



Canada's source for
HIV and hepatitis C
information

La source canadienne
de renseignements sur
le VIH et l'hépatite C



CanHepC

Canadian Network on Hepatitis C
Réseau Canadien sur l'Hépatite C

Strengthening efforts to eliminate hepatitis C: An overview of the latest in research and implications for frontline workers

- Rivka Kushner, knowledge specialist, Hepatitis C, CATIE
- Jason Altenberg, director of programs and services, South Riverdale Community Health Centre
- Mohamed Abdel-Hakeem, CanHepC postdoctoral fellow
- Maryam Darvishian, CanHepC postdoctoral fellow



To access the teleconference line:
Toll-free access number: 1-866-500-7712
Access code: 4949626

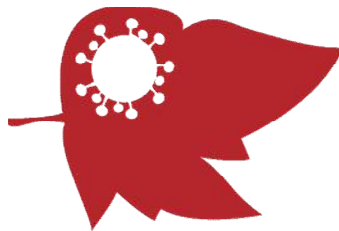
**The webinar will commence
shortly.**

**All participants will be muted
until the question period.**



Canada's source for
HIV and hepatitis C
information

La source canadienne
de renseignements sur
le VIH et l'hépatite C



CanHepC

Canadian Network on Hepatitis C
Réseau Canadien sur l'Hépatite C

Strengthening efforts to eliminate hepatitis C: An overview of the latest in research and implications for frontline workers

Webinar, February 28, 2018

Overview of the Presentation

Moderator: Melisa Dickie, Associate Director, Hepatitis C Knowledge Exchange, CATIE

1. Overview of key research presented at 7th Canadian Symposium on the Hepatitis C Virus

- Rivka Kushner, Knowledge Specialist, Hepatitis C, CATIE

2. Reflections and implications for frontline practice

- Jason Altenberg, Director of Programs and Services, South Riverdale Community Health Centre

3. Discussion and question period with collaborators

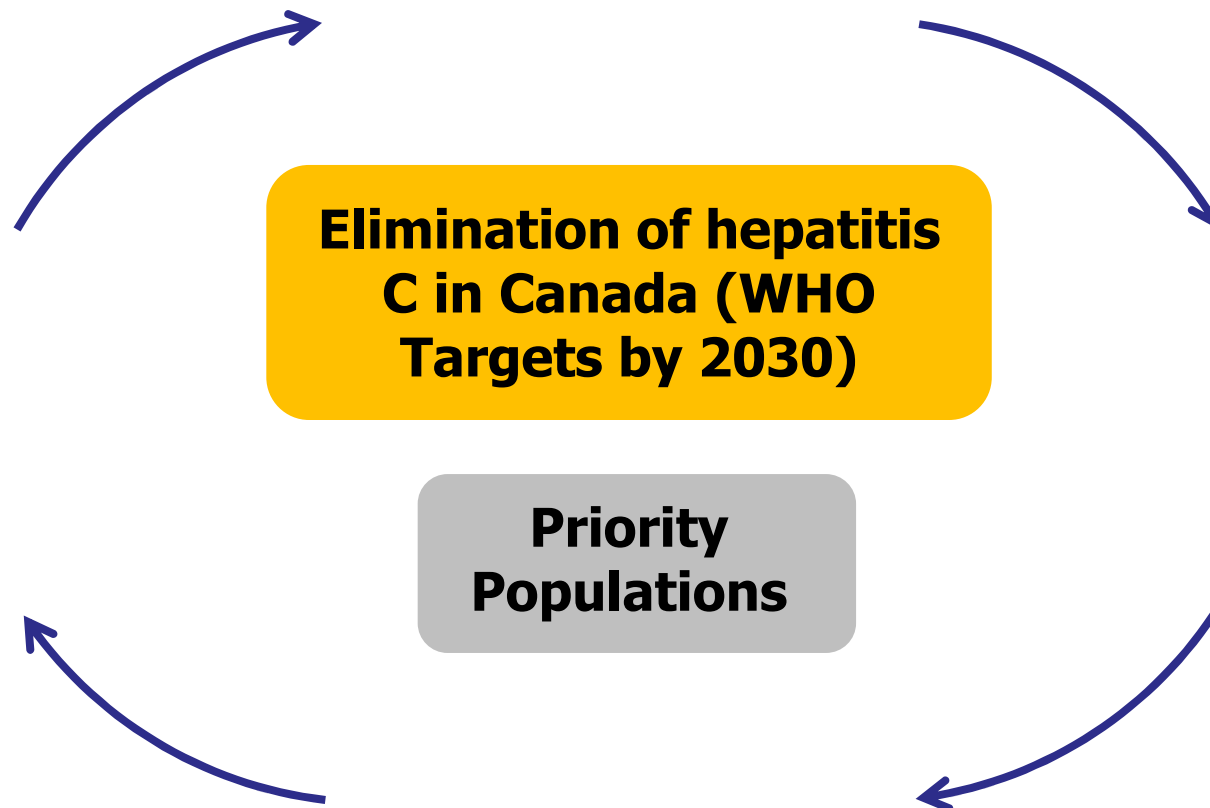
- Rivka & Jason
- Mohamed Abdel-Hakeem, CanHepC Postdoctoral fellow
- Maryam Darvishian, CanHepC Postdoctoral fellow

