Hepatitis C Virus Primary Care Pathway

Quick links: Pathway primer | Expanded details | Advice options | Patient pathway

1. Who should be tested for Hepatitis C Virus (HCV)?

- Current or history of injection drug use
- Born, resided, or had medical/dental treatment in HCV-endemic countries
- Received health care where there is a lack of universal precautions
- Children > 18 months of age born to mothers with HCV
- Received blood transfusions, blood products, or organ transplant before 1992
- History of incarceration
- History of needle-stick injury
- Patients with persistently elevated ALT
- Hemodialysis patients
- Patients requesting HCV screening
- Other risk factors: high-risk sexual behaviours, homelessness, intranasal/inhalation drug use, tattooing, body piercing, or sharing sharp instruments/personal hygiene materials with someone who is HCV positive

2. Connect patient to harm reduction support programs

- See Patient Resources

3. Testing and blood work (at least 3 months after exposure)

- If no history of HCV infection, complete antibody testing
- If antibody positive, lab will automatically complete reflex testing to confirm if patient is RNA positive (viremic/infected)
- If prior history of HCV infection, complete RNA testing

3a. Antibody Negative

3b. Antibody Positive / RNA Negative

- HCV has cleared
- Complete blood work as per 3c.

3c. Antibody Positive / RNA Positive

- Complete blood work to inform treatment plan
- Anti-Hep A IgG antibody, Hep B surface antigen, anti-Hbc antibody, anti-Hbs antibody & HIV antibody
- AST, ALT, platelets, creatinine

10. Maintain harm reduction supports & retest annually if at risk of infection/ reinfection

4. Is treatment appropriate at this time?

- Discuss with patient what supports are required for adherence to treatment and link patient to these supports
- Postpone treatment if pregnant, lactating, or at risk of pregnancy
- If treatment is postponed, maintain supports & monitor patient to determine when treatment is appriopriate

5. Determine appropriateness of treatment in the Patient Medical Home

- Consider primary care provider's comfort to deliver treatment
- Consider requirements of patient's healthcare insurance coverage
- Always refer: prior HCV treatment, HBV or HIV co-infection, chronic kidney disease (eGFR < 30), pediatric patients with HCV

11. Refer to hepatology, infectious disease, gastroenterology, or internal medicine specialty care (as locally available)

STOP: Do not treat patients with decompensated cirrhosis - complete urgent referral to hepatology

Treat in the Patient Medical Home

6. Calculate FIB-4 score

- Assess liver fibrosis and risk of cirrhosis
- Free FIB-4 calculator

FIB-4 > 3.25

FIB-4 < 3.25

7. Seek advice from hepatology, infectious disease, or gastroenterology specialist

- If required by insurance provider
- Phone or written advice is sufficient. No referral required.

8. Offer pan-genotypic HCV therapy (8-12 weeks)

- Treatment regimens: Epclusa or Maviret
- Assess drug-drug interactions
- Facilitate insurance coverage, if not already in place
- Assess and address barriers to adherence

9. Complete HCV RNA test to confirm cure

- 12 weeks after completion of therapy
- Re-test AST, ALT. If not normalized, investigate other causes of elevated liver enzymes

Negative result (95% of patients)

Positive result (5% of patients)

NOTE: Patients at risk for reinfection should be retested annually (use RNA). Patients who are reinfected with HCV should be referred to a specialist.

This primary care pathway was co-developed by primary and specialty care and includes input from multidisciplinary teams. It is intended to be used in conjunction with specialty advice services, when required, to support care within the medical home. Wide adoption of primary care pathways can facilitate timely, evidence-based support to physicians and their teams who care for patients with common low-risk GI conditions and improve appropriate access to specialty care, when needed. To learn more about primary care pathways, check out this short video.

