



Hepatitis C Training Program for Healthcare in Ontario Corrections

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Disclosures

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Jordan Feld, MD, MPH	Consultancy fees: Abbvie, Gilead Research grants (to institution): Abbvie, Gilead, Cepheid
Mia Biondi, PhD, NP-PHC	Consultancy fees and/or honoraria from: Specialty Rx Solutions, McKesson Investigator initiated grants: Gilead, AbbVie, Cepheid Ad boards and speaker bureaux: Gilead, AbbVie, Abbott, ViiV
Hemant Shah, MD, MSc	Employee: Specialty Rx Solutions



Four Modules – 20 Minutes Each

- 1. Implications for Public Health, HCV Transmission and Prevention**
- 2. HCV Screening, Diagnosis and Linkage to Care**
- 3. HCV Assessment: Getting A Person Ready for Treatment**
- 4. HCV Treatment: Making the Right Choice and Monitoring Afterwards**



Module One - Implications for Public Health, Hepatitis C Transmission and Prevention



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Hepatitis C Training Program for Corrections Healthcare Staff



Learning Objectives

- Hepatitis C Introduction
 - What it is, how it affects Ontarians/Canadians
 - Why eliminating HCV in Canada is possible
- Hepatitis C transmission, in and out of corrections
- Barriers to hepatitis C testing, diagnosis, accessing care and treatment
- Hepatitis C prevention and harm reductions strategies



What is Hepatitis C Virus (HCV)?

- “Hepatitis” means inflammation of the liver
 - Can occur from different methods such as alcohol-related, fat in the liver, or pathogens such as parasites or viruses
- Hepatitis C is a virus that infects the liver, and there is no vaccine
- **Most people don’t have symptoms when they get it**, but if they do, they are often mild flu-like symptoms
- 20-50% of people clear the infection on their own, but previous infection is not protective against future infection



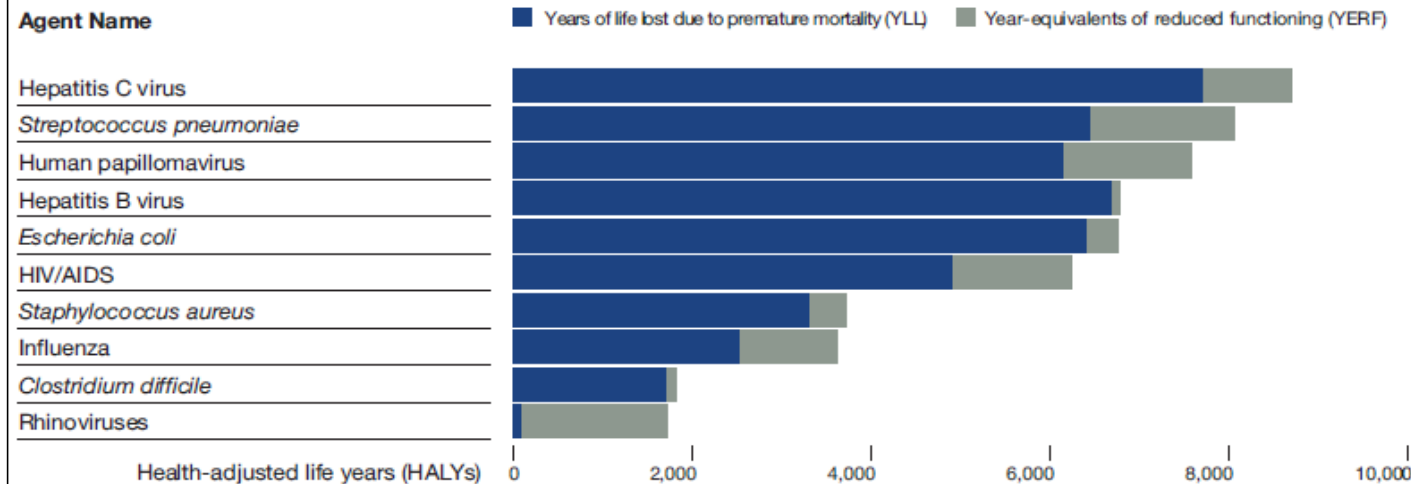
What is Hepatitis C Virus (HCV)?

