



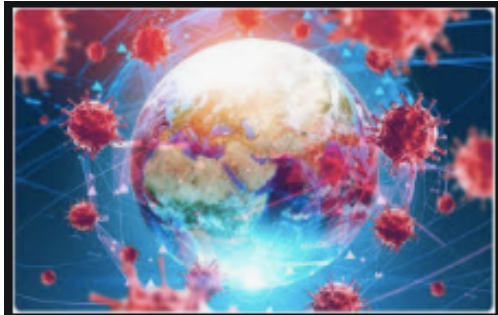
## CHAP NEWSLETTER: FALL 2020

Editor: Linda Robinson

### Mission Statement

To bring together pharmacists with a clinical and research focus in HIV and/or viral hepatitis to optimize patient outcomes and promote the profession of pharmacy through communications, education, research, and clinical practice.

### MESSAGE FROM THE CHAIR- JENNIFER HAWKES



It is an honour to serve as CHAP Chair for 2020-2021 year. CHAP currently has 21 working group members and a general membership of over 150 pharmacists across Canada and internationally. I welcome all of our newer members to take advantage of the invaluable resources and clinical advice that CHAP provides. We have a great CHAP executive team this year: Linda Robinson (secretary), Mike Stuber (past-chair), and Alice Tseng and Deb Yoong (Co-Treasurers). Linda comes with previous experience serving on the executive from 2011-2014 and Alice and Deb have been on our executive since the beginning and do countless other things like keep our listserv, website and membership list. I would also like to thank Karen Tulloch, our past chair for her work on the executive from 2017-2020 and Mike Stuber for being our fearless chair - leading the first virtual AGM aka "Pandemic Edition" in April 2020. The meeting minutes from the AGM, where we had the most fruitful roundtable, are now posted on the CHAP webpage.

COVID-19 has caused many changes and uncertainties; 2020 will be a year to remember. It was as if everything changed within a matter of days, in order to prevent further transmissions of this novel virus. Healthcare (and life) as we knew it was "on hold". Much of clinical care was reduced to "essential" and provided "virtually" and although some of these changes may stay, there will always be a need for "non-essential" and in-person visits. Engagement in care for many is built on relationships, often starting with a face-to-face meeting. While virtual care, reduced travel and reduced lab visits has been convenient and a welcome change for many, it has left many patients to fall further out of care. As we now settle in to a "new normal" for care this newsletter will reflect some of the changes, challenges and successes we have seen across the country.

Many were hoping to resume our in-person AGM, however 2021 will not be the year. The annual CAHR meeting, which was to be in Halifax, will be another virtual meeting for 2021. The CHAP AGM will also be a virtual event May 4/5<sup>th</sup>, 2020. We will be sending out a survey regarding meeting content and format. Virtual meetings and collaborations have opened up opportunities, despite the challenges that COVID has brought. Our CHAP executive is pleased to share that we now have our very own CHAP zoom account so that we can meet

“together” more often, in working groups or for many other clinical sharing, learning and collaboration possibilities. We encourage all of our members to use this to share what they have learned at conferences, join in on presentations and share our clinical knowledge and skills.

Sincerely,  
Jennifer Hawkes, CHAP Chair 2020-2021  
University Hospital of Northern BC,  
Prince George



*TO ACCESS THE CHAP ZOOM ACCOUNT  
FOR CHAP RELATED INITIATIVES PLEASE  
CONTACT*

[Jennifer.hawkes@northernhealth.ca](mailto:Jennifer.hawkes@northernhealth.ca)

OUR FIRST ZOOM CHAP EDUCATION  
SESSION WILL BE ON NOV 26 1-2PM EST  
“AN UPDATE FROM THE PK  
CONFERENCE”  
PRESENTED BY ALICE TSENG AND  
JENNIFER HAWKES  
WATCH FOR THE INVITE!!

## UPDATES FROM COAST TO COAST



Greetings from the Oak Tree Clinic!

What a year for everyone! While we can hardly remember the first few months (Jan-mid March) of the year, the remaining months will never be forgotten. At the start of the pandemic, our clinic shifted primarily to virtual/telephone vs. in-person visits for the majority of our clinic patients. During

this time a primary focus of our pharmacy team was to ensure that all patients had an adequate antiretroviral supply. We have since shifted back to in-person visits however still maintain a large virtual/telephone follow-up visit component. As the majority of our patients were previously having their blood work drawn during their appointment at the clinic, we are now noticing that getting timely follow-up blood work is becoming a challenge for

patients not coming into clinic. This is because many labs in BC now require advance booking of appointments and/o

there are long waits to have blood work drawn.

