Hello Everyone,

I know this is technically the “Spring” newsletter but it seems like Old Man Winter just doesn’t want to go away in many parts of our country! I am hoping Spring will be here to stay very soon. The arrival of Spring means the CHAP Annual General Meeting (AGM) and CAHR conference are not far away. I am really looking forward to the CHAP AGM this year in St. John’s, Newfoundland. Not only will we be able to enjoy local cuisine and culture (cod kissing anyone?) but the conference is sure to be a success with our very own Deborah Kelly as co-chair! As for the CHAP AGM, we have two excellent speakers who will be joining us, Drs. Curtis Cooper and Richard Harrigan. In addition, one of the major items on the AGM agenda will be discussing the future of CHAP. There is no doubt that CHAP has been a very successful organization, primarily due to its outstanding members. However the world around us is changing and many organizations, including CATIE, are expanding their mandate to formally include hepatitis C in addition to HIV. With further expansion of hepatitis C treatment options in the near future, we as CHAP members may also want to consider whether we should more formally incorporate hepatitis C into our mission statement and goals. As my Chairperson duties wind down, I would also like to welcome all of the pharmacists who have joined CHAP since the fall including: Christina Larson, Valerie Panas, Vince Gariepy, Rob Gair, Karim Ibrahim, Melanie McQueen, Marlene Fouad, Mathieu Laroche, Hilary Watson. Welcome – it is great to see CHAP membership continue to grow across the country! Finally, a HUGE thank you to the Executive members, Shanna Chan, Linda Robinson, Alice Tseng, and Deborah Yoong. You have been so amazing to work with!! As CHAP has matured, so has the structure and communication among Executive members which has made my job as Chairperson much easier! I would also like to thank Deborah Kelly for her advice/guidance as we were planning the CHAP AGM. I look forward to seeing many of you soon!

