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
   - 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

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 appropriate

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

6. Calculate FIB-4 score
   - Assess liver fibrosis and risk of cirrhosis
   - Free FIB-4 calculator

   - FIB-4 > 3.25
   - Treat in the Patient Medical Home

   - 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

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

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

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

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.

<table>
<thead>
<tr>
<th>Checklist to guide in-clinic review of your patient with Hepatitis C</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Identify patients with risk factors for hepatitis C virus (HCV) infection</td>
</tr>
<tr>
<td>□ Connect patient to <a href="#">harm reduction support programs</a>, as required</td>
</tr>
<tr>
<td>□ Test for HCV</td>
</tr>
<tr>
<td>- If no history of HCV infection, complete antibody testing</td>
</tr>
<tr>
<td>- If patient has had a prior HCV infection, complete RNA testing</td>
</tr>
<tr>
<td>□ Complete other blood work to assess for liver damage/co-morbidities and inform treatment plan (see algorithm Boxes 3b and 3c)</td>
</tr>
<tr>
<td>□ Determine appropriateness of treatment at this time (see algorithm Box 4)</td>
</tr>
<tr>
<td>□ Determine appropriateness of treatment in the Patient Medical Home (see algorithm Box 5)</td>
</tr>
<tr>
<td>- 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</td>
</tr>
<tr>
<td>□ Assess risk of liver fibrosis using the FIB-4 Index (see algorithm Box 6)</td>
</tr>
<tr>
<td>- If FIB-4 &gt; 3.25, refer for specialist consultation</td>
</tr>
<tr>
<td>- If FIB-4 &lt; 3.25, seek specialist advice, as required by insurance provider (no referral required) (see algorithm Box 7)</td>
</tr>
<tr>
<td>□ Offer pan-genotypic HCV therapy (see algorithm Box 8)</td>
</tr>
<tr>
<td>□ Complete HCV RNA test to confirm cure 12 weeks after completion of therapy (see algorithm Box 9)</td>
</tr>
</tbody>
</table>

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 at a later date.
   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).
Patients with decompensated cirrhosis should not be treated in primary care. Complete urgent referral for hepatology care.

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

<table>
<thead>
<tr>
<th></th>
<th>Family Physicians</th>
<th>Nurse Practitioners</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>eReferral Advice Request</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>(availability of specialty groups varies by Zone)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist LINK (specialistlink.ca)</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>(Hepatology tele-advice – Calgary Zone only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ConnectMD (pcnconnectmd.com)</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>(phone advice – Edmonton and North Zones only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Established connection with an HCV-prescribing colleague</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Frequency</th>
<th>Duration</th>
<th>Considerations*</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epclusa</td>
<td>400 mg sofosbuvir + 100 mg velpatasvir</td>
<td>One (1) tablet</td>
<td>Once daily</td>
<td>12 weeks • Check drug-drug interactions • Recommend birth control if at risk of pregnancy</td>
<td>None</td>
</tr>
<tr>
<td>Maviret</td>
<td>100 mg glecaprevir + 40 mg pibrentasvir</td>
<td>Three (3) tablets</td>
<td>Once daily</td>
<td>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</td>
<td>Do not use for patients with decompensated cirrhosis (refer to specialist)</td>
</tr>
</tbody>
</table>

*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 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. Please email comments to Digestivehealth.SCN@ahs.ca.

Copyright Information
This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. You are free to copy, distribute, and adapt the work for non-commercial purposes, as long as you attribute the work to Alberta Health Services and Primary Care Networks and abide by the other license terms. If you alter, transform, or build upon this work, you may distribute the resulting work only under the same, similar, or compatible license. The license does not apply to content for which the Alberta Health Services is not the copyright owner.

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 recorded².

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.