On a staff level, our pharmacy team has recently welcomed a new part-time pharmacist, Melanie Hempel. Melanie is currently working 1-2 times a week in our clinic, in addition to also working at St. Paul's Hospital. Starting in early 2021 we will have our first pharmacy student and resident back in the clinic. Most recently, together with pharmacy resident Jenna Neufeld-Peters, Stacey completed a study which evaluated the safety and effectiveness of TAF-containing antiretroviral therapy in HIV positive women (see below). We also have a current pharmacy resident whose residency project will be to evaluate post-partum contraception use in women living with HIV.

It was great to see everyone on Zoom for the last CHAP meeting and will look forward to seeing you all again in the Spring. But mostly, we can't wait to see everyone in person!

Best wishes for the fall and winter to come.

Karen, Stacey, Gloria, and Melanie

Publication/Posters:

Yang A, Boucoiran I, Tulloch KJ, Poliquin V. Is cabergoline safe and effective for post-partum lactation inhibition? A systematic review. *Int J Women's Health* 2020;12:159-170.

<https://pubmed.ncbi.nlm.nih.gov/32210637/>

Neufeld-Peters J, Tkachuk S, Pick N, Carr R. Evaluation of the safety and effectiveness of tenofovir alafenamide (TAF)-containing antiretroviral therapy in HIV positive women. <http://www.lmpsresidency.com/research/project>

### **Northern Health in BC**

Our regional specialized support team consists of a nurse practitioner (NP), pharmacist and a social worker. During the COVID-19 pandemic, several resources have been (and continue to be) more limited (community supports, food security, physician appointments, lab hours and appointments). Although our region, being rural and remote, had been set up for virtual care prior to the pandemic, this has become the "new" standard of practice throughout the province. Our team is not as integrated into a specific clinic, so the format of care has not been as impacted as in some clinics. Virtual rounds with primary care clinics, HCV prescribers, and the HIV specialist continue. It has become more difficult to have patients seen by multidisciplinary teams, and there have been more barriers to ARV

switches with reduced monitoring and increased times for results to return. Many patients were afraid to go to the lab or the hospital (which is often where the lab is located).

From mid-March 2020 until July 2020, our team worked from home providing virtual support only, with in-person appointments/outreach on an urgent basis only. Our NP was re-deployed to COVID-19 operations during that time, and saw a decline in ability to treat HCV patients eligible for simplified regimens through our team. We have resumed some in person and outreach appointments, but the majority of our support continues to be virtual.

HIV medications started to show on our provincial drug database “pharmanet” in May 2020 – this is new and we are hoping this leaves opportunity to have a dispensing pharmacy within Northern Health, as currently all ARVs are mailed from Vancouver. We have 3 regional contingency sites in the north, however all are located within hospitals and COVID-19 has led to different protocols for “emergency” medication pick ups and bringing in of patient’s own medications.

In February 2020, collaboration with existing PrEP providers, HIM (Health Initiatives for Men) and our team led to a commitment to be able to offer PrEP to anyone in Northern Health on a virtual basis. Some patients stopped PrEP due to physical distancing and changes in their behaviours to reduce

potential COVID exposures. A Northern Health PrEP Working Group was started in July 2020 with representation from community organizations including First Nations Health Authority, Infectious disease, primary care, Health Initiatives for Men, Positive Living North, Friendship Center and the Northern Medical Program’s Inclusive Medicine Club. The Options for Sexual Health (OPT) clinics in our region opened up their services to include virtual appointments, and not limited to those under age 26, which has increased the access to STI testing and treatment.

For many of the vulnerable clients that we serve, barriers continue to exist. Transportation options are more limited. Phone/internet access for virtual appointments is challenging. Existing outreach teams initially were not able to transport patients, but this has resumed somewhat with enhanced health checking, cleaning and masking

protocols. Many food and harm reduction supplies have changed to quick drop-ins or take-out. Housing insecurity continues with less community sites open for drop-in during the day. Going into the winter there may be less COVID financial supports for individuals and organizations, which may be difficult, as they have seen an increased need for essentials like food, socks/underwear and gloves.

Our region, as well as BC, has seen more deaths from the overdose pandemic than the COVID-pandemic. We have seen 6 consecutive months (March-August 2020) with over 100 illicit drug toxicity deaths/month in BC, while the total number of COVID-19 deaths is 245 (3 in Northern Health) between March 2020-October 2020. The BCCSU released guidelines on “Risk Mitigation in the Context of Dual Public Health Emergencies” and a 24/7 Addiction Medicine Clinician Support Line was launched. The Lifeguard App rolled out in June 2020 <https://www.northernhealth.ca/newsroom/new-lifeguard-app-launched-help-prevent-overdoses> , to provide a safer option for 911 for those that are using alone. To supplement availability for people without smartphones, some phones are available through a grant, however we are now seeing struggles to maintain minutes and data on these phones as the app requires wi-fi or data to work.

**Study Involvement:** Our NP has received ethics approval for a study entitled “Understanding Engagement in Care for Patients who Access Opioid Agonist Therapy”. We are hoping to begin interviews soon. Unfortunately, due to COVID, interviews will be over the phone only and many patients do not have access to a phone or the minutes required for the interview.