7th Canadian Symposium on the Hepatitis C Virus

- Friday, February 9, 2018



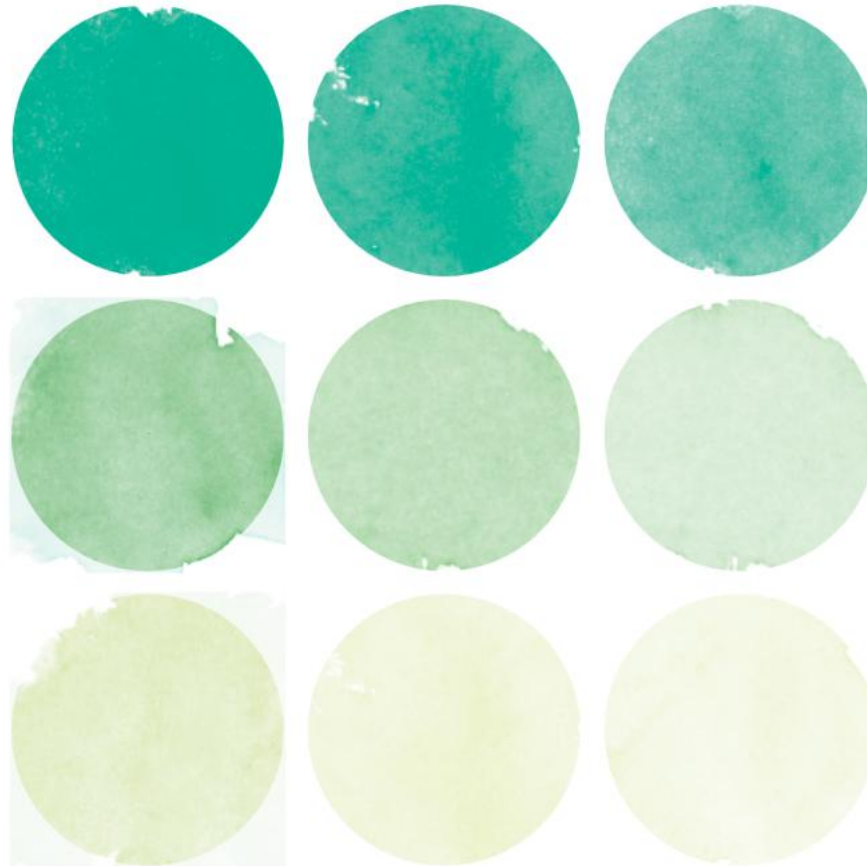
Key Themes





GLOBAL HEALTH SECTOR STRATEGY ON
VIRAL HEPATITIS
2016–2021

TOWARDS ENDING VIRAL HEPATITIS



Global Health Sector Strategy

HCV targets at a glance



Incidence targets

- **30%** reduction in new HCV infections by 2020
- **80%** reduction in new HCV infections by 2030



Mortality targets

- **10%** reduction in mortality by 2020
- **65%** reduction in mortality by 2030



Harm reduction

- Increase in sterile needle and syringes provided per PWID/year from **20** in 2015 to:
 - **200** by 2020
 - **300** by 2030