HEPATITIS C PRIMER[1]

Risk Factors for Infection

- Hepatitis C is a blood-borne infection.
- In Canada, hepatitis C infection most often occurs through sharing street drug equipment and tattoo or body-piercing equipment. It can be spread through unsterilized medical equipment, through sharing personal care items (e.g. toothbrushes, nail clippers, and razors), and rarely through sex without a condom (more common in men who have sex with men, especially those with multiple partners or HIV infection).
- **There is no immunity to hepatitis C. After a person is cured of hepatitis C, they can be re-infected. Education about prevention and harm reduction is important.**

Symptoms

- Only about one-third of people show symptoms during the first six months after infection (acute phase).
- Symptoms can include fatigue, tenderness or an aching feeling on the right side of the abdomen, decreased appetite (with or without weight loss), flu-like symptoms, nausea, increased risk of bruising or bleeding, jaundice, rash, dark-coloured urine, and light or clay-coloured stools. These symptoms often go away after a short time.
- If the disease progresses to chronic infection, it can take years before symptoms develop. Symptoms of advanced liver disease/late-stage chronic hepatitis C can include jaundice, ascites, abdominal infections, delayed blood clotting, and blood in stool or vomit.
- Sleep disturbances, depression, weight loss, dry or itchy skin, and “brain fog” are also found in people with chronic hepatitis C, but the cause of these symptoms is uncertain.

Testing and Treatment

- In order to diagnose hepatitis C infection, testing should be done three to six months after exposure. This allows time for antibodies to develop. About one in four people clear hepatitis C on their own (spontaneous clearance) within the first three months after exposure.
- **Approval to treat hepatitis C no longer requires the patient to have severe liver disease.**
    - Patients that were previously ineligible for hepatitis C treatment now have access through most insurance providers and should be treated.
- Hepatitis C is treated with direct-acting antiviral drugs that block the ability of the hepatitis C virus to replicate. Treatment involves taking pills for 8 or 12 weeks.
    - Common side effects include diarrhea, difficulty sleeping, headache, nausea, and fatigue. Side effects are generally mild and usually diminish or stop after a few weeks of treatment.
- A person is cured if they have an undetectable viral load 12 weeks after the end of treatment (sustained virological response).
- A person who is cured of hepatitis C will still test positive for hepatitis C antibodies.
- Patients with cirrhosis need ongoing liver monitoring even after their hepatitis C is cured.

[1] Adapted from CATIE’s “In-depth guide to hepatitis C” (catie.ca/en/practical-guides/hepc-in-depth).

Notifiable Disease

- Hepatitis C is a notifiable disease. Lab Services will notify Public Health of all positive hepatitis C test results and a public health nurse will contact the patient for education purposes and to encourage the patient to seek treatment. They will also contact the ordering physician.

Checklist to guide in-clinic review of your patient with Hepatitis C	
☐	Identify patients with risk factors for hepatitis C virus (HCV) infection
☐	Connect patient to harm reduction support programs, as required
☐	Test for HCV • If no history of HCV infection, complete antibody testing • If patient has had a prior HCV infection, complete RNA testing
☐	Complete other blood work to assess for liver damage/co-morbidities and inform treatment plan (see algorithm Boxes 3b and 3c)
☐	Determine appropriateness of treatment at current time (see algorithm Box 4)
☐	Determine appropriateness of treatment in the Patient Medical Home (see algorithm Box 5) • Refer for specialist consultation based on severe liver damage or certain co-morbidities, if provider is not comfortable providing treatment, or if required by insurance coverage
☐	Assess risk of liver fibrosis using the FIB-4 Index (see algorithm Box 6) • If FIB-4 > 3.25, refer for specialist consultation • If FIB-4 < 3.25, seek specialist advice, as required by insurance provider (no referral required) (see algorithm Box 7)
☐	Offer pan-genotypic HCV therapy (see algorithm Box 8)
☐	Complete HCV RNA test to confirm cure 12 weeks after completion of therapy (see algorithm Box 9)

