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Putting the Equity in to Elimination: Opportunities and Challenges Along the Path to Hepatitis C Elimination in BC

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Land Acknowledgement



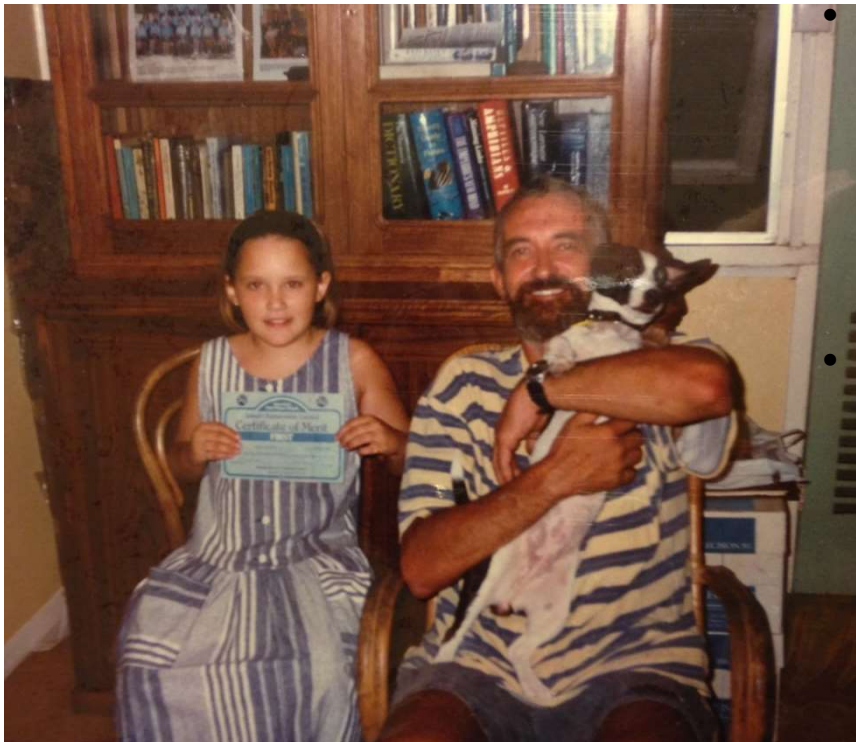
We are meeting today on the unceded traditional and ancestral territories of the Coast Salish Peoples including the x^wməθkwəyəm, Skwxwú7mesh, and Səlílwətaʔ/Selilwitulh Nations.



Disclaimer & Disclosures

- All inferences, opinions, and conclusions drawn in this presentation are those of the author, and do not reflect the opinions or policies of the BC Centre for Disease Control, BC Ministry of Health or Data Steward(s)
- Dr. Bartlett is an (unpaid) director of Canadian registered charity **Hepatitis Education & Prevention Society of British Columbia (HepCBC)** & Australian/Papua New Guinean registered charity **Grass Skirt Project Inc.**
- Dr. Bartlett declares she has previously received speakers' honoraria from Gilead Sciences Inc. Canada

My family's story with hepatitis C



Sofia, Jack & Missy (beloved family dog) in 1996

- My dad Jack was incarcerated twice, injected drugs, and got tattoos in prison, so he wasn't shocked when he was diagnosed with hepatitis C virus infection ('hep C') in 1998.
- Dad thinks he had been living with hep C for over 30 years when he went on treatment in 2015. He cleared the virus after treatment, and he says;
"I have the best health of my entire life now in my 60's!"
- My family experienced **stigma, fear and shame** after Dad's diagnosis with hep C

Hep C: back to basics



- Hep C is a blood born virus that infects the liver.



- Globally, hep C is the leading cause of liver disease and a leading cause of death



- Symptoms of hep C infection are often not present, or are difficult to discern from other infections (e.g. lethargy, fever)



- Between 50-75% of people who acquire hep C infection will develop a chronic infection and require treatment to clear the virus



- Left untreated, chronic hep C infection leads to **inflammation** of the liver, which can result in **fibrosis** (stiffening), **cirrhosis** (scar tissue build up), and **hepatocellular carcinoma** (liver cancer)
 - Chronic hep C infection also contributes to fatigue, difficulty concentrating, type II diabetes, kidney disease and rheumatoid arthritis



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Hep C treatment isn't what it used to be!



- Most people will need to take just one OR three tablets, once a day



- There are no injections required!



- Treatment is usually only 8 or 12 weeks long



- Most people will have only mild side effects, if at all



- More than 95% of people who complete treatment will clear the virus and achieve cure



- Hep C medications are covered by BC PharmaCare (including FairPharmaCare, Plan C [those on income assistance] and Plan W [First Nations Health Benefits])



- There are no restrictions on who is eligible for hep C treatment covered by BC PharmaCare



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Typical hep C diagnosis to treatment journey



Visit 1; hep C diagnosis (~14 days for results)

- Venepuncture, then lab does tests to detect hep C antibodies and hep C virus (RNA)
- Finger prick Point of Care rapid test (OraQuick) can also be done, but still need venepuncture to confirm result & check for presence of the virus

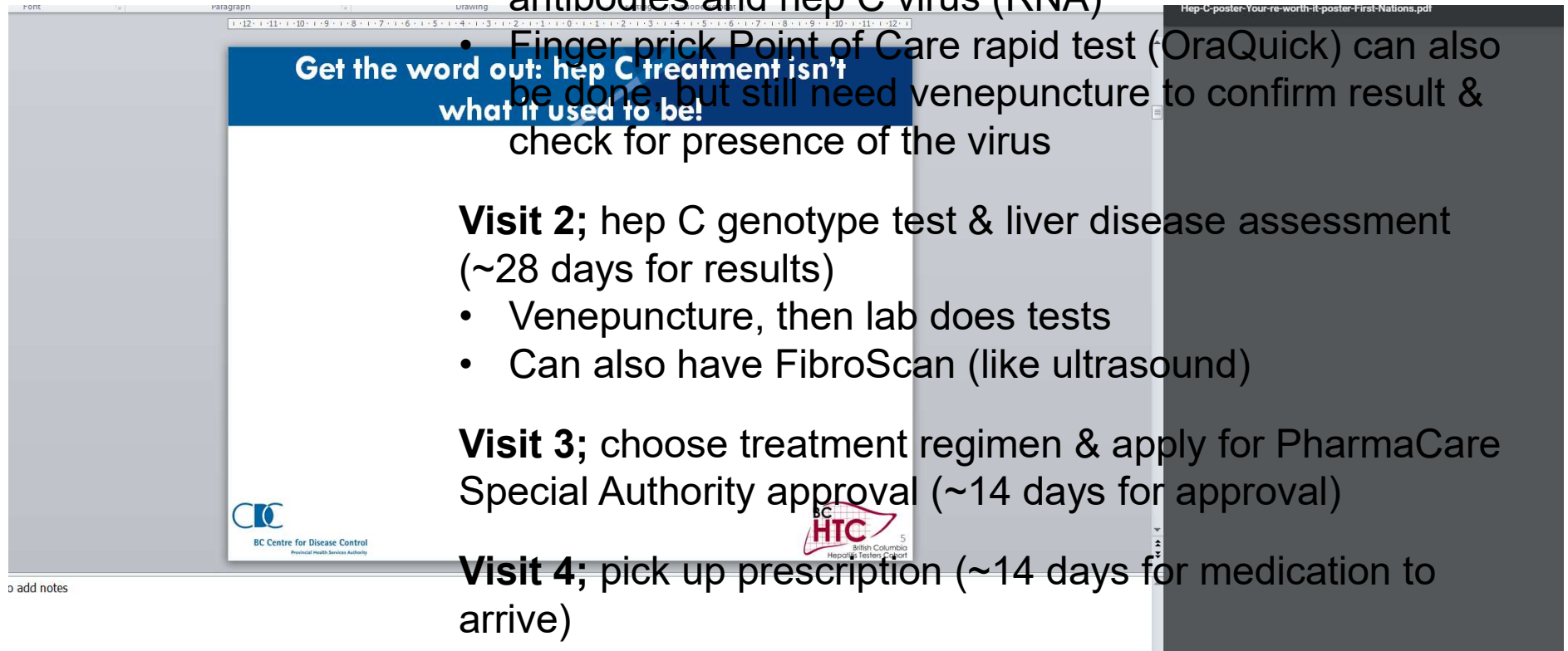
Visit 2; hep C genotype test & liver disease assessment (~28 days for results)