**Awards:** CAHR Healthcare Provider Travel Award (CHAP member recipients)

21st International Workshop on Clinical Pharmacology of HIV, Hepatitis and other Antiviral Drugs (originally scheduled for May 13-15, but was delayed to a virtual meeting September 28-30, 2020)

- Jennifer Hawkes, Northern Health
- Kathy Lee, Alberta Health Services
- Rachel Therrien, Centre Hospitalier de Montreal



Autumn was lovely and warm, but it came to a very abrupt halt around Thanksgiving here in Southern Alberta! Tomatoes were quickly picked in the dark last Thursday, and will soon end up in zesty salsa...

In the clinic, our activities have become a bit more normal-ish in the Covid context. All of our docs have returned to site, after most having been redeployed to acute care sites or labs at the (previous) height of our local pandemic. From April until June, we essentially had two ID docs working with us; these two were considered at higher risk for Covid disease due to age > 65, so the ID division decided they should be relegated to mainly telemedicine. It actually worked out very well, and these seasoned docs used the opportunity to optimize treatments for a number of patients whom they wouldn't normally be seeing. (Translation: Oct 1, 2019 we had 4% of our patients doing well on dual therapy of some sort... Oct 1, 2020 the proportion was more like 28%, and there's still room for expansion! Studies have been supportive of the transition for carefully selected patients, and our patients themselves have been receptive with education about it. There is also a cost benefit in many instances....). We continue to do telemedicine for a majority of well patients, and are working on a strategy how to best provide care going forward; for many patients it will soon be a year that we've had in-person assessments, and we have to plan for circulating patients through our doors again in a thoughtful and sustainable manner. Looking forward to seeing CHAP members in the flesh sometime in the next year!! - JEFF

## **Hello to all CHAP members from Edmonton!**

We have actually had quite a nice fall here in northern Alberta - fairly warm and beautiful fall colors are a nice distraction from some of the day to day challenges and stresses! It looks like this will not continue for much longer.

Things seem to be slowly returning to "more normal" or perhaps we are just getting used to sanitizing, masking, sanitizing, and filling out daily COVID screening questionnaires. We are seeing a greater proportion of patients for 'in person' visits and there seems to be no shortage of new referrals. However, virtual phone visits continue for many patients. "Rapid" starts are happening at the Kaye Edmonton Clinic site.

We are sad to report that one of our amazing infectious disease physicians at the Kaye Edmonton Clinic site, Dr. Geoff Taylor, passed away over the summer after a brief illness. Dr. Taylor provided care for a large number of patients living with HIV for many years. He is incredibly missed by the NAP team, medical colleagues, and his patients. Dr. Stan Houston, our long standing and devoted HIV medical director, has stepped down from this role in anticipation of retiring one day. Dr. Shannon Turvey has assumed the role of HIV medical director.

Not quite HIV-related, but the Faculty of Medicine and the entire University of

Alberta (as well as the province of Alberta!) are elated that Dr. Michael Houghton recently received the 2020 Nobel Prize for his contribution to the discovery of the hepatitis C virus. This is always a fun fact to include in the hepatitis C lectures to undergrad students. The importance of research on viruses (and public health responses) will not be forgotten any time soon. The Li Ka Shing Institute of Virology has a number of esteemed researchers highly involved in COVID-19 related research. This includes the founding director, Dr. Lorne Tyrrell, former Dean of Medicine and HIV physician who is a member of the national COVID-19 Vaccine Task Force.

Christine and Michelle on behalf of the NAP pharmacy team

#### **Presentations:**

Hughes C. HIV Management in the Face of COVID-19. Online webinar. May 12, 2020.

Kwok K, Foisy M. Efficacy of Integrase Inhibitor and Protease Inhibitor-based Three Drug Regimens in the Presence of the M184V/I Mutation: A Review of the Literature [abstract CSP12.01]. Presented at: CAHR 2020 Virtual. Held online May 1 & 2, 2020. (*Poster*). Posted at: <https://www.cahr-acrv.ca/wp-content/uploads/2020/04/CSP12.01-Efficacy-of-Integrase-Inhibitor-and-Protease-Inhibitor-based-Three-Drug-Regimens-in-the-Presence-of-the-M184V-Mutation.pdf>

Webb C, Foisy M. Dual Therapy with Boosted Darunavir and Dolutegravir: A Review of the Literature [abstract CSP2.03]. Presented at: CAHR 2020 Virtual. Held online May 1 & 2, 2020. (*Poster*). Posted at: [https://www.cahr-acrv.ca/wp-](https://www.cahr-acrv.ca/wp-content/uploads/2020/04/CSP2.03-Dual-Therapy-with-Boosted-Darunavir-and-Dolutegravir-A-Review-of-the-Literature.pdf)

