

# Integrating Hepatitis C Care with Safer Supply Practice

July 28, 2022

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# World Hepatitis Day

• July 28 •

# Context for safer supply prescribers

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- People who use drugs are disproportionately affected by hepatitis C.
- Hepatitis C prevention and care is part of wholistic care for people who use drugs.
- Hepatitis C is curable, and treatment simpler than ever for clients and providers.
- Safer supply providers are well-placed to deliver and support hepatitis C testing and treatment.

# Agenda and speakers

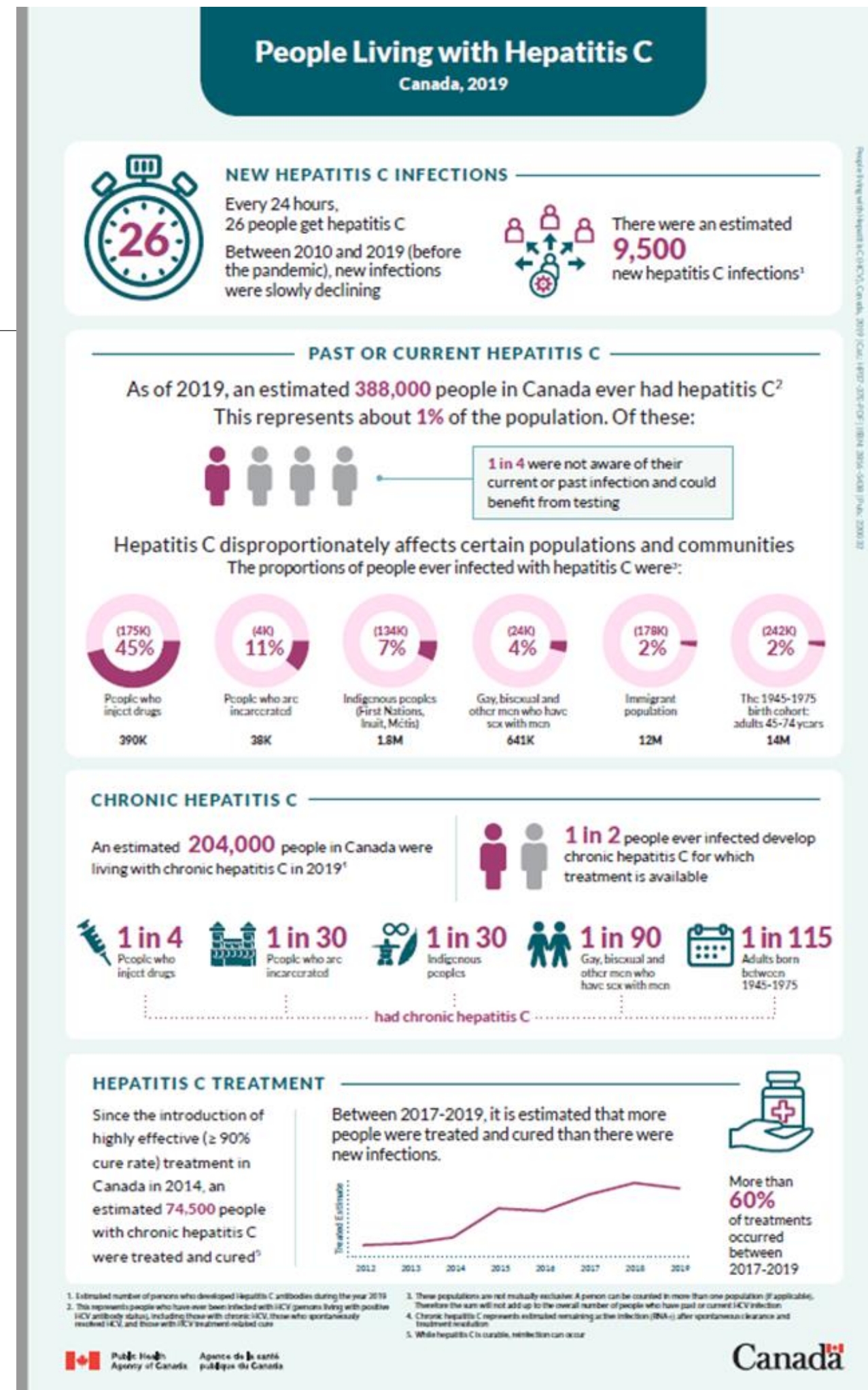
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- 1. Overview of hepatitis C testing, treatment and prevention**
  - **Rivka Kushner, CATIE**
- 2. Program examples: integrating hepatitis C care into safer supply practice**
  - **Dr. Tim O'Shea, HAMSMaRT (Hamilton, Ontario)**
  - **Patty Wilson, Nurse Practitioner (Calgary, Alberta)**
  - **Angie Austin & Jessica Nanni, South Riverdale CHC (Toronto, Ontario)**
- 3. Panel discussion and Q&A**

# Hepatitis C Testing, Treatment and Prevention

— By Rivka Kushner

# People who use drugs are disproportionately affected by hepatitis C



## PAST OR CURRENT HEPATITIS C

As of 2019, an estimated **388,000** people in Canada ever had hepatitis C<sup>2</sup>

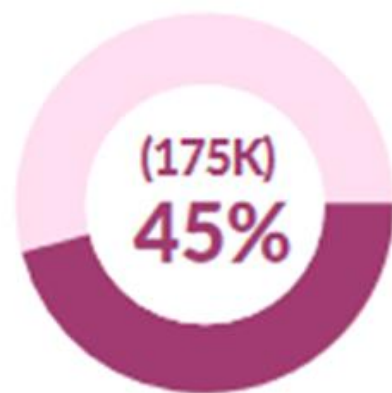
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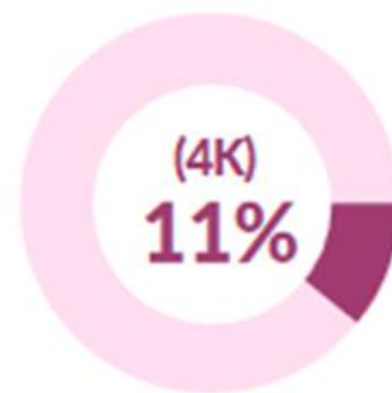
Hepatitis C disproportionately affects certain populations and communities

The proportions of people ever infected with hepatitis C were<sup>3</sup>:



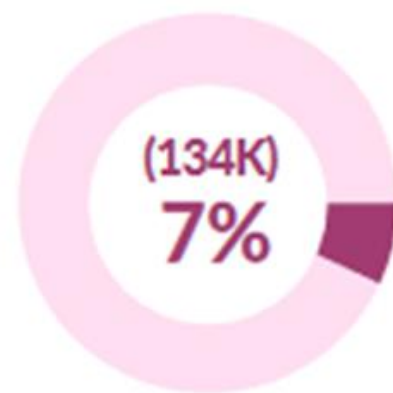
People who inject drugs

390K



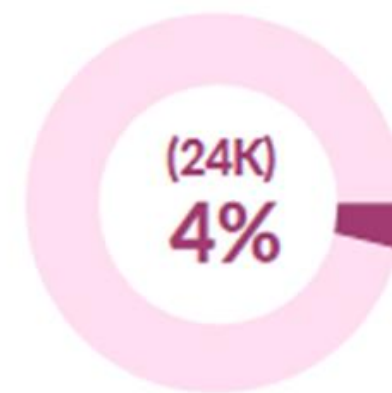
People who are incarcerated

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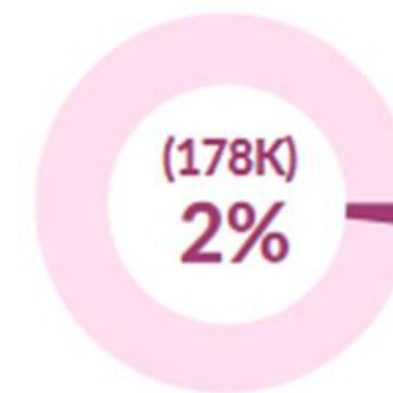
Indigenous peoples (First Nations, Inuit, Métis)