–Christine Hughes, Chair
# CHAP Annual General Meeting Agenda

## 2013-2014 Executive

**Chair**  
Christine Hughes, Pharm.D.  
(Edmonton, AB)

**Secretary**  
Shanna Chan, B.Sc. Pharm (Winnipeg, MB)

**Past-Chair**  
Linda Robinson, B.Sc.Phm (Windsor, ON)

**Treasurer(S)**  
Alice Tseng, Pharm.D. (Toronto, ON)  
Deborah Yoong, Pharm.D. (Toronto, ON)

## Members of the Working Group

**Alberta**  
Michelle Foisy, Pharm.D.  
Chantal Ho, BSc. Pharm  
Jeff Kapler, B.Sc.Pharm  
Jinell Mah Ming, B.Sc.Pharm,

**British Columbia**  
Linda Akagi, B.Sc.Pharm.  
Carlo Quaia, B.Sc.Pharm.  
Karen Tulloch, Pharm.D

**Newfoundland**  
Debbie Kelly, Pharm.D.

**Ontario**  
Natalie Dayneka, Pharm.D.  
Pierre Giguère, B. Pharm, M.Sc.

**Quebec**  
Nancy Sheehan, B.Pharm., M.Sc.  
Alison Wong, B.Pharm, M.Sc.  
Dominic Martel, B.Pharm, M.Sc.

**Saskatchewan**  
Shannon Stone, BSP  
Linda Sulz, Pharm.D

## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>0730</td>
<td>Breakfast (Cochrane Room)</td>
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| 0800 - 0900 | Breakfast Symposium: HIV-HCV Co-infection: New Treatments and New Paradigms  
Speaker: Dr. Curtis Cooper |
| 0900 - 1145 | CHAP Business Meeting (Le Marchant Room)  
Welcome and Executive Report (Christine)  
- The year in review  
- Group recognition  
- Contact updates  
- Working Group Membership update  
- Treasurer Report (Alice)  
- Old Business  
  - Coverage of ARVs (Linda R)  
  - Website/Listserve update (Alice)  
  - CHAP Review Paper (Michelle/Alice)  
  - Screening tool (need to see pharmacist) (Alison)  
  - New Business  
  - Election of Secretary 2014  
  - Expansion of CHAP mandate/membership  
  - Role in HCV (including mono-infection)  
  - CHAP accounts and handling project/research funds (Alice)  
  - New projects:  
    - HIV testing in community pharmacies (Debbie Kelly) |
| 1145 - 1215 | Lunch (Cochrane Room)                          |
| 1215 - 1315 | Lunch Symposium: Developments in HIV Drug Resistance Testing  
Speaker: Dr. Richard Harrigan |
| 1315 - 1330 | Photo Slideshow and yearly Photo (Le Marchant Room) |
| 1330 - 1430 | Meeting with CATIE Executive – collaboration on HCV initiatives |
| 1430 - 1500 | Break                                          |
| 1500 - 1700 | Research Sharing / Practice Sharing  
- Research  
  - Pierre  
  - Christine  
- Practice  
  - Prepackaging PEP kits (Natalie)  
  - Perinatal HIV (Michelle)  
  - Tanzania (Humanitarian work) - Alison |
| 1830 | CHAP Dinner - Blue on Water (319 Water Street) |
Manitoba HIV Program – Shanna Chan

Our patient numbers continue to grow, however we have not had any new funding since 2009. Our MB HIV Program is currently analyzing our 2013 data with preliminary results showing 116 new patients entered into care with 92% retention rate (at least 2 visits) and 70% already have viral loads <200 copies/mL.

The number of babies born to our HIV+ mothers continues to rise (a common theme amongst clinics). Many of these mothers were diagnosed on perinatal screen (one recently at 30 weeks) and one AFTER the baby was born – yikes! Fortunately we have had no new positive babies (knock on wood). The tide seems to be turning to more discussion about PrEP (not covered in MB) for the negative partner and safer means of conception with discordant couples.

Winnipeg will be welcoming the 22nd Annual Canadian Association of Nurses in HIV/AIDS Care (CANAC) conference - April 24-26th. Beyond HAART – living well with HIV. With amount of snow we received this past winter, I’d recommend participants to bring their rain boots and winter jackets – lots of snow to melt = lots of puddles.

Shanna
Vancouver (St. Paul’s Hospital) – Linda Akagi

The BC patient numbers continue to grow as a result of expanded HIV testing and ‘Treatment as Prevention’. As a result, the St. Paul’s (SPH) ambulatory pharmacy is dealing with the increased workload by reallocating clinical resources based on each patient’s clinical need. The pharmacy is also strengthening its support for our community pharmacy partners who receive HIV medications that are dispensed from SPH.

The BC program is also re-evaluating its HIV Post-exposure program. Considerations for change include medications and exposure type. An 18 month pilot project of consensual sex and needle-sharing events from 5 sites will be concluding in July 2014. Data from the project will be used to inform the BC Ministry of Health on whether or not provincial funding should be considered for these types of exposures. The enthusiasm for this pilot has been overwhelming and the SPH pharmacy has been kept very busy as a result.

Linda A

Vancouver (Oak Tree Clinic) - Carlo Quaia

Hello from Vancouver British Columbia! We have been fortunate to actually see the arrival of spring here as the cherry blossoms are out and the Stanley Park Easter train was up and running over the Spring Break holiday (it will be back when Easter actually arrives in a month’s time). While we are not without our fair share of spring time raindrops and the snow continues to dust our North Shore mountains, summer will be here before we know it.

This year marks the 20th anniversary of the Oak Tree Clinic. The clinic opened in March 1994 under the guidance of Dr. Jack Forbes and Dr. David Burdge in response to increasing cases of women and children living with HIV in BC. There was also a recognition that women experienced HIV differently (medically, emotionally, socially) than men. Over the past 20 years our health care team has grown to provide comprehensive health care for more than 800 HIV infected women, pregnant women, and their families (partners, children) and our team now includes adult and pediatric infectious disease specialists, obstetrical and gynecological specialists with HIV expertise, nurse practitioners, nurses, pharmacists, dieticians, social workers, a psychiatrist and counselor, and outreach workers. Over these 20 years we have also built a research team to contribute to women-specific HIV literature and minimize the large gap that exists in the published literature. We look forward to celebrating our 20 year anniversary, and as HIV care continues to evolve we look forward to what the next 20 years will bring!