Testing targets

- **90%** of people aware of HCV infection by 2030

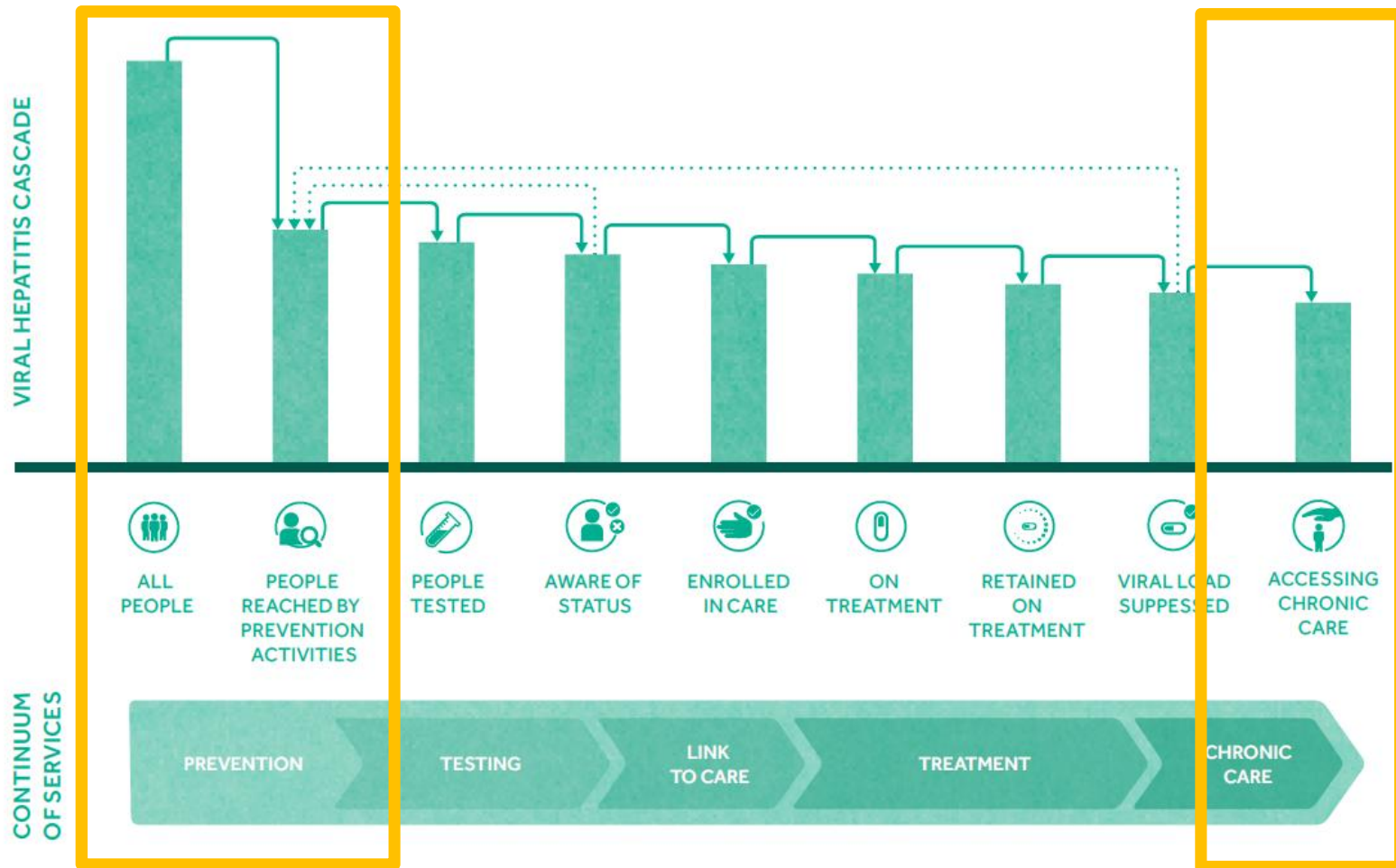


Treatment targets

- **80%** of people treated by 2030

Source: WHO GHSS. http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_32-en.pdf?ua=1 (Accessed August 2016).