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 the Referring Provider – FAQ 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:
  o 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.
  o 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 p.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 a number of 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 |

<table>
<thead>
<tr>
<th>Table 3: List of intermediate and high HCV-endemic countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East Asia &amp; Pacific</strong></td>
</tr>
<tr>
<td><strong>East Europe &amp; Central Asia</strong></td>
</tr>
<tr>
<td><strong>Latin America &amp; Caribbean</strong></td>
</tr>
<tr>
<td><strong>Middle East &amp; North Africa</strong></td>
</tr>
<tr>
<td><strong>Sub-Saharan Africa</strong></td>
</tr>
</tbody>
</table>
# PATIENT RESOURCES

## Information

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

## Services available

<table>
<thead>
<tr>
<th>Description</th>
<th>Contact</th>
</tr>
</thead>
</table>
| **Hepatitis C Helpline** | Toll-free:  1-800-263-1638  
Email: questions@catie.ca |
| **ARCHES** | 1206 6 Ave S  
403-328-8186 |
| **HIV Community Link** | hivcl.org/medicine-hat/harm-reduction-supplies/  
641 4th Street SE  
403-527-5882 / 1-877-440-2437 (toll free) |
| **CUPS Liver Clinic** | cupscalgary.com  
1001 10 Ave SW  
403-221-8780  
[ahs.ca/findhealth/service.aspx?id=1702](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](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. |
| **Safeworks Harm Reduction Program** |  
- Provides care, testing, treatment, and support for people with a history of drug use, homelessness, sex work, or is 2SLGBTQ+  
<p>|</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red Deer</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Red Deer Street Clinic** | reddeerpcn.com/Programs/Pages/Street-Clinic.aspx  
5017 49 Street  
403-340-3593  
• Provides healthcare and other support services to vulnerable populations, including homeless individuals and residents of housing projects. |
| **Red Deer Hepatitis Clinic** | hiv411.ca/organization/hepatitis-clinic-red-deer-regional-hospital-centre/  
3942 50A Avenue  
403-406-5503  
• 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. |
| **Central Alberta** | | |
| **Turning Point** | turningpoint-ca.org  
4611 50 Avenue  
Red Deer, Alberta  
403-346-8858  
• 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. |
| **Edmonton** | | |
| **Streetworks Needle Exchange** | streetworks.ca  
Boyle Street Community Services  
10116-105 Avenue  
780-424-4106 (ext. 210)  
780-990-6641 (mobile van)  
• Provides a range of harm reduction supports including safe injection and safer sex supplies, nursing services, outreach, and advocacy. |
| **Inner City Health and Wellness Program** | B811 Women’s Centre, Royal Alexandra Hospital  
10240 Kingsway Avenue  
780-613-5022  
• Works to improve health outcomes and healthcare access for patients with substance use disorders and/or those who are socially vulnerable. |
| **AHS Hepatitis Support Program** | ahs.ca/findhealth/Service.aspx?id=5581&serviceAtFacilityID=1090204  
3A Medicine Clinic, 11400 University Avenue  
780-407-1650  
• Provides care for people with hepatitis C or hepatitis B. |
| **Adherence and Community Engagement (ACE) Team** | Call 780-901-8899 to refer or discuss  
• 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. |
| **Grande Prairie** | | |
| **Northreach** | northreach.ca/about-us/grande-prairie/  
9613 98th Street  
780-538-3388  
• 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. |
| **Fort McMurray** | northreach.ca/about-us/fort-mcmurray/  
Shell Place, Redpoll Centre  
1 C.A. Knight Way  
780-791-3391  
• 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. |
| **Hinton and Edson** | hivoptions.ca  
Hinton: 104, 103 Government Road  
Edson: Konect Office 5939 4th Avenue  
780-740-0066 (Hinton Office)  
780-817-8976 (Hinton, Edson cell)  
• Provides a range of harm reduction supports for individuals that use substances, including overdose prevention, needle exchange program, and safer sex supplies. |
<table>
<thead>
<tr>
<th>Description</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervised consumption services</strong></td>
<td>ahs.ca/info/Page15434.aspx</td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Naloxone kits</strong></td>
<td>List of sites that provide naloxone kits:</td>
</tr>
<tr>
<td>• Provide a drug that temporarily reverses effects of an opioid poisoning or overdose.</td>
<td>ahs.ca/info/Page15586.aspx</td>
</tr>
<tr>
<td>• Individuals can obtain a free naloxone kit at over 2000 sites in Alberta.</td>
<td></td>
</tr>
</tbody>
</table>