In 1993 it is estimated that a new HIV-infected child was arriving at our clinic every 3 weeks. Twenty years later we are seeing fewer new HIV infections in children however there still exist a number of challenges in our young pediatric population either living with HIV themselves or live in families affected by HIV. One interesting initiative that is ongoing at our clinic is the “Read to Succeed” program. This is a literacy promotion intervention that targets families living with HIV/AIDS who have children aged 3 to 18 years of age who receive care at the Oak Tree clinic. The program is part of a study by three pediatric residents at the BC Children’s and Women’s Hospital and involves three components including a literacy-oriented waiting area with access to children’s books, book gifting, and literacy behavior modeling sessions led by clinic volunteers. The “Read to Succeed” program hopes to demonstrate that the literacy intervention will be associated with positive changes in parents’ attitudes and behaviors related to reading aloud with their children. While this initiative has little to do with antiretroviral therapy, it may be that the promotion of early literacy promotes school readiness and success and has a positive impact on downstream medication-taking behavior and health care maintenance.

Further on the research front we are in the process of finalizing our updated Pediatric HIV Guidelines (will be available on the Oak Tree Clinic website www.oaktreeclinic.bc.ca and BC CFE HIV/AIDS http://cfenet.ubc.ca/therapeutic-guidelines). We are also awaiting publication of the national clinical practice guidelines for the Care of HIV Positive Pregnant Women and Interventions to Reduce Perinatal Transmission. These guidelines are expected in the summer of 2014 and will be available on the Society of Obstetricians and Gynaecologists of Canada website (http://sogc.org/).

While we are sorry to miss everyone at CAHR 2014 we hope the conference goes well and is enjoyed by all!

Karen Tulloch
Carlo Quaia
Calgary – Jeff Kapler

It feels like Spring will never come!! Not too much new in Calgary, but like other clinics, the common theme is Busy! We have added about 160 new patients to our clinic since April 1/13. Struggling to keep up with the workload, as a fundamental change in budgeting for staff resulted in about a 0.4 functional REDUCTION in pharmacist FTE’s. (Hopefully this will be fixed by the time we meet in April!). We continue to keep a team occupied with helping manage our pregnancies (23 babies delivered in the last 12 months, and still 11 women currently expecting). Happily, our Genevieve happened to become pregnant as well, and is due in the fall! Jeff is still excited to be managing HCV coinfected patients along with a physician and hepatologist. We are still running “Nurse-Pharmacist Clinics” in which we see roughly 7-15 patients per month.

Jeff K

Edmonton – Christine Hughes & Michelle Foisy

Perinatal HIV Protocol
After much work, the AHS- Edmonton Zone Perinatal HIV protocol is almost finalized. We are anticipating having the inpatient pre-printed patient care orders (PCOs) finalized this spring. A draft copy of the protocol can be found at the following site: http://krs.libguides.com/content.php?pid=452758&sid=4589197 (HIV Perinatal Proctocol- Edmonton Zone). A **BIG thank you** to Michelle Foisy for coordinating the revisions as well as all of her work involved in implementation!!

Outreach
The Northern Alberta HIV program continues to expand outreach efforts and education of health professionals in remote areas that have a significant HIV-infected patient population. Last year team members including a pharmacist travelled to one of the reserves in northern Alberta. Recently team members were invited to travel to Fort McMurray and will meet with various groups/health professionals as well as provide an educational event in late March.

Christine & Michelle
Saskatchewan (Saskatoon) – Kelly Buxton

Saskatoon has continued to be busy, and after a long winter being caught in the ‘polar vortex’, we are eagerly waiting for Spring to arrive! We continue to see our patients in both hospital and community based clinic settings, as well as provide indirect clinical support to many of our rural and remote Northern clinics that our physicians visit. We are still actively seeking additional ID physician support to cover some of the gaps left by the departures of Dr Skinner and Dr Larios last year.