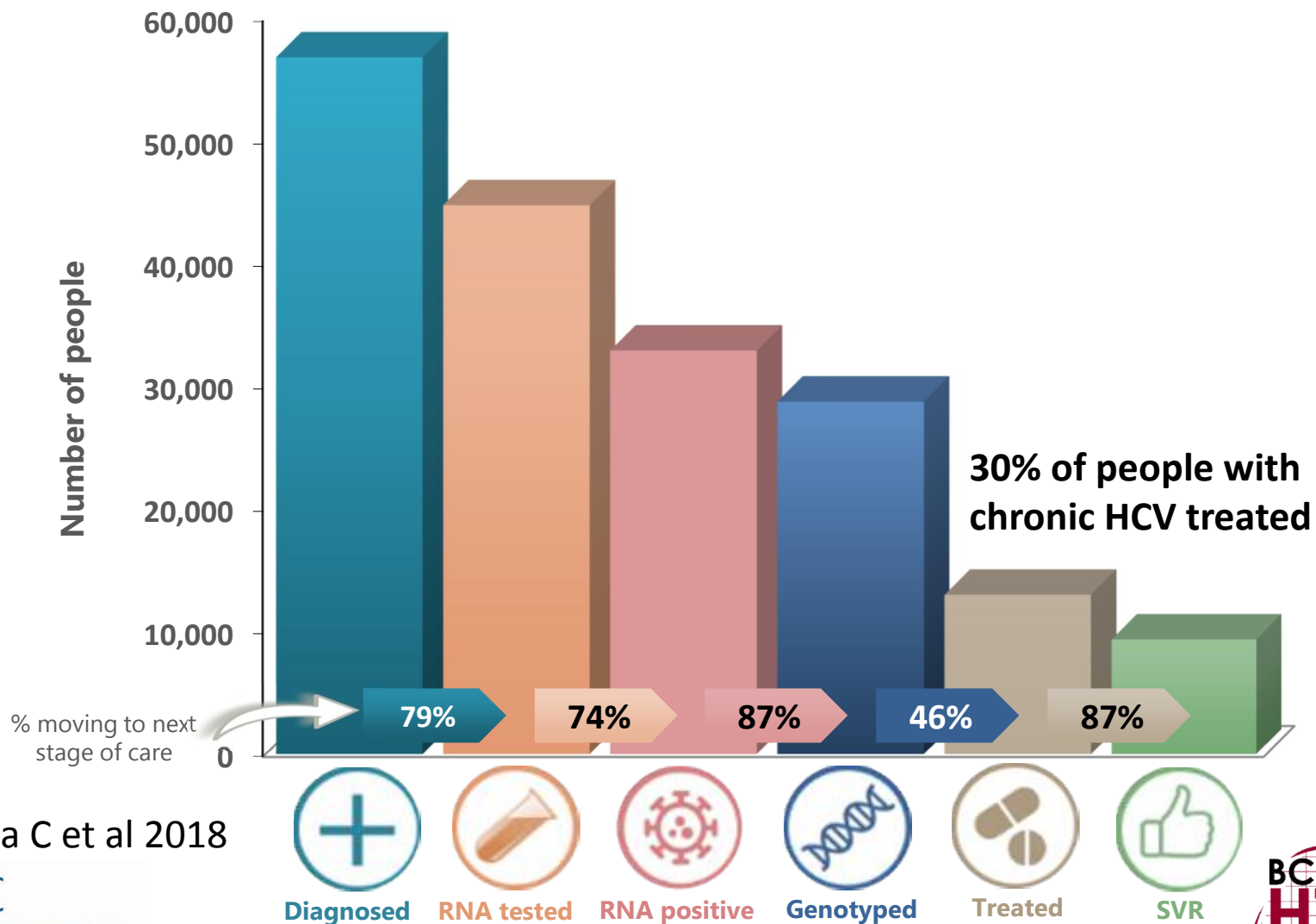
WHO's Continuum of Viral Hepatitis Services and the Retention Cascade



World Health Organization. (2016). *Global Hepatitis Sector Strategy on Viral Hepatitis 2016-2021*. Pg. 19. Retrieved from <http://apps.who.int/iris/bitstream/10665/246177/1/WHO-HIV-2016.06-eng.pdf>



