

Knowledge, attitude and practices about hepatitis B vaccination among people who inject drugs in Georgia

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Introduction and objectives

PWID are at increased risk of HBV infection due to risky injecting practices. CDC and Advisory Committee on Immunization Practices (ACIP) recommend that PWID should get vaccinated against hepatitis B. This study was conducted to assess knowledge, attitudes and practices about HBV vaccination among PWID in Georgia.

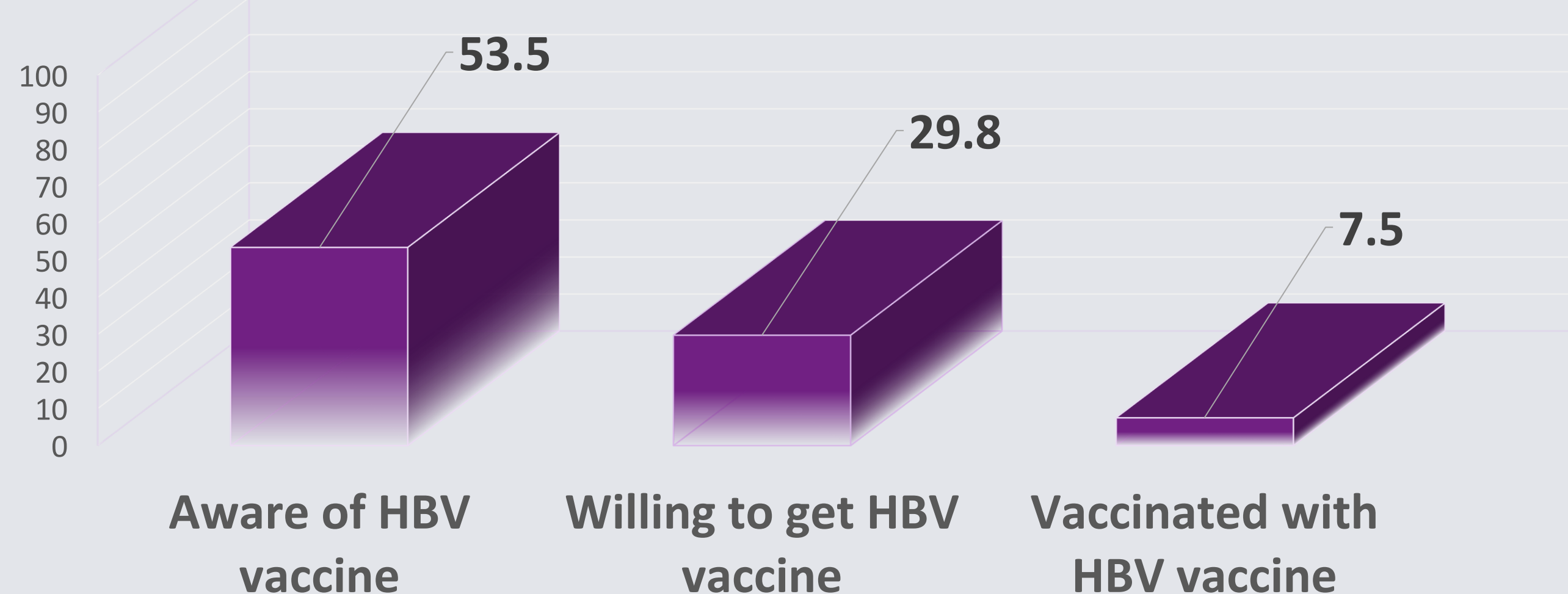
Methods

The survey of PWID was conducted about knowledge, attitude and practices related to HBV vaccination. PWID were recruited using snowball sampling method from beneficiaries of harm reduction centers located in different parts of the country. Data were collected through individual, face-to-face interviews using structured questionnaire.

Results

Totally 120 PWID participated in the survey. Only 55.5% of the respondents were aware about HBV vaccine and 41.4% of them thought that the vaccine provides full protection. 56.6% of the study subjects considered that HBV vaccination is recommended for PWID. Only 7.5% of respondents reported that they were vaccinated against hepatitis B (Figure 1).

Figure 1. Awareness, willingness and status of HBV vaccination among PWID in Georgia



The main reasons of not being vaccinated were lack of knowledge that HBV vaccine exists (28.9%), no need of vaccination (25.6%) and unawareness where to get vaccine (18.9%).

