

Micro-elimination of Hepatitis C among people who use drugs in an Indigenous community in Saskatchewan, Canada

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Acknowledgement

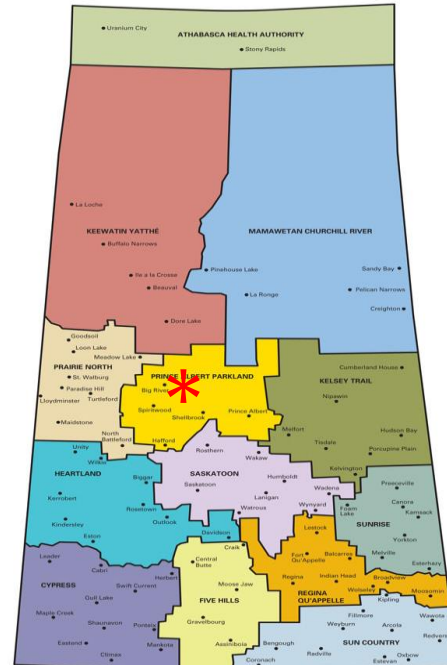
- Mohawk Territory
- Elders, Leadership and Peers

Disclosure of interest

- Noreen Reed – Grants from Gilead, Merck
- Stuart Skinner – Grant and travel funding from ViiV, Merck, AbbVie, Gilead

Ahtahkakoop Cree Nation

- First Nations Cree Community
- Located in central Saskatchewan
- 1700 residents
 - Band population: 3600
- High prevalence of HCV (~20%)



HCV Model of Care

- **Know Your Status**
- **Nurse-led, community delivered, client centered**
- **Multidisciplinary team:**
 - Nursing
 - ID specialist
 - Pharmacist
 - Outreach workers
 - Peers

Community Partners



External Partners

- External Partners
 - ISC
 - CIHR
 - Pharma
 - Research Team
 - Tertiary Care Center

HCV Elimination Plan



Increase Access to Screening



Engage and link clients to care



Additional support clients in care/treatment



Client follow-up



Monitoring, program evaluation and quality improvement



Increase Access to Screening

1. Liver Health Events

- ▣ Quarterly events
- ▣ Multiple stations
 - ▣ POC testing
 - ▣ Fibroscan



Point Of Care
Testing

+



Viral load &
genotype

2. Individual testing

- ▣ Daily

Liver Health Event – December 7, 2016





Link clients to care

■ Nurse will:

- Relay results to client
- Treatment readiness assessment
- Connecting to other therapies or services
- Appointment in community with ID Specialist



- Home visits
 - Relationship building
- Harm reduction program
 - Access networks, assess needs of client - meeting them where their at...



Additional support clients in care

- ▣ Relationships with peers
- ▣ Ongoing Home Visits
- ▣ Traditional Elders
- ▣ Mental Health/Addictions





Ongoing client follow up

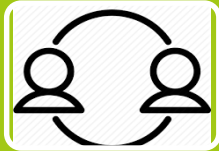
- Encourage clients to return to liver health events for follow-up testing
- Individual testing- end of treatment, SVR 12 and 24
- Support individuals to be active peers



Program Outcomes



9 events, 488 people screened
83 linked to care (16 new HCV diagnoses)



55 clients initiated treatment 89% had IDU history , 44 completed, 77% cured, 18 PWID at time of treatment



13 formal and informal peers

Program Impact

- Health care team developed capacity, knowledge and program implementation and delivery
- Other First Nations Communities in Saskatchewan have adopted the LHE
- Brought positive attention to the community
- Community showcased their result by participating in 7 National and International translation events

Lessons Learned

- Community based & led programs are successful
- Partnership/team approach is essential
- Nurse Lead with Nurse specialist

Challenges

- Lack of access to primary care
- Reoccurrence post treatment
- Obtaining the blood work at the right time
- Not moving as quickly as wanted – client driven!
- Sustainable funding
- Jurisdictional barriers

Conclusion

- Amongst HCV people, this program is tackling the hardest to reach with minimal resources
- Community involvement and Indigenous led program
- Services accessible to clients in community
- Primary Health Care minimal to none – need innovation and refocus to target health needs

Questions???

