

INDIGENOUS LED HEPATITIS C TREATMENT MODEL TO ACHIEVE ELIMINATION IN BIG RIVER FIRST NATION

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Background:

In Indigenous communities high Hepatitis C (HCV) rates related to injection drug use is observed, but limited access to HCV screening and treatment often lead to poor health outcomes. Following community consultation, HCV was acknowledged as a health priority in Big River First Nation, Canada (BRFN). With community leadership's approval, community members partnered with Infectious Disease specialist (IDs) and health researchers, obtaining funding to develop a community lead HCV care model and elimination program.

Approach:

Central to this community led HCV care model is community based nursing staff providing accessible screening, counseling, education and support in community. Directly Observed Therapy is implemented to ensure greater adherence to HCV treatment and addiction treatment is offered through the suboxone program. Additional support and case management is coordinated through texting. Elders and community members provide culturally appropriate mental health and addiction support, cultural ceremonies and education. Administrative staff manages logistics aspects of program delivery and liaise between frontline providers and community leadership. Chief and Council promote screening and treatment uptake and advocate for sustainable funding from provincial and federal governments. Clinical care is managed by community nurse in collaboration with IDs in urban center through face-to-face consultation in community and through telehealth.

Outcome:

Since 2016, 130 individuals were screened, out of which 51 are active injection drug users, 11 (28%) spontaneously cleared, 40 (31%) are antibody positive, 21/29 (73%) are on treatment, 17 completed treatment.

Conclusion:

This culturally supportive, community led model effectively improved access to timely screening, diagnosis and treatment for HCV positive patients in BRFN, even amongst people with IDU. Collaborative partnership with academics and clinicians can help communities develop community focused health interventions. Future efforts will be directed towards reducing new and reinfections and programing has been scaled up to achieve elimination.