- Venepuncture, then lab does tests
- Can also have FibroScan (like ultrasound)

Visit 3; choose treatment regimen & apply for PharmaCare Special Authority approval (~14 days for approval)

Visit 4; pick up prescription (~14 days for medication to arrive)

Typically it takes 3-6 months to get all the tests & approvals required to be able to start hep C treatment



o add notes

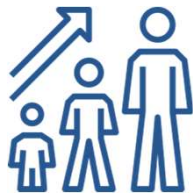
Hep C elimination goals



- The World Health Organisation (WHO) has called for '**eliminating hep C as a public health threat by 2030**'¹
 - 90% of people living with hep C **know their status**
 - **80%** of people living with hep C **have started hep C treatment**



- No hep C vaccine (yet) = 'elimination' 100% reliant on access to;
 - **Prevention/Harm reduction**
 - **Screening**
 - **Treatment**



- Hep C elimination will result in;
 - **Longer life expectancy & better quality of life** for people affected by hep C
 - **Less risk** for people who inject drugs or people who are incarcerated (less blood born diseases to be transmitted)
 - **Less demand** on hospitals and health care system from liver disease

1. <https://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/>



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Considerations for hep C elimination



*“Language impacts people. Person centred care & community mindfulness tells us that ‘elimination’ or ‘eradication’ of HCV may make people living with HCV infection feel **personally targeted** or **ostracised**, creating **barriers** for people living with HCV to join the conversation on ending transmission or even accessing care.”*

~ Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine



*“Providing **high quality care** to individuals living with, or at risk of, hep C should be the primary goal, not **just** curing hep C”*

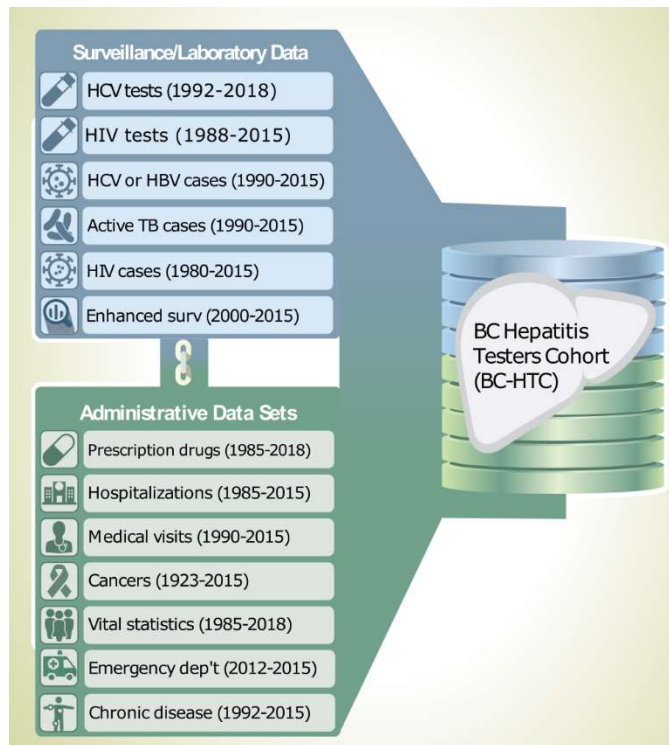
~ Jac Atkinson, Mobile Outreach Street Health, Halifax

Previously, access to hep C treatment was not equitable, so hep C elimination is an opportunity to address inequities in our health care system for people affected by hep C, particularly marginalised groups such as people who use drugs.

Tracking hep C in BC



- BC has one of the highest prevalence's of hep C infection in Canada
- To understand the prevalence of hep C and distribution of cases in BC, the BC-HTC was created;



'Flags'

- Using validated algorithm based on diagnostic codes in administrative datasets, we can identify people with a history of injecting drug use (IDU);
 - Recent PWID; IDU ≤ 3 years,
 - Past PWID; IDU > 3 years ago
 - Non-PWID; Not flagged with IDU, but have ever received OAT
- OAT dispensation data
- HCV treatment data



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Is BC on track for hep C elimination by 2030?



- There have been about 70,000 people diagnosed with hep C infection in BC since 1992



- About 20,000 people diagnosed with hep C in BC have had treatment



- About **14,000 people** living with hep C in BC still did not **know their status** as of 2018