1.8M



Gay, bisexual and other men who have sex with men

641K



Immigrant population

12M



The 1945-1975 birth cohort: adults 45-74 years

14M

HCV antibody status, including those with chronic HCV, those who spontaneously resolved HCV, and those with HCV treatment-related cure

4. Chronic hepatitis C represents extended remaining active infection (RNA+) after spontaneous clearance and treatment resolution

5. While hepatitis C is curable, reinfection can occur

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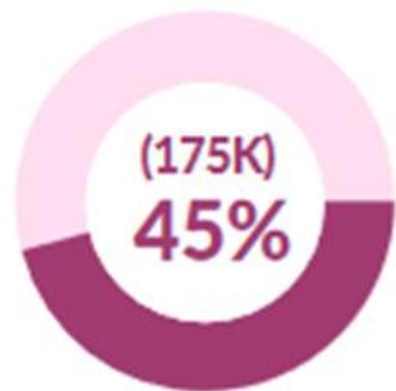
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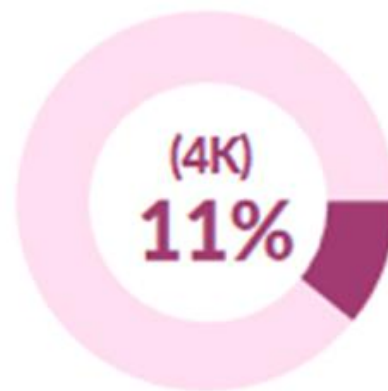
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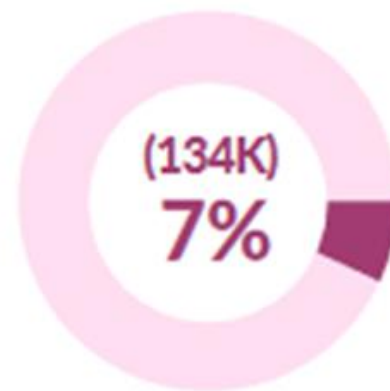
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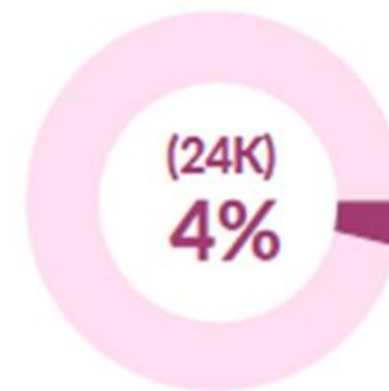
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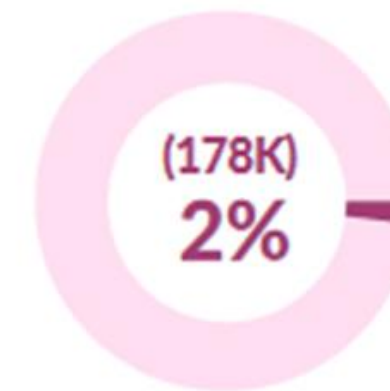
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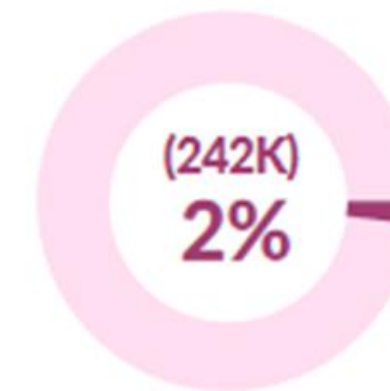
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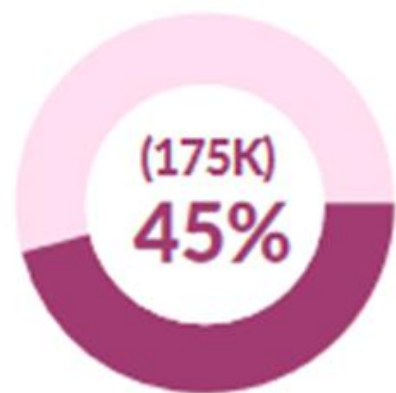
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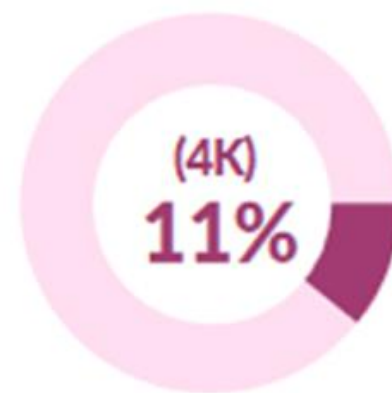
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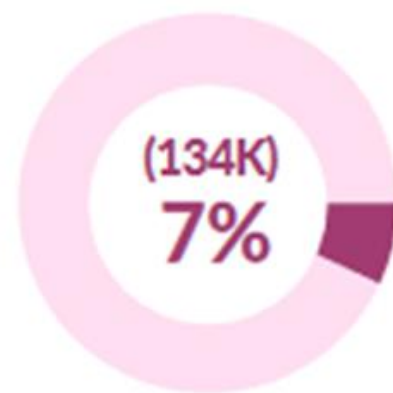
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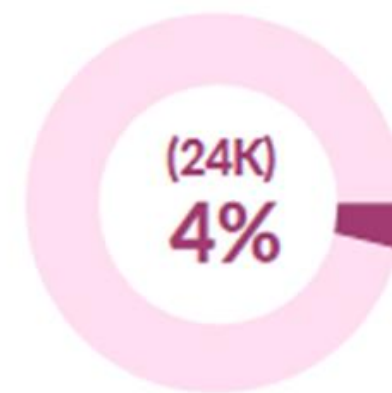
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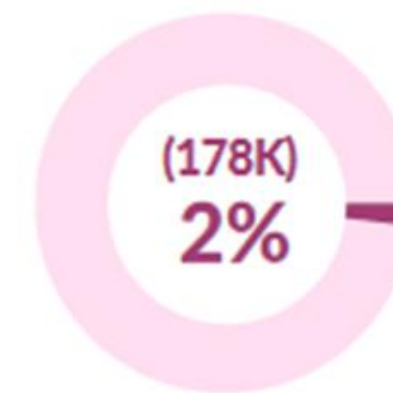
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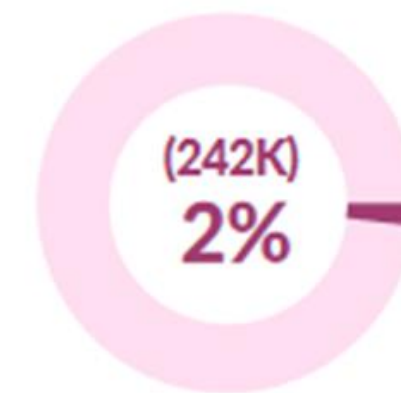
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2. Chronic hepatitis C represents extended remaining active infection (RNA+) after spontaneous clearance and treatment resolution

3. While hepatitis C is curable, reinfection can occur

## People Living with Hepatitis C

Canada, 2019



### NEW HEPATITIS C INFECTIONS

Every 24 hours,  
26 people get hepatitis C.  
Between 2010 and 2019 (before  
the pandemic), new infections  
were slowly declining.