EXPANDED DETAILS

1. Who should be tested for the hepatitis C virus (HCV)?

- At this time, Alberta is encouraging HCV for individuals at high risk, as defined by the Canadian Task Force on Preventive Health Care.
    - Current or past history of injection drug use
    - History of incarceration
    - Born, resided, or had medical/dental treatment in HCV-endemic countries (See Table 3)
    - Received health care where there is a lack of universal precautions
    - Recipients of blood transfusions, blood products, or an organ transplant before 1992
    - Hemodialysis patients
    - Individuals who have had needle stick injuries
    - Other risks sometimes associated with HCV exposure, such as:
        - High-risk sexual behaviours (e.g. working in the sex industry, men who have sex with men, those with multiple partners, or HIV infection), homelessness, intranasal and inhalation drug use, tattooing, body piercing, or sharing sharp instruments or personal hygiene materials with someone who is HCV positive.
- Patients with persistently elevated ALT should be screened to rule out HCV infection.
- Patients requesting HCV screening.
- Children > 18 months of age born to mothers with HCV.
- **For individuals at ongoing risk, test for HCV annually. Use antibody testing if the patient has never had HCV. Use RNA testing if patient has had a prior HCV infection.**

2. Connect patient to harm reduction support programs

- Harm reduction refers to policies, programs, and practices that aim to reduce risks and harm associated with drug and alcohol use. Examples include needle exchange programs, supervised consumption sites, and community-based naloxone programs.
- Patients with HCV infection and those at risk for HCV infection may benefit from being connected with harm reduction supports and/or other services to address risk factors and social determinants of health, including addictions recovery, safe consumption services, housing, income assistance, mental health services, etc.
- See Patient Resources - Services available for information about relevant support services to assist with harm reduction.

3. Testing and blood work (at least 3 months after exposure)

- **For patients with no history of HCV infection, complete antibody testing.**
    - If HCV antibodies are detected, the lab will automatically complete reflex testing to determine if the patient is RNA positive (viremic/infected).
- **For patients with a known prior HCV infection, complete RNA testing.**
    - For patients with more than two prior RNA tests, include brief rationale on the lab requisition (e.g. patient is at ongoing risk, repeat exposure, patient is now ready for treatment, etc.).
- For some patients at high risk, it may be appropriate to order all blood work at the initial appointment.

Interpretation of test results and further testing recommendations

a) If the patient is antibody negative, maintain harm reduction supports, as needed, and retest annually if at ongoing risk of infection.
    - The testing window is estimated at three months post-exposure. Although infrequent, if acute HCV infection is suspected, test with PCR or retest later.

b) If the patient is antibody positive, but RNA negative, HCV has cleared. The patient is not infective and does not require treatment.
    - Maintain harm reduction supports, as needed.
    - Complete other blood work based on risk factors and treat, as required.
        - Anti-Hep A IgG antibody, Hep B surface antigen, anti-Hbc antibody, anti-Hbs antibody, anti-HIV antibody.
        - AST, ALT, platelets, creatinine.

c) If the patient is antibody positive and RNA positive, the patient has infective HCV and requires treatment.
    - Complete other blood work to inform treatment decisions.
        - Anti-Hep A IgG antibody, Hep B surface antigen, anti-Hbc antibody, anti-Hbs antibody, anti-HIV antibody.
        - AST, ALT, platelets, creatinine.

**All children born to HCV positive mothers (viremic) should be tested after they reach 18 months of age. Testing results are unreliable in the first 18 months. If the child tests positive, refer for specialist care.

4. Is treatment appropriate at this time?

- **Most patients, including people who inject drugs, can be safely and appropriately treated with the provision of support to maintain adherence.**
- Women who are pregnant or lactating, or who are unable to use contraception for the full course of treatment, should not be treated as the medications have not been confirmed to be safe during pregnancy/lactation.
- Discuss with the patient what additional supports may be required to support adherence to treatment and link the patient with these supports (see Patient Resources).

