



# ONTARIO'S HEPATITIS C PROGRAMS

## Activities and Impact, 2021-22

The HIV and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health (ministry), funds and oversees community-based HIV and hepatitis C (HCV) services. It also supports the distribution of naloxone and other harm reduction supplies to populations at risk of HIV, HCV, and opioid overdose.

### Activity snapshot



**9,703**  
tests administered



**109,687**  
service sessions delivered



**4,849**  
clients served

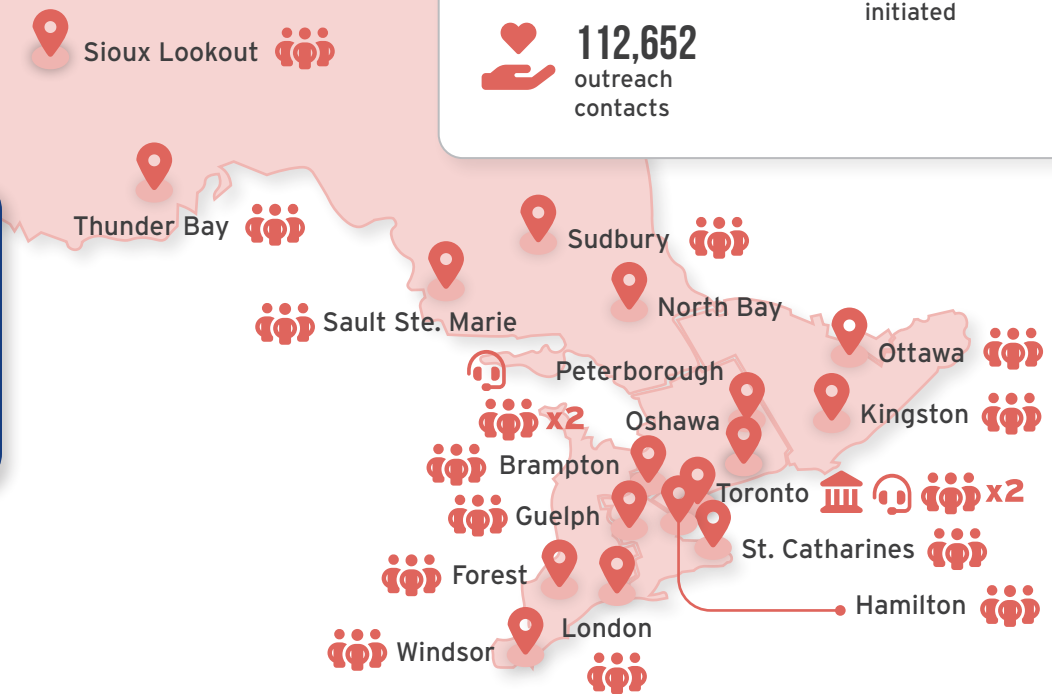


**719**  
courses of HCV treatment initiated



**112,652**  
outreach contacts

In 2021-22, the ministry's HIV and Hepatitis C Programs invested approximately **\$9.7 million** in community-based HCV programs, including: ▶



▶ **18 Multidisciplinary hepatitis C teams** (HCV teams) that provide low-barrier wraparound HCV services, including testing, treatment and care, support and prevention, to populations at increased risk of HCV infection that face barriers to accessing traditional health care services.

▶ **2 Organizations**, CATIE and the University Health Network (UHN), that provide capacity building, knowledge translation and exchange (KTE), and mentoring for ministry-funded HCV teams and workers.

▶ **2 Coordinators / outreach workers**, including one at PASAN (the Prisoners with HIV/AIDS Support Action Network), who provides education and support for people involved with the provincial correctional system; and the other at the Peterborough AIDS Resource Network, who provides regional service coordination.



**About this factsheet.** This factsheet draws on HCV-specific activity data reported in the Ontario Community HIV/AIDS Reporting Tool (OCHART) for 2021-22. It provides funders and community-based HCV service providers with an annual overview of their impact, including clients served, tests delivered, service sessions completed, and HCV treatment initiated with direct-acting antivirals.

# WHAT?

Ontario's **HCV teams** work across all stages of the *HCV care cascade*, providing:



Testing to diagnose individuals living with HCV and linking them to care.



Treatment and support services to increase access to HCV direct-acting antivirals for clearing the virus, ensuring access to additional supports required to stay on and complete treatment, and provide linkage to other health and social services.



