PO4/11

Lasha Gulbiani
Health Research Union
lashagulbiani7@gmail.com

Hepatitis B knowledge and self-reported testing and vaccination history among populations with increased risk in Georgia

L. GULBIANI [1], G. KAMKAMIDZE [2], G. KANCHELASHVILI [1], L. KHELAIA [2], T. KAMKAMIDZE [2] and M. BUTSASHVILI [1]
1. Health Research Union, Tbilisi, Georgia; 2. Clinic Neolab, Tbilisi Georgia

OBJECTIVES

- Hepatitis B virus remains a major cause of chronic liver disease globally.
- Men who have sex with men (MSM) and people who inject drugs (PWID) are at increased risk of HBV infection, while data on HBV-related knowledge and prevention practices in Georgia remain limited.
- Recent Bio-Behavioral Surveillance Survey data estimated HBsAg prevalence at 3.1% among MSM and 2.5% among PWID.
- This study aimed to assess HBV-related knowledge, attitudes, and practices among MSM and PWID in Georgia.

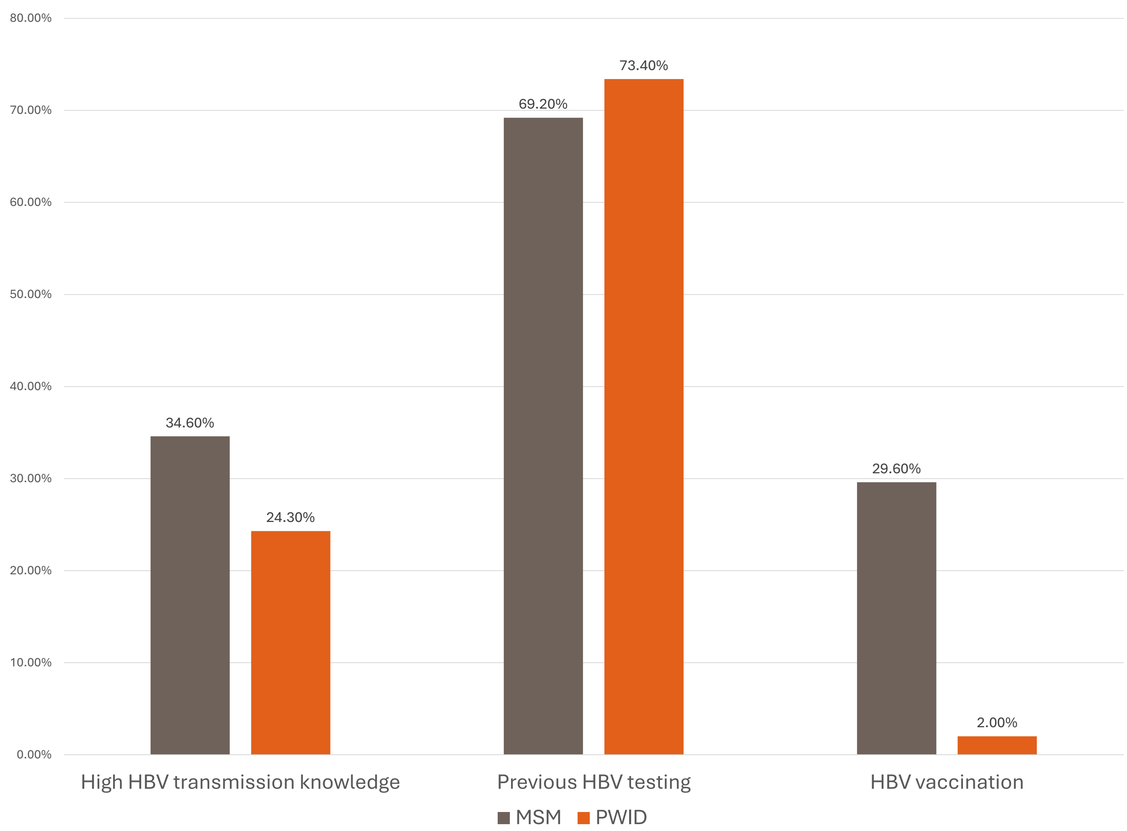
METHODS

- Face-to-face interviews were conducted among MSM and PWID recruited through community-based organizations after obtaining informed consent.
- Data were collected on socio-demographics, HBV-related knowledge, testing and vaccination history, and awareness of HBV prevention and treatment services.
- HBV transmission knowledge was assessed using a 10-point score and categorized as:
- Low: 0–6
- Moderate: 7–8
- High: 9–10

RESULTS

- A total of 458 participants were included: 153 MSM and 305 PWID.
- Self-perceived HBV risk was 72.8% among MSM and 97.4% among PWID.
- 41.5% of MSM and 27.2% of PWID were unaware of the national HBV treatment program, while 22.6% and 35.7%, respectively, were unaware that HBV vaccination exists.
- Social media was the preferred HBV information channel among 41.5% of MSM and 63.8% of PWID.

Population	>25 years	≤25 years	OR (95% CI)
MSM	79.5%	57.9%	2.82 (1.40–5.69)
PWID	78.0%	28.6%	8.85 (3.71–21.08)



CONCLUSIONS

- MSM and PWID in Georgia demonstrated gaps in HBV-related knowledge, vaccination uptake, and awareness of national HBV services.
- Vaccination uptake was particularly low among PWID.
- Targeted education, risk communication, and social media-supported outreach are needed to improve HBV testing, vaccination, and engagement with prevention and treatment services among key populations.