There were an estimated  
**9,500**  
new hepatitis C infections<sup>1</sup>

### PAST OR CURRENT HEPATITIS C

As of 2019, an estimated **388,000** people in Canada ever had hepatitis C<sup>2</sup>.  
This represents about **1%** of the population. Of these:



**1 in 4** were not aware of their  
current or past infection and could  
benefit from testing.

Hepatitis C disproportionately affects certain populations and communities.



**1 in 4**

People who  
inject drugs



**1 in 30**

People who are  
incarcerated



**1 in 30**

Indigenous  
peoples



**1 in 90**

Gay, bisexual and  
other men who  
have sex with men



**1 in 115**

Adults born  
between  
1945-1975

had chronic hepatitis C

### HEPATITIS C TREATMENT

Since the introduction of  
highly effective (≥ 90%  
cure rate) treatment in  
Canada in 2014, an  
estimated **74,500** people  
with chronic hepatitis C  
were treated and cured<sup>3</sup>.

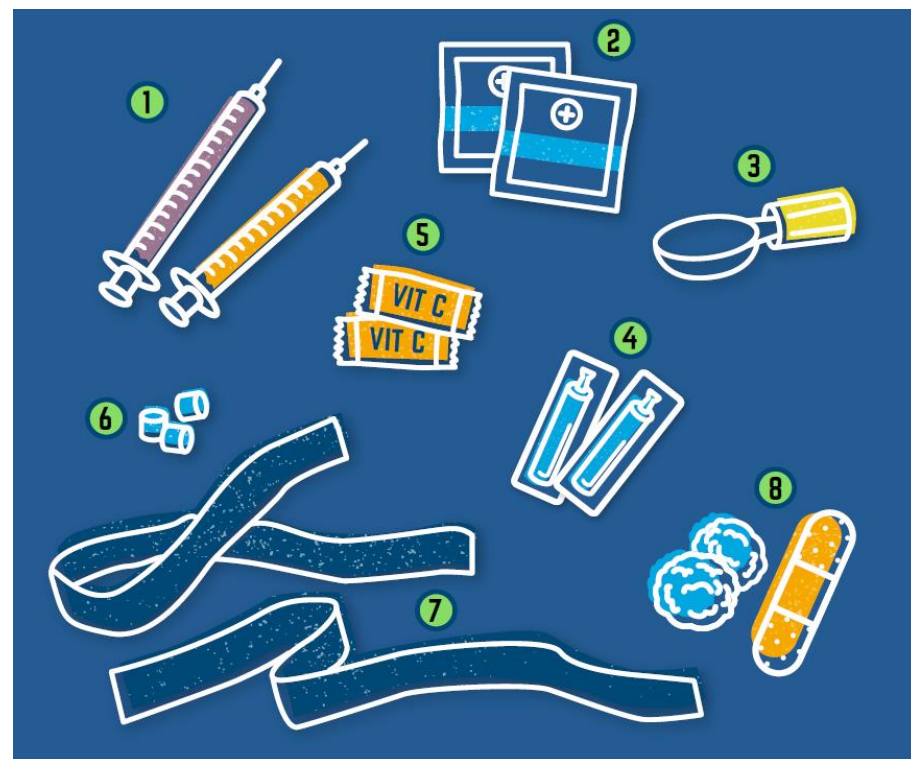
Between 2017-2019, it is estimated that more  
people were treated and cured than there were  
new infections.



More than  
**60%**  
of treatments  
occurred  
between  
2017-2019

1. Extrapolated number of persons who developed hepatitis C antibodies during the year 2019.  
2. This represents people who have ever been infected with HCV (persons living with positive HCV antibody status), including those with chronic HCV, those who spontaneously resolved HCV, and those with HCV treatment-related cure.  
3. These populations are not mutually exclusive. A person can be counted in more than one population (if applicable). Therefore the sum will not add up to the overall number of people who have past or current HCV infection.  
4. Chronic hepatitis C represents estimated remaining active infections (RNA+) after spontaneous clearance and treatment resolution.  
5. While hepatitis C is curable, reinfection can occur.

# Not just injection drug use



## Injecting drugs

- This is the most common way people get hepatitis C in Canada today.




## Smoking drugs



## Snorting drugs

# Preventing hepatitis C among people who use drugs = harm reduction

**HEPATITIS C IS PASSED BLOOD TO BLOOD**



Know how to protect yourself and others

**CATIE** Canada's centre for HIV and hepatitis C information

Responsible for providing harm reduction information to people who use drugs and people who have sex with men. For more information, visit [www.catie.ca](http://www.catie.ca). © 2015 CATIE. All rights reserved.

**EVERYTHING NEW EVERY TIME YOU USE**

Prevent hepatitis C if you inject, smoke or snort drugs



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**WARNING**  
Viewer Discretion Advised  
This booklet may affect the normal development of children. Contains information that may cause or be used for harm.



**SHARP SHOOTERS**

Harm Reduction Info for Safer Injection Drug Use

**MAPPING THE BODY: CHOOSING A VEIN FOR SAFER INJECTION**

There are some places on the body that are safer to inject into than others. Knowing the areas that are safer to inject, and rotating injection sites and the veins you use, will help you heal faster and prevent harms such as infection, vein damage, blood clots or bleeding that won't stop.

**IF YOU'RE INJECTING DRUGS:**

- These areas are safer.
- Try to avoid these areas.
- These areas are dangerous.