- HCV infection can lead to inflammation (abnormal liver enzymes), or people may have normal liver enzymes
- HCV long-term infection can lead to liver scarring or “fibrosis”, or even advanced non-reversible liver disease called cirrhosis, liver failure, liver cancer
- **People may feel totally fine even with advanced liver disease**
- Treating people before scarring is important to prevent transmission and the liver-related consequences of new infections
- Treating people may also improve other non-liver symptoms such as depression and fatigue



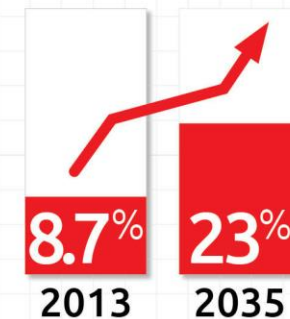
The Impact of HCV on Ontarians

The Most Important **INFECTIOUS AGENTS** in Ontario



Burden of Hepatitis C

The Future Toll of Illness



The number of Canadians with chronic hepatitis C with cirrhosis and more advanced liver disease is on the rise.

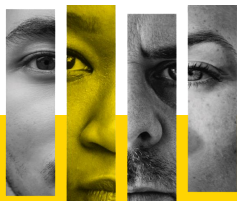
75%
of hepatitis C patients have early-stage disease at any given time - an ideal opportunity to intervene with new antiviral therapy to avoid the future toll

Hepatitis C - The Ticking Time Bomb

By 2035, the most common health complications associated with chronic hepatitis C will increase by:

