

Hepatitis C elimination: Sustaining the Canadian response during and after COVID-19

PRESENTED BY

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



Canada's source for
HIV and hepatitis C
information

Agenda

1. Overview

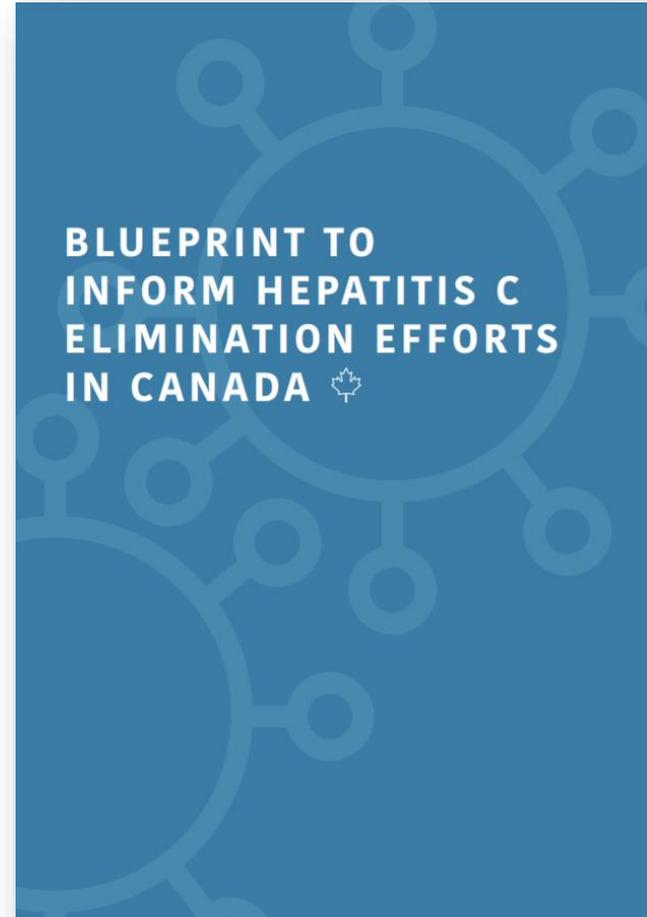
- Dr. Jordan Feld, *Clinician Scientist, University Health Network*

2. Discussion Panel

- Dr. Jordan Feld
Clinician Scientist, University Health Network
- Jason Altenberg
Chief Executive Officer, South Riverdale Community Health Centre
- Doug Belanger
Community Support Worker, Toronto Community Hep C Program
- Mary Guyton,
Nurse, Toronto Community Hep C Program, Canadian Association of Hepatology Nurses
- Carrielynn Lund
DRUM & SASH/CanHepC Coordinator, Canadian Aboriginal AIDS Network
- Dr. Naveed Janjua
Epidemiologist and Senior Scientist, B.C. Centre for Disease Control



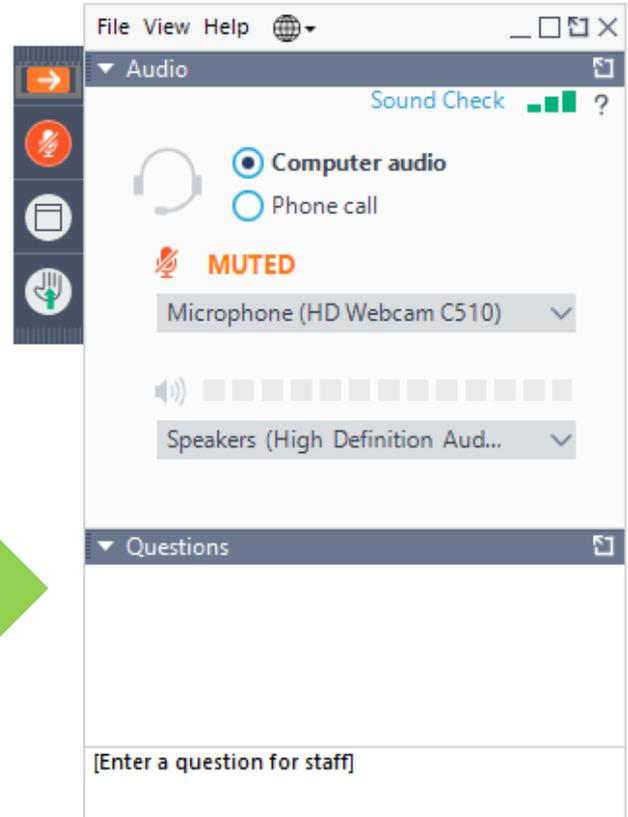
**BLUEPRINT TO INFORM HEPATITIS C
ELIMINATION EFFORTS
IN CANADA**



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Q&A and group discussion

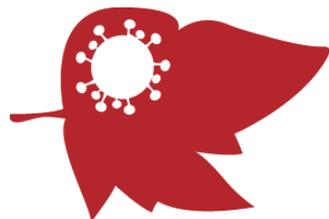
Type in your questions
and comments!