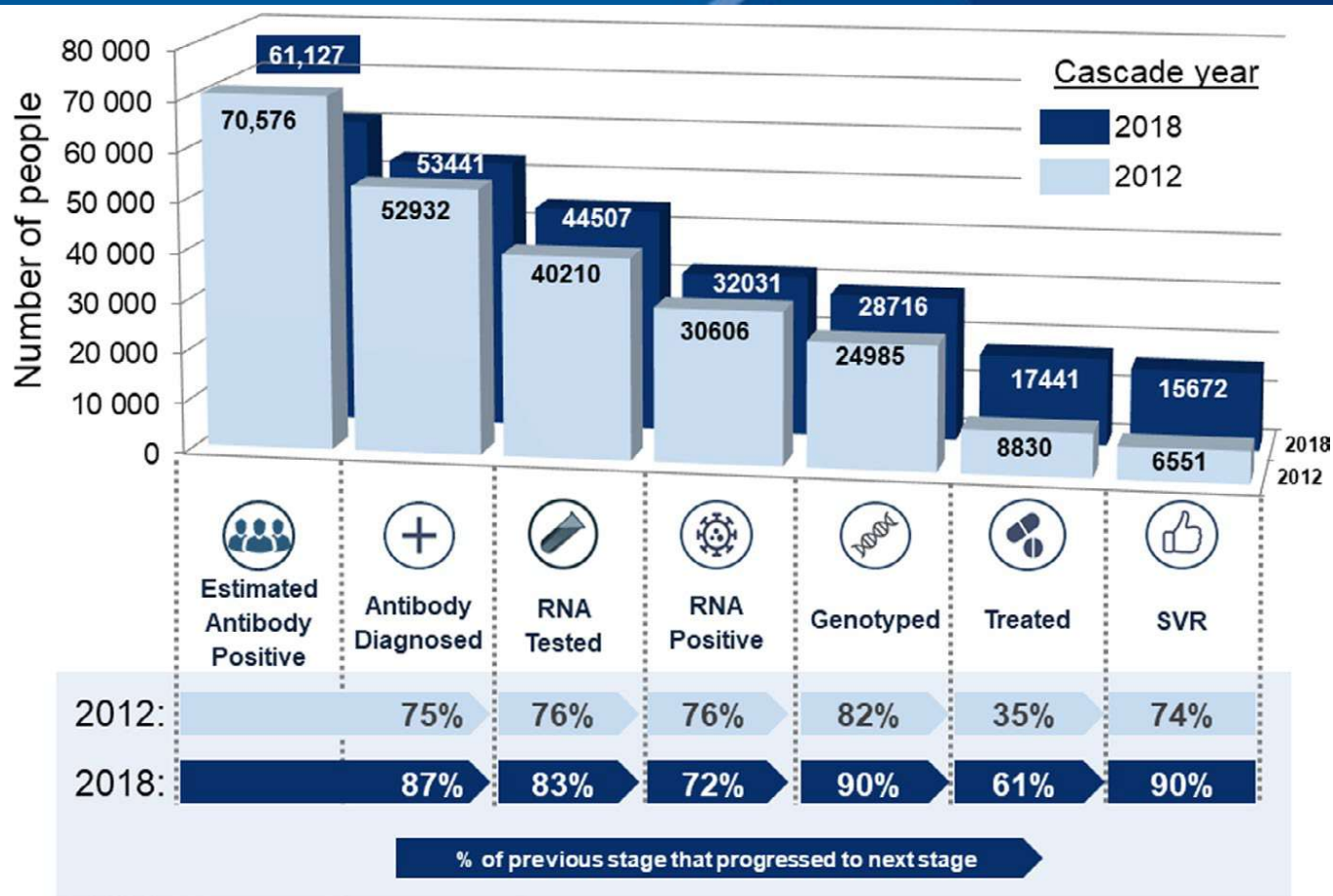
- About **30,000 people** living in BC at the end of 2018 **were still yet to start hep C treatment**



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HCV care cascade in BC in 2018¹



WHO targets²:

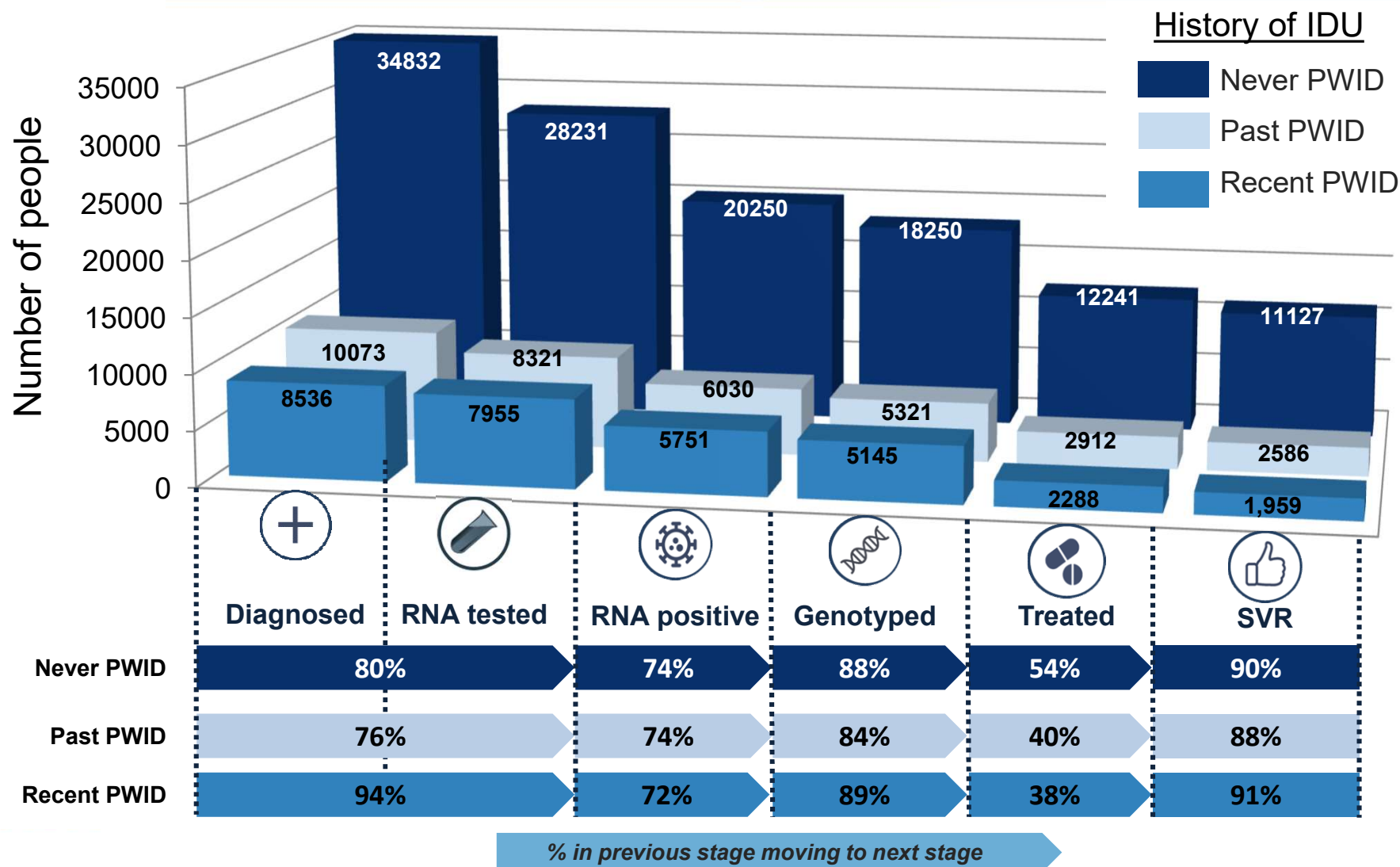


1. Bartlett SR, Yu A, Chapinal N, Rossi C, Butt ZA, Wong S, Darvishian M, Gilbert M, Wong J, Binka M, Alvarez M, Tyndall M, Krajden M, Janjua NZ. *The population level care cascade for hepatitis C in British Columbia, Canada as of 2018: Impact of Direct Acting Antivirals*, 2019: Liver International, <https://doi.org/10.1111/liv.14227>
2. <https://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/>



