



B.C. gives \$5 million to expand efforts to curb hepatitis C infection

The provincial government has provided \$5 million to the St. Paul's Hospital Foundation for a research study on how to reduce new infections of hepatitis C virus (HCV) in the province, announced Health Minister Terry Lake today, along with BC Centre for Excellence in HIV/AIDS (BC-CfE) director Dr. Julio Montaner.

"This investment will help those at increased risk of re-infection with hepatitis C, by focusing on engagement with the health system, and it will help to evaluate the health outcomes with our current treatment regimens," said Lake. "Through this project, we are working to improve the lives of those people with hepatitis C."

"This initiative offers a unique opportunity to potentially curb the rapidly rising toll of hepatitis C in North America," said Dr. Montaner. "It will inform the next steps needed to improve engagement in care and timely treatment of HCV positive British Columbians to improve patient outcomes."

The research will focus on individuals in Vancouver who have been successfully cured of hepatitis C, but who have been identified as being at increased risk of re-infection. It will also evaluate the impact and outcomes of current hepatitis C treatments, and identify the next steps required to optimize treatment outcomes in B.C.

"Participants will be engaged with the full array of harm reduction and support services available through Vancouver Coastal Health," said Dr. Patricia Daly, Vancouver Coastal Health's chief medical health officer and vice president, public health. "We will work with

the project team to evaluate how these supports help to prevent re-infection with hepatitis C."

FACTS ABOUT HEPATITIS C IN CANADA

- The hepatitis C virus (HCV) is spread mainly through blood-to-blood contact. This includes exposure from remote blood transfusions or medical procedures, and through shared needles for injection drug use or for tattoos.
- Individuals who had a blood transfusion or received blood products prior to July 1990 are at increased risk.
- The Public Health Agency of Canada (PHAC) estimates 242,500 people are currently infected with the hepatitis C, or six to seven people out of every 1,000 Canadians.
- An estimated 44 per cent of Canadians living with chronic hepatitis C infection were unaware of their status (97,107 to 108,234).
- In 2012 over 10,000 new hepatitis C cases were reported in Canada. Injection drug use is the most significant exposure route for HCV in Canada, accounting for approximately 60 per cent of all new HCV infections.
- There are an estimated 50,000–60,000 people living with the virus in BC. About 2,500 new cases of hepatitis C are identified in the province each year.
- Many people in Canada & around the world living with hepatitis C are unaware and it is often not detected until symptoms appear.

Under the leadership of Dr. Montaner, the project will be a collaboration between the BC-CfE, BC Centre for Disease Control, Vancouver Coastal Health, St. Paul's Hospital Foundation and University of British Columbia.

"By understanding how to optimize treatment outcomes, we can maximize the individual and societal impact of these very promising therapies," said Dr. Mel Krajden, medical lead for hepatitis at the BC Centre for Disease Control.

Hepatitis C virus infection can be a life-threatening communicable disease affecting an estimated 50,000–60,000 British Columbians. Approximately 35 per cent of people currently living with hepatitis C may be at higher risk for re-acquiring the virus after successful treatment, including people who inject drugs, men who have sex with men, and commercial sex workers.

Modern hepatitis C therapies are highly effective, with cure rates over 95 per cent. However, the risk for re-infection following successful treatment is potentially high among certain groups, unless they engage in risk reduction practices.

Hepatitis C is the most frequent cause of premature death among reportable infectious diseases in North America, and has become the most frequent cause of premature death among people living with both hepatitis C and HIV.

Learn more at www.cfenet.ubc.ca.



» Given the highly addictive nature of benzodiazepines, and the increased risk of infectious disease acquisition and death associated with their use, physicians should exercise extreme caution when prescribing benzodiazepines or better avoid this practice altogether.

— Dr. Keith Ahamad, Clinician Scientist, BC-CfE

Read more at <http://bit.ly/Benzos>



AWARD

Dr. Robert Hogg Honoured for Critical Research



BC-CfE Senior Scientist, Dr. Robert Hogg

» The BC-CfE is proud to announce that Dr. Robert Hogg, a Senior Scientist with the Centre, has been recognized by the HIV/AIDS community for his commitment to improving through research the lives of those living with HIV/AIDS. On Sunday, April 24, Positive Living BC honoured Dr. Hogg with an AccolAIDS award for his work.

Dr. Hogg is committed to understanding access to treatment and care for marginalized populations living with HIV/AIDS, including women, aboriginals and people who inject drugs. He leads a collaborative nationwide project studying the largest research cohort of people living with HIV/AIDS across Canada, called the Canadian HIV Observational Cohort (CANOC) Collaborative.

"This honour is a great recognition that the work I am doing matters to the communities most affected, which is the ultimate goal for any researcher I believe," said Dr. Hogg.

CANOC has contributed a number of significant findings offering important clues on how individuals living with HIV are accessing treatment. It was CANOC research that recently uncovered that life expectancy for Canadians living with HIV on consistent treatment had reached 65 years of age.

Such proven advances in quality of life and longevity are enormous triumphs. The world experienced a huge shift when HIV became a treatable, manageable disease. Still, Dr. Hogg continues the important work of seeking knowledge to help reach those who aren't accessing available lifesaving treatments.

Testing and treating for HIV not only bring health improvements, but are also the keys to ending the epidemic. An individual on sustained, consistent treatment is unlikely to transmit HIV to others, due to an undetectable viral load in blood and sexual fluids.

