



GEORGIA

SETTING AND USE CASE:

Education and Health Care Centers, Workplace Testing

POPULATION:

2156 participants including staff in identified schools, hospitals, clinics and nursing homes across three regions in Georgia: Tbilisi, Kutaisi, and Svaneti.

DIAGNOSTIC LANDSCAPE:

At the time the pilot was conducted, there were no specific guidelines or regulations surrounding COVID-19 Self-Testing (CV19 ST). While self-tests did become available in pharmacies later in 2022, they were expensive, and there was no reporting system in place. National mandatory testing for high risk groups was performed using PCR and professional use antigen tests.

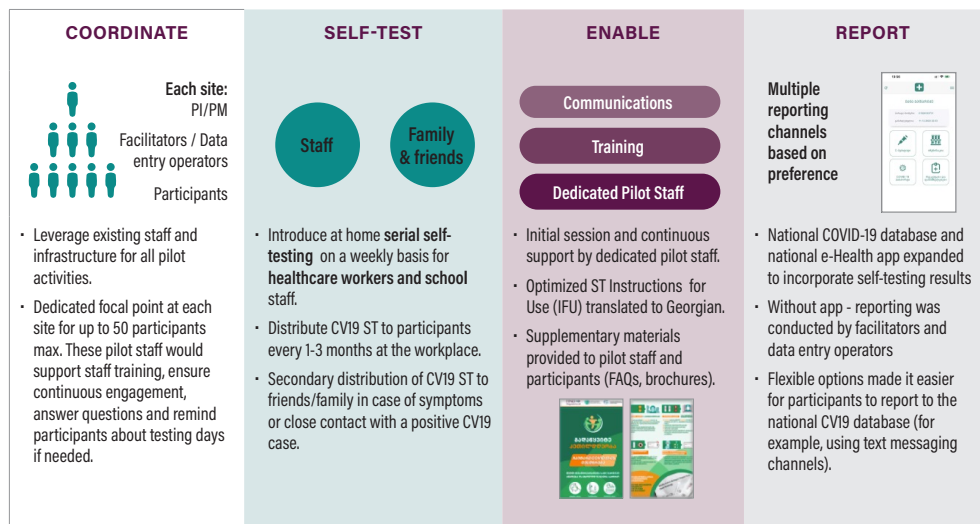
IDENTIFIED GAPS:

During interviews with stakeholders at the beginning of the pilot, several gaps were identified.

- Limited awareness about CV19 testing and self-testing.
- Lack of reporting systems for CV19 ST and skepticism that people would report their results, especially upon receiving a negative result.
- Limited access to testing, especially in remote locations.
- Need for frequent testing of high-risk essential personnel, including school and healthcare center staff created an extra burden on the health system.
- Lack of self-testing public policy and evidence to inform it.

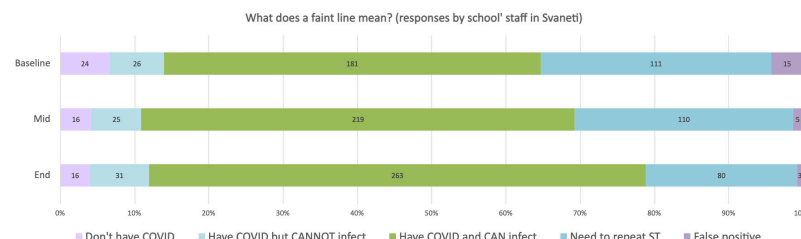
PILOT DESIGN:

The pilot design illustrated below was informed with critical input from stakeholders and to address the identified gaps. Throughout the pilot, frequent engagement with stakeholders and participants enabled the continuous refinement and optimization of the protocol design.



RESULTS: The pilot achieved the following results:

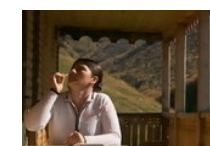
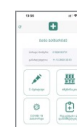
- >2000 pilot participants and >500 of their household members self-tested.
- 90-95% of participants reported results every week during the six month pilot implementation.
- >600 positive cases were reported, with 55% of the cases detected being household members.
- 83% of participants who tested positive self-tested because they had symptoms.
- Participant knowledge of CV19 ST increased over the course of the pilot and their perception and satisfaction of ST was very satisfactory.



KEY FINDINGS:

- Access to testing for teachers and school staff in very remote areas was greatly improved with the convenience and ease of use of self-testing within their communities.
- Secondary distribution of CV19 ST to family and friends was of great impact as it increased access to testing and detected hundreds of cases.
- While symptomatic testing was more cost-effective than weekly testing, there was a strong preference by participants to test weekly to ensure they were not infected.
- High ST reporting rates can be achieved by offering participants flexible options.
- Dedicating existing staff from each site played a critical role in self-test distribution and reporting.

HIGHLIGHTS:



1. The NCDC expanded the national COVID-19 database and the national e-Health App to include COVID-19 Self-Test results.

2. Frequent stakeholder engagement was key to success and resulted in a decision to scale-up testing.

3. Self-testing addressed critical gaps, especially for those who needed access in remote regions.

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