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HCV care cascade among PWID in BC in 2018¹



1. Bartlett SR, et al. HEPATITIS C CASCADE OF CARE AMONG PEOPLE WHO INJECT DRUGS IN BRITISH COLUMBIA IN 2017 [Poster Abstract ID 1782]. [2019 Conference on Retroviruses and Opportunistic Infections \(CROI\), Seattle, Washington March 4-7, 2019.](#)

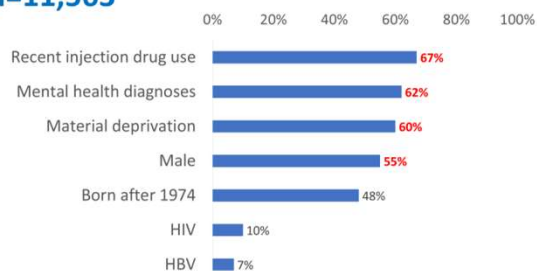


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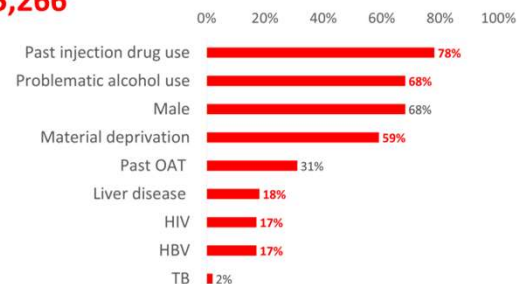
Characteristics of latent classes of people living with hep C in BC in 2018



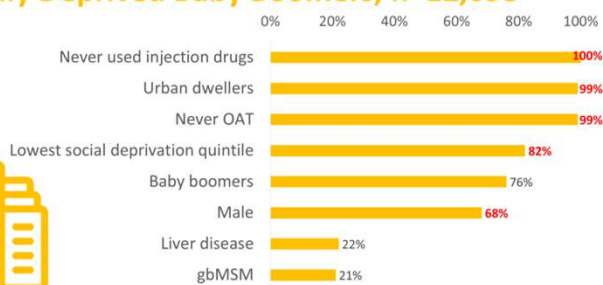
Younger PWID, n=11,563



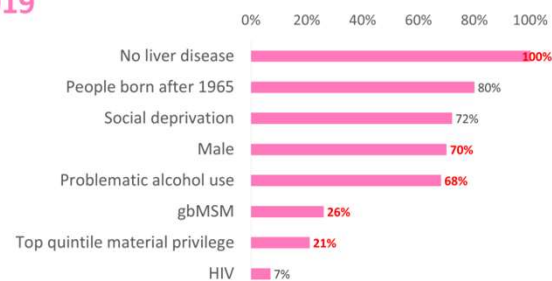
Older PWID, n=15,266



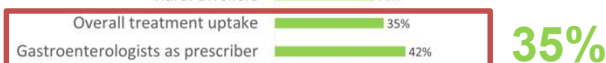
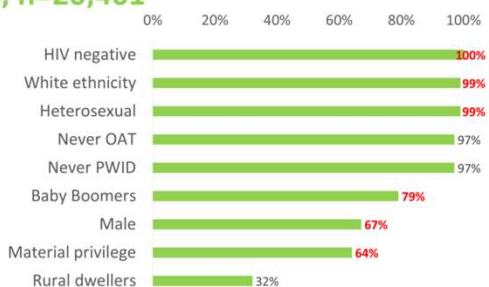
Urban Socially Deprived Baby Boomers, n=12,698



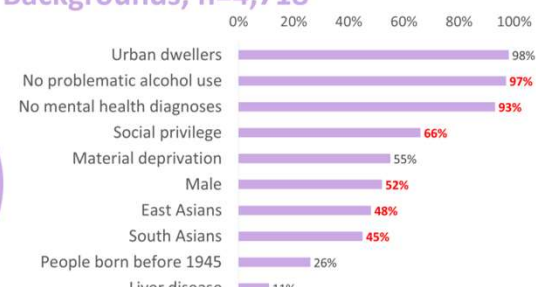
gbMSM, n=9,019



Rural Baby Boomers, n=20,401



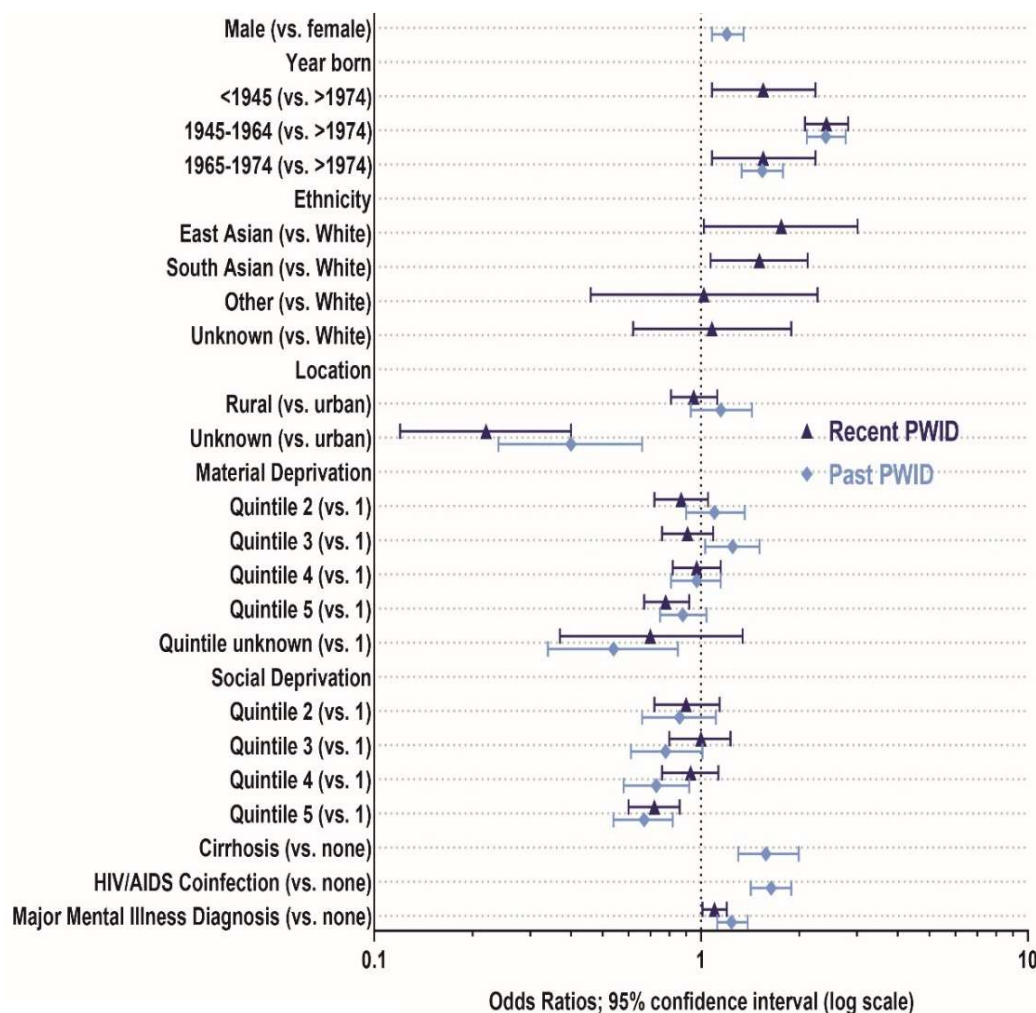
People of Asian Backgrounds, n=4,718





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Factors associated with HCV treatment uptake among PWID in BC^{1,2}



