV epidemic is concentrated among this group of population. High risk practices have not changed over the last two years. There is high sexual activity among MSMs, with risky sexual practices such as frequent change of partners of both sexes, insufficient use of condoms and involvement in group sexual practices. This raises concerns about the bridging role of MSMs in HIV transmission to general population.

As for rates of HIV infection among FSW, these have remained low during the last ten years. According to the recent Bio-BSS among FSWs conducted in 2012 in two cities of Georgia (Tbilisi and Batumi) safe sexual practices are widespread among FSWs. However, condom use rates have slightly decreased with different kinds of partners since 2008, when the previous BSS was conducted. Worsened behavior trend among FSWs (decrease in consistent condom use with the clients in Batumi), indicates the need of continuous provision of prevention information and condoms (especially to the newcomers to Batumi sex business).

Prisons are considered as endemic areas for diseases such as tuberculosis, HIV infection, hepatitis B and C. According to various data, risk behaviors such as sharing syringes, needles and other injecting equipment are widespread in prisons. HIV prevalence in prisons in Georgia is 0.35% based on the