We are proud to report that we’ve had our first few “graduates” of our formula program—the provincially funded program provides formula to babies of HIV-positive mothers for the first year of life. The program officially started in January of 2013 and in Saskatoon Health Region we currently have 10 families active in the program and 5 families in the process of being enrolled. Our social worker is the program coordinator in Saskatoon Health Region and has done an amazing job organizing our moms and fostering linkages between community members and families, our dispensing pharmacies, and our pediatric dieticians.

We’ve also had some excellent education opportunities in Saskatoon over the past few months—Dr Andrew Zolopa provided us with a half-day workshop on antiretroviral resistance which was attended by clinical staff from across the province. With the assistance of the HIV Provincial Leadership Team and the Saskatchewan Prevention Institute, we were also able to coordinate and host an infant feeding event which featured Dr Sara Greene and Allyson Ion from McMaster University. They presented on the findings of their HIV and Mothering Study at our HIV Grand Rounds and also gave an evening community presentation on the experiences of infant feeding for HIV-positive mothers. Dr Greene and Allyson also conducted a focus group with some of our local HIV positive mothers which was extremely well attended and has since led into the formation of a mother’s peer support group.

One of the projects we’ve recently been working on is collaboration with one of our pharmacy residents to develop a standard pharmaceutical care plan and admission process for HIV positive patients admitted to hospital. We also developed a comprehensive training module for inpatient pharmacists to increase their knowledge and confidence when working with our patient population in the inpatient setting. The next steps of the project will be to evaluate the efficacy of the tools and we are looking forward to the results.

Finally, we have recently gotten provincial drug plan coverage for Boceprevir and Telepravir for use in our HIV-HCV co-infected patients. Given our incredibly high number of co-infected patients and the new agents in the pipeline, it looks as though the HCV world is going to keep us on our toes for the next while!

Kelly

Saskatchewan (Regina) – Mike Stuber & Linda Sulz

Our clinic has been growing quite a bit in Regina with new staff including nurses, research staff and physicians. I have taken on the majority of clinic time with patients while Linda focuses on anti microbial stewardship and other projects, although she is very involved on the HIV side as well. This year has centred around our transition to an electronic medical record and we’ve been developing some exciting clinical tools to help improve the care our patients receive, particularly in regards to renal, cardiovascular and bone health. As well we have been working closely with our community pharmacist partners with respect to education and communication. This has resulted in some dramatic increases in HIV suppression rates and helps us tailor our clinic visits to better suit our patients needs.

Looking forward to the CHAP meeting in St. John's, see you there!

Mike
Ottawa – Pierre Giguère

Hello from the National Capital,

There have not been major changes since the last update but rather progression on different projects: the microboosting study is enrolling, and accrual is more than 50% completed. I have final results for the DRV PEP study which will be presented at CAHR and CHAP: stay tuned! Finally, I thank Alison, Michelle and Alice for keeping me on track with other collaborative projects!

Clinically, my time is shared between the viral hepatitis and IMD clinics. Lately, I am spending more time in the HCV field. There are many all oral DAA new starts comprised of sofosbuvir and simeprevir. I wonder if (or when) private plans will start to limit the use of this expensive but so well tolerated treatment. At the HIV clinic, there is a clear shift towards moving away from PI-based therapy to Integrase inhibitors. So far, we started between 5-10 patients on dolutegravir, with no complains or any bad surprises.

Finally, on a personal note, we spent fantastic family vacation time in Mexico and Hawaii this year. I am anxiously waiting for the spring to start riding my bike. I registered for 2 century rides this summer plus a bike trip in the fall. I need to put miles on my legs!

I am looking forward to seeing you all in St John’s.