Post-cure clinical monitoring for maintenance of optimal health, and counselling and education to prevent reinfection.



Prevention services and education on topics such as HCV transmission, testing and treatment, and safer drug use.



Access to harm reduction supplies and interventions, including needle and syringe programs, consumption and treatment services, and naloxone to reverse opioid overdoses.



The **HCV care cascade** depicts the stages people living with HCV go through, from diagnosis to achieving Sustained Virologic Response (SVR) and being considered cured of HCV.



# AIMS?



To reduce new HCV infections.



To increase the number of people diagnosed with HCV in care and on treatment.



To increase the number of individuals who complete treatment and achieve a sustained virologic response (SVR).



To minimize the burden of HCV on the health care system.

# WHO?



**HCV teams** provide care to Ontarians most affected by and at risk of acquiring HCV, also referred to as “priority populations”, including: people who use drugs, people involved with the correctional system, Indigenous Peoples (First Nations, Métis and Inuit), people who are homeless or underhoused, and street-involved youth.

In 2021-22, **HCV teams** provided service to

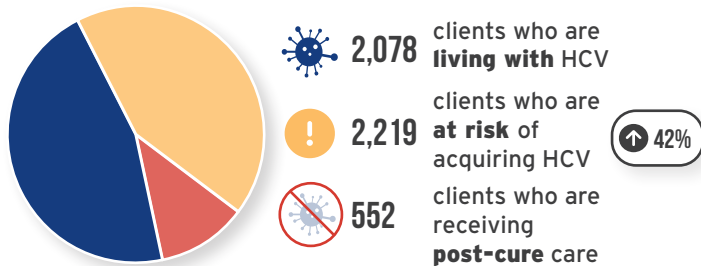
# 4,849 CLIENTS



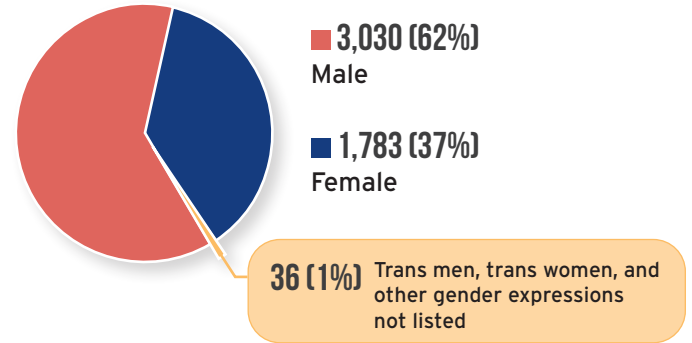
This is a **14%** increase in the total clients served compared to 2020-21.