[content/uploads/2020/04/CSP2.03-Dual-Therapy-with-Boosted-Darunavir-and-Dolutegravir-A-Review-of-the-Literature.pdf](https://www.cahr-acrv.ca/wp-content/uploads/2020/04/CSP2.03-Dual-Therapy-with-Boosted-Darunavir-and-Dolutegravir-A-Review-of-the-Literature.pdf)



HIV cases in Saskatchewan continue to rise, an 18% increase in the last year. IVDU continues to be a huge driving force behind new infections. Connecting and engaging in care is happening in a timely manner, but the ongoing engagement in care remains a challenge. I think we need to continue looking at increased testing to catch people earlier on. I recently gave a presentation to 130 family physicians in Saskatchewan with an update on HIV where I emphasized testing, TasP, and PrEP. Hopefully we can garner more partners in identifying new cases and caring for our patients.

Since COVID has come along, our clinic has adapted to provide virtual care to patients that this is suitable for. We still offer in person appointments as needed. The rates of COVID in Saskatchewan haven't been too bad thus far, but I think we're about to enter the second wave as in the last week we've seen numbers starting to climb.

Excited to report we had a poster from our group accepted and presented at the HIV Glasgow 2020 conference. It was entitled "CNS HIV viral escape syndrome presenting with persistent HIV viremia" and the authors included Dr. Kogilwaimath (Sk), Dr.

Schinold (Sk), Dr. Fitzgerald (UK), and myself. The case in this poster will likely sound familiar as it was discussed amongst the CHAP group earlier on. There have been several changes since the last CHAP discussion with the patient's regimen and he's currently on Triumeq 1 tab daily, Tivicay 100 mg daily, Maraviroc 300 mg bid, and Doravirine 100 mg daily. So happy to say this patient has finally suppressed as of last week after 2.5 years!

Hope everyone is doing well and staying safe.

Carly and Mike



**Volume 23, Issue S7**  
**Special Issue: HIV Glasgow -**  
**Virtual, 5-8 October 2020**

October 2020



Dear CHAP Members and Friends,

Like all of you, my practice at TOH has been marked by a bunch of restrictions, social distancing, and vacation cancellations. Nonetheless, life goes on, and resilience made day-to-day adaptation a livable reality.

From a brighter note, we have finally adapted to EPIC, our new EMR system. Although still not fully tailored to our ambulatory needs, I must admit that some features are great, and communication among HCP is much improved. TOH HR also was successful in filling the forever opened vacancies, so that we can now have an idea of what our current workload will look like. From your side, it may also mean that you will see my name more frequently on CHAP email threads.

From an HIV business, we shifted most of our clinic visits virtually during the first wave of the COVID-19 epidemics. As of July, we have resumed seeing the vast majority of our patients in persons. I must admit that I found it hard to provide the same level of care by monitoring patients remotely. Lately (ie the last 2 months), without being able to give a good explanation for this phenomenon, there appears to be more new diagnoses. It'd be interesting to know if this is seen in other clinics... From a treatment perspective, we are treating a lot with Dovato or Biktarvy without major tolerance or efficacy issues apart from .... Weight. OMG, this is really common when one looks at it. We have made some switches to doravirine, but it is too early to draw any conclusion.



Lastly, as some of you might have heard through the grape vines, uOttawa has restarted a 'x' tentative to start a French school of Pharmacy. It is quite striking to see the unmet needs for Francophone pharmacists across Canada (especially outside Quebec). I have joined the working group to come up with the best supportive evidence and best program. The interest seems genuine... now as a French expression says: Il faut que les bottines suivent les babines

(open translation: walk the talk) ...

A la prochaine!

Pierre

### **2020 Fall Newsletter: ALICE**

**a) UHN Immunodeficiency Clinic: COVID update.** The clinic made the move to virtual visits at the start of the pandemic in March, and not surprisingly, most patients really liked the convenience. However, impending ART changes (i.e., non-urgent simplification) and bloodwork were delayed for a few months until the summer. Similarly, the research team was able to move to virtual study visits and consents for a number of studies. The research team also pivoted and became actively involved in a variety of COVID-19 studies at the hospital, including CATCO, HEROES, CORI-PREV and others. It was like déjà vu all over again as I took on the DDI screening responsibilities for potential study participants – good thing we kept Kaletra in the HIV/HCV Drug Therapy app!

Nancy and I are collaborating on a CATCO sub-study looking at identification and management of drug-drug interactions in hospitalized COVID patients in our two centres. We hope to have our data collected over the next few months.

**b) HIV/HCV Drug Therapy app.** At the start of the pandemic, several new drugs were added to the app, including

new/investigational antivirals (remdesivir, favipiravir), other antivirals (baloxavir, oseltamivir, zanamivir), and multiple new classes of agents commonly used to manage hospitalized/critically ill patients (eg., 5 new anticoagulants, 20 new anti-infectives, 3 neuromuscular blockers, 7 vasopressors/inotropes, etc). Additional new features such as advanced printing options are now in beta testing by the app team.

