## MICRO-ELIMINATION OF HEPATITIS C AMONG PEOPLE WHO USE DRUGS IN AN INDIGENOUS COMMUNITY IN SASKATCHEWAN CANADA

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**Background:** Through the advances in hepatitis C (HCV) treatment, HCV elimination is possible. Ahtahkakoop Cree Nation is an Indigenous community in Saskatchewan Canada with a successful community-driven integrated HIV prevention and care program called 'Know Your Status'. With a 12% prevalence of HCV, mostly attributed to injection drug use (IDU), the community embarked in a micro-elimination initiative with the support of leadership, health staff, community members and peers.

**Description of model of care:** Ahtahkakoop developed a community led model supported by a multidisciplinary team, including ID specialist, pharmacist, nursing, and mental health/addiction. The elimination plan includes (1) increasing access of screening, (2) engaging and linking clients to care, (3) supporting clients in care/treatment and 4) monitoring program progress and outcomes. All aspects of screening, diagnosis, care and treatment are provided in community in a client-centered manner with input from peers. A retrospective chart review was completed to assess treatment outcomes and success rates for clients treated from 01/01/2017-01/28/2018.

**Effectiveness:** Roughly 270 people were screened through Liver Health Events (community screening events). Fifty-five clients were prescribed DAA treatment and 44 completed treatment at the time of the review. Among those that completed treatment, 48% were HIV-coinfected and 27% reported active IDU. Thirty-four (77%) clients achieved a SVR12 and remain viral load undetectable, based on their last test result. HCV recurrence (reinfection or relapse) occurred among 10 clients. HCV recurrence was associated with HIV co-infection and current IDU (Fisher's exact: p=0.057 and p=0.015, respectively).

**Conclusion and next steps:** This community developed and led HCV treatment model has significantly improved access as well as uptake of HCV screening and treatment. The majority of clients treated were cured, including those using drugs at treatment initiation. In consultation with peer groups, additional innovative support services are being developed to further minimize the risk of reinfection.

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