

Liver Health Event: An Innovative Approach to Improve Hepatitis C Screening and Linkage to Care in Indigenous Communities

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Background

The most recent HCV new seropositive rates for First Nation on-reserve communities were 372.0, 186.7, and 129.0 cases per 100,000 population in southern, central and northern Saskatchewan respectively¹. In 2015, these rates were six times, three times and two times higher than the provincial HCV rate (62.7 cases per 100,000), respectively². In Ahtakakoop Cree Nation, an Indigenous community in Saskatchewan, Canada, approximately 200 individuals (~12% prevalence) are HCV antibody positive. Retrospective review (2017) indicated that majority lacked confirmatory testing and only few received HCV treatment. Following consultation with community members, Elders and individuals with lived experience, Ahtakakoop leadership proposed development of a community-based program for screening and treatment.

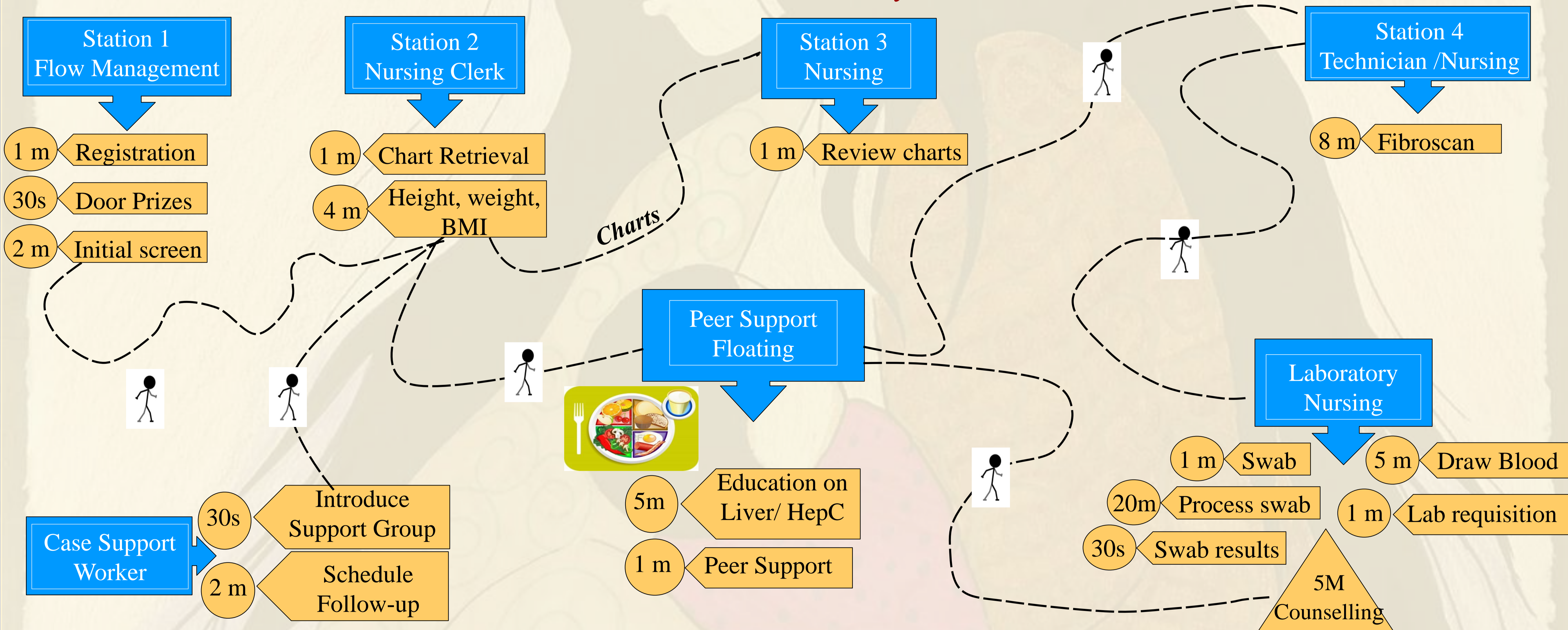
Screening program goals

To test 100% of the community members in Ahtakakoop.
Everyone who tests positive should be on treatment.
All those who receive treatment should clear the virus and be healthy and happy.

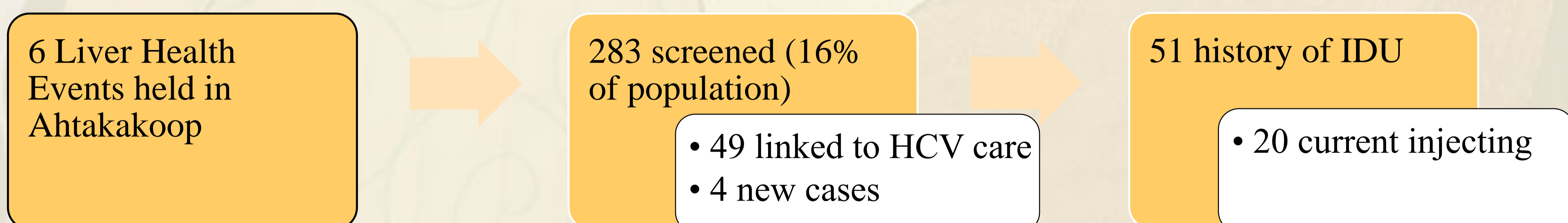
Salient aspects of the screening program

- One new patient registered every 5 minutes.
- Each healthcare professional completed process in 5 minutes, minimizing patient wait-times.
- Education sessions helped manage patient flow, reducing backlogs to oral swabs, fibroscans or phlebotomy.
- Sixty patients screened and educated, 54 patients reviewed and fibro scanned, 25 received oral swabs, 35 received phlebotomy, 30 received counselling, 12 received flu vaccination.
- Food and door prizes were provided for all registered.

Patient Pathway



Outputs



Conclusion

Community led HCV events can de-stigmatize HCV, increase HCV testing and linkage to care, and provide foundation to address other liver conditions in Indigenous communities amongst individuals actively using substance. Community consultation and leadership support is crucial for programming success. Future efforts will be directed toward developing a plan to prevent reinfection and reduce new infections

Acknowledgements: We acknowledge artist Caitlin Ahenakew, Tanys Isbister and other staff members in Ahtakakoop for their contributions in supporting the LHEs

References: 1Skinner S, Cote G, Khan I. Hepatitis C virus infection in Saskatchewan First Nations communities: Challenges and innovations. Can Commun Dis Rep 2018;44(7/8):173-8. <https://doi.org/10.14745/cdr.v44i78a04>

²Frescura, A., Fang, L., Trubnikov, M., Klar, S., & Jayaraman, G. (2012). Hepatitis C in Canada: 2005-2010 surveillance report. Ottawa, Ontario: Centre for Communicable Diseases and Infection Control, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada

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