- Characteristics associated with being **less likely to start HCV treatment**:
- **Female sex**
- **Younger Age**
- **Higher social and material deprivation**
- Uptake of **treatment** for HCV in BC is **not equitable in BC**.
- Additional **supports and services** for **marginalized people**, especially **people who inject drugs** and **people who are unstably housed**, are **needed** to improve both uptake of **treatment** for **hepatitis C** infection, and people's **overall wellness**.

1. Bartlett SR, et al. *Factors associated with hepatitis C treatment uptake among people who inject drugs in a population based data linkage study* [[Poster Abstract](#)]. [Canadian Liver Meeting, Montreal, Canada, May 24-26, 2019](#).
2. Bartlett SR, et al. *Factors associated with hepatitis C treatment uptake among people who inject drugs in a population based data linkage study* [Oral Poster Abstract ID THU-118]. [EASL INTERNATIONAL LIVER CONGRESS \(ILC\), Vienna, Austria, April 10-14, 2019](#).



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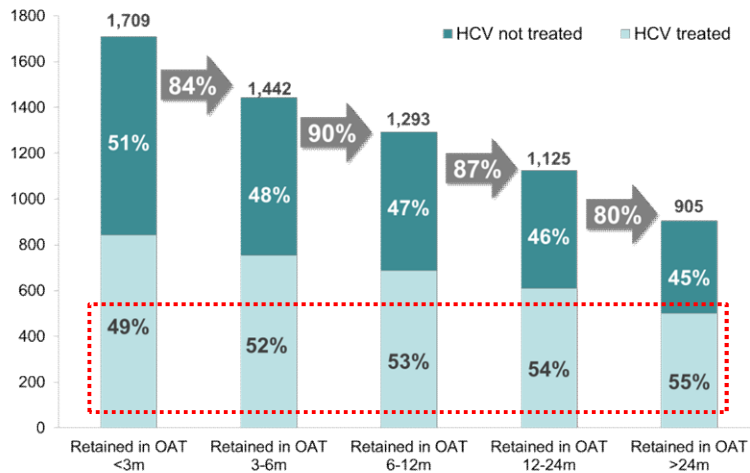
OAT care cascade among PWID diagnosed with chronic HCV, as of December 31st 2018



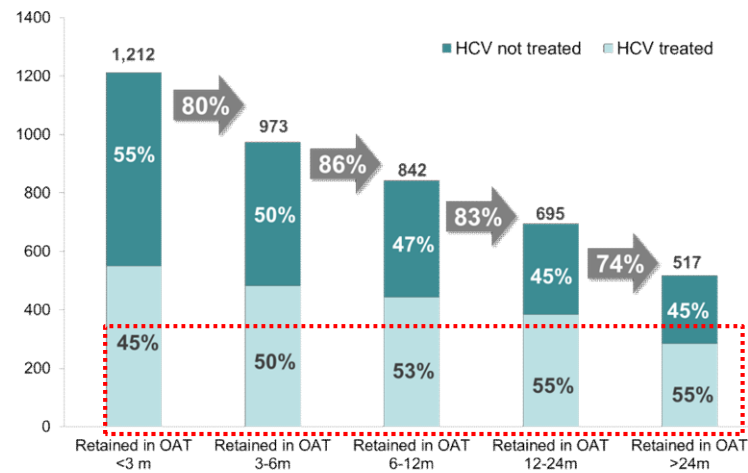
Those with a record of OAT dispensation on Dec 31st 2018 were identified, and retention was defined as continuous OAT dispensation covering preceding time period:

Grey arrows = proportion of previous bar who were retained in next cascade stage.

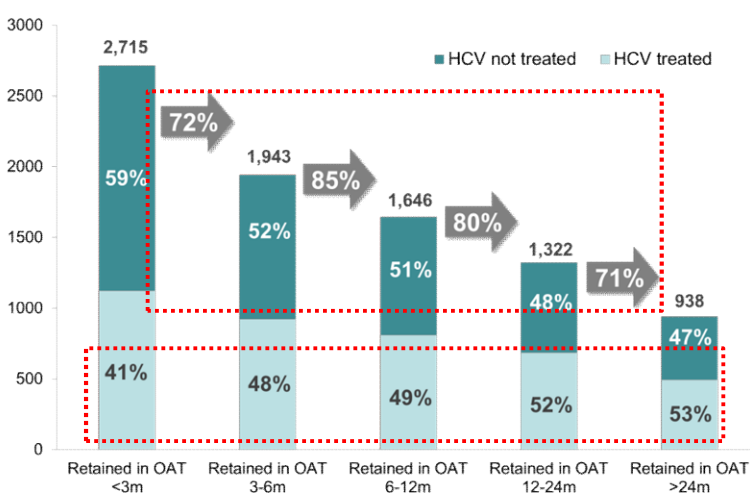
Past PWID:



Non-PWID on OAT:



Recent PWID:



- Overall, 30% (5636/18913) PWID had a record of OAT dispensation on Dec 31st 2018
- Among all people with OAT dispensation on Dec 31st 2018, 45% (2518/5636) had received HCV treatment.
- Among those retained on OAT for >24 months, 54% (1282/2360) had received HCV treatment
- **In Cox Proportional Hazards model being on OAT was associated with 2.226 times increased likelihood of HCV treatment uptake**



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Status in 2020



- Hep C treatment uptake increased year on year from 2015 through to 2018, but current data indicates 2018 was the 'peak'.
 - e.g. emptying of the 'warehouse'
- Treatment initiations declined throughout 2019, and this decline may put us off track



- The status quo may not lead to achieving hep C elimination goals in BC by 2030



- New programming and additional strategies are needed to improve the hep C care cascade, sustain hep C treatment numbers and to reach hep C elimination goals by 2030



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Complex interacting factors influence risk of hep C infection & access to care in BC