    - Based on patient needs and provider expertise, consider referral to a centre with expertise in treating patients who require additional supports (e.g. people who inject drugs).
- The first attempt at treatment is the optimal time for success. Link the patient to necessary supports for adherence or delay treatment until there is a high level of confidence that it can be completed successfully.
- If treatment is not initiated at this time, maintain harm reduction supports and monitor the patient to determine when treatment may become appropriate.
    - Alberta Blue Cross will require RNA testing to be completed within six months of initiation of treatment.

5. Determine appropriateness of treatment in the Patient Medical Home

- Based on the primary care provider's comfort, the provider may **choose** whether to initiate HCV treatment themselves (with specialist advice) or refer to a specialist.
- Determine the patient's healthcare insurance coverage. Refer to a specialist if required by the insurance provider.
- Primary care providers (family physicians, nurse practitioners, and pharmacists) can treat patients with Non-Group coverage through Alberta Blue Cross **after seeking advice from a specialist care provider.**
- Patients with no insurance can apply for Non-Group coverage through Alberta Blue Cross.
    - Non-Group coverage information and application form.
    - It takes three full calendar months after completing the application for coverage to come into effect. Pharmaceutical company patient support programs can assist with applying for insurance and may help with paying the premiums for Non-Group coverage. Refer to Patient Support Programs in Section 8 once the medication regime has been determined.
- The following patients should **always** be referred for specialist treatment:
    - Patients who are treatment experienced (treatment failure or HCV re-infection)
    - Patients co-infected with HIV
    - Patients co-infected with HBV
    - Patients with chronic kidney disease (eGFR < 30)
    - Pediatric patients with HCV

**Patients with decompensated cirrhosis should not be treated in primary care. Complete urgent referral for hepatology care.

6. Calculate FIB-4 score

- The Fibrosis-4 (FIB-4) score is a non-invasive scoring system based on several laboratory tests that help to estimate the amount of scarring in the liver.
- Free FIB-4 calculator
- **Patients with a FIB-4 score > 3.25 should be referred** to a specialist for further assessment of liver damage and possible intervention.

7. Seek advice from a hepatology, infectious disease, or gastroenterology specialist, as required by the insurance provider

- Prior to seeking approval for treatment from Alberta Blue Cross and some other insurance providers, the primary care provider **must** seek advice from a specialist. **A referral is not required.**
- The process for obtaining advice is at the discretion of the provider. Consultation may occur in any way that satisfies the professional requirements of both the primary care provider and the specialist.
- Specialist care providers may differ in the information they request as part of the advice consultation. Generally, they will request information about test results, medical history, and significant co-morbidities.
- Options for obtaining specialist advice include:

Table 1: Specialist advice options

	Family Physicians	Nurse Practitioners	Pharmacists
eReferral Advice Request (availability of specialty groups varies by Zone)*	Available	Not available	Not available
Specialist LINK (specialistlink.ca) (Hepatology tele-advice – Calgary Zone only)	Available	Available	Not available
ConnectMD (pcnconnectmd.com) (phone advice – Edmonton and North Zones only)	Available	Available	Not available
Established connection with an HCV-prescribing colleague	Available	Available	Available
*Current listings of specialty groups by Zone are available in the eReferral Quick Reference – Reasons for Referral guide.			

8. Offer pan-genotypic HCV therapy (8-12 weeks)

- HCV genotyping is no longer routinely offered through Lab Services and is not necessary for successful treatment of patients with hepatitis C.
- A fibrosis score is no longer required.
- Two treatment regimens are appropriate for all genotypes:

Table 2: Treatment regimens for HCV infection

Drug	Dose	Frequency	Duration	Considerations*	Contraindications
Epclusa 400 mg sofosbuvir + 100 mg velpatasvir	One (1) tablet	Once daily	12 weeks	• Check drug-drug interactions • Recommend birth control if at risk of pregnancy	None
Maviret 100 mg glecaprevir + 40 mg pibrentasvir	Three (3) tablets	Once daily	8 weeks	• Must be taken with food without regard to fat or calorie content • Check drug-drug interactions • Recommend birth control if at risk of pregnancy	Do not use for patients with decompensated cirrhosis (refer to specialist)
*Refer to product monographs if more details are required.					

