

OCHART ONTARIO'S HEPATITIS C PROGRAMS:

ACTIVITIES AND IMPACT 2018-19

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 AIDS and Hepatitis C Programs, Ministry of Health invested approximately \$9.7 million in community-based hepatitis C programs including:



18 MULTIDISCIPLINARY HEPATITIS C TEAMS

that provide hepatitis C testing, treatment and care, support and prevention



2 COORDINATORS/OUTREACH WORKERS

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



2 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:



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



Testing to diagnose individuals living with hepatitis C.



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

AIMS?



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.

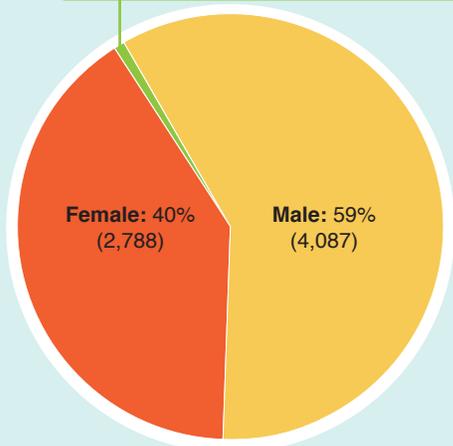
WHO?

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, people who are homeless or underhoused, street-involved youth, and Indigenous peoples.

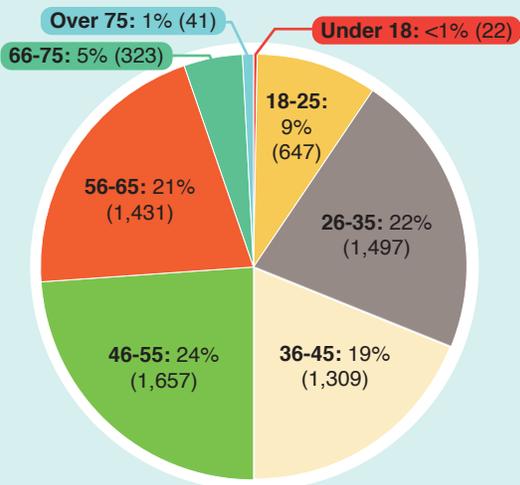
Teams provided care for 6,924 clients

Gender

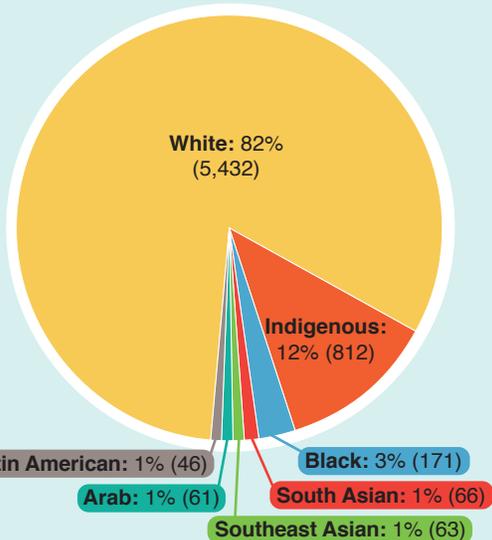
Trans men, trans women, and other gender expressions not listed: 1% (49)



Age



Ethnicity (where known)



INCREASING ACCESS TO HEPATITIS C SERVICES

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 accessing care. For those who seek care related to hepatitis C, the journey from being diagnosed to initiating treatment may take months and presents multiple opportunities for missed appointments and loss to care.

To overcome some of these challenges, Ontario's hepatitis C teams focus on outreach, client engagement, support services, and building strong referral networks. 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

The teams made **73,052** outreach contacts

-  **11%** at social gatherings
-  **17%** at food banks and soup kitchens
-  **>25%** through mobile vans
-  **30%** at other organizations, such as drop-in centres, AIDS service organizations, clinics (including methadone clinics), correctional facilities, pharmacies and addiction programs

 Delivered **1,216** education sessions to **22,445** participants

Top 3 education topics: naloxone and overdose prevention, hepatitis C treatment, and harm reduction/safer drug use.