Blueprint to inform hepatitis C elimination efforts in Canada

Sustaining the momentum during and after COVID-19



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Land Acknowledgement

- I would like to acknowledge the traditional custodians of the land where I live and work including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples and we express our gratitude to the community and Elders past and present

Financial Support

- Blueprint efforts funded by:
 - CIHR network grant
- Support for communication efforts:
 - CATIE

Blueprint - Purpose



- **POLICY TOOL** designed to complement the Pan-Canadian STBBI Framework for Action
- Provide **GUIDANCE** with specific and measurable **OBJECTIVES** and **TARGETS**
- Includes suggested **ACTIVITIES** and **GOOD PRACTICES** as well as a **RESEARCH AGENDA**
- Uses an **EQUITY** lens across its objectives and for all **PRIORITY POPULATIONS**



Support provinces/territories and the federal government to develop action plans (*MENU OF OPTIONS*)
The *WHAT* but not the *HOW* or the *WHO*



The launch – 1 year ago



May 24, 2019

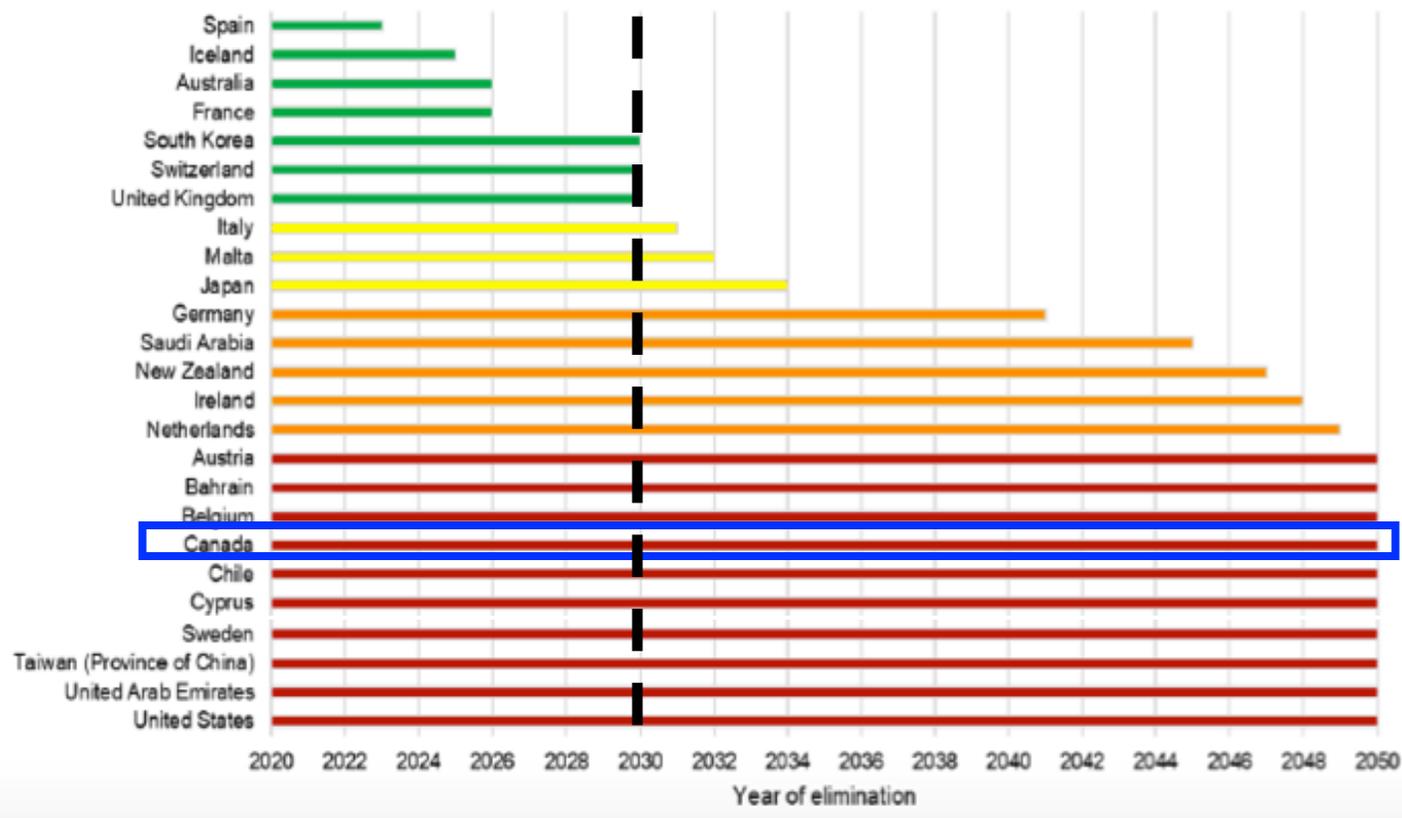
Closing of National HCV Symposium

Opening of Canadian Liver Meeting

A lot has happened in the past year...

Progress toward elimination

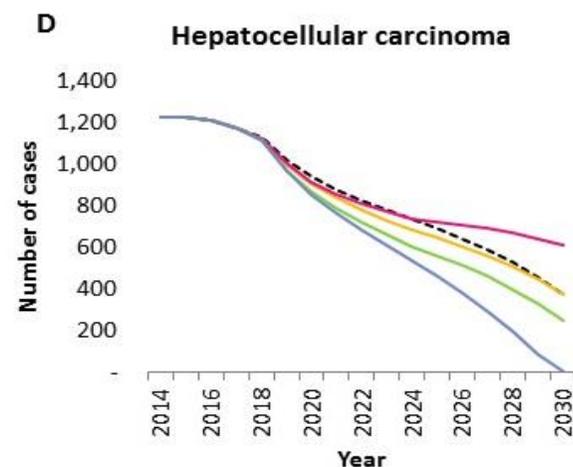
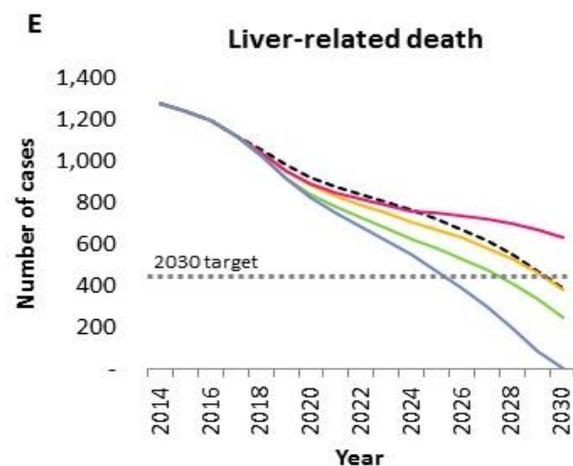
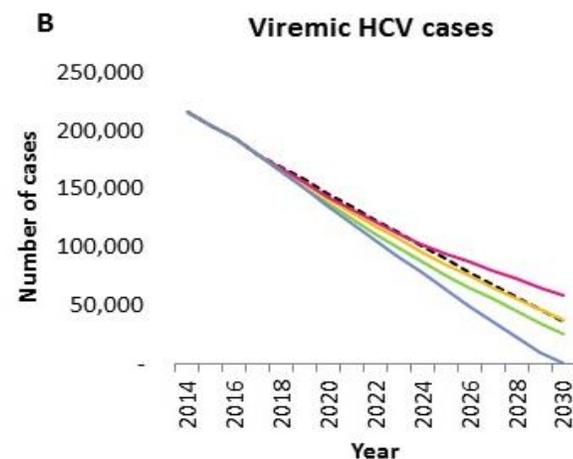
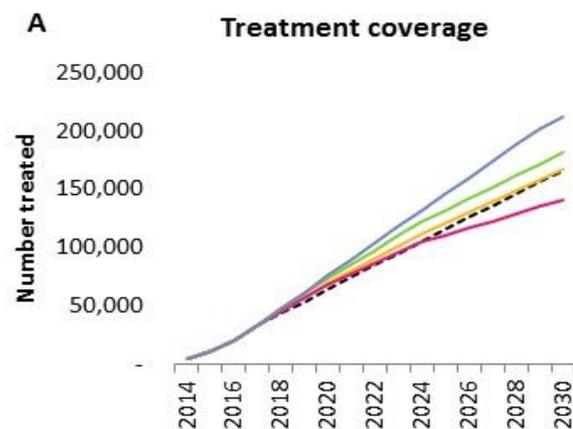
Expected year of elimination by country



- Things did not look so good last year
- Lots of work to do...