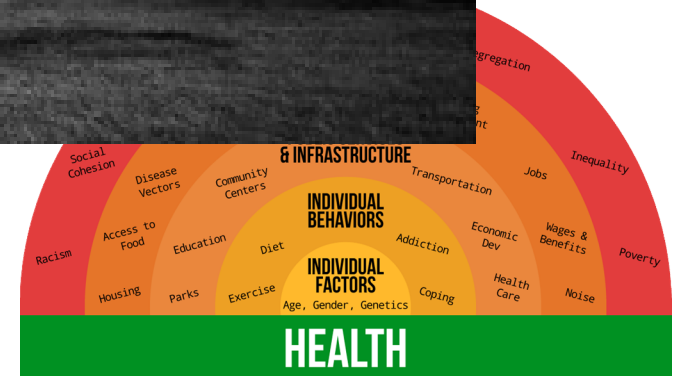


Siloed health system³

Ongoing impacts of Colonialism



of health²



1. <http://www.kentmonkman.com/painting/2017/1/20/the-scream>
2. <https://www.communitypoweredchange.com/values-guiding-principles-frameworks>
3. <https://www.outdoorphotographer.com/assignments/sidlight-2/submission/2819771-three-silos/>
4. <https://www.straight.com/news/1043396/report-uvic-researcher-makes-clear-war-drugs-still-raging-strong-across-bc>

Hep C treatment ‘gate keeping’



- Medical ‘gate keeping’ refers to health care providers **placing barriers** to certain patients accessing specific medical interventions.



- Examples are a hep C treatment provider telling their patient things such as;
*‘you can only have hepatitis C treatment **once**’*
*‘you **can’t start** hepatitis C treatment if you’re **using drugs**’*
*‘you need to **stop** using **alcohol** before you start hepatitis C treatment’*



- Evidence published in several Canadian studies demonstrates that these ‘gate keeping’ attitudes exist among hepatitis C treatment providers in the Canadian public health care system^{1,2}.

1. Margo E. Pearce et al “Another thing to live for”: Supporting HCV treatment and cure among Indigenous people impacted by substance use in Canadian cities” International Journal of Drug Policy, 2019: <https://www.sciencedirect.com/science/article/pii/S0955395919302373>
2. Justin Chan et al “Patterns of practice and barriers to care for hepatitis C in the direct-acting antiviral (DAA) era: A national survey of Canadian infectious diseases physician” Canadian Liver Journal, 2019: <https://canlivj.utpjournals.press/doi/citedby/10.3138/canlivj.2018-0012>



Hep C treatment 'gate keeping' attitudes & beliefs;

- a) **Do not reflect** BC PharmaCare hepatitis C treatment coverage guidelines¹
- b) **Are not in line** with Canadian Association for the Study of the Liver guidelines for the management of chronic hepatitis C (published in CMAJ)²
- c) **Are not evidence based**
- d) **Do not demonstrate** commitment to person-centred care

1. BC PharmaCare Expanded Coverage for Adults with Chronic Hepatitis C Infection: https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/chc_expanded_coverage.pdf

2. Hemant Shah et al "The management of chronic hepatitis C: 2018 guideline update from the Canadian Association for the Study of the Liver" Canadian Medical Association Journal, 2018: <https://www.cmaj.ca/content/190/22/E677>



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Protecting the rights and agency of people affected by hep C



If anyone (a client, friend, co-worker, family member) shares with you a story or experience that sounds like a health care provider is 'gate-keeping' hepatitis C treatment;

- Reaffirm to them that **they have rights** (e.g. CAAN Personal Bill of Rights, HepCBC HCV Manifesto) and that they are entitled to exercise these rights, the same as any other person
- Reassure them that **everyone with chronic hepatitis C infection in BC is eligible for treatment**, and that they are allowed to go to another treatment provider if they wish

Font Paragraph

1 12 11 10 9

People living with HCV have rights

Q. How can we support people affected by hepatitis C to access treatment, when treatment providers are engaging in 'gate keeping' behaviour?

Personal Bill Of Rights

1. I have the right to ask for what I want
2. I have the right to refuse services or resources that don't meet my needs
3. I have the right to change my mind
4. I have the right to express my feelings, whether positive or negative in a good way
5. I have the right to decide what is prioritized
6. I have the right to ask for help
7. I have the right to feel scared or afraid
8. I have the right to not defend my decisions

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Personal Bill Of Rights

9. I have the right to be treated with dignity and respect
10. I have the right to play and have fun
11. I have the right to expect honesty from others
12. I have the right to take breaks from being the strong one and ask for help
13. I have the right to feel angry and happy
14. I have the right to say that I am not ready or am unable to meet the demands and expectations of others
15. I have the right to understand and receive advice of anything I sign
16. I have the right to use and monitor means of my medical decisions

<https://caan.ca/wp-content/uploads/2019/07/bill-of-rights-postcard.pdf>

<https://caan.ca/wp-content/>

Click to add notes

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<https://caan.ca/wp-content/uploads/2019/07/bill-of-rights-postcard.pdf>

http://hepcbc.ca/wp-content/uploads/2016/04/1_page_Manifesto.pdf

English (Australia)



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Who else can help?



- Recommend that they contact one of the **peer support** organisations in BC to **report** & discuss instances of health care provider 'gate-keeping'
- Peers with lived experience of HCV and HCV treatment can provide support and reassurance



TOLL-FREE Line you can call 24/7
for **Confidential Peer Support:**
1-844-268-2118
(or DIRECT DIAL: **778-655-8000**)
<http://hepcbc.ca/>



TOLL-FREE Line you can call 24/7
for **Confidential Peer Support:**
1-888-411-7578
<http://www.help4hepbcc.ca/>



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Combating Stigma: language matters



<https://towardtheheart.com/reducing-stigma>



- **Use people-first language:** refer to a person before describing his or her behaviour or condition. A person's condition, illness or behaviour is not that person's defining characteristic. E.g. Use "People affected by hep C" instead of "hep C infected people" or "person living with hep C" instead of "hep C patient"



- **Use language that reflects the medical nature of substance use disorders:** avoid terms that reinforce a belief that addiction is a failure of morals or personality, rather than a medical issue. E.g. "Addictive disease" and "substance use disorder" instead of "abuser" or "junkie."



- **Use language that promotes engagement in care:** convey optimism, support care engagement, and respect people's autonomy. E.g. "Opted not to" and "not in agreement with the treatment plan" instead of "unmotivated" or "non-compliant."



- **Avoid slang and idioms:** these have negative connotations and a significant level of stigma attached to them. E.g. Use "Positive" or "negative" when referring to drug tests, instead of "dirty" or "clean."

<http://www.youthco.org/inclusivelanguage>



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Counselling on hep C



HepCBC Prison coloring book project



- Use **person-centred** language

Counselling on hepatitis C



- Avoid focussing on **past** risk factors/behaviours
- Instead, assess **current** need for referral to harm reduction or addiction supports
<https://hepatitiseducation.med.ubc.ca/counselling-checklist-2015-a/>
- Emphasize **that treatment is available** for everyone in BC
- **Staying well** while living with hep C is possible!