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

CATIE:

-  **5** KTE and capacity building sessions for hep C teams (**322** participants)
-  **48** KTE and capacity building sessions for newcomers to Canada (**2,176** participants)
-  **2** capacity building sessions for service providers who work with newcomers to Canada (**42** participants)
-  **2** capacity building sessions for peer facilitators (**19** participants)

UHN:

-  **2** preceptorships (in-person trainings) and **50** HepCNET sessions (**799** participants)

MORE TESTING

Hepatitis C teams delivered **14,676** tests, including:

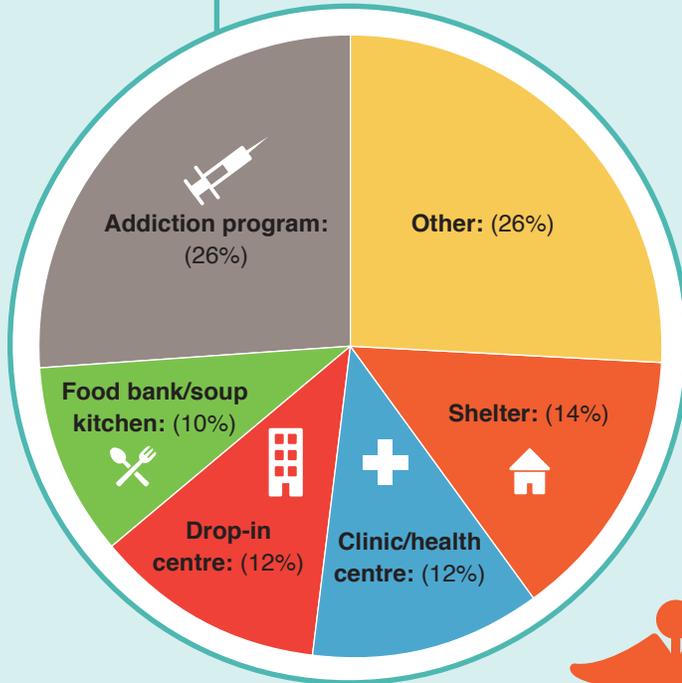
5,180 hepatitis C antibody tests, 37% more than the prior year



2,007 tests were delivered on site and **3,173** in outreach settings



- 2,903** people received a hepatitis C RNA test
- 2,997** hepatitis B antibody tests
- 3,596** HIV antibody tests



TREATMENT AND SUPPORT

Teams:

- delivered **69,984** service sessions to **6,924** clients
- engaged **1,279** clients in initiating treatment
- supported **1,444** clients to complete treatment (includes some people who started treatment in the previous year)
- 96%** of clients who completed treatment achieved SVR (where results were known, 56% of clients)

Confirmation of SVR is typically done through blood tests 12 weeks after completion of treatment.

- 19,437** general support sessions
- 10,077** clinical counselling sessions
- 9,469** practical assistance sessions
- 8,676** wellness check sessions
- 7,596** intake and assessment sessions
- 6,154** ongoing clinical monitoring sessions
- 4,879** adherence counselling sessions
- 1,989** application completion sessions
- 938** vaccinations sessions
- 769** appointment accompaniment sessions

