

RE: Revised MMWR, June 2, 2016

Tengiz Tsertsvadze <tengizt@gol.ge>

Mon 7/4/2016 11:28 PM

To: 'Nasrullah, Muazzam (CDC/OID/NCHHSTP)' <hij9@cdc.gov>; 'Lia Gvinjilia' <lgvinjilia@gmail.com>; David Sergeenko <dsergeenko@moh.gov.ge>; 'George Kamkamidze' <georgekamkamidze@gmail.com>; 'Gamkrelidze, Amiran (CDC ncdc.ge)' <a.gamkrelidze@ncdc.ge>; 'Valeri Kvaratskhelia' <v.kvaratskhelia@outlook.com>; 'Drobeniuc, Jan (CDC/OID/NCHHSTP)' <jqd6@cdc.gov>; 'Hagan, Liesl (CDC/OID/NCHHSTP)' <vqf8@cdc.gov>; 'Ward, John (CDC/OID/NCHHSTP)' <jww4@cdc.gov>; Tengiz Tsertsvadze <tengizt@gol.ge>; AIDS Center <aids@gol.ge>;

Cc: 'Averhoff, Francisco (CDC/OID/NCHHSTP)' <fma0@cdc.gov>;

Dear Muazzam,

We received your kind email and revised draft of MMWR. The report looks very nice. Thank you for correcting overall SVR rate as well as SVR rates according to HCV genotypes.

We appreciate your consideration to include Dr. Lali Sharvadze and Dr. Nikoloz Chkhartishvili among authors.

Additionally, we have two suggestions/comments:

- In the beginning of page 4 you are writing that *“Persons with advanced liver disease, who are at highest risk for morbidity and mortality, were prioritized for treatment during the first year, and >90% of those treated met this criteria as determined by ultrasound elastography”*.

Please be informed that for assessing liver fibrosis stage (criteria for patient's enrollment in the first phase of the program) besides ultrasound elastography, **Transient elastography (FibroScan) was also used.**

Accordingly, it will be more precise if we revise abovementioned sentence on the following way:
“Persons with advanced liver disease, who are at highest risk for morbidity and mortality, were prioritized for treatment during the first year, and >90% of those treated met this criteria as determined by ultrasound elastography and transient elastography (Fibroscan)”.

- As we mentioned in our previous email, it would be also important **to include information on high prevalence of 2k/1b recombinant and its implication for treatment**. As you know high prevalence of recombinants strain was the main reasons for Gilead's and TAG experts' decision to provide ledipasvir/sofosbuvir for genotype 2 patients and therefore this issue is worth of discussing.

For reference on 2k/1b you can use our publication: Karchava M, Waldenström J, Parker M, Hallack R, Sharvadze L, Gatserelia L, Chkhartishvili N, Dvali N, Dzigua L, Dolmazashvili E, Norder H, Tsertsvadze T. High incidence of the hepatitis C virus recombinant 2k/1b in Georgia: Recommendations for testing and treatment. Hepatol Res. 2015 Dec;45(13):1292-8.

You can include abovementioned point if you would suggest it reasonable. However, please feel free to make decision with this regard at your discretion.

Thank you in advance for your kind consideration and we look forward to your response.

Sincerely,

Tengiz Tsertsvadze

From: Nasrullah, Muazzam (CDC/OID/NCHHSTP) [mailto:hij9@cdc.gov]

Sent: 2016 წლის 02 07, შაბათი 19:18

To: Lia Gvinjilia (lgvinjilia@gmail.com); 'dsergeenko@moh.gov.ge'; Tengiz Georgia (tengizt@gol.ge); 'George Kamkamidze'; Gamkrelidze, Amiran (CDC ncdc.ge); Valeri Kvaratskhelia; Drobeniuc, Jan (CDC/OID/NCHHSTP); Hagan, Liesl (CDC/OID/NCHHSTP); Ward, John (CDC/OID/NCHHSTP)

Cc: Averhoff, Francisco (CDC/OID/NCHHSTP); Nasrullah, Muazzam (CDC/OID/NCHHSTP)

Subject: Revised MMWR, June 2, 2016

Importance: High

Dear all,

Please find attached the revised draft of our MMWR that we would like to get back into CDC clearance at the latest **early Tuesday (July 5, 2016)**. In case, you have any comments, please send these to me soon.

Thanks for all your support in moving this forward.

Muazzam

PS: The figures will be formatted based on MMWR current guidelines later

Muazzam Nasrullah MD, MPH, PhD

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