HCV Cascade of Care in BC, 2016



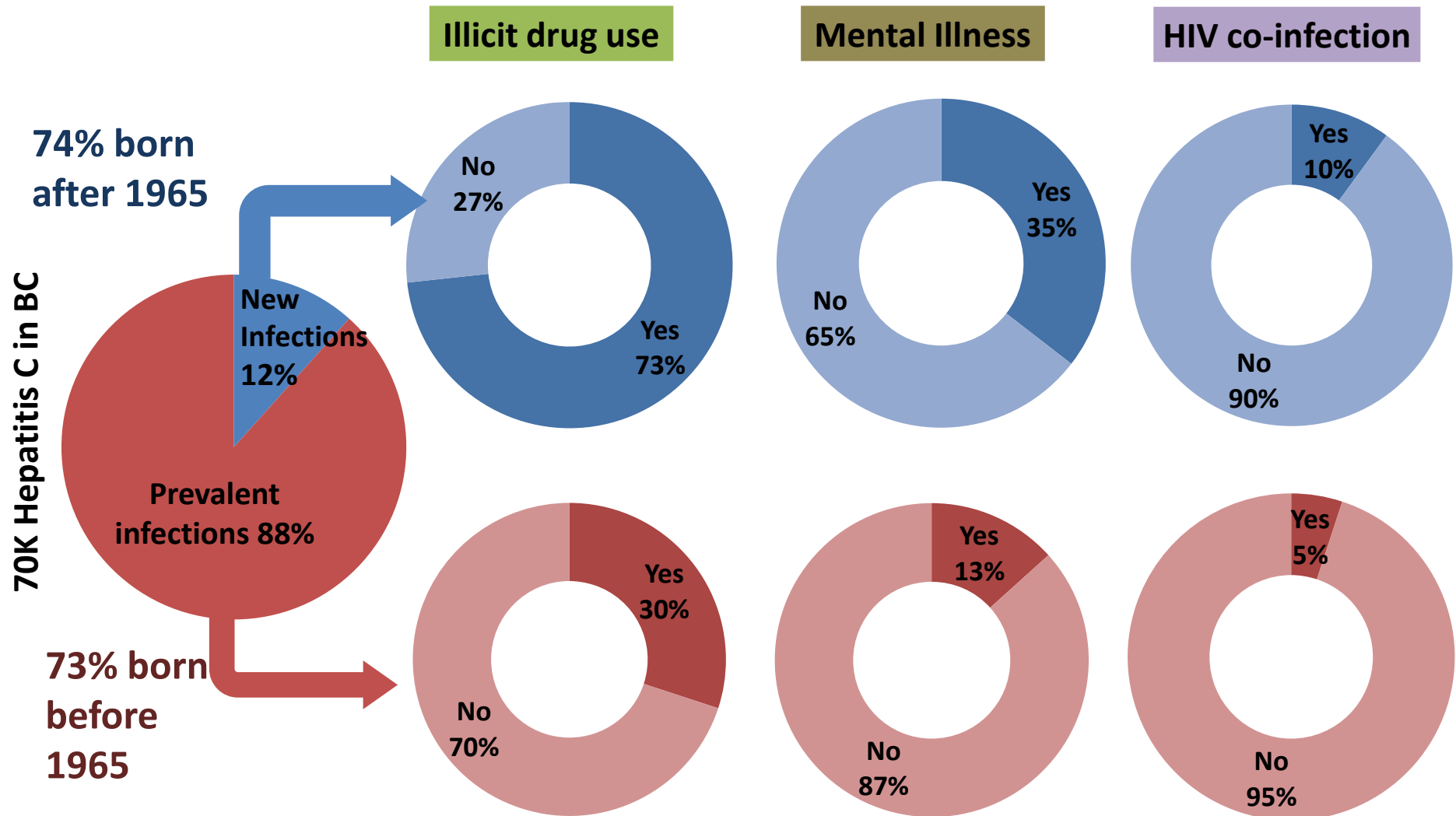
Nuria C et al 2018



Slide used with permission from N Janjua, Canadian Symposium on HCV, Toronto, 2018



Twin Epidemics of Hepatitis C in BC



Newly infected: Higher acquisition & transmission risks, co-infections & comorbidities → syndemic approach

