



ONTARIO'S HEPATITIS C PROGRAMS:

Activities and Impact 2019-20 to 2020-21

The AIDS and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health, funds and oversees community-based HIV and hepatitis C services as well as the distribution of naloxone and harm reduction supplies to populations at risk of HIV, hepatitis C, and opioid overdose.

THE IMPACT OF THE COVID-19 PANDEMIC

This factsheet draws on Ontario Community HIV and AIDS Reporting Tool (OCHART) data from both 2019-20 and 2020-21. In March 2020, public health safety measures were put into place in response to COVID-19, which affected service delivery, and many of these measures remained in place for much of 2020 and 2021. It is important to note that the 2019-20 numbers are from prior to the implementation of many COVID-19 pandemic-related safety measures, and 2020-21 numbers were reported within the context of the COVID-19 pandemic, thus preventing comparison.

In 2019-20 and 2020-21, the AIDS and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health invested approximately

\$9.7M

annually in community-based hepatitis C programs, including:

18

MULTIDISCIPLINARY HEPATITIS C TEAMS

That provide hepatitis C testing, treatment and care, support and prevention.

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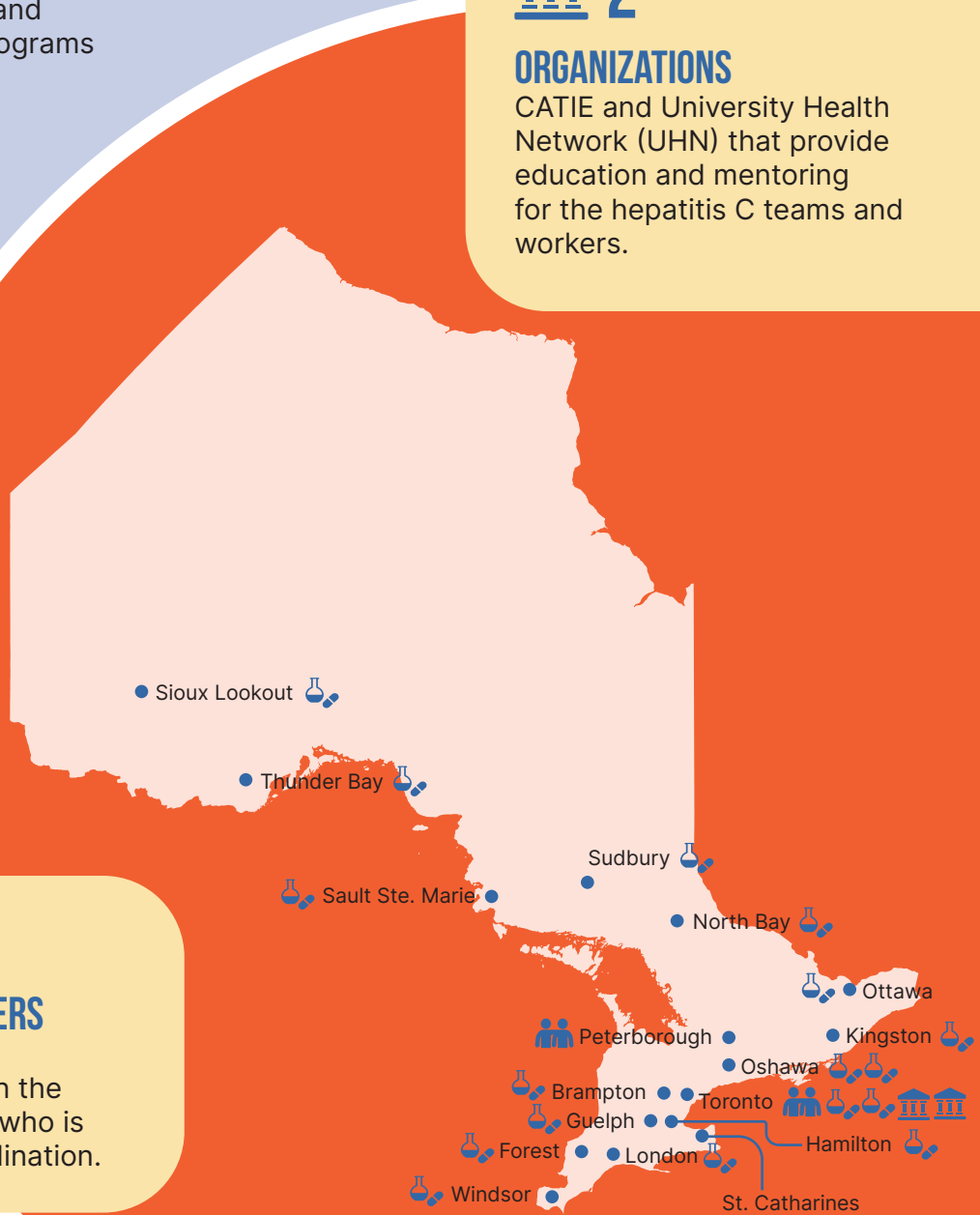
COORDINATORS/OUTREACH WORKERS