"We still have a ways to go to reach the end of the HIV epidemic in Canada and the world, but it is possible. By better understanding the experiences of those who are taking steps towards care, treatment and treatment maintenance, we can help many others living with HIV," said Dr. Hogg. CANOC's research lens is essential to seeing where gaps in treatment persist.

The research has shed light on the fact that many Canadians living with HIV are starting treatment late, when their immune system has already experienced some weakening. This indicates individuals may be living with HIV for a period when the virus remains transmittable.

There is still more to understand about the mechanics of HIV treatment, and the social and economic factors leading to its continued spread. Dr. Hogg has ventured into the emerging area of research on those aging with HIV, and the health considerations of this fortunate trend. CANOC has also added cohort sites in communities struggling with increasing rates of HIV transmission, such as in Saskatchewan.

The BC-CfE congratulates Dr. Hogg on receiving the AccolAIDS award. It is well deserved for his contributions to the important conversation on how better to expand HIV treatment. We look forward to his ongoing research and discoveries in this area.

STUDY

Simple routine medical screening could help identify those at highest risk of overdose deaths

» Inquiries about a patient's overdose history by a family doctor or first line health care professional could help identify those most at risk of dying from a fatal overdose. A new study from researchers at the BC-CfE found individuals who experienced a non-fatal overdose are more likely to subsequently die from a fatal overdose than those who did not report a recent overdose. The risk of death also increases significantly as the number of reported past non-fatal overdoses rises. The researchers suggest simple screening to identify people who are most at risk could help lower overdose death rates.

"Health and social workers may be in a unique position to easily identify individuals most at risk of death due to overdose," said Dr. Kanna Hayashi, study senior author, research scientist at the BC-CfE's Urban Health Research Initiative and Assistant Professor in the Department of Medicine at the University of British Columbia. "This is the first study to demonstrate individuals who have experienced a non-fatal overdose in the past are at a much higher risk of a subsequent fatal overdose, suggesting those providing services to persons with addiction may be able to easily identify individuals for intensive overdose prevention interventions."

In recent years, fatal overdose has become a leading cause of death in North America. Research to allow for the identification of those most at risk of death has been lacking. B.C. recently became the first province in



Dr. Kanna Hayashi

identify immediately where risks are arising and take proactive action to warn and protect people who use drugs."

"While we are in the midst of a public health emergency due to fatal overdoses, the reality is only a tiny fraction of the drug using population is likely to experience a fatal overdose. These data imply basic screening activities, when routinely performed, could help identify those at highest risk," said Dr. Seonaid Nolan, Assistant Professor of Medicine, research scientist at the BC-CfE and addiction medicine physician at St. Paul's Hospital in Vancouver.

Data from the study "Non Fatal overdose as a risk factor for subsequent fatal overdose among people who inject drugs", published in the top U.S. addiction journal *Drugs and Alcohol Dependence*, were derived from 2317 participants between May 1996 and December 2011.

Canada to declare a public health emergency in response to the current crisis from drug overdoses. The B.C. Ministry of Health explained the purpose of the emergency declaration was to "allow medical health officers throughout the province to collect more robust, real-time information on overdoses in order to

RESEARCH PROJECT

Sexual Health and HIV/AIDS: Women's Longitudinal Needs Assessment

The SHAWNA Project (Sexual Health and HIV/AIDS: Women's Longitudinal Needs Assessment) is a five-year Canadian Institutes of Health Research (CIHR)-funded research project focusing on the social, policy, legal, gender and geographic gaps in women's sexual health and HIV care across Metro Vancouver, led by the Gender & Sexual Health Initiative. SHAWNA is a collaboration with a diverse team of researchers, community, legal and policy experts and women living with HIV/AIDS.

For more information about the research aims of the SHAWNA Project, please see our full summary at: <http://bit.ly/SHAWNAsummary>

LECTURES & EVENTS

What's New in Addiction Medicine?

What's New in Opiate Use Disorder and Chronic Pain

Speaker: Dr. Erin Knight

Tuesday, May 24, 2016, 12-1PM

Hurlburt Auditorium (2nd floor), St. Paul's Hospital

B.C. Addiction Conference & Research Day

Wednesday, May 25, 2016, 9AM-5:20PM

Cullen Family Lecture Theatre, St. Paul's Hospital

HIV Care Rounds

Bone Health

Speakers: Dr. Silvia Guillemi, Kerry Maxwell and Lynda Lawrence

Thursday, June 2, 2016, 8-9AM

Conference Room 7, Providence Level 1, St. Paul's Hospital

Lymphoma (and other cancers)

Speaker: Dr. Heather Leitch

Thursday, June 16, 2016, 8-9AM

Conference Room 7, Providence Level 1, St. Paul's Hospital

HIV/AIDS Webinar

Navigating the Medico-Legal Borderland: Criminalization of HIV non-disclosure

Speakers: Michael Vonn and Jonathan Postnikoff

Wednesday, June 8, 2016, 8-9AM

Register online at <http://bit.ly/June2016Webinar>

For more information, contact us at Education@cfenet.ubc.ca or visit our website at www.education.cfenet.ubc.ca

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline

1.800.665.7677

St. Paul's Hospital Pharmacy Hotline

1.888.511.6222

Website

www.cfenet.ubc.ca

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