<https://hepatitiseducation.med.ubc.ca/counselling-checklist-2015-a/>
<https://orders.catie.ca/book/6-things-to-know-about-hep-c/>

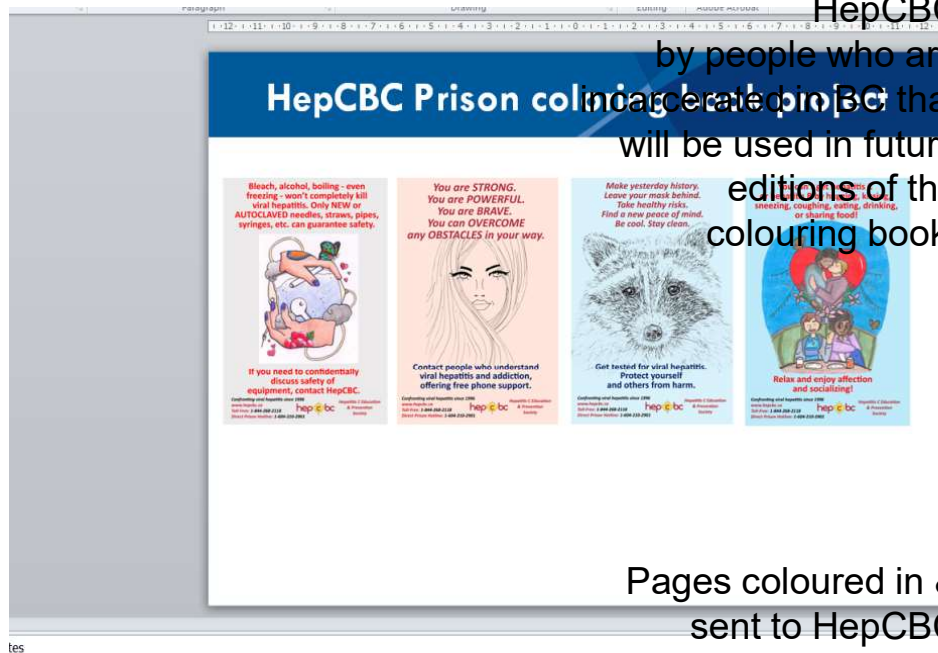


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HepCBC colouring book project



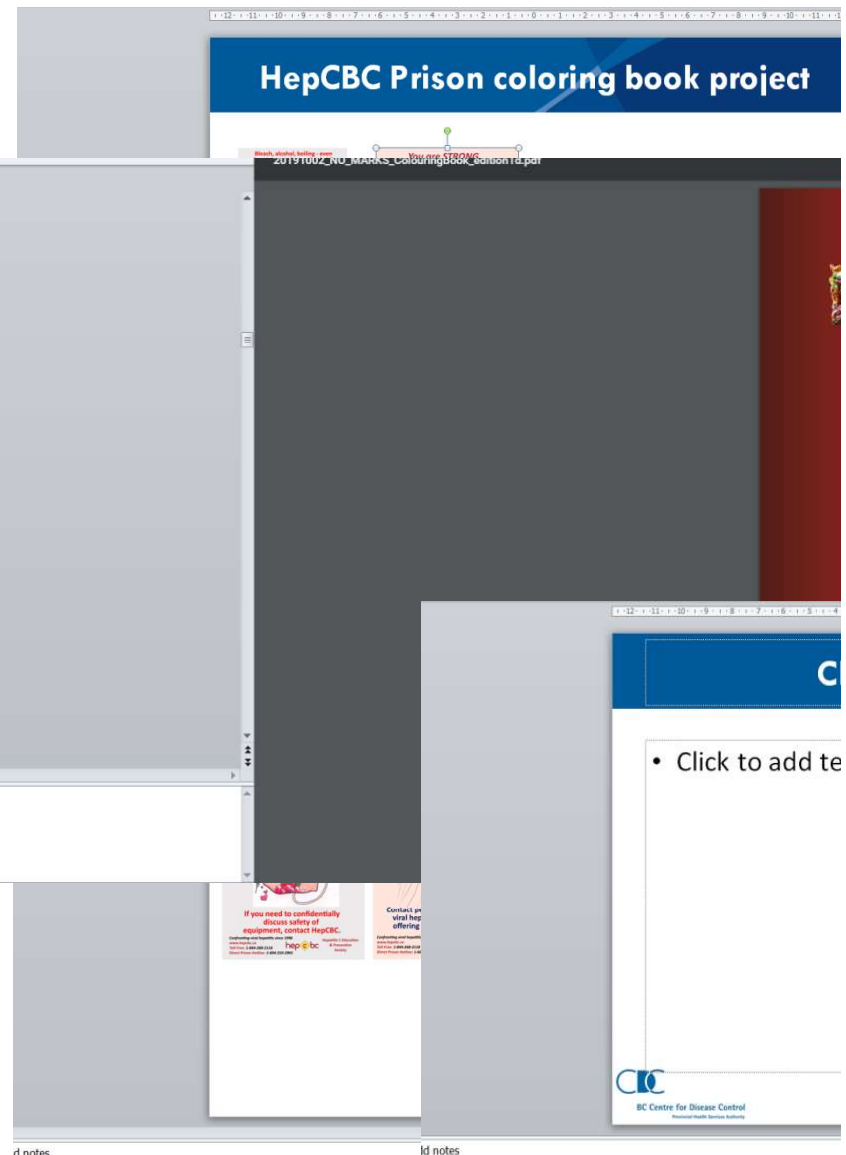
Pages drawn & sent to
HepCBC
by people who are
incarcerated in BC that
will be used in future
editions of the
colouring book:



Pages coloured in &
sent to HepCBC
by people who are
incarcerated in BC:

If you would like copies of the
colouring book please email Cheryl
Reitz cherylreitz.hepcbc@gmail.com

http://hepcbc.ca/wp-content/uploads/2019/10/20191002_NO_MARKS_ColouringBook_edition1d.pdf



Hep C education resources

- BCCDC & Hepatitis Education Canada have produced three free online courses:
 - Hepatitis C: The Basics
 - <https://learninghub.phsa.ca/Courses/5935/bccdc-hepatitis-c-the-basics>
 - Hepatitis C: The Basics (Indigenous Version)
 - <https://learninghub.phsa.ca/Courses/6126/bccdc-hepatitis-c-the-basics-indigenous-version>
 - Hepatitis C: Intermediate - A course for public health providers
 - <https://learninghub.phsa.ca/Courses/18652>
- CATIE have also produced some free online courses at <https://www.catie.ca/en/educatie>:
 - Hepatitis C Basics
 - <https://www.canvas.net/browse/catie/courses/hepatitis-c-basics>
 - Hepatitis C Treatment
 - <https://www.canvas.net/browse/catie/courses/hepatitis-c-treatment>
 - HIV Basics
 - <https://www.canvas.net/browse/catie/courses/hiv-basics>
 - Preventing the Sexual Transmission of HIV
 - <https://www.canvas.net/browse/catie/courses/prevention-hiv>

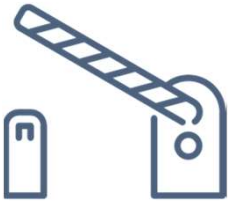


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Putting people first in hepatitis C elimination efforts



- People affected by hep C (e.g. People Who Inject Drugs, or people in OAT, people who are incarcerated) should be involved in planning and designing strategies (such as hep C micro-elimination projects) to support engagement or re-engagement with harm reduction (including OAT) and hep C treatment.