What do we need to do to change this?



Treatment scenarios	Treatment per year
--- WHO optimistic	10,200
— Gradual decline	12,000 → 8,500
— Rapid decline	12,000 → 4,500
— Aggressive	14,000 → 10,000
— Very aggressive	14,200

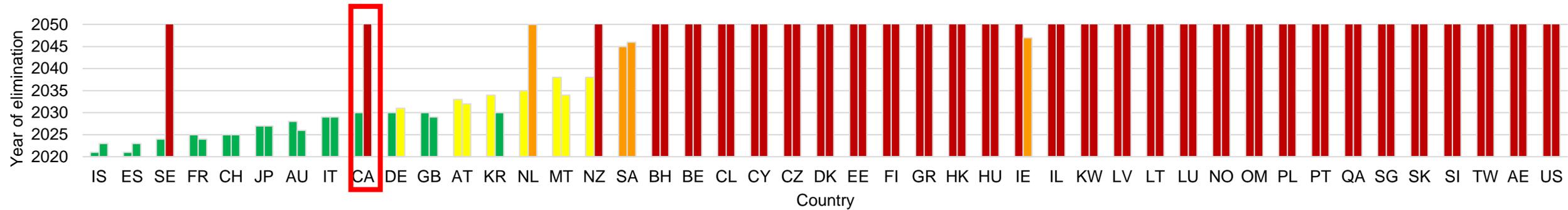


Not as bad as we feared....

Year of achievement	End of 2017	WHO optimistic	Aggressive	Gradual decline	Rapid decline	Very aggressive
	90% diagnosed ^b	2022	2022	2022	2022	2022
	80% treated	2030	2028	2030	2034	2027
	80% ↓ HCV incidence ^b	2025	2025	2025	2025	2025
	65% ↓ liver-related death					
	Viremic cases only	2030	2028	2030	2034	2026
	Viremic + cured cases	2034	2033	2034	2040	2030
	All targets met					
	Viremic cases only	2030	2028	2030	2034	2027
	Viremic + cured cases	2034	2033	2034	2040	2030

Better than many countries...

Timing of the WHO's 2030 HCV elimination targets in high-income countries



Country	Year WHO's 2030 target will be met				Annual treatments necessary	Restrictions on treatment by fibrosis score, 2019	Year of elimination
	Incidence	Mortality	Diagnosis	Treatment			
Australia	2028	2027	2016	2023	6,600	No	2028
Canada	2030	2029	2022	2028	9,900	No	2030
France	2025	2024	2016	2021	4,000	No	2025
Germany	2026	2030	2028	2029	9,900	No	2030
Spain	2021	2020	2021	2020	3,800	No	2021
Sweden	2024	2022	2016	2020	950	No	2024
United Kingdom	2030	2030	2025	2024	6,100	No	2030
United States	–	2023	2025	2027	112,000	Yes	–

Why the rapid change?

- The *Blueprint* of course!
- Some action...but mostly **better data**...
- Looks good but is this realistic? **~10,000 treatments/year is no small task...and even the drop-off scenarios may be optimistic**
- Sustaining high treatment rates means:
 - **Increasing diagnosis**
 - **Increasing linkage to care**
 - **And...must expand prevention efforts to keep moving forward**
 - ***Difficult on many levels...and in case it was not hard enough...now we have to consider how COVID-19 changes things***



Some potential impacts of COVID-19

- **Increased HCV incidence**
 - Reduced access to harm reduction – increased overdoses
 - Possibly increased drug use
- **Reduced HCV screening**
 - Outreach difficult
 - Programs ‘put on hold’
 - Funding
- **Reduced HCV treatment**
 - Challenges with linkage to care...possibly less on-treatment support
- **Follow-up care after cure**
 - HCC surveillance postponed
 - Reinfection risks