Pierre

Ottawa (CHEO) – Natalie Dayneka

I have recently update CHEO’s recommended dosing guidelines newborn babies born to HIV positive mothers. These guidelines include dosing for triple therapy. CHEO does not follow the Nevirapine dosing guidelines in the current DHHS.

I have also recently revised CHEO’s guidelines for HIV PEP – both for occupational and non-occupational exposure. I will announce when these are approved so that I can share.

I am attending CAHR Conference this year and would greatly enjoy being approached with any pediatric questions or being included in any pediatric discussions.

Natalie
Ontario (Toronto General Hospital – Alice Tseng)

At TGH, we finally updated our PEP protocol to Truvada/raltegravir. This seemed to involve a lot more work than necessary due to some concerns regarding stability information. However, our manufacturing department preserved and we’ve made the switch. Thanks to the CHAP members who contributed comments/advice on this issue.

We are continuing to update and add information to both our HIV & HCV websites; updates from CROI (including information on new/investigational DAAs) are now on-line.

Stay tuned for some exciting new developments in the near future.

Alice

Ontario (Windsor) – Linda Robinson

First of all, I would like to introduce everyone to my newest colleague, Melanie McQueen. Melanie is being trained to be my back up pharmacist and will likely be covering all duties at the HIV clinic in Windsor, 1 week per month. She is really keen and ready to take on all challenges in this practice and I feel very lucky to have her. So I send and official “welcome aboard”, Melanie! Other news in Windsor; we have just finished updating our MTCT and PEP protocols, having switched our PEP to Raltegravir and Truvada. We have had 2 residents spend a month with us this winter and many third and fourth year pharmacy students from Wayne State, always choosing the HIV clinic as a "fun" place to spend a day or two. It is great to have such young, and keen interest in this area still. Some of the projects I am personally involved in include a Phase 2 module for Renal Health; a Medsrec Tool specifically for Hep C nurses, as well as working to help broaden prescription reimbursement for Ontario patients managing difficult co-pays. On a broader scale, we are holding our 6th annual Ontario HIV Pharmacists Education Day on Friday, June 6 in Toronto.

We look forward to another great day of practice sharing and education.

Looking forward to seeing everyone in St. John’s,

Linda R
Hello from the CHUM team (Dominic, Isabelle, Marie-Pierre, Mathieu, Rachel and Suzanne)!

Some interesting news for this year. We have finally changed our PEP regimen for Truvada/Isetnress at our center. Also we have worked hard this year to come up with tools for helping pharmacists, in the distribution service, identifying relevant drug-drug interactions with ARVs. We have developed "ready-to-use" notes that pharmacist can send to the medical team when they identify a relevant drug-related-problem (e.g. Fluticasone with ritonavir; transdermic Fentanyl with ritonavir, Rilpivirine and PPI, etc.). We are currently working on developing patient information leaflets for DAA for HCV treatment.

From a research perspective, a group of pharmacy residents, led by Rachel and also Mathieu completed a very interested research project which was presented at the American Society of Clinical Pharmacology & Therapeutics 2014 in Atlanta,GA on March 21, 2014: "Comparison of the QT/QTc interval between an outpatient HIV-infected population on antiretroviral therapy and two large HIV-negative cohorts (QTVIE)". On my side, I finally completed my residency project (in collaboration with Nancy Sheehan and Alice Tseng) on the effect of boceprevir on the pharmacokinetics of maraviroc in healthy volunteers. Preliminary results were presented at the 14th International on Clinical Pharmacology of HIV Therapy, in Amsterdam, April 2013 and the paper should be ready in a near future.

Have a nice summer! Dominic
From the Chronic Viral Illness Service in Montreal, the merger between the clinics at the Montreal Chest Institute and the Montreal General Hospital will occur on the 24th of March. We will be welcoming 7 new physicians, an additional part time social worker, a new full time nurse, 2 extra days of psychologist coverage and 700 extra patients (total of approximately 1800 patients). Though, no additional pharmacist time has been allotted, we have been provided with a new, bigger office in which we have a separate table for our student/resident who is almost always present!