One who provides education and support to people involved with the correctional system, and the other who is dedicated to regional service coordination.



ORGANIZATIONS

CATIE and University Health Network (UHN) that provide education and mentoring for the hepatitis C teams and workers.



WHAT?

Ontario's hepatitis C teams work across all stages of the care cascade:

AIMS?



Prevention services and health teaching on topics such as hepatitis C (disease progression, transmission, testing and treatment), safer drug use, as well as increasing access to harm reduction supplies, needle exchange/syringe programs, consumption and treatment services, and naloxone to reverse opioid overdoses.



Treatment and support services to increase access to hepatitis C treatment to clear the virus, ensure access to additional supports required to stay on and complete treatment, and provide linkage to other health and social services for maintenance of optimal health.



Testing to diagnose individuals living with hepatitis C.



To reduce new hepatitis C infections.



To increase the number of people diagnosed with hepatitis C in care and on treatment, as well as the number who complete treatment and achieve a sustained virologic response (SVR), which means the person's hepatitis C is effectively cured.



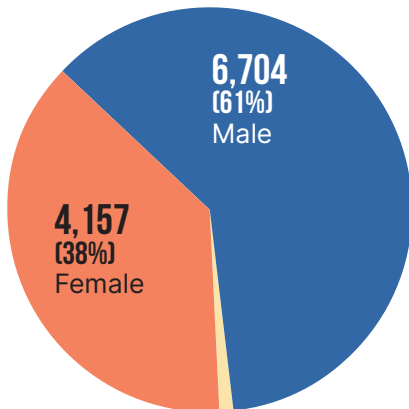
To minimize the burden of hepatitis C on the health care system.

WHO?

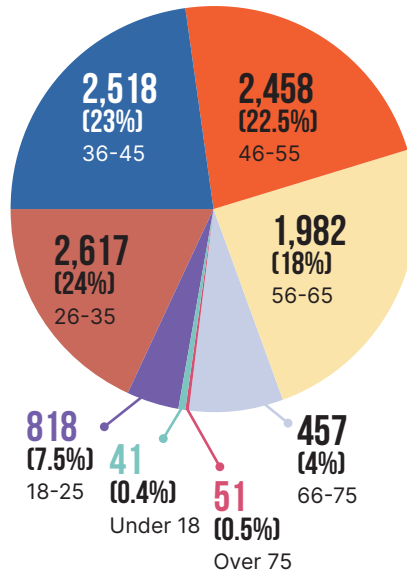
The hepatitis C teams provide low-barrier wraparound care to Ontarians most affected by and at high risk of acquiring hepatitis C and who face systemic barriers to accessing mainstream health and social services (also referred to as priority populations): people who use drugs, people involved with the correctional system, Indigenous people, people who are homeless or underhoused, and street-involved youth.