**c) UHN/MUHC HIV residency program.** The residency program has received a 4 year accreditation award from the Canadian Pharmacy Residency Board! We were also pleased to welcome Tessa Senneker as this year's HIV pharmacy resident. Tessa started in Toronto last month.

**d) OHTN HIV Pharmacy Education Day (winter/early spring 2021).** Like all other conferences this year, the annual HIV Pharmacy Education Day will be virtual this year. Planning is actively underway for a date in late winter/early spring.

**e) CHAP National Observership Program.** At the beginning of 2020, we received funding from Gilead for the Observership program, and Sophia Wytsma from Calgary was approved to complete an observership with Alice and Deb in Toronto for summer 2020. Unfortunately this had to be put on hold for the time being. We will aim to reschedule as soon as it is feasible to do so.



### Drug Interactions with Gender-Affirming Hormone Therapy: Focus on Antiretrovirals and Direct Acting Antivirals

Lauren R. Cirrincione, Tessa Senneker, Kimberly Scarsi & Alice Tseng

To cite this article: Lauren R. Cirrincione, Tessa Senneker, Kimberly Scarsi & Alice Tseng (2020) Drug Interactions with Gender-Affirming Hormone Therapy: Focus on Antiretrovirals and Direct Acting Antivirals, Expert Opinion on Drug Metabolism & Toxicology, 16:7, 565-582, DOI: [10.1080/17425255.2020.1777278](https://doi.org/10.1080/17425255.2020.1777278)

To link to this article: <https://doi.org/10.1080/17425255.2020.1777278>

Published online: 27 Jun 2020.

**ONCE AGAIN, ANOTHER GREAT REFERENCE! THANKS ALICE**

### WINDSOR:

Hello all and I hope you are settling into somewhat of a new normal. Crazy times! There is not much to report from the Windsor Clinic other than our COVID response. We have spent the spring and summer with our clinic closed to all foot traffic and our pharmacy has operated virtually and with delivery (something we didn't have before). I feel the delivery option is spoiling the patients and will likely not go away any time soon, so that is good. As for the roles for Sheri and I, as of mid November, I will be officially retired from the Windsor Program. I had semi-retired and returned in a limited capacity in spring 2019, but increasing opening of the clinic, along with the birth of my second grandchild, Hadley Ann, August 21, I find myself ready to make the final leap into more availability for grand-motherhood. I am still quite busy teaching and working as a consultant out of my home office and will be kept busy the next couple of years on the CHAP executive, so don't think you're getting rid of me that easy! LOL

Hope to ZOOM you all very soon .

Linda Robinson

### Update from St. Michael's Hospital, Toronto

Well, nothing new over here but this crazy pandemic and this surreal world we are living in right now!

Since March, we have pivoted into providing a mix of virtual and in-person care. Our ambulatory clinics never closed and all new patients (new to our clinic, new diagnosis and PEP patients) are seen in person with all staff wearing a mask and a shield, while most routine patients are followed up with a phone call. For follow-ups, because physicians are conducting their phone visits independently, the rest of the team try to screen charts and address issues before the phone visit. Sadly, we've had a lot of patients lose jobs, lose drug insurance, and lose income. With no universal access to ARVs, we've had to set up many patients on patient support programs (thankful that we have them!) or switch therapy to enable enrolment into a program. Other challenges such as keeping patients engaged in care remain a challenge, especially with limited staff at public health to help follow-up and reduced days/hours at family physician offices.

On a different note, we are about to start enrolling patients into the SOLAR trial where patients may have the opportunity to switch to the long acting rilpivirine/cabotegravir injection, given every 2 months. The plan is for this injection to be administered at our clinic but we haven't had any comprehensive discussions on how we will handle requests for this in the future, or what that future even looks like...

Deborah



**From the Centre Hospitalier de l'Université de Montréal (CHUM), Montréal**

(Dominic Martel on behalf of the CHUM HIV pharmacists - Mathieu Laroche, Suzanne Marcotte, Marie-Pierre Marquis, Dominic Martel, Rachel Therrien)

Hello everyone,

As all of you, we had to adapt our work at the clinic following the COVID-19 pandemic. We now see patient only if necessary, minimizing bloodwork, avoiding if possible unnecessary change of antiretroviral therapy and doing most of our interventions by phone or through videoconference. The CHUM is offering to have confidential video consultation with patients using the REACTS platform (<https://reacts.com>) if required although we are able to do much of our necessary interventions through telephone as it seems to be easier for most patients. The pharmacy team is also helping various researchers and clinicians at the CHUM with the evaluation and management of drug-drug interactions in different protocols using lopinavir/ritonavir as a studied treatment option for COVID-19. Montreal was hit seriously with COVID-19 and the CHUM is one of the hospitals that have the most COVID-19+ patients in the province.