Prevalent infections: Low risk of transmission but are aging → benefit from HCV treatment

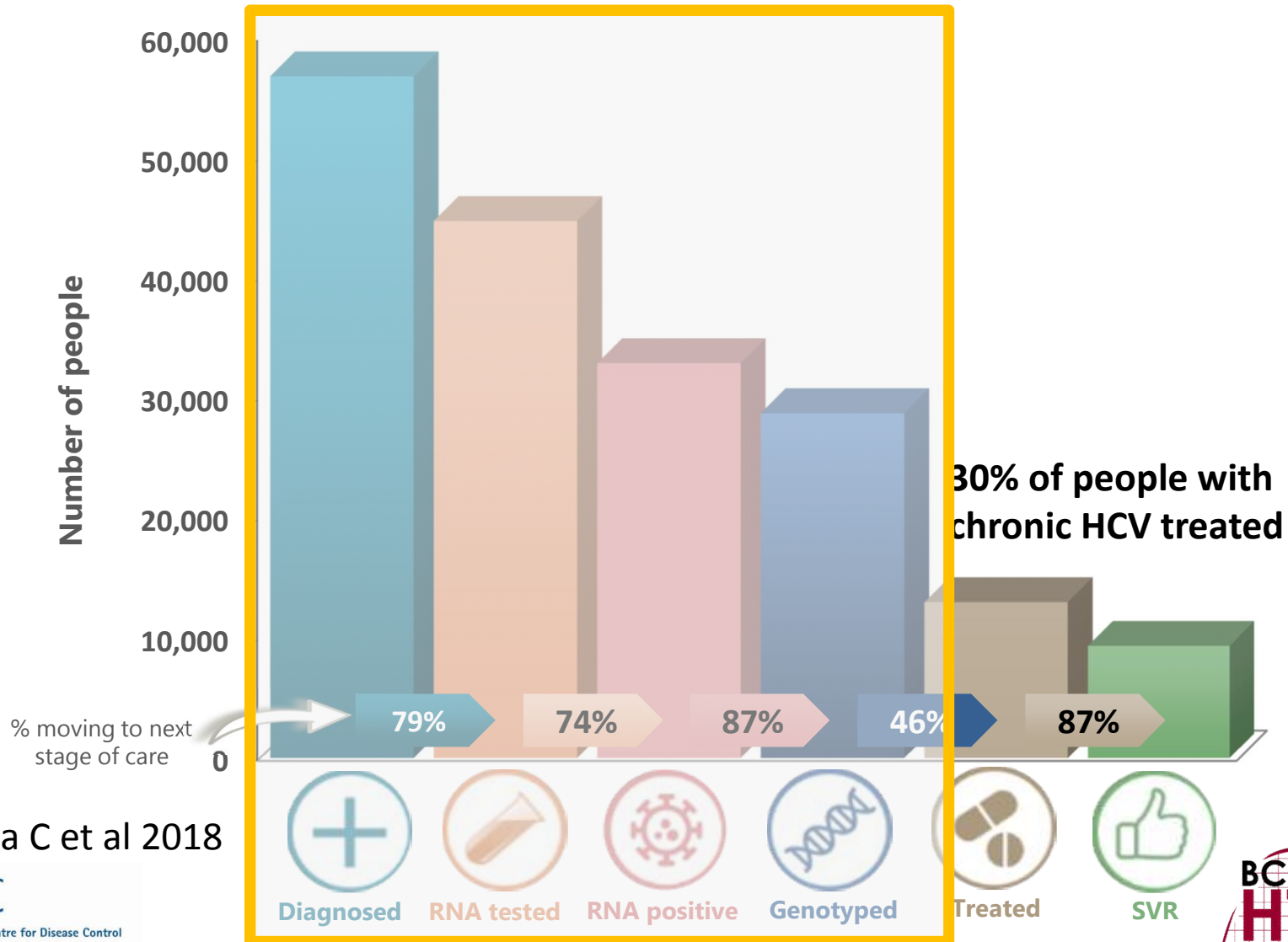
Testing

- Diagnosis rate remains very low
- Risk-based and population-based screening strategies are key
- Testing process needs to be simplified – there is too much opportunity for loss to follow up (Jordan Feld)
 - Reflexive RNA testing
 - Dried blood spot testing
 - New point of care tests
- Programming for testing – which settings? by who?