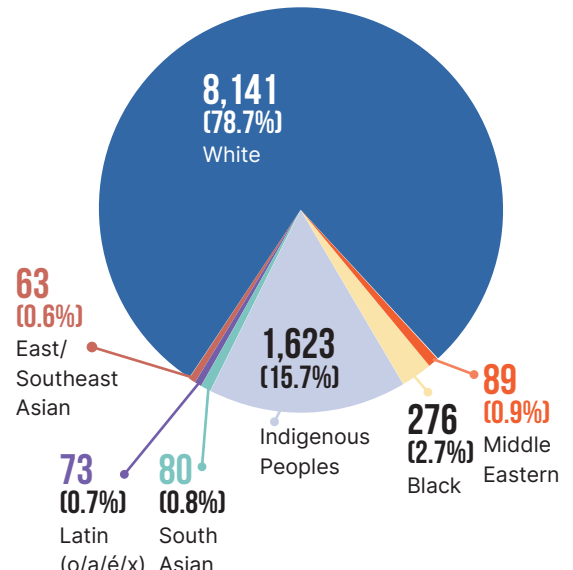
GENDER (WHERE KNOWN)



AGE (WHERE KNOWN)



ETHNICITY (WHERE KNOWN)

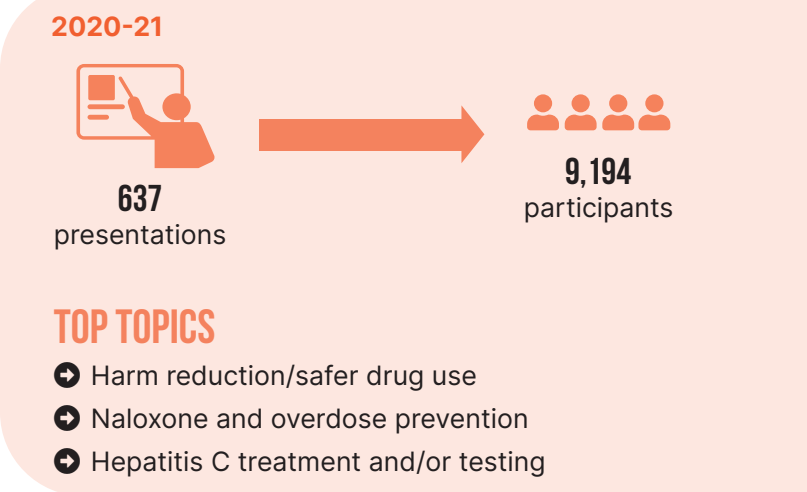
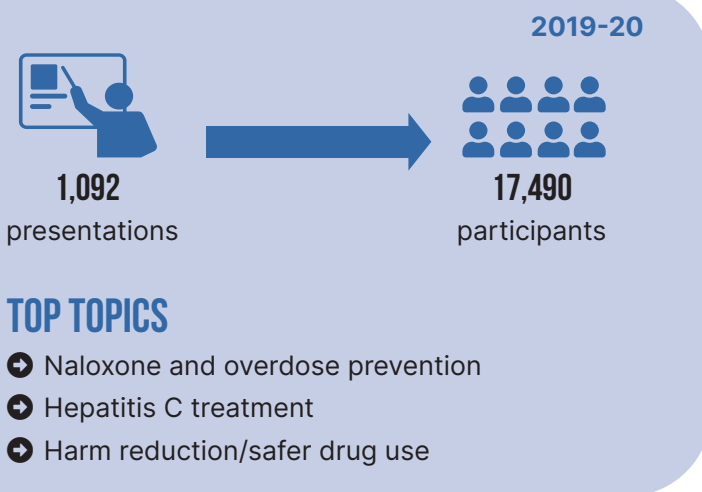