Wrist Back of hand

**DON'T USE DRUGS ALONE. CARRY NALOXONE. KNOW HOW TO USE IT AND LET OTHERS KNOW YOU HAVE IT.**

**Safer Crack Smoking**

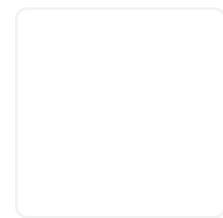


**Safer Crystal Meth Smoking**

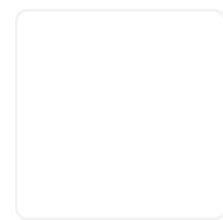


**SAFER SNORTING**

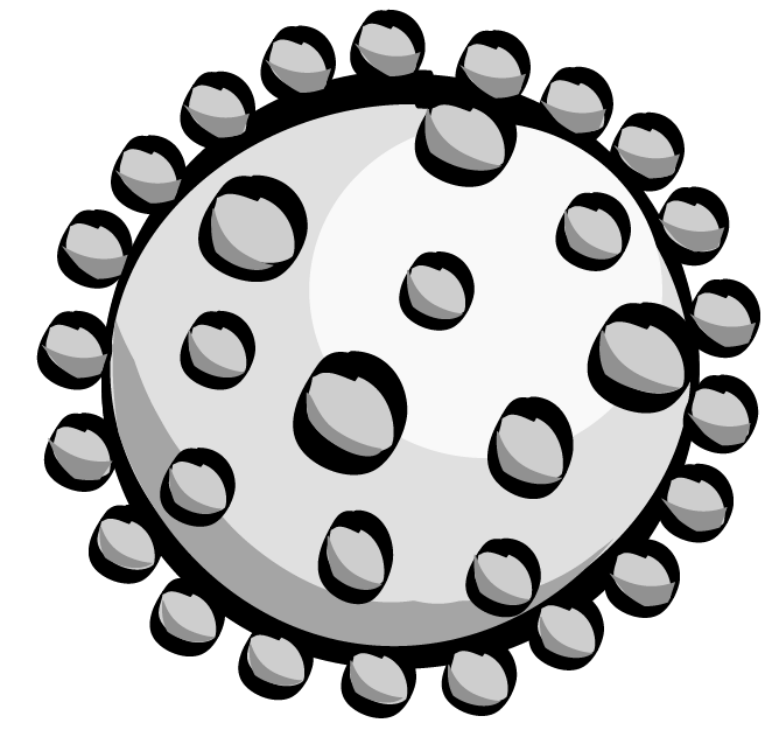




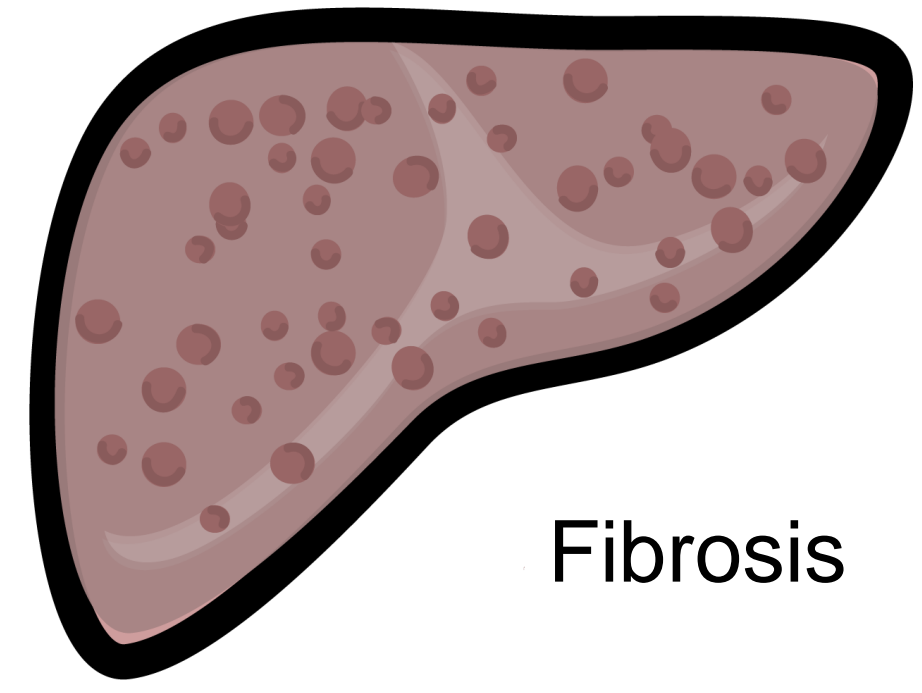
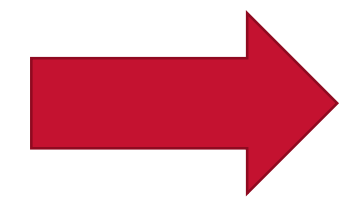
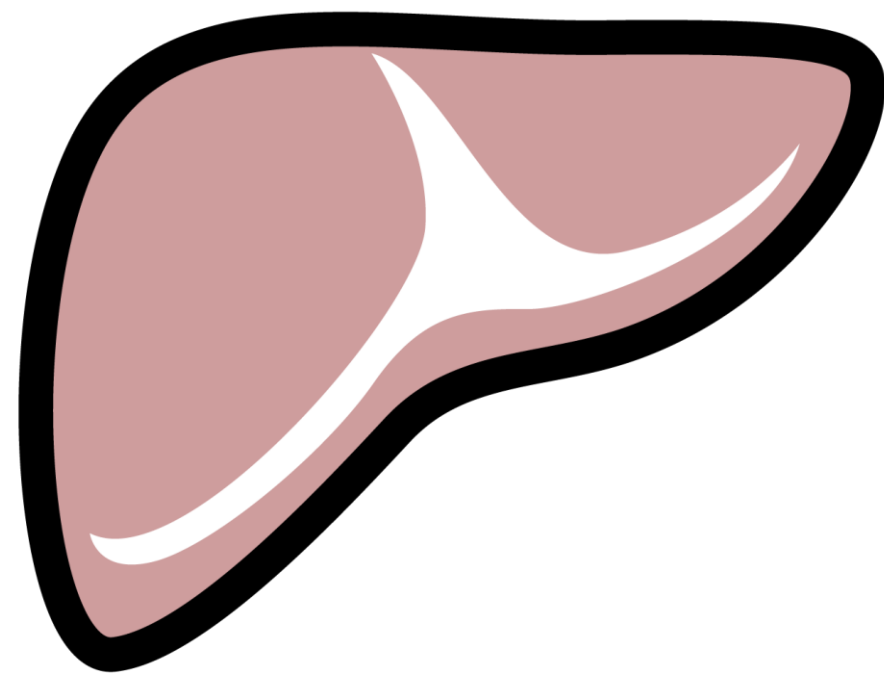
# What is hepatitis C?



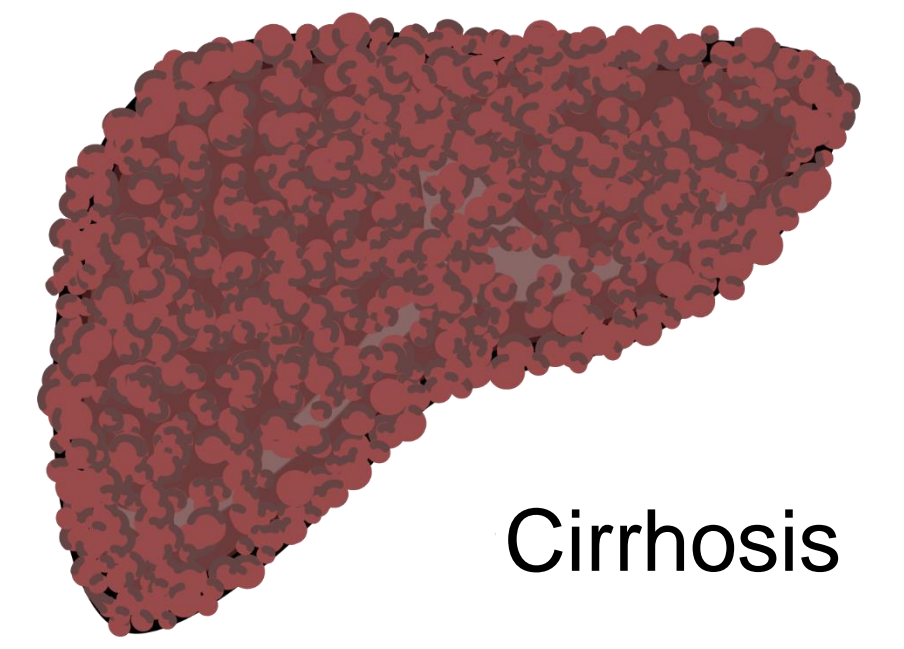
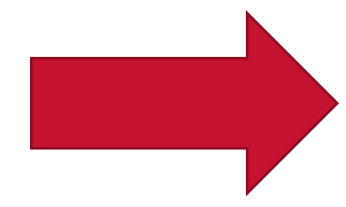
Hepatitis C is a virus that injures the liver.