By U.S. Air Force photo/Staff Sgt Eric T. Sheler ([USAF Photographic Archives](#), public domain) via Wikimedia Commons

HCV Cascade of Care in BC, 2016



Nuria C et al 2018

Testing

- Diagnosis rate remains very low
- Risk-based and population-based screening strategies are key
- Testing process needs to be simplified – there is too much opportunity for loss to follow up (Jordan Feld)
 - Reflexive RNA testing
 - Dried blood spot testing
 - New point of care tests
- Programming for testing – which settings? by who?



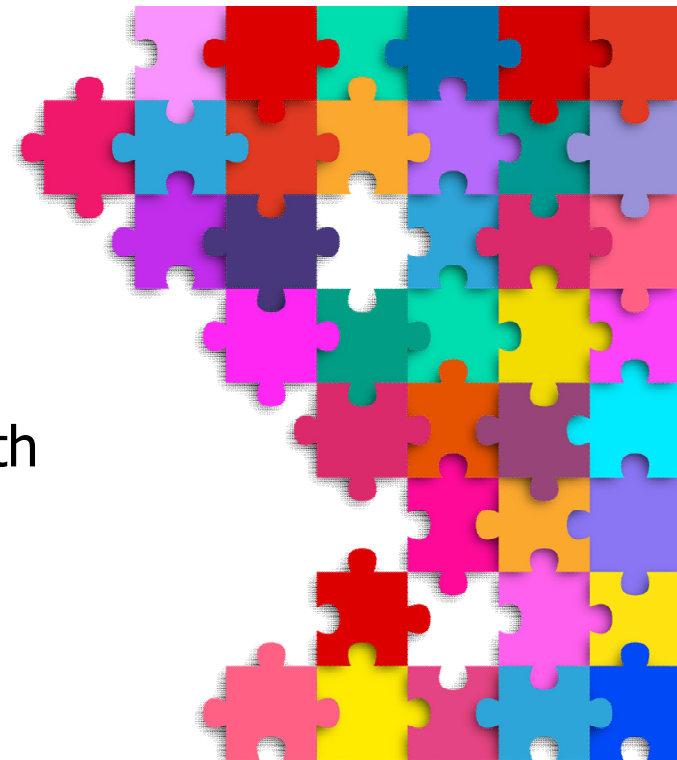
By U.S. Air Force photo/Staff Sgt Eric T. Sheler ([USAF Photographic Archives](#), public domain) via Wikimedia Commons

Treatment - Cure

Real world studies in these populations show similar cure rates to clinical trials:

- HIV/HCV co-infected population (Carmine Rossi)
- People who inject drugs (Arshia Alimohammadi)

Lack of options for treating children with hepatitis C.



Treatment - Programming

- Need restrictions removed on access to treatment and broad treatment scale up
 - Initially there may be an increase in the number of people treated (people currently waiting for treatment) followed by a decline (Jason Grebely)
- Need to focus on 'hard to reach' populations

"Treatment is cost-effective, cost-saving, but it is still costly."

- Jeffery Lazarus



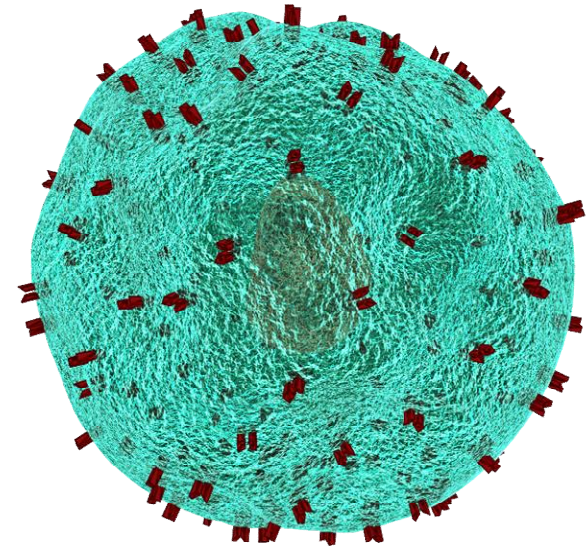
Care After Cure

- Chronic infections cause immune system exhaustion – some immune system cells recover after cure but not all of them and not all of them to 100% (Lisa Barret, Heiner Wedemeyer)
- Less time with chronic hepatitis C infection may result in less immune system exhaustion
- Implications of immune system exhaustion - impact on immunity to unrelated pathogens?
 - Need follow up beyond monitoring for hepatocellular carcinoma in cirrhotic patients?