89% ↑ Compensated Cirrhosis **80%** ↑ Decompensated Cirrhosis

160% ↑ Liver-related deaths **205%** ↑ Liver Cancer **2035**



Treatment in the Past

Current Treatment – 95%+ Cure

Small numbers



Potential for large numbers

Advanced liver disease



Covered if no liver disease

Specialist prescriber/Extensive paperwork



Non-specialist MD/NP prescribers/Minimal paperwork

Complex drug regimens requiring teams



Simple drug regimens with solo providers

Frequent monitoring



Little or no monitoring

Response-guided therapy

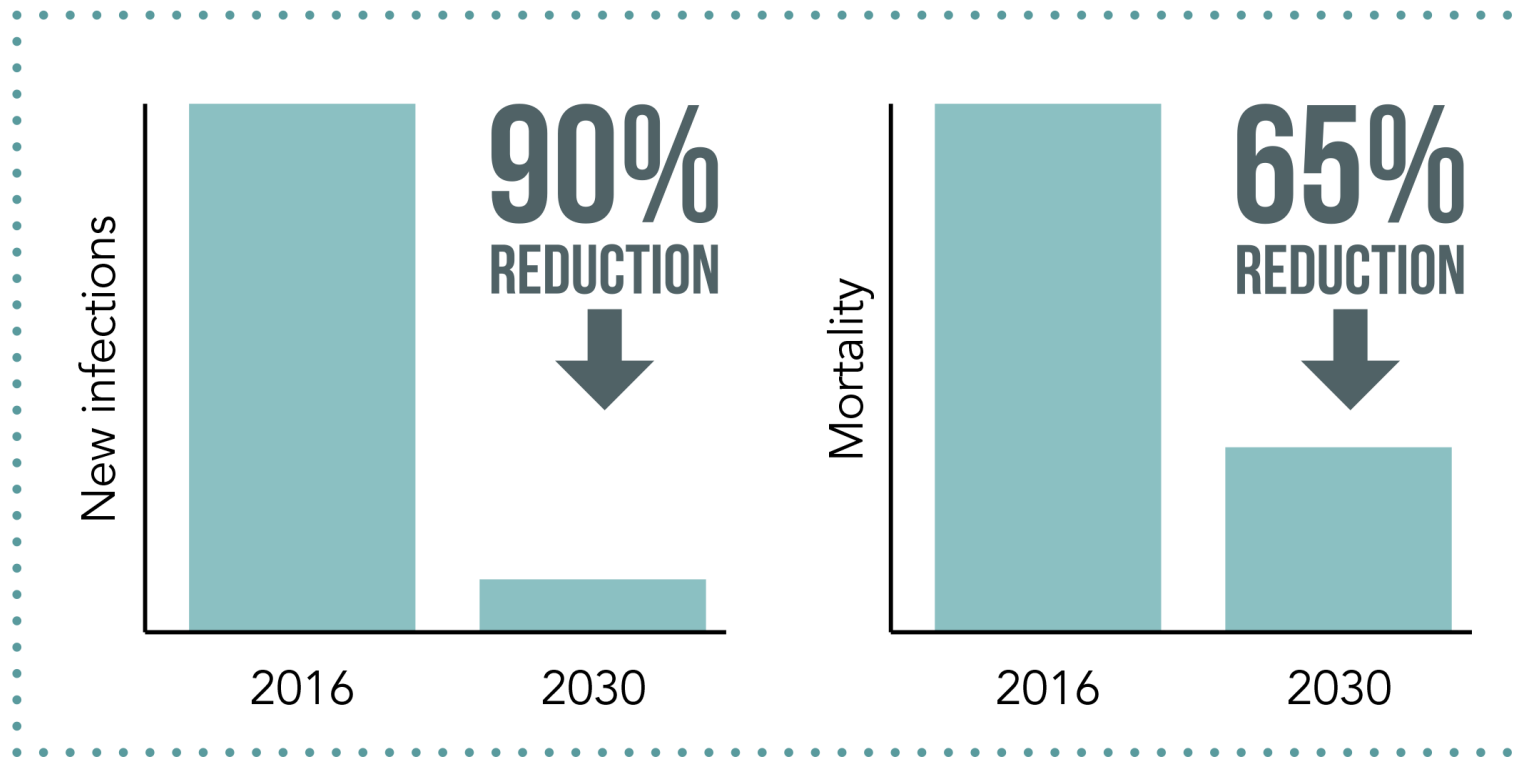


Few on-treatment decisions



HCV as a Public Health Threat

- In 2016, Canada signed on to the World Health Organization commitment to eliminate HCV as a public health threat



HCV Elimination in Canada is Achievable

- **Shift from HCV as a chronic disease TO the first-ever curable chronic viral infection**
- ***Due to:***
 - Improvements in diagnostics (Module 2)
 - Newer all-oral treatments that have taken cure rates from <50% to **>95%**
 - These have few side effects, and populations who were excluded in the past do just as well and are cured



Prioritizing Key Populations

Prioritizing communities experiencing a disproportionate burden of HCV due to marginalization; that increases their risk and creates barriers to care.