Hepatitis C virus



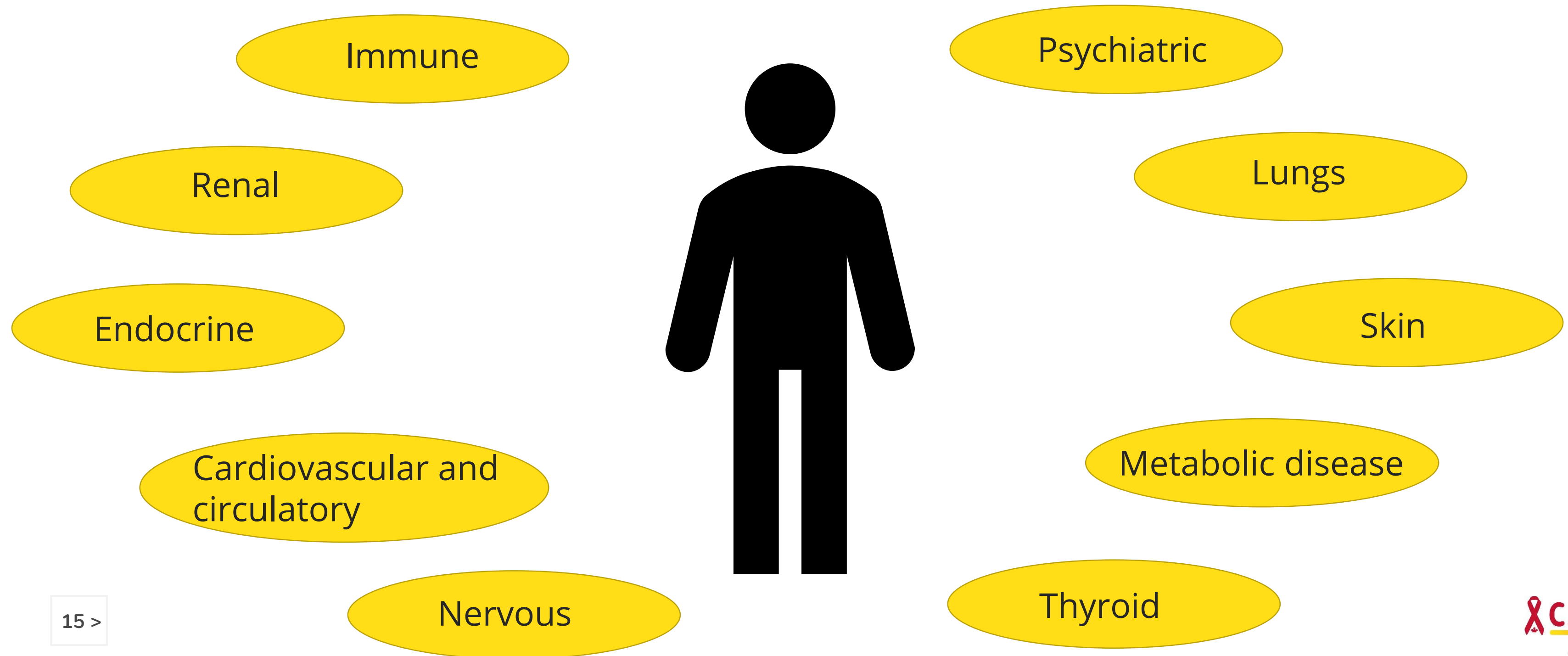
Fibrosis



Cirrhosis

# Hepatitis C is a systemic infection

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# Acute and chronic hepatitis C

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About 1 in 4 people with clear hepatitis C on their own within the first 6 months of an infection.





# There is no immunity to hepatitis C

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- A person can be **re-infected with hepatitis C** if they are exposed to the virus again.
- This includes people who *spontaneously cleared* the virus or *were cured through treatment*.

# Signs and symptoms of hepatitis C

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- Few people show symptoms early in a hepatitis C infection.
- Many people have hepatitis C for years—even decades—before any symptoms develop.
- Early diagnosis is beneficial because over time, untreated chronic hepatitis C can lead to severe liver injury (cirrhosis), liver cancer, or liver failure.

# YOU CAN HAVE HEPATITIS C AND NOT KNOW IT



The only way  
to know  
if you have  
hepatitis C  
is to get tested



Canada's source for  
HIV and hepatitis C  
information

Production of this publication has been made possible through  
financial contributions from the Ontario Ministry of Health and  
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# TREATMENT CURES OVER 95% OF PEOPLE WITH HEPATITIS C

Talk to your nurse  
or doctor about your  
treatment options



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catie.ca

# Benefits of being cured of hepatitis C



- **Being cured saves lives**
- Liver-related: Prevents future liver injury caused by HCV, liver failure, lower the chances of developing liver cancer
- Also reduces risk of non-liver related diseases: diabetes, kidney disease, stroke, heart disease, and more
- May improve quality of life
- Liver health may improve over time
- Treatment as prevention – reducing onward transmission



Guideline

# The management of chronic hepatitis C: 2018 guideline update from the Canadian Association for the Study of the Liver

Hemant Shah, Marc Bilodeau, Kelly W. Burak, Curtis Cooper, Marina Klein, Alnoor Ramji, Dan Smyth and Jordan J. Feld; for the Canadian Association for the Study of the Liver  
CMAJ June 04, 2018 190 (22) E677-E687; DOI: <https://doi.org/10.1503/cmaj.170453>

Article

Figures & Tables

Related Content

Responses

Metrics

PDF

See related article at [www.cmaj.ca/lookup/doi/10.1503/cmaj.170931](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.170931)

## KEY POINTS

- Hepatitis C is a major public health problem in Canada that is underdiagnosed and undertreated; birth cohort screening would benefit population health outcomes.
- Pretreatment evaluation of an infected patient should include clinical evaluation, viral load, genotype and a fibrosis stage assessment.
- The treatment of hepatitis C has become safer, better tolerated and more effective owing to the availability of direct-acting antivirals for nearly all patients; this guideline advocates against the use of any interferon-based treatment regimens and for the use of all-oral regimens for all infected patients.

## In this issue



CMAJ

Vol. 190, Issue 22  
4 Jun 2018

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**Canadian hepatitis C  
treatment guidelines  
recommend that **all people**  
with chronic hepatitis C be  
considered for treatment.**

# CATIE STATEMENT

## on hepatitis C treatment efficacy among people who use drugs

### KEY MESSAGES

*Treatment is highly effective at curing hepatitis C for all people, including people who use drugs. People who use drugs, including those who are on opioid agonist treatment, are just as likely to cure their hepatitis C with treatment as other populations who received treatment. People who use drugs should be offered hepatitis C treatment, regardless of whether they plan to continue, reduce or stop their use of substances.*

*Hepatitis C reinfections can happen. Treatment protocols are the same whether a person is receiving treatment for their first hepatitis C infection or for a reinfection. People who use drugs should have access to treatment for hepatitis C reinfection.*

*Hepatitis C treatment should be offered to people who use drugs in conjunction with services to support their overall health, including harm reduction services, which will also help to reduce the likelihood of hepatitis C reinfection.*

*Hepatitis C treatment can be a positive and stabilizing factor in a person's life, especially when combined with additional care and supports that address underlying health and social issues and align with the person's goals. In addition to improving the health of people with*

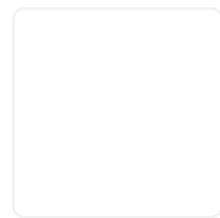
# Who can do testing and who can offer treatment?

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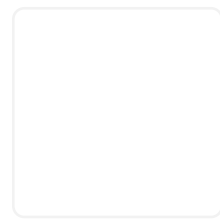
- With a bit of additional training/mentorship, non-specialist providers such as family physicians can prescribe hepatitis C treatment.
- In many community hepatitis C programs, nurses oversee most of testing and treatment alongside a partnered prescribing physician.
- Non-clinical providers play a key role in hepatitis C prevention and education, as well as supporting people who are completing treatment.
- In some regions, non-clinical providers can also perform hepatitis C testing, particularly with point-of-care testing options.
- Rules vary between regions, confirm with your local health authority or professional association to see what is possible.







# Hepatitis C testing



# Testing for hepatitis C

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1.



The **screening test** checks whether a person has ever been exposed to the hepatitis C virus (i.e. for antibodies).