Care After Cure – Resistance to Reinfection?

For someone who had a chronic hepatitis C infection and was cured, do they have partial immune protection from reinfection?
(Georg Lauer)

- There is no clear answer to this yet
- Early research suggests there might be a window of opportunity after cure to boost the immune system's response to exposure to the hepatitis C virus



Prevention

“Given the nature of the [hepatitis C] epidemic in Canada, a **large majority of new infections are occurring among people who inject drugs**. It is absolutely critical that we work towards efforts to enhance the provision of **opioid substitution therapy** and also enhance the provision of **needle and syringe programs**.”

-Jason Grebely

- It is not just about hepatitis C – it is also about improving overall drug user health and addressing the social determinants of health (Jason Grebely)
- Relationship to the overdose crisis and the poisoned drug supply (Mark Tyndall)

Priority Populations

There remains barriers to prevention, testing, treatment and care:

- In rural and remote settings
- Within prisons and for people with a history of incarceration
- For immigrant and newcomer populations
- For First Nations, Inuit and Métis communities



“People are not hard to reach, our health system is hard to reach.”

– Alexandra King

Priority Populations

- Barriers to accessing harm reduction, testing, treatment in prison (Lindsay Jennings from PASAN)
 - Federal prisons and provincial prisons
- Immigrants and newcomers to Canada
 - Importance of screening and linkage to care
 - Culturally safe care
- Indigenous data sovereignty (Jennifer Walker)
 - Importance of collecting data about indigenous populations
 - Truth and Reconciliation Commission Calls to Action - data can be a tool for healing
 - Ethical data handling and community ownership

Nothing About Us Without Us



- Call to Action to involve community in research and program planning, implementation, and reporting/sharing results
- Call to Action for researchers and clinicians to support work happening in and by the community, elevate voices of the community, and advocate for change

Elimination – Micro Elimination

- Micro elimination is about breaking down the elimination of hepatitis C into shorter-term goals with a focus on elimination in specific populations, geographies or settings as a tool to achieve overall elimination (Jeffrey Lazarus)
- Examples: HIV/HCV co-infected population, children, people in prison, a city or province, a hospital
- Using micro elimination strategies can help:
 - Gain buy-in from policy makers through short term wins
 - Build momentum with those wins
 - Allocate resources effectively

Elimination – Policy Change

Strategies for policy change for elimination:

- Use data to drive elimination policy: elimination is cost saving in the modelling analysis of all countries reviewed but it does require an upfront investment (Homie Razavi)
- Develop goals that are attainable within the government's term to increase policy-maker buy-in

Consider novel models such as:

- Price negotiation with industry
- Payment models based on positive health outcomes (Ricardo Baptista Leite)
- Incentivizing patients to get treated (Naveed Janjua)

Elimination in Canada

- People-centred health systems approach (Jeffery Lazarus)
- 'Public health approach' to elimination is necessary



- 82 countries have a national plan – Canada has the capacity and responsibility to do it (Alison Marshall, Naveed Janjua)

Reflections on the symposium & implications for frontline practice



Jason Altenberg
Director of Programs and Services
South Riverdale Community Health Centre

1. General reflections for frontline work
2. Hepatitis C elimination: challenges & opportunities
3. Closing the gap: practice-based evidence and research-based evidence

CanHepC Trainees

1. General reflections
2. Looking ahead in hepatitis C research



Mohamed Abdel-Hakeem
CanHepC Postdoctoral fellow



Maryam Darvishian
CanHepC Postdoctoral fellow

Discussion



Questions?

Rivka Kushner

Knowledge Specialist, Hepatitis C

rkushner@catie.ca

Please evaluate this webinar.

Thank you!