- It is important to review potential drug-drug interactions when determining the treatment option. Resources for drug interaction review include:
  - The Liverpool drug-drug interaction website
  - HIV/HCV Drug Therapy Guide mobile app
- Coverage criteria for hepatitis C medications are found in the Alberta Blue Cross online Interactive Drug Benefit List.
- For patients with Alberta Blue Cross Non-Group coverage, use the Antivirals for Chronic Hepatitis C Special Authorization Request Form.
- There is no specific monitoring required/recommended during the treatment period. Follow-up should be based on patient needs and support required to ensure adherence.
- Once you have determined the appropriate treatment, you may contact the relevant patient support program for help with the process, including:
  - Paperwork to apply for insurance coverage
  - Support in paying non-group premiums
  - Assistance in locating a pharmacy that will dispense the treatment (not all pharmacies will dispense hepatitis C drugs due to the high up-front cost)
  - Answering patient questions

Patient Support Programs

- For treatment with Maviret, contact AbbVie Care at 1-844-471-CARE (2273) or go to abbviecare.ca.
- For treatment with Epclusa, contact Gilead's Momentum program at 1-855-447-7977.

9. Complete HCV RNA test to confirm cure

- Complete RNA testing 12 weeks after completion of therapy.
    - Approximately 95% of patients will have a negative result showing their HCV infection is cured.
    - Approximately 5% of patients will have a positive result showing that their HCV infection has not been cured. These patients should be referred for specialist care.
- Re-test AST, ALT. If these have not normalized, complete further work-up for other causes of elevated liver enzymes.

10. Maintain harm reduction supports and retest annually if at risk of infection/reinfection

- Patients at ongoing risk of HCV should be supported to establish and maintain connections with appropriate harm reduction supports (see Patient Resources), whether or not they are actually infected or complete treatment.
- Patients at ongoing risk of HCV should be retested annually.
    - Use HCV antibody testing for patients who **have not had** prior HCV infection.
    - Use HCV RNA testing for patients who **have had** prior HCV infection.

11. Refer to hepatology, infectious disease, gastroenterology, or internal medicine specialty care (as locally available)

- Patients should be referred to a specialist using existing referral mechanisms in the following situations:
    - Primary care provider does not feel comfortable initiating HCV treatment.
    - Required by the patient's insurance provider.
    - Certain co-morbidities/medical history
        - Second or subsequent HCV infection
        - Patients co-infected with HIV or HBV
        - Patients with chronic kidney disease (eGFR < 30)
        - Pediatric patients with HCV
    - If the primary care provider initiates treatment, but subsequently encounters difficulty and does not feel comfortable continuing to provide treatment. In these cases, contact the specialist who provided initial advice and **DO NOT DISCONTINUE TREATMENT THAT IS ALREADY IN PROCESS.**
    - If treatment fails to clear the virus (i.e. RNA test result is positive 12 weeks after completion of therapy).

BACKGROUND

About this Pathway

- Digestive health primary care pathways were originally developed in 2015 as part of the Calgary Zone's Specialist LINK initiative. They were co-developed by the Department of Gastroenterology and the Calgary Zone's specialty integration group, which includes medical leadership and staff from Calgary and area Primary Care Networks, the Department of Family Medicine and Alberta Health Services.
- The pathways were intended to provide evidence-based guidance to support primary care providers in caring for patients with common digestive health conditions within the medical home.
- Based on the successful adoption of the primary care pathways within the Calgary Zone, and their impact on timely access to quality care, in 2017 the Digestive Health Strategic Clinical Network (DHSCN) led an

initiative to validate the applicability of the pathways for Alberta and to spread availability and foster adoption of the pathways across the province.