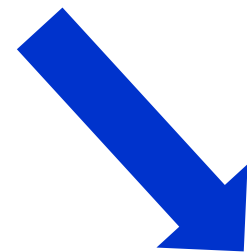
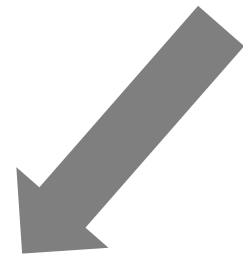
2.



The **confirmatory test** checks if a person currently has a hepatitis C infection. Typically an RNA test in Canada.



**Screening test**  
checks for  
hepatitis C  
antibodies



**NEGATIVE result**

The person does not  
have hepatitis C

**POSITIVE result**

The person has  
been exposed to the  
hepatitis C virus

The antibody test alone  
does not indicate  
whether a person has a  
current hepatitis C  
infection.

If a person has a *positive screening test* result and then a *negative confirmatory test* result, **it means that they no longer have hepatitis C.**

This could be a result of spontaneous clearance or treatment that cured the hepatitis C infection.



**Confirmatory test** checks for presence of the hepatitis C virus



**NEGATIVE result**

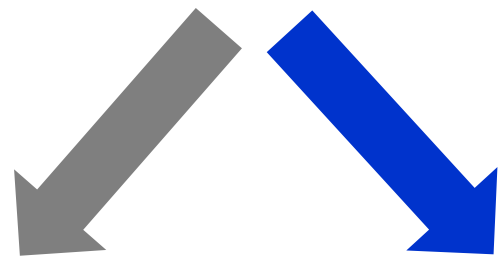
The person does not have hepatitis C

**POSITIVE result**

The person has a current hepatitis C infection



**Screening test**  
checks for  
hepatitis C  
antibodies



**NEGATIVE result**

The person does not  
have hepatitis C

**POSITIVE result**

The person has  
been exposed to the  
hepatitis C virus



**Confirmatory  
test** checks for  
presence of the  
hepatitis C virus



**NEGATIVE result**

The person does not  
have hepatitis C

**POSITIVE result**

The person has a  
current hepatitis C  
infection

# Hepatitis C re-infection

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- Only a confirmatory test should be offered for testing for re-infection.
- Hepatitis C antibodies remain present for life.



**Confirmatory test** checks for presence of the hepatitis C virus

# Types of tests

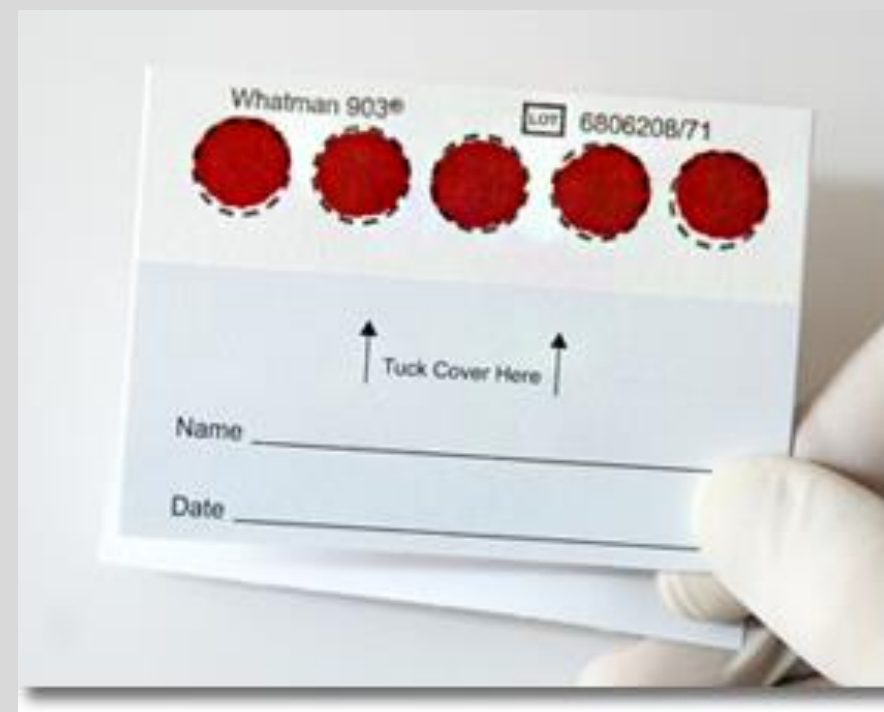
*All hepatitis C tests in Canada require a blood sample*

## 'Standard' blood draw



\*venipuncture + sample to lab

## Dried blood spot



\*finger prick + sample to lab

## Point-of-care



\*finger prick + rapid result

# Types of tests

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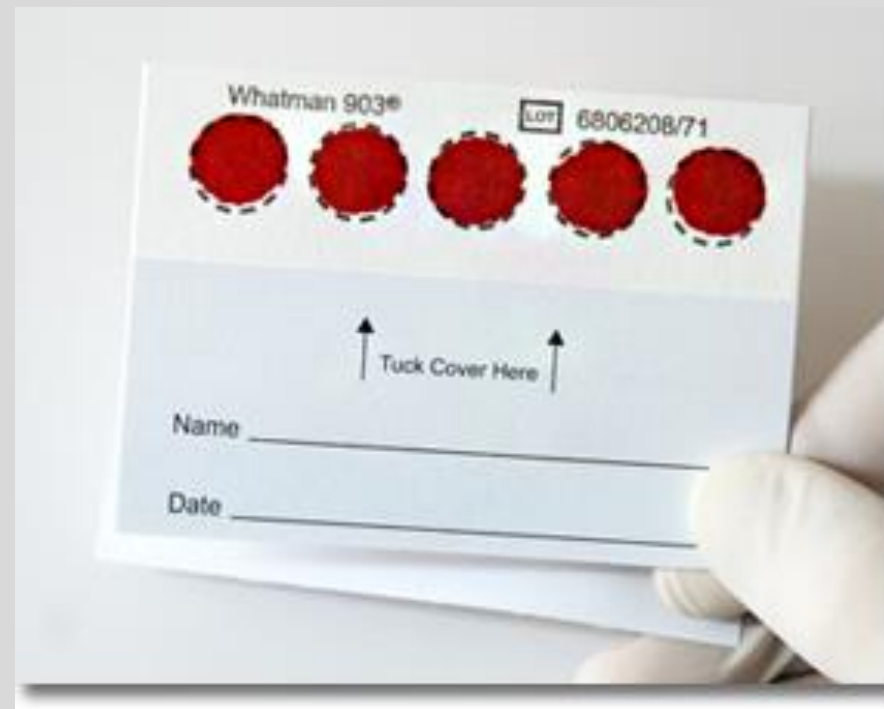
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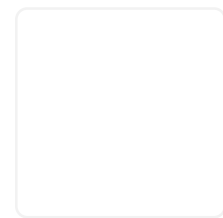