On my side, last year was a very busy year in finishing various projects (as mentioned in the winter 2019 newsletter). Therefore, a

lot of work has been done trying to finish and submit manuscripts to various journals. Some of our work is in the process of being submitted or re-submitted to various scientific papers so hopefully I can have the manuscripts to share to you in the next newsletter.

Of interest, we are also submitting a manuscript from a study that was done with one of our past pharmacy student from France who presented her thesis on HBV viral reactivation and chemotherapy at “faculté de pharmacie, Université d’Aix-Marseille”, in Marseille, France in the fall of 2019. I had the chance to do a trip to the south of France and attend her thesis presentation in the lovely Marseille. Her work was also presented at an oncology conference in Barcelona in Spain, in the pre-pandemic era.

Marty C, Martel D, Martel-Laferrière V, Doucet S, Cébaillos P, Adam JP. Impact of routine screening and preemptive treatment on hepatitis B virus reactivation (HBVr) in patients receiving chemotherapy. European Society for Medical Oncology (ESMO) Congress. P1837. September 29-October 1st, 2019, Barcelona, Spain.

Finally, we have a project evaluating pharmaceutical interventions and drug-drug interactions in the CHUM ECHO<sup>®</sup> hepatitis C program and hopefully I can share the results once we get back to presenting scientific work in conferences. Some of the data from the CHUM ECHO<sup>®</sup> hepatitis C program was presented at the INSHU meeting in the fall.

B Kotsoros, V Martel-Laferrière, C Leclerc, J Parent, S Chougar, S Brissette, D Martel, L-C Juteau, C Wartelle-Bladou. First French-Speaking ECHO<sup>®</sup> Hepatitis C Telementoring

Program: Evaluation at Year-Two. P179. 8th International Conference on Hepatitis Care in Substance Users (INSHU). September 11-13, 2019, Montreal, Quebec.

Take care and hopefully see you all in person next year,

Dominic



Hello from the far east (NL)!

We've been pretty fortunate from a COVID-19 standpoint in our province, thanks to the Atlantic bubble keeping us safe. When things shut down in March, we switched to virtual visits for our HIV clinic using the provincial virtual health platform, Cisco Jabber. So essentially this means we have team visits with the patient, including our physician, NP, social worker and myself. Overall, the system is working pretty well, but I'm wishing we were back to in-person visits as there are some patients who really need a hands-on visit and others struggle with the technology (for some we just do a conference telephone call in that case).

Our province recently approved a new NP position for sexual health in communicable diseases. This is fantastic as she works closely with our clinic and is doing a lot of new PrEP starts.

On the research front, Christine (AB), Tasha (NS) and I have been working to get the APPROACH 2.0 study off the ground but

things have been delayed due to COVID-19. As a reminder to those who are unfamiliar with this study, we will be offering pharmacist testing for HIV, HCV and syphilis through community pharmacies in NL, NS, and AB. Some pharmacies will offer a choice of point-of-care testing (POCT) for HIV and/or HCV, and some will offer dried blood spot (DBS) testing for all three infections so clients will be able to choose their preferred testing option. This is a very exciting study as it is testing the proof of concept that pharmacies can be a testing hub for all STBBIs (we are looking into offering dried urine samples for chlamydia and gonorrhea as well for some sites). This study is funded as part of a large CIHR team grant with REACH, which is looking at a variety of testing strategies – self-testing, peer testing, and pharmacist testing – for HIV. We hope to be able to launch the study by mid-2021.

Meanwhile we have connected with several pharmacists (and others) from across the country who are doing work related to testing for HIV and/or HCV so this is quite the exciting journey! In particular, I have been working with the OHTN for the past year on their pharmacist testing pilot in Toronto and Ottawa. Some really fascinating experiences through this project. In particular, when virtually everything shut down due to COVID-19 in March (including all the STBBI testing sites), the Toronto pharmacy adapted their processes and continued to offer testing. Demand was great and clients truly appreciate the service. OHTN will be publishing results of the pilot soon but I just wanted to share this preview... just another of the amazing ways our pharmacy colleagues have stepped up to provide critical services during the public health crisis. We are currently working on an economic evaluation of the testing pilot in ON.

Personally, I am taking a sabbatical leave this year (Sept 2020-Aug 2021) though I have to say, life is no less busy! My focus will be on the APPROACH 2.0 study, but also continuing to collaborate with CANOC as the NL site PI and working as the clinic director for the MTS Clinic. We've enjoyed a very successful year in obtaining research funding for work through the MTS Clinic so lots of projects happening. Below is a list of publications I've been involved with over the past year, including a new chapter on HIV prevention that I was asked to write for RxTx (CPhA).

Hope everyone is keeping well. Really hoping we might be able to meet in person this spring for our CHAP meeting at CAHR!  
xo

Deb

#### **Book chapters:**

· Kelly DV. Prevention of HIV Infection. In: Therapeutics [Internet]. Ottawa, ON: Canadian Pharmacists Association; [updated September 2020]. Available from: <https://www.myrxtx.ca>. Also available in paper copy from the publisher.