MAINTAINING ACCESS TO HEPATITIS C SERVICES

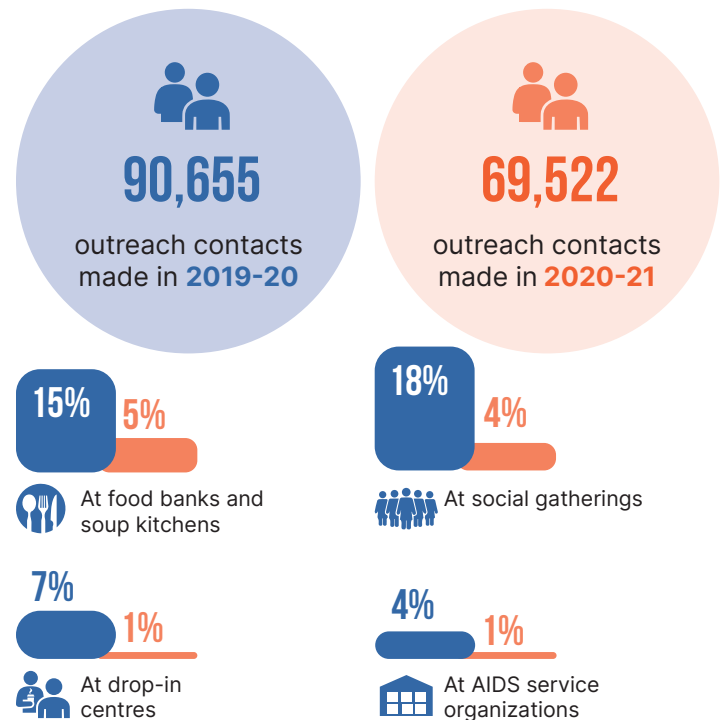
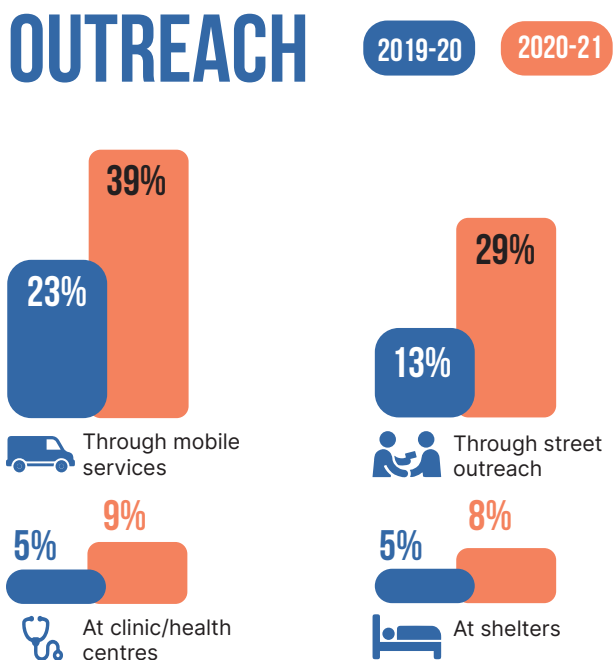
The COVID-19 pandemic and related public health safety measures have impacted access to all health and social services. However, the hepatitis C teams have continued to provide services in accordance with local public health guidelines. The priority populations that Ontario's hepatitis C teams serve can be hard to reach. Many do not have regular care providers, face housing insecurity, and have experienced stigma and discrimination accessing care. For those who seek care related to hepatitis C, the journey from being diagnosed to initiating treatment can take months and presents multiple opportunities for missed appointments and loss to care.

Within this context, the hepatitis C teams have been focusing on outreach, client engagement, support services, and building strong referral networks. Teams have managed to expand existing and/or build new partnerships to enable effective outreach and responsive service delivery during the COVID-19 pandemic. Working closely with partner agencies, such as shelters, food banks and harm reduction programs, the teams meet potential or existing clients where they are in community. They build trusting relationships and help address immediate needs (e.g., addictions and mental health, food insecurity, housing insecurity) to make it easier for clients to access services and improve their health.