**People who
use drugs**



**People with
prison
experience**



**First Nations,
Inuit and Métis
peoples**



**Gay, bisexual
and other men
who have sex
with men**

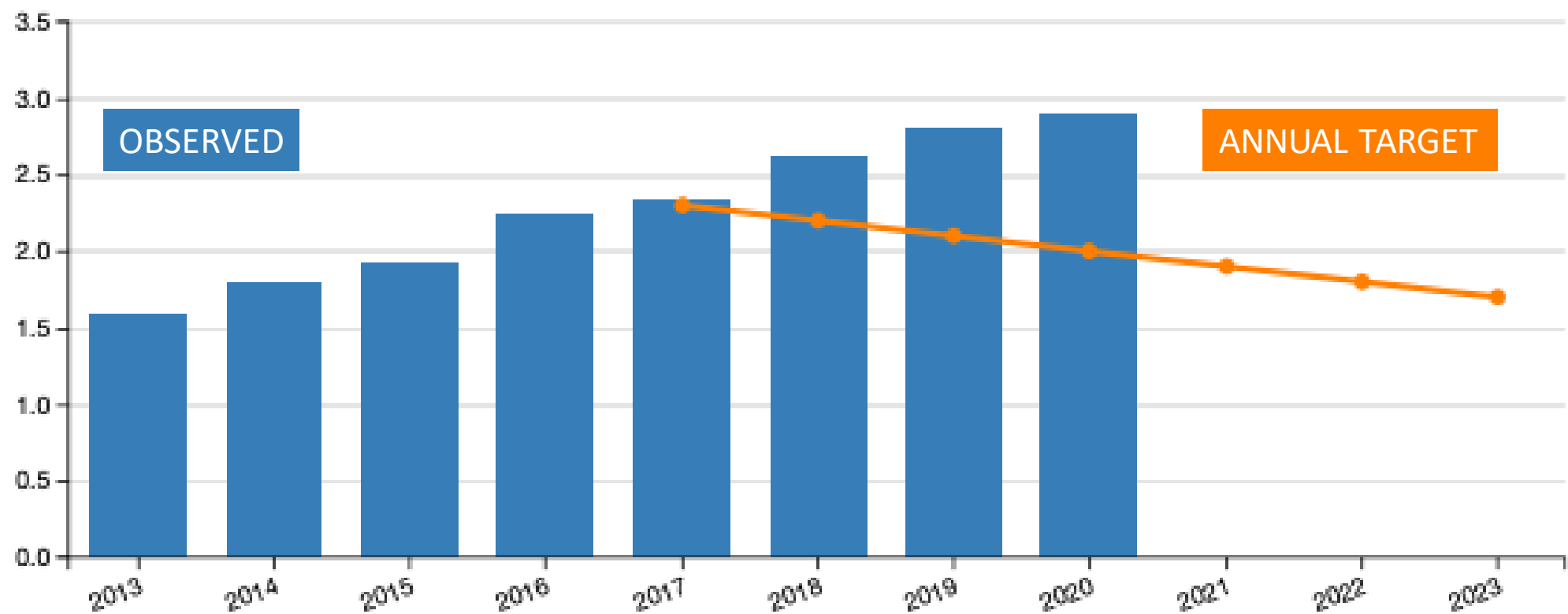


**Immigrants
and
newcomers**



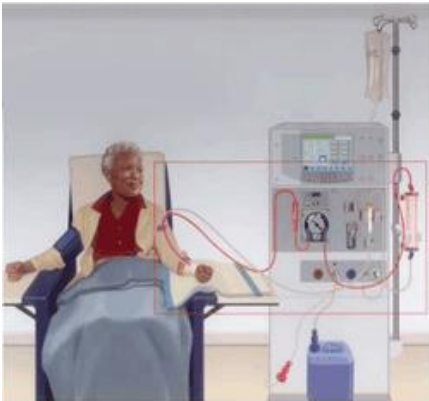
Increasing Rates of HCV Among People Who Use Drugs

Incidence rate of reported new hepatitis C cases among persons aged 18–40 years and annual targets for the United States by year



HCV Transmission Risks

Transfusions, Transplants or Dialysis Before 1992



Injection Drug Use



needles, syringes, spoons, cookers, filters, waters, drug solutions

Cocaine Use (Even Once)



Sharing Straws, Pipes, Snorting Equipment

**History of
Incarceration**



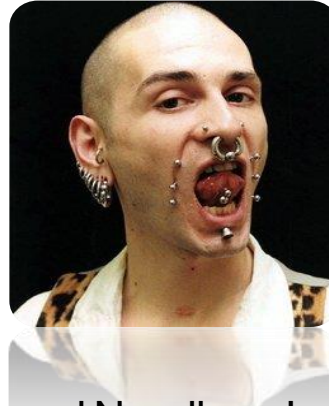
HCV Transmission Risks

Sex



Use of sex toys
Rough sex, sex with blood

Piercing, Body Modifications



Re-used Needles, Jewelry,
Piercing Guns!