#### **Publications:**

· Kelly DV, Kielly J, Hughes C, Gahagan J, Asghari S, Hancock S, Burt K, Smyczek P, Charlton C, Nguyen H. (2020). Expanding access to HIV testing through Canadian community pharmacies: findings from the APPROACH study. *BMC Public Health* 20, 639 (2020). <https://doi.org/10.1186/s12889-020-08719-0>.

· Kelly DV, Pittman N, Balsom C, Clarke A, Genge T, Jesso B, Kielly J, Phillips L. (2020). Establishing the Medication Therapy Services Clinic: goals, challenges and future directions. *Canadian Pharmacists' Journal*. (Accepted for publication)

· Balsom C, Pittman N, King R, Kelly DV. (2020). Impact of a pharmacist-administered deprescribing intervention on nursing home

residents: a randomized controlled trial. *International Journal of Clinical Pharmacy* 42(4):1153-1167. doi: 10.1007/s11096-020-01073-6. Epub 2020 Jun 3.

#### **Evidence Briefs:**

· Pharmacist-provided HIV point-of-care testing: Newfoundland and Labrador and Alberta, Canada 2020. Retrieved from <https://www.catie.ca/en/pc/evidence-briefs/pharma-poc-test> (September 30, 2020).

· Quality of Care NL. Optimizing medication therapy outcomes for high risk patients transitioning from acute to primary care. *Practice Points* 2020 (in press).

Conference publications:

· Holder K, Burt K, Morkar J, Grant MD, Kelly DV. (2020). Characterization of HIV Care in the Newfoundland and Labrador Clinic. Canadian Association for HIV Research, Quebec City (accepted, not presented due to COVID-19)

· Druken R, Pittman N, Balsom C, Kelly DV. (2019). Impact of a deprescribing focused pharmacist consultation on frail community-dwelling older adults. Canadian Frailty Network annual conference, Toronto, Canada

· Kelly DV, Pittman N, Balsom C, Bugden S. (2019). The Medication Therapy Services (MTS) Clinic: a preliminary analysis of services and uptake. Pxp conference 2019, Toronto, Canada (*winner of the Pxp poster competition*)

· Balsom C, Druken R, Rowe S, Pittman N, Kelly DV. (2019). Perspectives of the health providers, residents and families on a deprescribing intervention in long-term care. *PriFor*, St. John's

· Balsom C, Phillips L, Genge T, Jesso B, Kelly DV, Maddigan J, Nguyen H. (2019). Building capacity for a pharmacist-led smoking cessation initiative in Newfoundland and Labrador. Annual Ottawa Conference: State of the Art Clinical Approaches to Smoking Cessation, Ottawa, Canada



**ENJOY YOUR SABBATICAL, DEB AND TRY NOT TO WORK TOO HARD!!**

### **WELCOME NEW CHAP MEMBERS**

**New members from April 30, 2020 to Oct 31, 2020:**

- Congratulations to **Salin Nhean, PharmD, AAHIVP, BCPS**, [salinnhean@gmail.com](mailto:salinnhean@gmail.com) who started a new job with Correct Rx Pharmacy Services, Inc in her home state of Maryland. Her job responsibilities include an emphasis on HIV/HCV care for correctional facilities population.
- **Anis Ouyahia**, [a.ouyahia1@gmail.com](mailto:a.ouyahia1@gmail.com) is a pharmacist at Charles Le Moyne

hospital in Longueuil, QC and is newly assigned to the HIV clinic.

- **Maitrik Patel, RPh, AAHIVP**, [patelmaitrik11@gmail.com](mailto:patelmaitrik11@gmail.com) is the dept. lead, HIV and addiction services with Medi-Center Pharmacy in Prince Albert, SK.
- We are happy to welcome back **Sharan Lail**, [sharan.lail@unityhealth.to](mailto:sharan.lail@unityhealth.to) to the HIV world! Sharan will be taking over Tony Antoniou's old practice at 410 Sherbourne. Sharan has previously worked as an HIV Pharmacy Consultant at Casey House, and is happy to be back in the HIV area.
- **Alesha Nero**, [Alesha.nero@interiorhealth.ca](mailto:Alesha.nero@interiorhealth.ca), is starting an HIV pharmacist position at Royal Inland Hospital in Kamloops, BC.
- **Gillian Grocholsky**, [grocholskyj@sah.on.ca](mailto:grocholskyj@sah.on.ca) from Sault Area Hospital, Ontario. Gillian and her team are supporting an ID physician at the hospital and are interested in linking to CHAP for networking and support.
- **Onyi Nnaji**, [onyinyechijanennaji@gmail.com](mailto:onyinyechijanennaji@gmail.com), Edmonton. Onyi is a pharmacist originally from Nigeria who worked in HIV care. She is interested in becoming involved in HIV care here in Canada.
- **Sharon Emanuel**, University of Ottawa Health Services Clinic, [semanuel@uohs.uottawa.ca](mailto:semanuel@uohs.uottawa.ca) and Kristen Marshall, [kmarshall@uohs.uottawa.ca](mailto:kmarshall@uohs.uottawa.ca) Sharon and Kristen will be covering the clinic during Rebecca Blimkie's maternity leave. Welcome Sharon and Kristen and congratulations, Rebecca!
- **Jon Smith, AAHIVP, BCGP, Casey House**, [jsmith@caseyhouse.ca](mailto:jsmith@caseyhouse.ca) Jon graduated from Dalhousie in 2001, and spent many years working in San Francisco at the 360 Positive Care Clinic, the UCSF/Walgreens consortium