\*finger prick + sample to lab

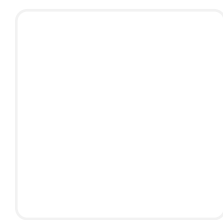
## Point-of-care



\*finger prick + rapid result



# Hepatitis C treatment



# Treatment with Interferon



■ Cured

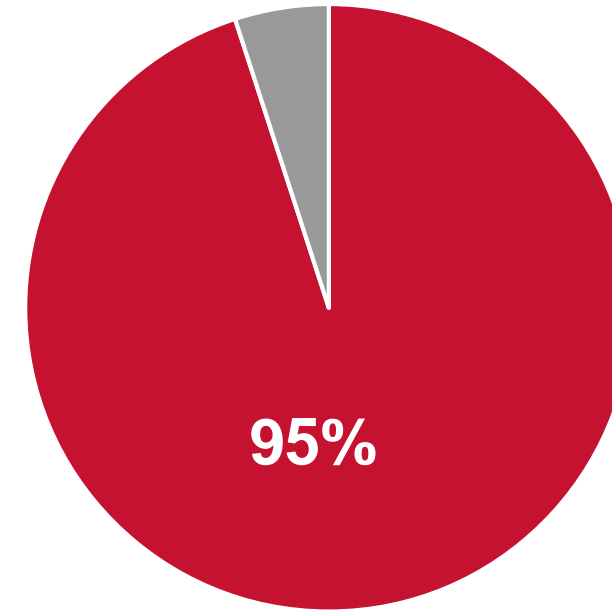


## Side Effects

- [Ano-rectal discomfort](#)
- [Depression](#)
- [Diarrhea](#)
- [Difficulty sleeping](#)
- [Dry mouth \(xerostomia\)](#)
- [Flu-like symptoms](#)
- [Hair loss \(alopecia\)](#)
- [Headache](#)
- [Irritability](#)
- [Jaundice \(hyperbilirubinemia\)](#)
- [Loss of appetite \(anorexia\)](#)
- [Lowered platelet count \(thrombocytopenia\)](#)
- [Lowered red blood cell count \(anemia\)](#)
- [Lowered white blood cell count \(neutropenia\)](#)
- [Nausea](#)
- [Needle irritation \(injection site reactions\)](#)
- [Rash or itchy skin \(pruritus\)](#)
- [Sensitivity to sunlight \(photosensitivity\)](#)
- [Sores \(ulcers\) in the mouth](#)
- [Taste changes](#)
- [Tiredness \(fatigue\)](#)

**6-12 months**

# Treatment with Direct Acting Antivirals (DAAs)



■ Cured



## Side Effects

- [Diarrhea](#)
- [Difficulty sleeping](#)
- [Headache](#)
- [Lowered red blood cell count \(anemia\)](#)
- [Nausea](#)
- [Rash or itchy skin \(pruritus\)](#)
- [Tiredness \(fatigue\)](#)

**8 or 12 weeks**

## CATIE STATEMENT

1. Treatment is highly effective at curing hepatitis C for all people, including people who use drugs. People who use drugs, including those who are on opioid agonist treatment, are just as likely to cure their hepatitis C with treatment as other populations who received treatment. People who use drugs should be offered hepatitis C treatment, regardless of whether they plan to continue, reduce or stop their use of substances.
2. Hepatitis C reinfections can happen. Treatment protocols are the same whether a person is receiving treatment for their first hepatitis C infection or for a reinfection. People who use drugs should have access to treatment for hepatitis C reinfection.
3. Hepatitis C treatment should be offered to people who use drugs in conjunction with services to support their overall health, including harm reduction services, which will also help to reduce the likelihood of hepatitis C reinfection.
4. Hepatitis C treatment can be a positive and stabilizing factor in a person's life, especially when combined with additional care and supports that address underlying health and social issues and align with the person's goals. In addition to improving the health of people with hepatitis C by enabling them to be cured, access to treatment offers the important benefit of helping to prevent onward hepatitis C transmission.

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# Common hepatitis C drugs available in Canada for adults

Number of tablets Number of times per day Take with food

| Brand name (generic name) | Genotypes | Image | Dosage schedule | Food requirements | Weeks of treatment |
|---------------------------|-----------|-------|-----------------|-------------------|--------------------|
|---------------------------|-----------|-------|-----------------|-------------------|--------------------|

## Treatments for all genotypes

| Brand name (generic name)  | Genotypes | Image | Dosage schedule | Food requirements | Weeks of treatment |
|--|-----------|-------|-----------------|-------------------|--------------------|
| <b>Treatments for all genotypes</b>  |           |       |                 |                   |                    |
| <b>Epclusa</b><br>(velpatasvir + sofosbuvir)<br>with or without ribavirin* | All       |       |                 |                   | <b>12</b>          |
| <b>Maviret</b><br>(glecaprevir + pibrentasvir)                             | All       |       |                 |                   | <b>8, 12 or 16</b> |

**NOTE**  
This chart is not a complete list of Health Canada-approved treatments for hepatitis C. This chart lists common daily dosing schedules. People should always follow the dosing schedule prescribed by their healthcare provider. Healthcare providers can check for drug interactions between hepatitis C treatment and other drugs a person is taking with a pharmacist or at [www.dsp-druginteractions.org](http://www.dsp-druginteractions.org).

**Disclaimer**  
Information provided by CATIE is not medical advice. Decisions about medical treatments should always be made in consultation with a medical practitioner knowledgeable about HIV and hepatitis C. CATIE endeavours to provide the most up-to-date and accurate information at the time of publication. However, information changes and users are encouraged to ensure they have the most current information. Any opinions expressed herein may not reflect the opinions of CATIE, its partners or funders.

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Production of this publication has been made possible in part through financial contributions from the Ontario Ministry of Health and the Public Health Agency of Canada (PHAC). The views expressed herein do not necessarily represent the views of our funders.

# Side effects

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- Side effects are generally mild and usually decrease or stop a few weeks after starting treatment.
- Most common side effects:
  - Nausea
  - Fatigue (extreme tiredness)
  - Headache
  - Diarrhea

# Considerations for treatment option

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- Amount of liver injury
- Drug-drug interactions
- Patient preference for:
  - 3 pills once a day for 8 weeks taken with food (any type)
  - 1 pill once a day for 12 weeks
- Reasons to delay treatment: A person is pregnant or trying to get pregnant

# Treatment coverage

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- **Usually a person does not need to pay out of pocket.**
- Most people are covered through **public health insurance** plans (provincial, territorial or federal).
- Some people are covered under private health insurance plans (usually through a person's job).
- The drug companies have support programs that help with paperwork (ie. Trillium) and cover deductibles.



# Cure = Sustained virological response

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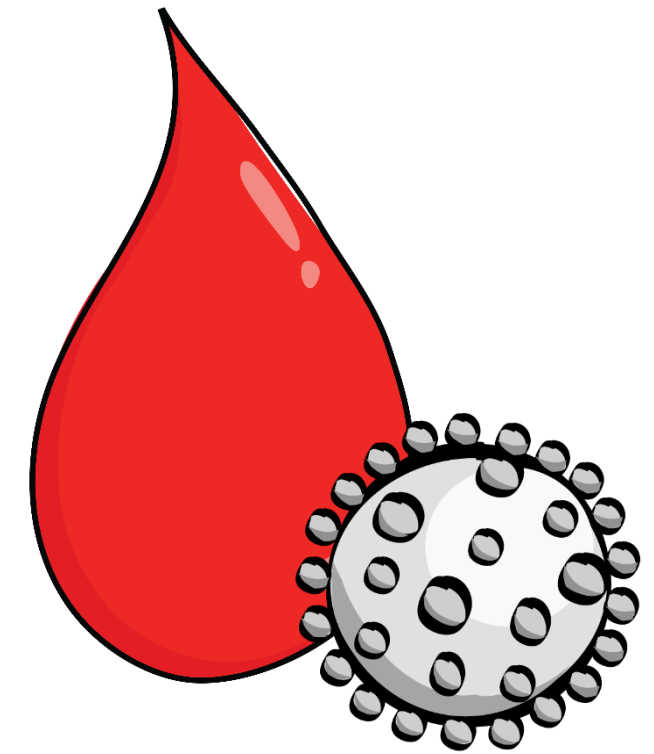
- Cure or sustained virological response (SVR) is when a person has an undetectable hepatitis C viral load **12 weeks after the end of treatment.** Their body has cleared the virus.