Unsafe Tattooing



Vertical Transmission

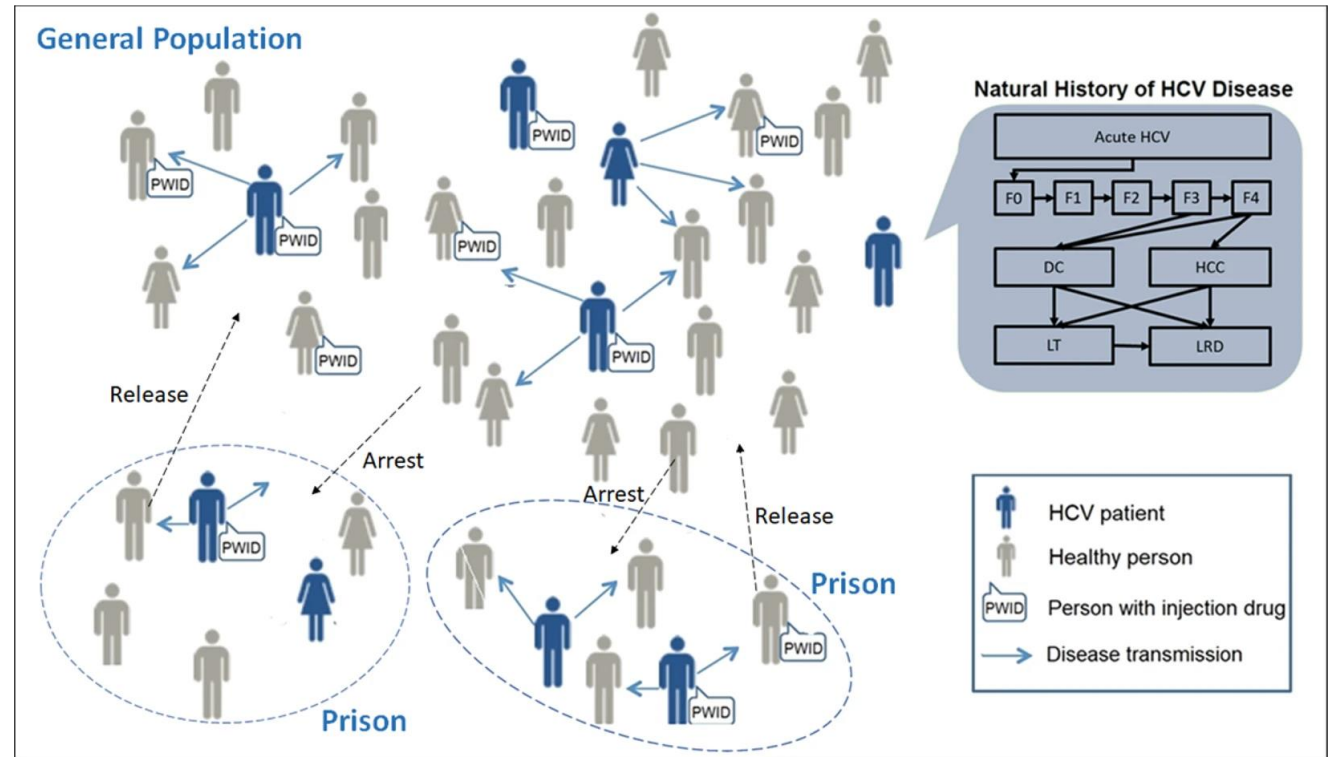


Sharing of Toothbrushes, Scissors, Razors, Nail Clippers



HCV in Corrections

- Wide range of estimates in Canada (~8-40%); unknown in provincial facilities in Ontario
- HCV can live outside the body for many days, and is not killed with bleach
- Risks for acquisition could occur before or after entering the facility; OR during incarceration



Even with Good Treatment, New Infections Outpace Cures

- Need to improve prevention
- Use cure as transmission prevention
- To treat, must first screen, diagnose, link to care
- But HCV continues to be highly stigmatized with individual, provider and systems barriers



Barriers at Multiple Levels

Individuals



- Stigma and fear
- Lack of trust in health care
- Competing priorities with food, family, housing
- Geography
- Poverty
- Lack of social supports
- Language barrier

Providers



- Stigmatizing decisions or attitudes that affect patient care
- Limiting services to certain people, not everyone has access
- Knowledge gaps
- Fragmented services
- Restrictive policies around appointments, drug-use and referrals

The System



- Restrictive policies that affect access to care
- Long wait lists to access services
- Lack of standardized Information or support



HCV Recommendations within a Health Systems Framework for Corrections

- Prevention and harm reduction
- Improving surveillance
- Ensuring access to testing
- Assessing models of care (in and out of the facility)
- Monitoring how people go from diagnosis to treatment
 - Are they ever treated? Are they re-infected?
- Reducing stigma and addressing the social determinants of health