PREVENTION AND HEALTH EDUCATION



OUTREACH



TESTING



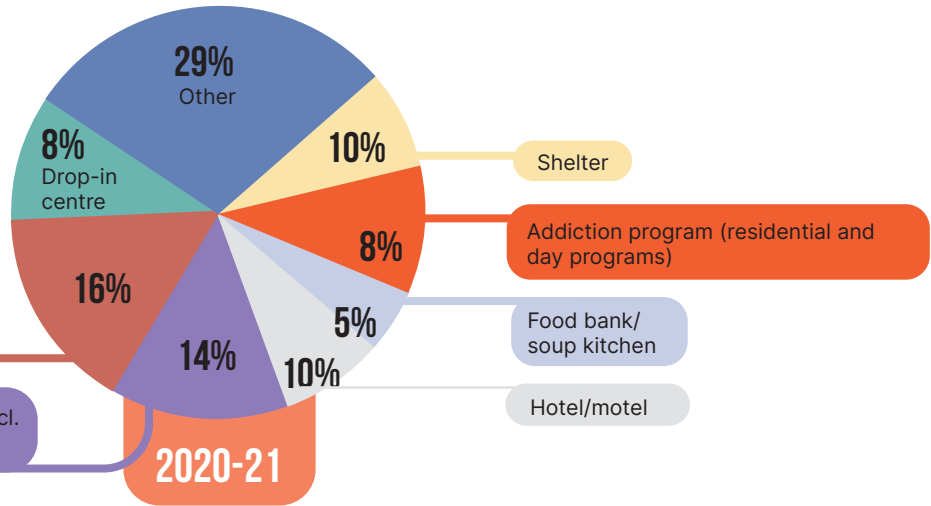
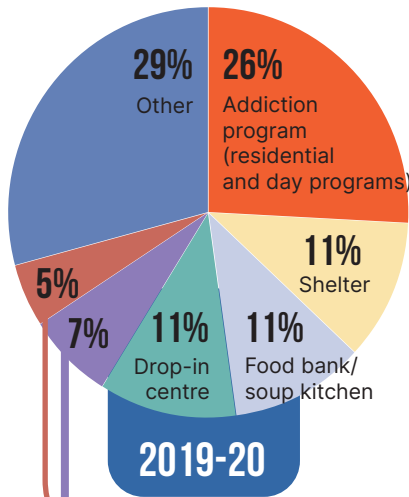
DELIVERED

In 2019-20 and 2020-21 combined, Ontario's Hepatitis C teams



- 7,173 hepatitis C antibody tests
- 3,092 tests delivered on-site
- 4,081 delivered in outreach settings
- 4,372 hepatitis C RNA tests
- 4,190 hepatitis B antibody tests
- 5,122 HIV antibody tests

WHERE DOES TESTING HAPPEN?