TRENDS IN HCV SERVICE DELIVERY

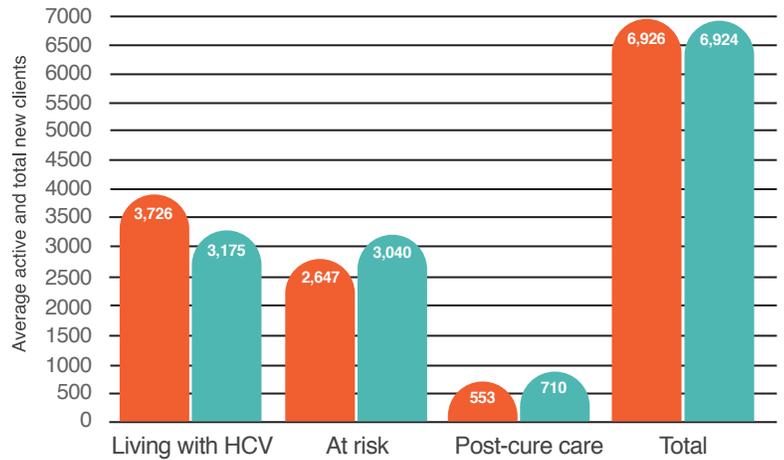
More at-risk clients

In 2018-19, the teams saw more clients at risk of hepatitis C (3,040 compared to 2,647) as a result of increased outreach, and saw fewer clients living with HCV than the previous year (3,175 compared to 3,726).

2017-18 ●

2018-19 ●

Number of clients served by type



MORE CLIENTS WERE ABLE TO ACCESS TREATMENT

Some clients are excluded from hepatitis C treatment because of factors such as pregnancy, being lost to follow-up, or not qualifying for drug coverage.

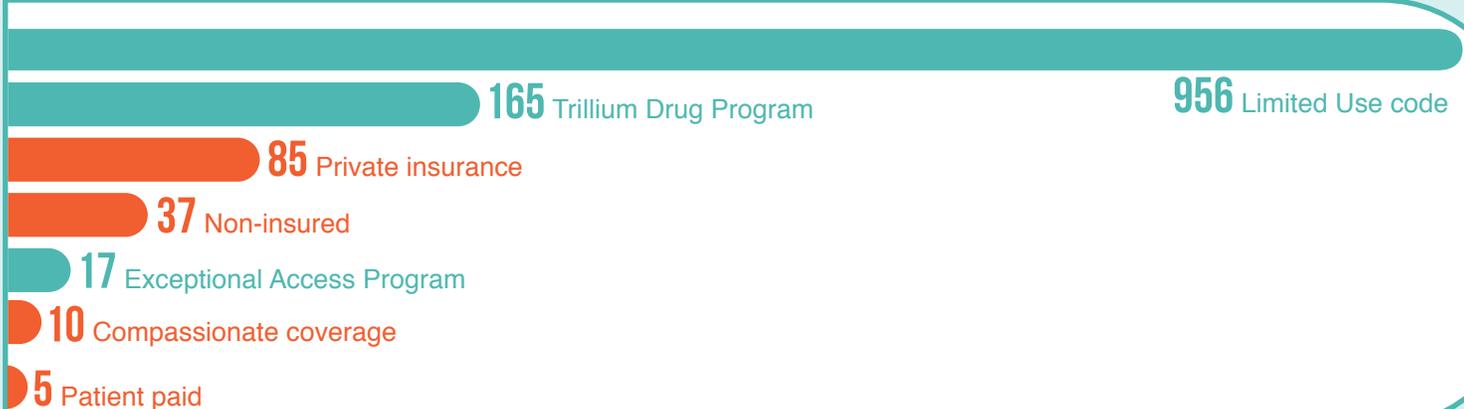
● **47%** fewer clients were excluded from treatment (237) than in the previous year (448)

● Of the above, **71%** fewer were excluded for not qualifying for drug coverage (51 compared to 173 the previous year)

Changes to Ontario Drug Benefits Program eligibility criteria increased access to hepatitis C treatment.

● **89%** of clients were covered for treatment through the Ontario Drug Benefit Program (includes limited use code, Trillium drug program and exceptional access)

Type of financial coverage



MORE CLIENTS COMPLETED TREATMENT

● **1,279** clients started treatment (down 63 from 2017-18)

93%

of clients who initiated treatment identified as a member of a priority population

● **1,444** completed treatment (up 93 from 2017-18)