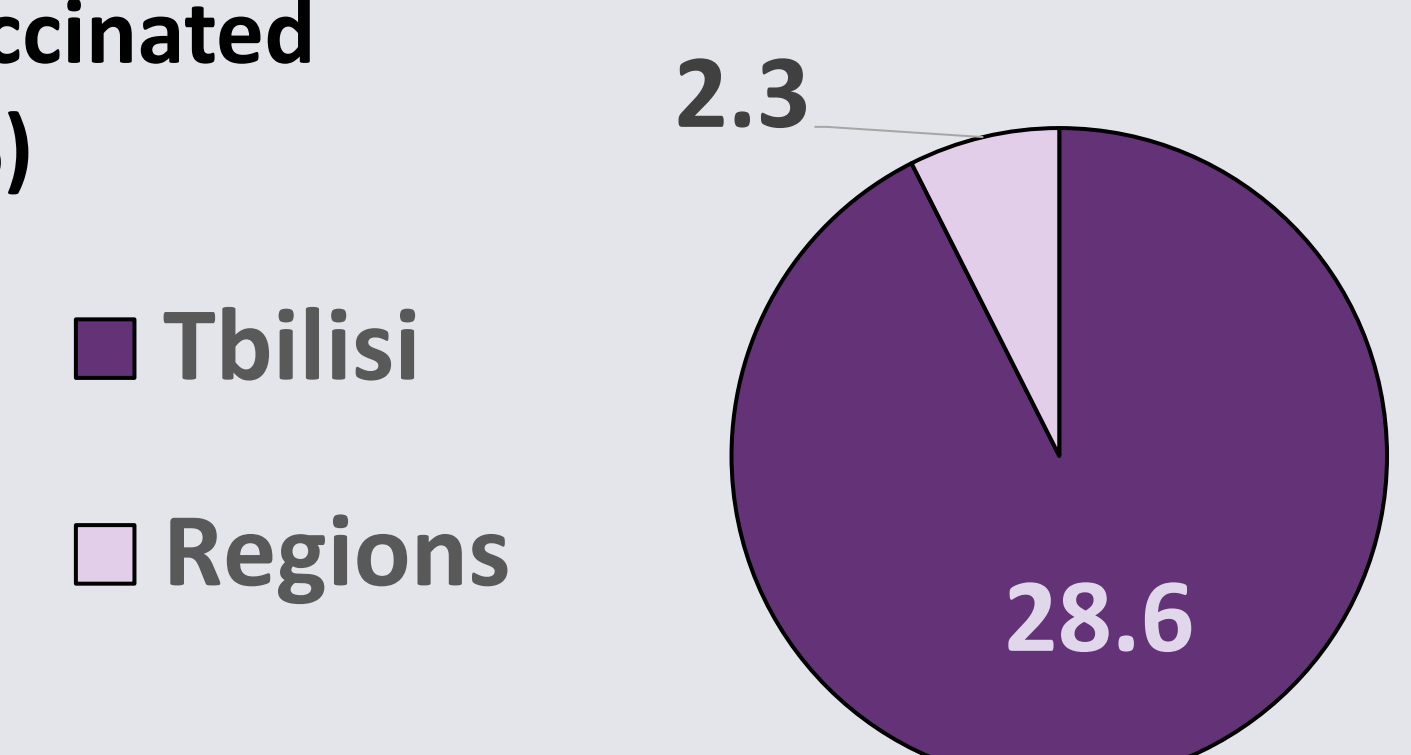
Among unvaccinated PWID only 29.8% expressed willingness to get HBV vaccine. Statistically significant association was found between awareness about HBV vaccine and age, as younger PWID (≤ 35 years) were less likely to be aware that vaccine against hepatitis B exists compared to older ones (37% vs. 59.7%; OR 2.5; 95%CI:1.1-6.2; $p=0.04$).

Table. Awareness about HBV vaccine by different age groups among PWID in Georgia

Characteristic	Aware of HBV vaccine (%)	OR; 95% CI	P value
Age			
≤ 35 years	37.0	2.5; (1.1-6.2)	0.04
>35 years	59.7		

HBV vaccination status was associated with place of residence. Higher proportion of the participants residing in Tbilisi (capital city) were vaccinated compared to those living in regions of the country (28.6% vs. 2.3%) (Figure 2).

Figure 2. The proportion of vaccinated PWID by place of residence (%)



Conclusion

Awareness and coverage of HBV vaccination is extremely low among PWID in Georgia. Increasing awareness about importance and introduction of HBV vaccination at harm reduction and opioid substitution therapy centers is very important to increase coverage of HBV vaccination among PWID in Georgia.

Acknowledgements

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