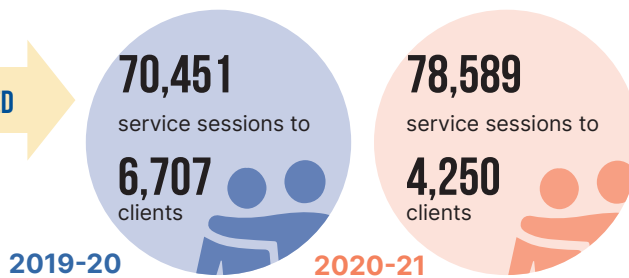


SERVICE SESSIONS/SUPPORT

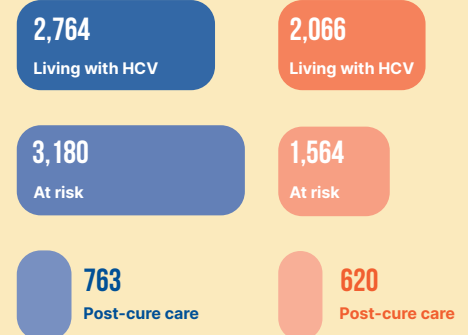


DELIVERED

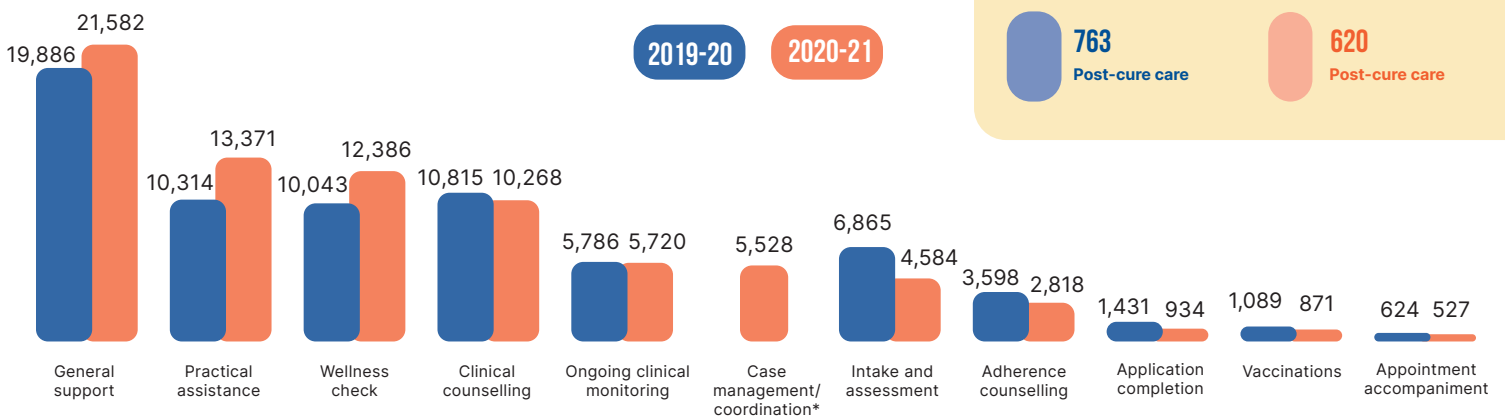
Ontario's Hepatitis C teams



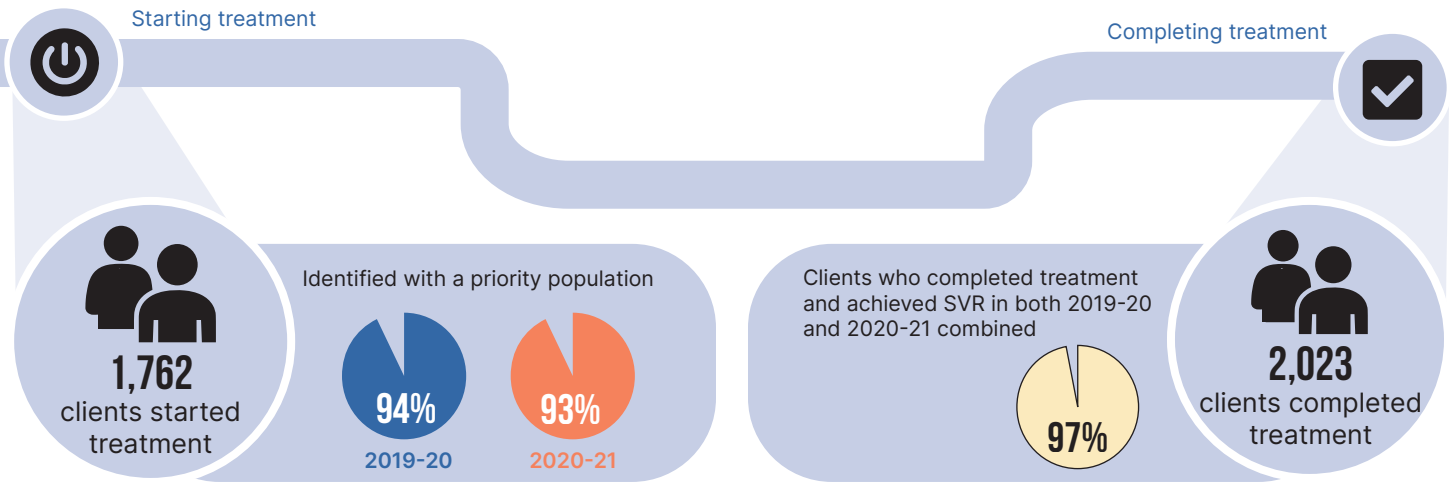
WHO USES SUPPORT SERVICES?



