

Hepatitis C Virus Primary Care Pathway

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1. Who should primary care providers test for Hepatitis C Virus (HCV)?

- Current or history of injection drug use
- Born or had medical/dental treatment in HCV-endemic countries (see pg. 11)
- 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 an organ transplant in Canada before 1992
- Other risk factors: high-risk sexual behaviours (working in the sex industry, men who have sex with men, especially those with multiple partners or HIV infection), homelessness, intranasal/inhalation drug use, tattooing, body piercing, or sharing sharp instruments/personal hygiene materials with someone who is HCV positive
- History of incarceration
- History of needle-stick injury
- Patients with persistently elevated ALT

2. Link to harm reduction supports

- See pages 8-10
- As needed, based on ongoing risk factors

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 (infected)
- If patient has had a prior HCV infection, complete RNA testing

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

3a. Antibody Negative

3b. Antibody Positive / RNA Negative

- HCV has cleared
- Complete bloodwork as per 3c.

3c. Antibody Positive / RNA Positive

- Complete other 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

4. Is treatment appropriate at this time?

- With patient, determine if adequate supports can be provided to enable adherence/completion of therapy
- Postpone treatment if pregnant, lactating, or at risk of pregnancy
- If treatment is postponed, monitor & initiate in future based on availability of supports & patient circumstances

5. Determine appropriateness of treatment in primary care

- Consider provider comfort
- Consider requirements of insurance coverage
- Certain co-morbidities/history require specialist care (prior HCV treatment, HBV co-infection, HIV co-infection, renal failure (eGFR <30), pediatric patient)

Refer

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

OK to treat in primary care

6. Calculate FIB-4 score

- Assess liver fibrosis and risk of cirrhosis
- mdcalc.com/fibrosis-4-fib-4-index-liver-fibrosis

Refer if FIB-4 > 3.25

FIB-4 < 3.25

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

- Phone or written advice is sufficient. No referral required.

8. Offer pangenotypic HCV therapy (8-12 weeks)

- Assess drug-drug interactions
- Facilitate insurance coverage, if not already in place
- Assess and address barriers to adherence

Negative (not cured = 95%)

9. 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

Positive (not cured = 5%)

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

HEPATITIS C PRIMER¹

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 & 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.

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.

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



EXPANDED DETAILS

1. Who should primary care providers test for hepatitis C virus (HCV)?

- At this time, Alberta is encouraging hepatitis C screening for individuals at high risk as defined by the Canadian Task Force on Preventive Health Care.
- Patients with persistently elevated ALT should be screened to rule out HCV infection.
- Patients requesting HCV screening should also be tested.
- **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. Link to harm reduction supports

- 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 on pages 9-10 for information about relevant support services to assist with harm reduction.

3. Testing and bloodwork (at least 3 months after exposure)

- **For patients that are not known to have had 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 HCV 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 bloodwork 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 sections on pages 9-10).
 - 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 primary care

- 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 provider. 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.
 - For information about Non-Group coverage and to access the application form, go to: alberta.ca/non-group-coverage.aspx.
 - It takes three (3) full calendar months after 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 (page 6), 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 renal failure (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: mdcalc.com/fibrosis-4-fib-4-index-liver-fibrosis.
- **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:

	Family Physicians	Nurse Practitioners	Pharmacists
eReferral Advice Request (availability of specialty groups varies by Zone)*	Available	Not available	Not available
Specialist LINK (specialistlink.ca) (phone advice – Calgary Zone only)	Available	Available	Not available
ConnectMD (phone advice – Edmonton Zone only)	Available	Not available	Not available
Established connection with an HCV-prescribing colleague	Available	Available	Available
*For a current listing of specialty groups available in eReferral Advice Request by Zone, visit albertanetcare.ca/documents/eReferral%20-%20Advice%20and%20Consult%20Requests%20-%20Reasons%20for%20Referral.pdf			

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:

Drug	Dose	Frequency	Duration	Considerations*	Contraindications
Epclusa (400mg sofosbuvir plus 100mg velpatasvir)	One (1) tablet	Once daily	12 weeks	• Check drug-drug interactions • Recommend birth control if at risk of pregnancy	None
Maviret (100mg glecaprevir plus 40mg pibrentasvir)	Three (3) tablets	Once daily	8 weeks (non-cirrhotic) 12 weeks (cirrhotic)	• Check drug-drug interactions • Must be taken with food/requires stable food access • 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: hep-druginteractions.org
 - HIV/HCV Drug Therapy Guide Mobile App: hivclinic.ca



- Coverage criteria for hepatitis C medications are found in the Alberta Blue Cross online “Interactive Drug Benefit List” at idbl.ab.bluecross.ca/idbl/load.do.
- For patients with Alberta Blue Cross Non-Group coverage, the special authorization form is found at idbl.ab.bluecross.ca/idbl/DBL/60022.pdf.
- 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 abbviecare.ca.
- For treatment with Epclusa, contact Gilead's Momentum program at 1-855-447-7977.

9. 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 hepatitis C infection should be supported to establish and maintain connections with appropriate harm reduction supports (see Patient Resources on pages 9-10), whether or not they are actually infected or complete treatment.
- Patients at ongoing risk of HCV infection 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, or gastroenterology 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
 - HIV or HBV co-infection
 - Patients with renal failure
 - Pediatric patients
 - 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 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 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 Digestive Health Strategic Clinical Network in 2019, by a multi-disciplinary team led by family physicians and gastroenterologists. For more information, contact the DHSCN at 780-735-1448.

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 call 780-735-1448 to share your comments.

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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

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). Visit albertanetcare.ca/documents/Getting-Started-Advice-Requests-FAQs.pdf 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 Zone by calling 1-844-633-2263 or visiting pcnconnectmd.com. This service is available from 8:00 a.m. to 6:00 p.m., Monday to 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): inhsu.org/learning_modules/CA/CA-EN/index.html#/
- **FREE** online self-directed courses by eduCATIE: educatie.ca/main-en.html

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 effectively and safely care for individuals with HCV. ECHO has been in place in Alberta for over three 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, please contact Dr. Lee. 

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). <i>Canadian Medical Association Journal</i> , 189(16), E594-E604. cmaj.ca/content/189/16/E594
Cacoub P. (2016). Extrahepatic manifestations of chronic hepatitis C virus infection. <i>Therapeutic Advances in Infectious Disease</i> , 3(1), 3-14. journals.sagepub.com/doi/10.1177/2049936115585942

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 Príncipe, Senegal, Sierra Leone, Sudan, Tanzania, Togo, Uganda, Zimbabwe



PATIENT RESOURCES

Information

Description	Website
Information booklet for patients	catie.ca/sites/default/files/CATIE-CuringHepC-GENERAL-E-2019-FINAL-ONLINE.pdf
Information booklet for patients who use drugs	catie.ca/sites/default/files/CATIE-CuringHepC-PWUD-E-2019-FINAL-ONLINE.pdf
Myhealth.Alberta.ca	myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=hw144584

Services available

Description	Contact
All areas	
Hep C Helpline For patients that would like to talk to someone who has been through DAA treatment.	1-800-263-1638 
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.	lethbridgearches.com 1016 1 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 4 th 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, treatment, and support for people with a history of drug use in the community.	ahs.ca/findhealth/service.aspx?id=1702 1603 10 Avenue SW / 403-801-4453 308 17 Avenue SW / 403-312-6739 Centre 15 – Unit 700 (MSM only) 1509 Centre Street SW / centreforsexuality.ca Eastside Victory Outreach Centre 1840 38 Street SE / 403-801-4453 Inglewood Campus 1008 14 Street SE / 403-801-4453 Safeworks Mobile Van 403-850-3755 Sheldon M. Chumir Health Centre 1213 4 Street SW / 403-955-3380
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



Description	Contact
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.	Phone 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 98 th 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 4 th Avenue 780-740-0066 (Hinton Office) 780-817-8976 (Hinton, Edson cell)
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.	albertahealthservices.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