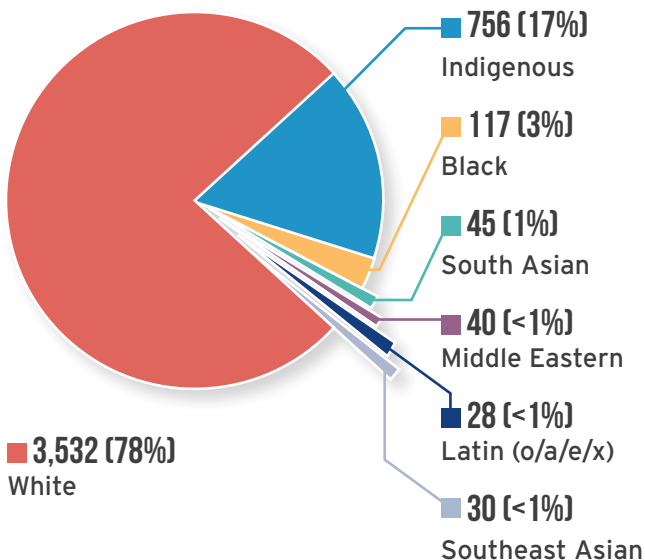
## CLIENT STATUS Where known



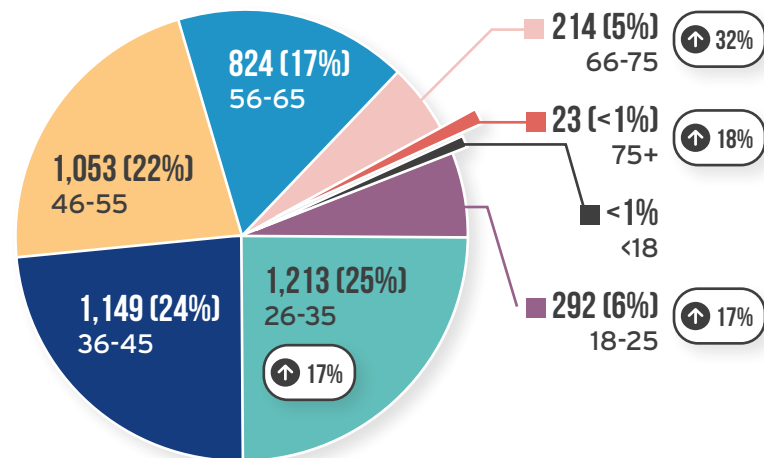
## CLIENT GENDER Where known



## CLIENT ETHNICITY Where known



## CLIENT AGE Where known



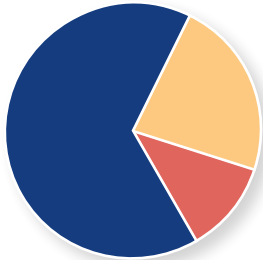
↑ ALL INCREASES ARE VS 2020-21



# PREVENTION AND HEALTH EDUCATION

**808** ↑ 27%  
Presentations

**8,666** ↑ 84%  
Participants



**531** to priority populations ↑ 31%  
 **183** to non-health care service providers  
 **94** to health care providers

## Top five presentation topics

**273** presentations on harm reduction/safer drug use ↑ 101%

**279** presentations on HCV treatment and/or testing ↑ 18%

**188** presentations on naloxone and overdose prevention



# OUTREACH

**112,652\***  
Outreach contacts

**HCV teams** continue to perform outreach to engage people at risk of or living with HCV in prevention, testing, and treatment services.

**Outreach** is defined as work provided in locations where community members congregate or socialize.

## Top five locations for outreach access

**40,464 CONTACTS (36%)**  
Mobile services ↑ 50%

**26,652 CONTACTS (24%)** ↑ 30%  
Street outreach

**17,237 CONTACTS (15%)** ↑ 224%  
Shelters

**8,164 CONTACTS (7%)** ↑ 37%  
Clinics/health centres

**5,752 CONTACTS (5%)** ↑ 687%  
Drop-in centres

Outreach at **consumption and treatment services** (4,133 contacts) and **addiction programs** (residential & day programs) (954 contacts) increased by **95%** and **346%** respectively over 2020-21.



# SERVICE SESSIONS/SUPPORT

**109,687**  
Service sessions

Service users engage with HCV teams through personalized service sessions.

## Top five services accessed

**26,449 SESSIONS** ↑ 23%  
General support

**18,923 SESSIONS** ↑ 53%  
Wellness check

**17,220 SESSIONS** ↑ 29%  
Practical assistance

**14,818 SESSIONS** ↑ 168%  
Case management/coordination

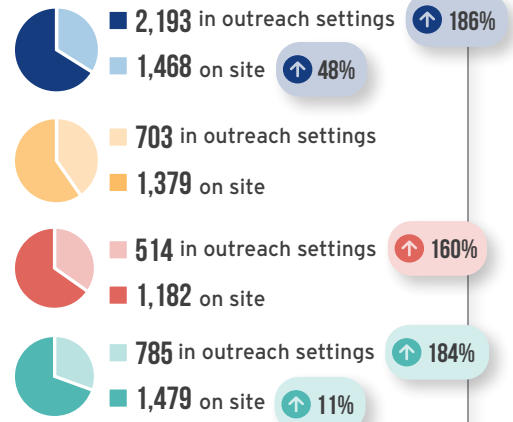
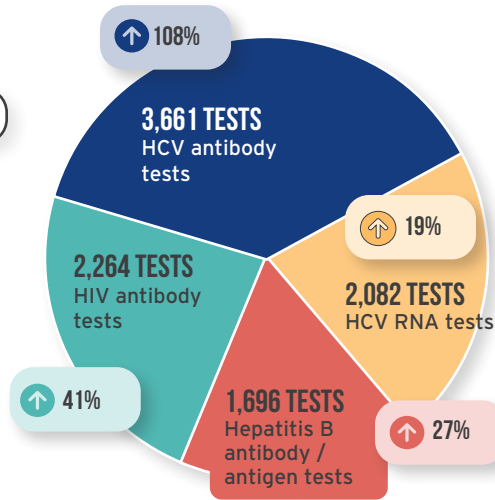
**13,354 SESSIONS** ↑ 30%  
Clinical counseling

★ May include multiple interactions with individual clients.