- To improve the health of marginalised people AND to achieve hep C elimination, **systemic barriers** hindering progression along the hep C care cascade need to be addressed. e.g.
 - Lack of affordable housing
 - BC PharmaCare coverage being separate to MSP coverage
 - Over incarceration of Indigenous people and People Who Inject Drugs



- **Consider the overlap of hep C with other infectious diseases** (HIV, hep B, syphilis, TB, chlamydia, etc) **and other issues** (substance use disorders, mental health issues, homelessness, trauma, etc) and **where possible, plan integrated treatment strategies** through assembling **multidisciplinary & multijurisdictional teams.**



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What BC Hep Testers Cohort research suggests may increase equity in hep C treatment uptake



- People Who Inject Drugs are likely to receive HCV treatment **faster** when they are **on OAT**, compared to when they are not on OAT, therefore these strategies may increase HCV treatment uptake:
 - Improving **integration** of HCV treatment with OAT
 - Increasing OAT initiation and retention
 - **Increase coverage** of OAT services
 - **Lower threshold** for OAT access



- Many People Who Inject Drugs living with HCV are **currently engaged in OAT**, but are yet to initiate HCV treatment, therefore these strategies may increase HCV treatment uptake:
 - Providing resources for providers who prescribe OAT to also prescribe DAAs
 - Linking people in OAT to HCV treatment providers



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BCCDC support for hep C elimination in BC



- Resources for **'generalists' & OAT prescribers to prescribe DAAs;**
 - Developing BC specific 'Decision Support Tool' to guide hep C treatment in primary care
 - Online course for primary care providers (GPs/NPs) to be able to do hep C treatment coming in 2020



- Novel **HCV testing strategies;**
 - Automatic **reflex to HCV RNA test** from HCV antibody positive serum specimens implemented in January 2020
 - Any first time positive HCV antibody test automatically gets the HCV RNA test done, without having to send an additional blood tube
 - Any HCV antibody test from a client who was previously tested positive but has never had the HCV RNA test done, automatically gets the RNA test done without having to send an additional blood tube.
 - **Point-of-Care** testing pilots (OraQuick HCV antibody finger prick test) in provincial correctional centres and harm reduction sites
 - Developing **Dried Blood Spot HCV testing** protocols in BCCDC lab



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Equity informed geo-located hep C treatment service finder



50 clinics in the database & growing every week!
Includes clinics from throughout BC, from 16 different cities and towns.



More than 20 clinics have indicated they accept patient self referral



There are over 80 practitioners in the database currently, and one third of the clinics also have at least one practitioner who also prescribes OAT

THANK YOU TO OUR PARTNERS & SUPPORTERS:



BC Centre for Disease Control
Provincial Health Services Authority



Hepatitis C Education
& Prevention Society
Confronting Viral Hepatitis since 1996



British Columbia
Hepatitis Testers Cohort



Hepatitis Education Canada
Programme canadien d'éducation sur l'hépatite



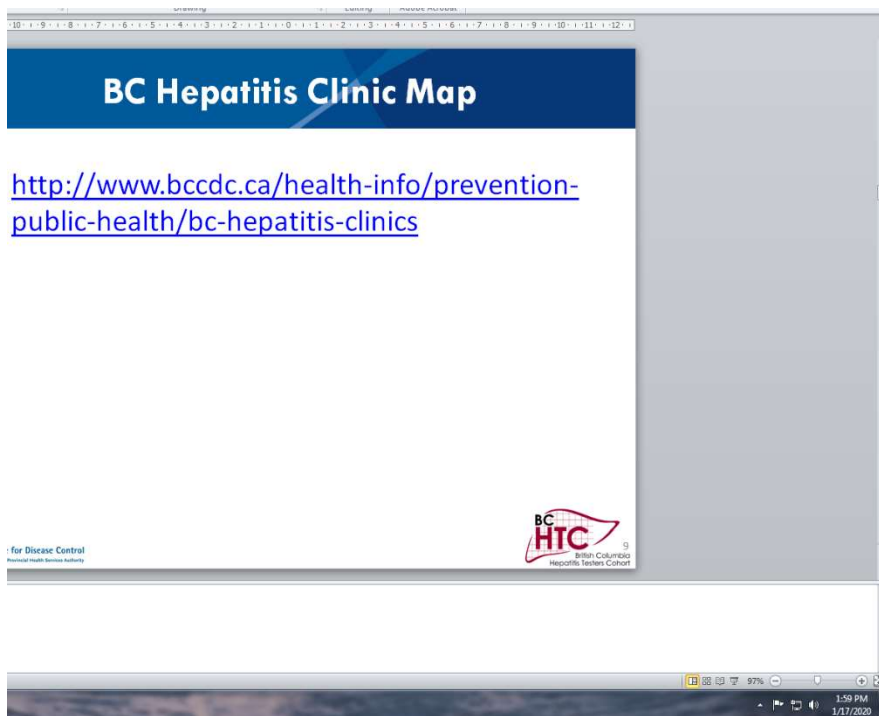
Canadian Association of
Hepatology Nurses

Association Canadienne
Des Infirmières D'Hépatologie



BC Centre for Disease Control
Provincial Health Services Authority

BC Hepatitis Clinics Finder



Alliance Clinic

Alliance Clinic
10085 Whalley Blvd.
Surrey, BC, V3T 4G1

Phone: 604-582-5826

Fax: 604-582-5827

Web: <http://www.alliancesurrey.com/>

Hours



Services Offered



Hepatitis C treatment, allow patient self-referral, prescribe Opioid Agonist Therapy (OAT), provide social supports, mental health support or treatment, HCV screening, HIV screening, telehealth consults available.

Serves People With



Hepatitis C infection, as well as people with co-morbidities often co-occurring with hepatitis C: alcohol use disorder, diverse gender and/or sexual orientations (e.g., LGBTQ2+), mental health disorders, who are unstably housed, people who currently inject drugs and people living with HIV, HBV or chronic renal insufficiency.

Central Interior Health Society

Central Interior Native
1110-4th Avenue
Prince George, BC, V2

Phone: 250-564-4422

Fax: 250-564-8900

Hours

Services Offered

Serves People With

<https://bit.ly/2uUWS1u>

or

<http://www.bccdc.ca/health-info/prevention-public-health/bc-hepatitis-clinics>





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Acknowledgements

Thank you to the people of British Columbia, whose data is integrated in the BC-HTC, and for whom this research is intended to benefit.

Community Partners:



BCCDC Teams:



Data Stewards:



Funding & Support:



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Thank you!

Questions?



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If you want to get in touch to discuss any of this or have other requests, please feel free to email me at: sofia.bartlett@bccdc.ca