# After treatment and cure

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- A person without cirrhosis – no follow up required related to liver cancer.
- For people who may continue to be exposed to hepatitis C and thus are at risk of reinfection:
  - Offer ongoing resources and support related to harm reduction and preventing hepatitis C.
  - Offer testing to assess for reinfection every 6-12 months.



# Treatment for hepatitis C reinfection

- Hepatitis C reinfections happen. People who use drugs should have access to treatment for hepatitis C reinfection.
- Treatment protocols are the same whether a person is receiving treatment for their first hepatitis C infection or for a reinfection.
- Hepatitis C reinfection is sometimes cited as a concern among clinicians reluctant to offer treatment to people who use drugs. However, being cured of hepatitis C has significant benefits for individuals' health, as well as community benefits such as preventing onward transmission of hepatitis C.

## CATIE STATEMENT

### on hepatitis C treatment efficacy among people who use drugs

#### KEY MESSAGES

*Treatment is highly effective at curing hepatitis C for all people, including people who use drugs. People who use drugs, including those who are on opioid agonist treatment, are just as likely to cure their hepatitis C with treatment as other populations who received treatment. People who use drugs should be offered hepatitis C treatment, regardless of whether they plan to continue, reduce or stop their use of substances.*

*Hepatitis C reinfections can happen. Treatment protocols are the same whether a person is receiving treatment for their first hepatitis C infection or for a reinfection. People who use drugs should have access to treatment for hepatitis C reinfection.*

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JULY 2021

# Treatment is highly effective at curing hepatitis C among people who use drugs

- A strong body of evidence demonstrates that treatment is highly effective at curing hepatitis C among people who use drugs.
  - Hepatitis C treatment outcomes among people who use drugs and people on opioid agonist treatment are similar to those among people without a history of drug use.
- Evidence suggests there is no significant difference in treatment adherence among people who use drugs and people who don't use drugs.
- Cure rates remains high among people who do 'not adhere to their hepatitis treatment' (defined as taking less than 90% of treatment pills) which suggests there is forgiveness to non-adherence with treatment.

## CATIE STATEMENT

### on hepatitis C treatment efficacy among people who use drugs

#### KEY MESSAGES

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# Key messages for safer supply prescribers

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- Treatment is highly effective and safe for people who use drugs.
- Cure has significant benefits for liver health, quality of life and well-being.
- Safer supply programs are ideal settings for hepatitis C care for people who use drugs.
- Testing and treatment have never been easier and integrates into a wholistic health care approach for people who use drugs.

# Follow-up trainings for the National Safer Supply CoP

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## For clinicians to begin testing and prescribing:

- A self-directed online learning course
- An interactive, online workshop on September 15
- Accredited by the College of Family Physicians of Canada, with certification from each province/region.



## For non-clinical staff to support clients through prevention, education and during treatment:

- An online learning course, facilitated by an educator, beginning September 19.
- An interactive, online workshop on October 11.
- Certificate of completion provided.

***Stay tuned for registration details!***





## Want to learn more about HIV or hepatitis C?

CATIE offers HIV and hepatitis C courses for service providers.

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# CATIE Ordering Centre

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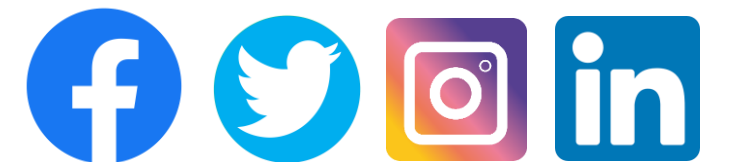
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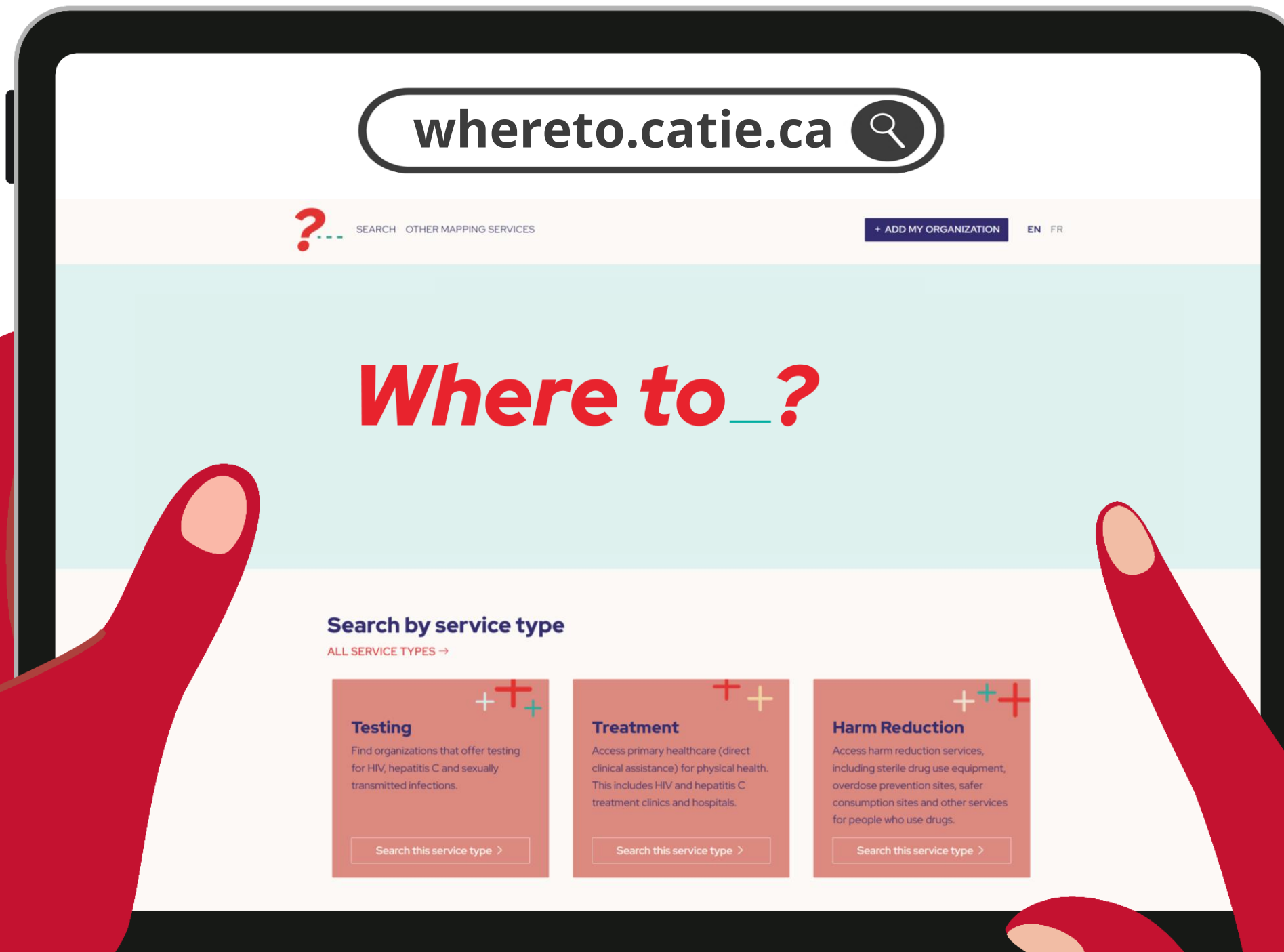
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**Connecting people with HIV, hepatitis C,  
sexual health and harm reduction services.**