# TESTING

**9,703** Tests conducted ↑ 51%



## Top five locations for outreach testing

**996 TESTS (24%)** at mobile services ↑ 329%

**730 TESTS (17%)** at clinics/health centres ↑ 151%

**633 TESTS (15%)** addiction programs (residential and day) ↑ 314%

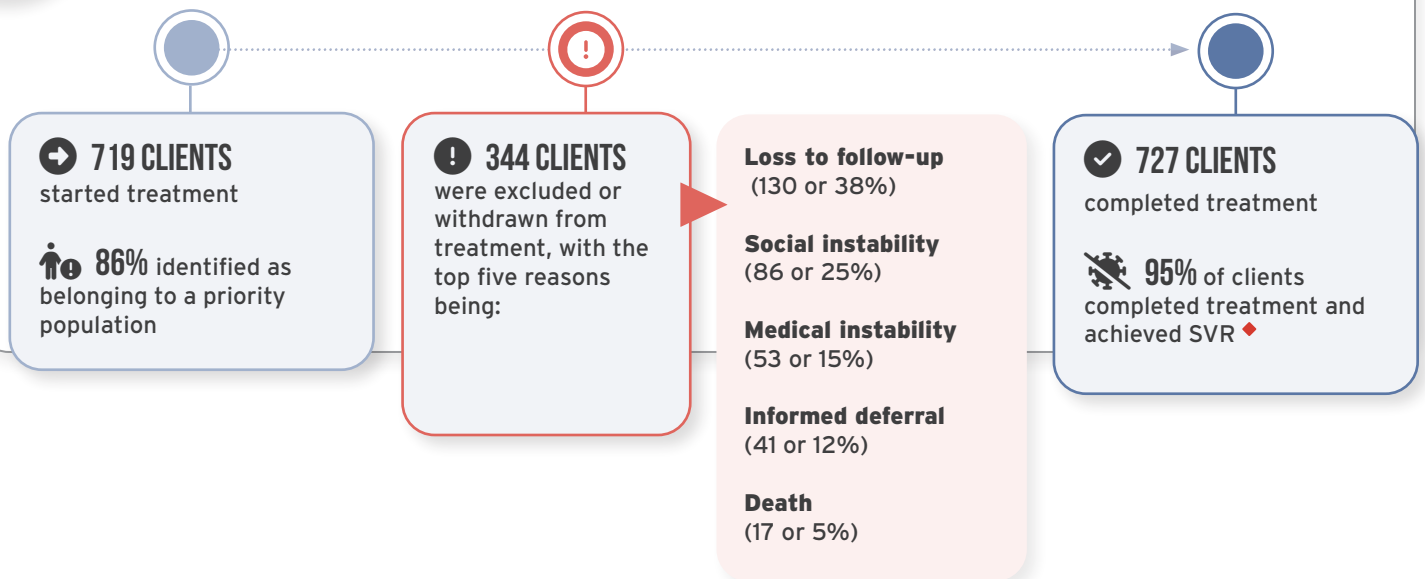
**545 TESTS (13%)** at shelters ↑ 409%

**304 TESTS (7%)** at drop-in centres ↑ 129%



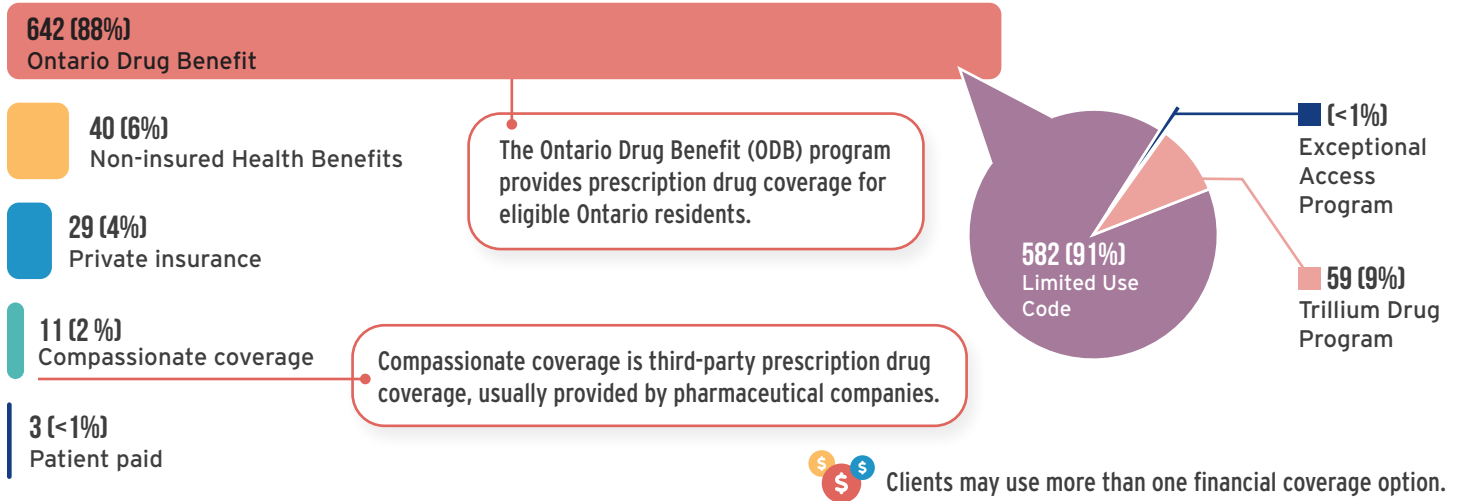
# TREATMENT

Linking clients to care and supporting them through HCV treatment is one of the goals of the **HCV teams**.



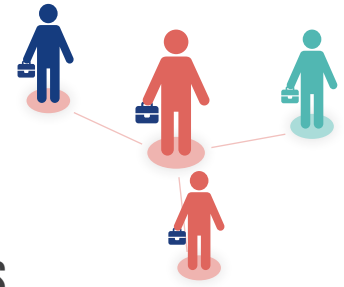
◆ For some individuals, treatment may have been initiated in the previous year, but completed in 2021-22. Similarly, SVR