Authors & Conflict of Interest Declaration

This pathway was developed under the auspices of the DHSCN in 2019, by a multi-disciplinary team led by family physicians and gastroenterologists. For more information, contact the DHSCN at Digestivehealth.SCN@ahs.ca.

Pathway Feedback and Review Process

Primary care pathways undergo scheduled review every three years, or earlier if there is a clinically significant change in knowledge or practice. The next scheduled review is December 2022, however, we welcome feedback at any time. Click on the Provide Feedback button to provide your feedback.

Provide Feedback >

Copyright Information

Disclaimer

This pathway represents evidence-based best practice but does not override the individual responsibility of health care professionals to make decisions appropriate to their patients using their own clinical judgment given their patients' specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified health care professional. It is expected that all users will seek advice of other appropriately qualified and regulated health care providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.

PROVIDER RESOURCES

Still concerned about your patient?

The primary care physician is typically the provider who is most familiar with their patient's overall health and knows how they tend to present. Changes in normal patterns, or onset of new or worrisome symptoms, may raise suspicion for a potentially serious diagnosis, even when investigations are normal and typical alarm features are not present.

There is evidence to support the importance of the family physician's intuition or "gut feeling" about patient symptoms, especially when the family physician is worried about a sinister cause such as cancer. A meta-analysis examining the predictive value of gut feelings showed that the odds of a patient being diagnosed with cancer, if a GP recorded a gut feeling, were 4.24 times higher than when no gut feeling was recorded[2].

When a "gut feeling" persists in spite of normal investigations, and you decide to refer your patient for specialist consultation, document your concerns on the referral with as much detail as possible. Another option is to seek specialist advice (see Advice Options) to convey your concerns.

[2] Friedemann Smith, C., Drew, S., Ziebland, S., & Nicholson, B. D. (2020). Understanding the role of General Practitioners' gut feelings in diagnosing cancer in primary care: A systematic review and meta-analysis of existing evidence. *British Journal of General Practice*, 70(698), e612-e621.

Advice Options

Non-urgent advice is available to support family physicians.

- Gastroenterology advice is available across the province via Alberta Netcare eReferral Advice Request (responses are received within five calendar days). View https://www.albertanetcare.ca/eReferral.htm document for more information.
- Non-urgent telephone advice connects family physicians and specialists in real time via a tele-advice line. Family physicians can request non-urgent advice from a gastroenterologist:
    - In the Calgary Zone at specialistlink.ca or by calling 403-910-2551. This service is available from 8:00 a.m. to 5:00 p.m. Monday to Friday (excluding statutory holidays). Calls are returned within one (1) hour.
    - In the Edmonton and North Zones by calling 1-844-633-2263 or visiting pcnconnectmd.com. This service is available from 9:00 a.m. to 6:00 p.m. Monday to Thursday and from 9:00 a.m. to 4:00 m. Friday (excluding statutory holidays and Christmas break). Calls are returned within two (2) business days.

Primary Care Provider Education/Training on Hepatitis C

- **FREE** online training modules for hepatitis C developed by INHSU (International Network of Hepatitis Care in Substance Users)
- **FREE** online self-directed courses by eduCATIE

Ongoing Primary Care Provider Support – ECHO Program

- The Extended Community Health Outcomes (ECHO) program uses telehealth technology to train and support primary care providers to deliver effective and safe care for individuals with HCV. ECHO has been in place in Alberta for several years, with a central hub in Calgary under the direction of Dr. Sam Lee. Family physicians, NPs, RNs, and LPNs from across Alberta (including those in rural, remote, and Indigenous communities) are welcome to join the ECHO model for ongoing support with hepatitis C prevention, screening, diagnosis, and treatment. For more information or to join the ECHO program, contact Dr. Lee at samlee@ucalgary.ca.