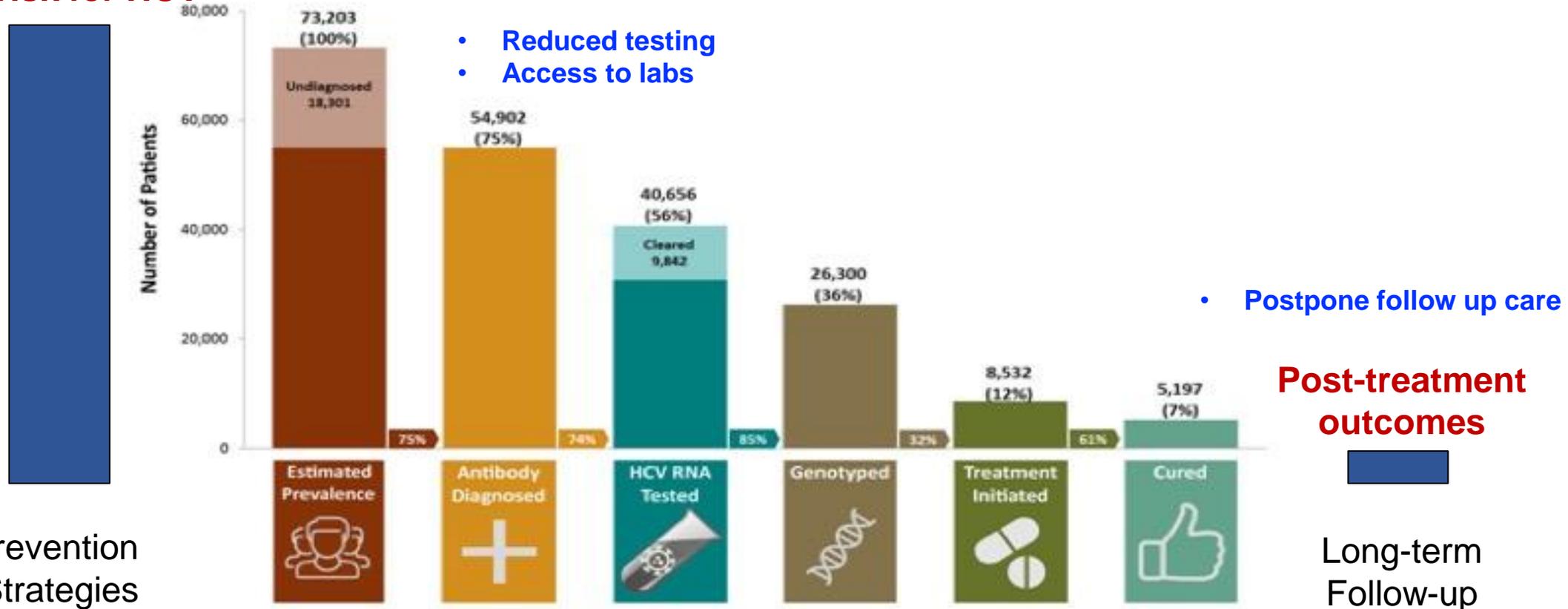
Likely many other impacts as well



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COVID-19 affects all aspects of the cascade

At risk for HCV



- Reduced testing
- Access to labs

- Postpone follow up care

Post-treatment outcomes



Long-term Follow-up

- Reduced harm reduction
- Increased use

- Deferral of treatment



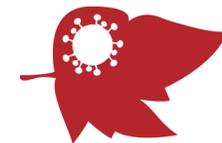
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Public Health Attention (and possibly funding)



COVID-19

HCV
HIV
HBV
STIs
TB
Harm reduction



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Next steps

- ***Blueprint Regional Elimination Meetings 2020***

- BC
- Prairies (AB, SK, MN)
- Ontario
- Quebec
- Maritimes (NS, PEI, NB, NFLD)
- The North (NWT, YT, NU)

**Still would like to do these virtually
May actually be an opportunity**

- Identify barriers/challenges → ***find solutions!***
- ***Develop regional/provincial plans*** (some well on their way)



Canadian Liver Meeting 2021

- Includes the CanHepC National Symposium on HCV
- Partnering with AASLD Viral Hepatitis Elimination Task Force
 - Focus on Elimination progress in North America
 - Will include PHAC + WHO participation
 - Get us back on track!
- **Vancouver June 4-6, 2021 (+ virtual)**
 - 2 days focused on elimination – HCV and HBV

Long road ahead...



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Acknowledgements

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