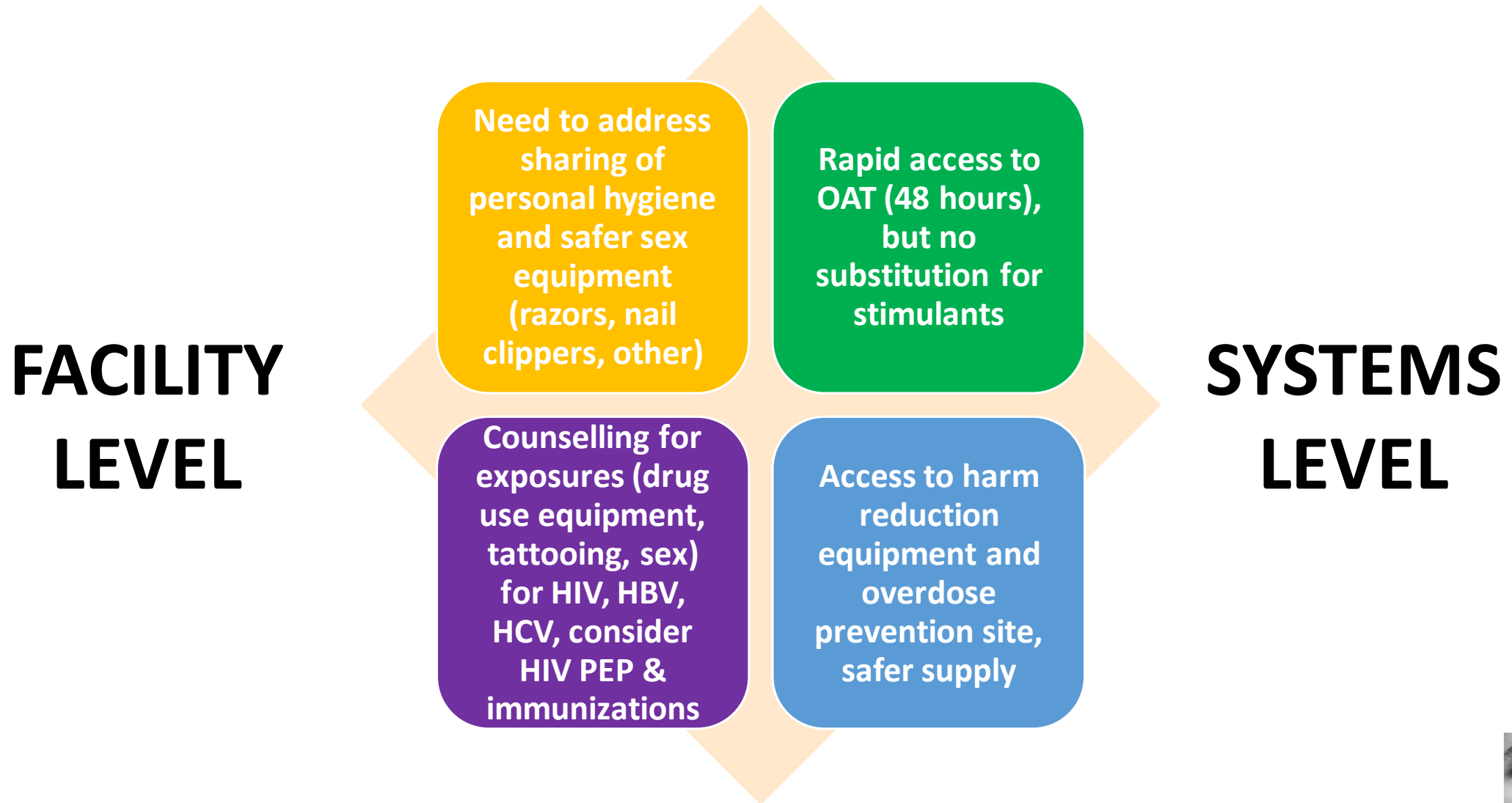


Health Care Provider Approach to Harm Reduction

- Use non-stigmatizing language
- Encourage patients to get tested and access treatment for HCV and other sexually transmitted and blood borne infections (STBBIs)
- Educate patients on transmission risks and safer practices
- Utilize relevant policy
- Gain awareness of community harm reduction resources to share with patients



Prevention and Harm Reduction: Practical?



Prevention and Harm Reduction

There are multiple ways to prevent HCV,
but a very important one
is to screen and treat to decrease the
potential for transmission



Summary

- HCV is a virus that infects the liver, and often goes unrecognized as people don't have symptoms until late-stage liver disease
- Due to developments in treatment and with widespread screening and non-specialist treatment, we can eliminate HCV as a public health threat!
- Treatment in community or in corrections will ultimately decrease transmission among those who enter corrections, and screening and treatment is one way to prevent HCV infection



Module 1: 3-Minute Reflection

1. What did you know about hepatitis C before this training?
What preconceptions did you have?
2. Based on your role in corrections, in what situations could you incorporate what you've learned to improve awareness among those incarcerated and your colleagues?
3. Why might patients in corrections be at greater risk of being exposed to hepatitis C prior to incarceration and during incarceration?



Next Steps

This completes **Module One.**

After considering the reflection, please continue to the next module in the training program.