Resources and References
CATIE website: catie.ca/en/hepatitis-c
Recommendations on hepatitis C screening for adults, Canadian Task Force on Preventive Health Care (2017). *Canadian Medical Association Journal*, 189(16), E594-E604. cmaj.ca/content/189/16/E594
Cacoub P. (2016). Extrahepatic manifestations of chronic hepatitis C virus infection. *Therapeutic Advances in Infectious Disease*, 3(1), 3-14. journals.sagepub.com/doi/10.1177/2049936115585942

Table 3: List of intermediate and high HCV-endemic countries

East Asia & Pacific	American Samoa, Cambodia, China, Fiji, Indonesia, Japan, Kiribati, Mongolia, Palau, Papua New Guinea, Philippines, Solomon Islands, Taiwan, Tonga, Vanuatu
East Europe & Central Asia	Armenia, Azerbaijan, Belarus, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyz Republic, Latvia, Lithuania, FYR Macedonia, Moldova, Poland, Romania, Russia Federation, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan
Latin America & Caribbean	Bolivia, El Salvador, Grenada, Haiti, St. Kitts and Nevis
Middle East & North Africa	Egypt, Iraq, Jordan
Sub-Saharan Africa	Angola, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Democratic Republic of Congo, Côte D'Ivoire, Gabon, Gambia, Guinea, Guinea-Bissau, Liberia, Malawi, Mali, Mauritius, Mozambique, Niger, Nigeria, Rwanda, São Tomé and Principe, Senegal, Sierra Leone, Sudan, Tanzania, Togo, Uganda, Zimbabwe

PATIENT RESOURCES

Information

Description	Website
Curing Hepatitis C – what you need to know booklet (Catie)	catie.ca/sites/default/files/catie-curinghepc-general-e-2019-final-online.pdf
Curing Hepatitis C – What you need to know if you use drugs booklet (Catie)	catie.ca/sites/default/files/catie-curinghepc-pwud-e-2019-final-online.pdf
General information on Hepatitis C (MyHealth.Alberta.ca)	myhealth.alberta.ca/health/Pages/conditions.aspx?Hwid=hw144584

Services available

Description	Contact
All areas	
Hepatitis C Helpline • CATIE offers a free and confidential inquiry service for individuals to ask questions about hepatitis C prevention and treatment; medications; complementary therapies; living a healthy life with hepatitis C; and referrals to support services.	Toll-free: 1-800-263-1638 Email: questions@catie.ca
Lethbridge	
ARCHES • Provides leadership in building individual and community capacity to respond and reduce the harm associated with HIV and Hepatitis C in southwestern Alberta.	1206 6 Ave S 403-328-8186
Medicine Hat	
HIV Community Link • Distributes safe injection supplies and naloxone kits. • Uses a harm reduction approach to reduce the risks associated with behaviours such as drug use.	hivcl.org/medicine-hat/harm-reduction-supplies/ 641 4th Street SE 403-527-5882 / 1-877-440-2437 (toll free)
Calgary	
CUPS Liver Clinic • Provides medical and multi-disciplinary support to address risk factors/social determinants of health.	cupscalgary.com 1001 10 Ave SW 403-221-8780
Safeworks Harm Reduction Program • Provides care, testing, treatment, and support for people with a history of drug use, homelessness, sex work, or is 2SLGBTQ+	ahs.ca/findhealth/service.aspx?id=1702 • SMCHC Testing Clinic (every Monday/Tuesday - 5:00pm-7:00pm). Apt only. Call 403-801-4453. • Eastside Victory Church (every Tuesday - 10:00am-11:30am). Drop in. Call 403-801-4453. • Centre for Sexuality (every Wednesday/Thursday - 3:00pm-7:00pm). MSM, Apt only. Book online. centreforsexuality.ca • Goliaths Bath House (every Friday - 4:00pm-7:00pm) MSM, Apt, and walk-in. Call MSM RN Rob 403-312-6739. May be available during day time for testing. Call 403-801-4453. Mobile Van: 7 days/week - 8pm-12:00am. Call 403-850-3755. Sheldon M. Chumir Health Centre - 1213 4 Street SW. Call 403-955-3380.