for which testing happens 12 weeks after the completion of treatment, may have been confirmed in a different year than treatment was completed.

# WHAT TYPE OF FINANCIAL COVERAGE DID CLIENTS UNDERGOING TREATMENT HAVE?

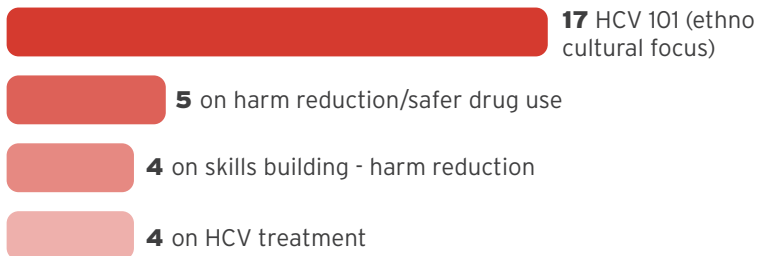


# SUPPORTS TO HEPATITIS C TEAMS

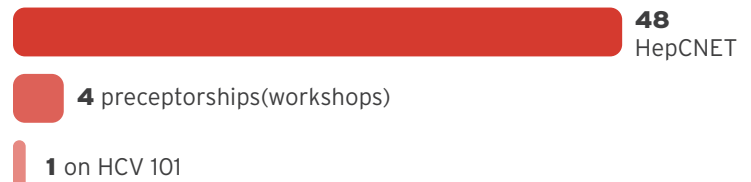
Resources, training, and networking opportunities are provided to help ministry-funded HCV programs stay informed of the latest science and best practices. In 2021-22 they included:



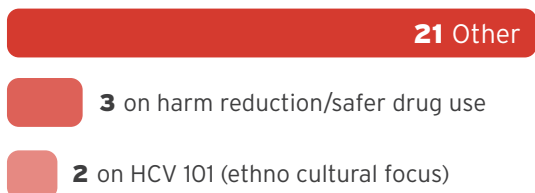
## 30 PRESENTATIONS on capacity building



## 53 KTE ACTIVITIES



## 26 PRESENTATIONS related to KTE



## 3 MENTORSHIP/COACHING SESSIONS