We have noticed an increase in the number of referrals for HIV/HCV co-infected patients and also HCV mono-infected patients. So far, we have been mainly consulted for access to the new HCV medications but also for drug-drug interactions. We receive approximately 2 consults/week but are expecting the numbers to increase as new data for DAA HCV therapies are available.

In terms of projects, the screening tool is coming along nicely. We have successfully gone through scientific review and are pending the decision of the ethics board. Validity testing revealed some minor issues that will be corrected on the resubmission with the ethics comments. Linda R is still working on securing financing due to some details on wording and Pierre G has already integrated a first version of the survey online. Hopefully some preliminary results will be available for presentation at CHAP!

Regarding the therapeutic drug monitoring (TDM) service, we are planning to have a booth at CAHR 2014, so feel free to drop by. The TDM website is now up and running at www.muhc.ca/quebec_tdm (English) and www.cusm.ca/quebec_tdm (French). You will find information regarding therapeutic drug monitoring (antiretrovirals analyzed, indications, how to request a TDM, how the TDM is interpreted and the supporting literature). You will also find information regarding the logistics of TDM (when and how to draw blood, expected turnaround time) in the FAQ section. Of note, assays for the newer ARVs (rilpivirine, elvitegravir/cobicistat, dolutegravir) are still in development.

Alison Wong
On behalf of the Chronic Viral Illness Service pharmacy team
Update from “the Rock”....

We’re currently enjoyed some much-deserved stability in our clinic (finally!) so this has allowed me to focus on a few projects. We are working on updating our PEP guidelines and expanding them to include guidance for occupational and non-occupational PEP. New PEP regime will be Truvada + raltegravir, and we hope this will be finalized in the next couple of months. The plans are then to present these as provincial guidelines so all four regional health authorities will have a consistent approach to PEP... wish us luck!!

I have several research collaborations/projects in the works, just waiting to hear the outcome of funding decisions. One project is looking at community-based testing for HIV, HCV and HBV at a variety of testing sites, one of which is a community pharmacy. I’ll share more about this along with a pitch for a potential CHAP project related to this at the meeting in April so stay tuned. Another project is looking at understanding the motivators and barriers to adherence among HIV+ women in NL. I’m collaborating with a psychologist colleague for this project, which is really exciting as we plan to use the information gained from this study to develop an intervention targeted to improve adherence and then assess the effectiveness of the intervention in a later project. Finally, we’re finally moving ahead with an assessment of patient satisfaction with their care through our clinic, both non-physician and regular interdisciplinary clinics. Very excited that it looks like we’ll be collaborating with our colleagues in the Southern Alberta Clinic on this one!! Plans are to conduct this study over this summer with the help of a pharmacy student.

Finally, I’ve been pretty busy with the CAHR conference preparations. We have a great program lined up and I can’t tell you how excited I am to host you guys on “the Rock”!! A note for the wise... leave your LBD’s (little black dresses) at home for this gala, and instead bring your finest bar-hopping attire as you’re in for a pub-crawl, NL-style 🍻. Can’t wait to see you in a few weeks!! Deb
Publications


Poster Presentations (23rd Annual Canadian Conference on HIV/AIDS Research, St. John’s, NL, May 1-4, 2014 (accepted).


Deborah Kelly, Sandra MacDonald, Adam Reid, Kimberly Burt, Valerie Corcoran, Vernon Curran, Brenda Kirby, Karen Mitchell, Michele Neary, Beth Whelan. An Assessment of the Impact of an HIV/AIDS Interprofessional Education Module on Students’ Knowledge of the Role of Interprofessional Collaboration and Teamwork. 23rd Annual Canadian Conference on HIV/AIDS Research, St. John’s, NL, May 1-4, 2014 (accepted)

Awards/Recognitions

Jeff Kapler – In November, Jeff received the “Commitment to Care & Service Award for charitable work” from Rogers Media.

Deb Kelly - Received the AAHIVP credential, effective Jan 2014.