and the Walgreens Specialty Clinic in the Castro neighbourhood focusing on HIV and HCV. He returned to Canada in 2017 and worked at Hamilton Wentworth Detention Centre with a focus on opioid use disorder and HCV. Jon recently became the first full-time pharmacist to be employed at Casey House, and already has much on his plate including involvement with our HIV specialty year 2 residency program. His interests include HIV and aging, HAND, HIV/TB, HIV/HCV coinfection OUD and ID. Outside of work he enjoys travelling and exercising.

- **Andrew Schonbe, AAHIVP,** [andrew@prepclinic.ca](mailto:andrew@prepclinic.ca). Andrew is a community pharmacist and owner of two pharmacies - Express Aid Pharmacy in Barrie, ON and The PrEP Clinic in Toronto, ON. The PrEP Clinic is a pharmacist-led province-wide online PrEP service that connects people across all of Ontario with starting PrEP, sexual health testing, and other supportive services. We also provide care to people living with HIV. [www.prepclinic.ca](http://www.prepclinic.ca) Andrew recently co-wrote the CE: A Pharmacist's Guide to HIV Pre-Exposure Prophylaxis (PrEP) and Non-occupational Post-exposure Prophylaxis (nPEP) (available online at eCortex.ca). Andrew is also a part-time faculty member at Georgian College in their Regulated Pharmacy Technician Program where he teaches pathophysiology which includes HIV topics.
- **Goodbye to Nicki Hanhoff (formerly of the SAC, Alberta, now in Germany):** It has been a pleasure to be on the CHAP list all these years and to receive so much information by following the correspondence! However at this point I feel I need to reduce my daily influx of e-mails. Although I still

work in the area of HIV, but since no longer in patient care, much of the information, though interesting, does not pertain directly to my area of work. Wishing you and all the Canadian CHAP pharmacists all the best! Greetings from Germany, Nicki

#### **New members from January 1, 2020 to April 29, 2020:**

- Ahmed ElWakil, [Ahmed.ElWakil@albertahealthservices.ca](mailto:Ahmed.ElWakil@albertahealthservices.ca), works in Infectious Diseases and will be a casual pharmacist at the SAC, Calgary
- Alison McClean, [alisonmcclean@alumni.ubc.ca](mailto:alisonmcclean@alumni.ubc.ca), is a graduate of UBC and is a research coordinator for CANOC, a large pan-provincial observational cohort of people living with HIV in Canada, at the BC Centre for Excellence. She is actively involved in HIV research.
- Nichoe Huan, [Lawrence.Huan@vch.ca](mailto:Lawrence.Huan@vch.ca), is going to provide some holiday coverage for Sandra Chang at the Gilwest Clinic, Vancouver Coastal Health Authority



**A HUGE WELCOME TO  
ALL OF YOU.....**

**AN ENORMOUS  
THANK YOU TO ALICE  
TSENG FOR THE ONGOING  
MAINTENANCE OF OUR  
LISTSERVE.**

## PROJECT IDEAS

The following ideas were brought forth at the last CHAP AGM as possible CHAP projects:

1. Restrospective multi-center analysis of dual regimens
2. Tools for Long acting injectable roll-out (see item # 6 below)
3. HIV Pharmacists' Role and Guidelines Update (last published in 2012 in CJHP)

If anyone is interested in taking a lead on any of these initiatives please contact:

[Jennifer.hawkes@northerhealth.ca](mailto:Jennifer.hawkes@northerhealth.ca)

OR

[rxlinda@hotmail.com](mailto:rxlinda@hotmail.com)



## CLOSING REMARKS FROM THE EDITOR: LINDA ROBINSON

It is always so nice to catch up with everyone through the updates in this newsletter. I hope you have all enjoyed reading them as much as I have. I am proud to be a long-standing member of such an esteemed group of colleagues. We may be in strange times, but this catapult into the virtual world may actually enable us to “get together” more often . Stay tuned for some novel ideas for us to share knowledge and stay in touch as we move into 2021.

I hope each and every one of you have a wonderful and safe holiday season.

Linda Robinson – Secretary, CHAP 2020-2021