WHAT KIND OF SERVICES DID CLIENTS ACCESS?

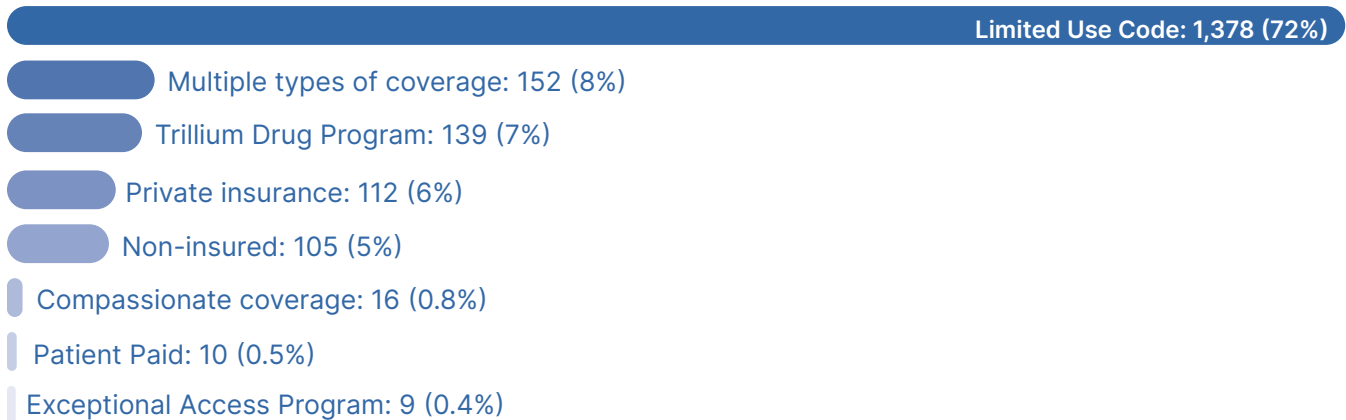


TREATMENT IN 2019-20 AND 2020-21



TYPE OF FINANCIAL COVERAGE IN 2019-20 AND 2020-21

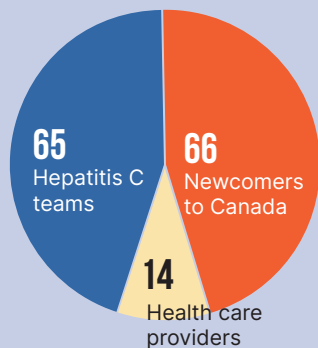
Coverage of hepatitis C treatment through the Ontario Drug Benefit Program (ODB) includes the Limited Use Code, the Exceptional Access Program and the Trillium Drug Program. Teams reported ODB treatment coverage for 81% and 76% of clients in 2019-20 and 2020-21 respectively.



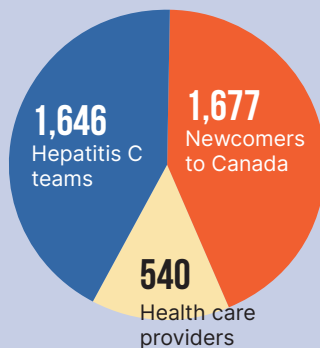
SUPPORTS TO HEPATITIS C TEAMS

CATIE: 2019-20 & 2020-21 COMBINED

KTE AND CAPACITY BUILDING SESSIONS



PARTICIPANTS



CAPACITY BUILDING AND MENTORSHIP/COACHING



CATIE and UHN provide expertise, resources, training and networking to help ministry-funded hepatitis C programs stay up-to-date with science and best practices:

UHN: 2019-20 & 2020-21 COMBINED