Description	Contact
Red Deer	
Red Deer Street Clinic • Provides healthcare and other support services to vulnerable populations, including homeless individuals and residents of housing projects.	reddeerpcn.com/Programs/Pages/Street-Clinic.aspx 5017 49 Street 403-340-3593
Red Deer Hepatitis Clinic • Supports patients with Hepatitis C who qualify for special therapy curative treatment. • Services include patient education, counselling and monitoring of patient through the course of treatment.	hiv411.ca/organization/hepatitis-clinic-red-deer-regional-hospital-centre/ 3942 50A Avenue 403-406-5503
Central Alberta	
Turning Point • Provides harm reduction supports including naloxone kits, health promotion, mobile street outreach, and rural outreach for people at risk of or living with HIV and/or hepatitis C.	turningpoint-ca.org 4611 50 Avenue Red Deer, Alberta 403-346-8858
Edmonton	
Streetworks Needle Exchange • Provides a range of harm reduction supports including safe injection and safer sex supplies, nursing services, outreach, and advocacy.	streetworks.ca Boyle Street Community Services 10116-105 Avenue 780-424-4106 (ext. 210) 780-990-6641 (mobile van)
Inner City Health and Wellness Program • Works to improve health outcomes and healthcare access for patients with substance use disorders and/or those who are socially vulnerable.	B811 Women's Centre, Royal Alexandra Hospital 10240 Kingsway Avenue 780-613-5022
AHS Hepatitis Support Program • Provides care for people with hepatitis C or hepatitis B.	ahs.ca/findhealth/Service.aspx?id=5581&serviceAtFacilityID=1090204 3A Medicine Clinic, 11400 University Avenue 780-407-1650
Adherence and Community Engagement (ACE) Team • Provides intensive outreach supports to people needing hepatitis C treatment but experiencing barriers to care/chaotic lives. Focus on health stabilization, medication adherence and improving health and social outcomes.	Call 780-901-8899 to refer or discuss
Grande Prairie	
Northreach • Provides a wide range of prevention, outreach, harm reduction, health navigation, and education related to individuals living with and/or at risk of HIV, hepatitis C, and other STBBIs.	northreach.ca/about-us/grande-prairie/ 9613 98th Street 780-538-3388
Fort McMurray	
Northreach • Provides a wide range of prevention, outreach, harm reduction, health navigation, and community engagement related to individuals living with and/or at risk of HIV, hepatitis C, and other STBBIs.	northreach.ca/about-us/fort-mcmurray/ Shell Place, Redpoll Centre 1 C.A. Knight Way 780-791-3391
Hinton and Edson	
Options HIV West Yellowhead • Provides a range of harm reduction supports for individuals that use substances, including overdose prevention, needle exchange program, and safer sex supplies.	hivoptions.ca Hinton: 104, 103 Government Road Edson: Konect Office 5939 4th Avenue 780-740-0066 (Hinton Office) 780-817-8976 (Hinton, Edson cell)

Description	Contact
Various	
Supervised consumption services • Provide a place where people can use drugs in a monitored, hygienic environment to reduce harm from substance use while offering additional services such as counselling, social work, and opioid-dependency treatment.	ahs.ca/info/Page15434.aspx
Naloxone kits • Provide a drug that temporarily reverses effects of an opioid poisoning or overdose. • Individuals can obtain a free naloxone kit at over 2000 sites in Alberta.	List of sites that provide naloxone kits: ahs.ca/info/Page15586.aspx

PATIENT PATHWAY

- Hepatitis C patient pathway