



## CHAP NEWSLETTER: SPRING 2021

Editor: Linda Robinson (CHAP Secretary 2020-2021)

### 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 OUTGOING CHAIR- JENNIFER HAWKES



It has been an honour to serve as CHAP Chair for 2020-2021 year. CHAP currently has 19 working group members and has seen our general membership increase by about 15% over the past year to approx. 170 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 are also sad to see two of our long-time working group members leaving. Michelle Foisy (Edmonton), one of the co-founders of CHAP and CHAP Chair from 1997-98 and 2006-07, and Natalie

Dayneka (Ottawa), who was one of the first pediatric HIV pharmacists in Canada and CHAP Chair from 2007-2008 and 2014-2015, and has now joined the COVID19 vaccine team at the National Advisory Committee on Immunization (NACI). We wish them well on their future roles and thank them immensely for their invaluable contributions to CHAP!

The new “CHAP Chats” series has been well received with an impressive attendance of around 40 people per session with viewing of the recording at a later date circulated and slides accessible at

<https://hivclinic.ca/chap/resources.php>

I am happy to hand over the CHAP Chair position to experienced and capable Linda Robinson. I feel like Linda has been a mentor to me this past year with all of her experience and having previously experienced CHAP Chair in 2012-13, and hope that my

zoom mentorship comes in handy for Linda (wink). I would also like to thank Mike Stuber, our outgoing past chair for his work on the executive from 2018-2021 as well as the continued work that Alice Tseng and Deb Yoong provide as our Treasurers and more!

The input of CHAP members has been recognized by outside groups. CHAP has been approached for partnership/collaboration/involvement with two studies, so expect to see some information soon in your inboxes!

1) Mona Loutfy infectious diseases doctor and clinical researcher at the Women's College Research Institute with the Canadian HIV Pregnancy Planning Guidelines Clinician Dissemination Project

2) Darrell Tan infectious diseases doctor and clinician-scientist at St Michael's Hospital is collaborating with a community-led team (CBRC & others) on a proposal to do some "preparedness" work related to future long-acting PrEP formulations.

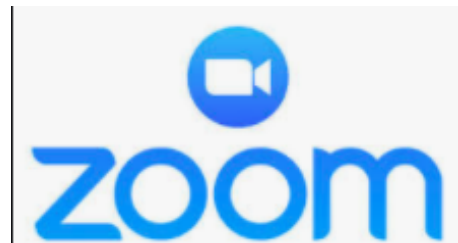
We look forward to the two new working group projects taking start over the next year:

1) Update from 2012 CJHP publication on the HIV Pharmacist's Role

## 2) Dual regimens

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); or

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



### **Vancouver: St Paul's Hospital (SPH)**

Spring is constant reminder of the cycle of life and living during a pandemic has increased our appreciation of those who bring meaning to our existence. The workplace in particular has been a challenge with how we connect to patients and how we help keep them engaged in care. The reality of virtual healthcare is that it doesn't work for all patients and those who fall through the cracks are often part of our most vulnerable populations.

During these difficult times, the BC CfE Drug Treatment Program recognized the importance of limiting unnecessary pharmacy and lab visits for our patients. Procedural changes, such as larger dispensing quantities, extending viral load monitoring to every 6 months for stable patients on treatment and deferring non-urgent antiretroviral changes has certainly helped in this regard. In addition, our pharmacists continue to "go above and beyond" to help patients in need. This effort was recently recognized during Pharmacy Awareness Month in our hospital's staff newsletter. The newsletter presented 2 stories highlighting some of the difficulties patients are facing during this time and how our pharmacists have been there to help provide support:

**Patient 1:** Right before the lockdown began in March 2020, a patient on HIV treatment

had relocated from another province to Vancouver. He was running out of his medication and connected with one of the pharmacists at SPH Ambulatory Pharmacy. The pharmacist found out the patient's adherence to the medications had been worsening for some time. Upon further discussion, the patient revealed his mental health has been deteriorating significantly. He felt increasingly socially isolated, bored and lacked motivation to do anything. To cope, he restarted using stimulants despite a recent long period of abstinence from substances and his awareness of the negative health consequences. He tried independently to seek help for his mental health and stimulant use but COVID restrictions made it challenging. The pharmacist engaged in deeper conversations and discovered maintaining social connections were extremely important for this patient's well-being in general. With the patient's permission, the pharmacist initiated a referral to the Peer Navigator Team at AIDS Vancouver and sent a summary of the patient's current situation to his primary care physician. Since then the patient has been connected with a counsellor, remained abstinent from stimulants and is waiting to be admitted to a treatment program at a local clinic for stimulant use. He is also adhering to HIV medications.

**Patient 2:** A patient had relocated to interior BC from a different province after the pandemic began in 2020 but was running out of his HIV treatment. SPH Ambulatory

Pharmacy helps health care providers in the province monitor the efficacy and safety of HIV treatment for their patients and dispenses their antiretroviral medications. The patient contacted SPH Ambulatory Pharmacy for medication access but also informed the team he has been having trouble finding a new primary care provider in BC. Being new to the province, he was not familiar with the healthcare system in BC. Due to the pandemic many physicians he contacted were also not taking new patients. Recognizing this patient required linkage to care and since SPH Ambulatory pharmacists have some familiarity with knowledgeable prescribers throughout the province, the pharmacist spent a considerable amount of time searching for a physician for this patient. Eventually a clinic was found that was located relatively close to the patient that could take the patient on.

Despite the challenges of virtual healthcare, it also brings with it the opportunity to increase access to care. Although HIV pre-exposure prophylaxis has been available in BC free of charge to individuals at high risk of acquiring HIV since the beginning of 2018, uptake in certain parts of the province has been limited. To this effect, some of our pharmacists are working with physician, nursing and public health colleagues in Interior Health, where PrEP uptake has been limited in certain regions, on a “TelePrEP” pilot project. The project aims to promote public awareness of PrEP and connect Interior Health clients at high risk of acquiring HIV to physicians in Vancouver for phone assessment and prescribing of PrEP. PrEP would then be dispensed from SPH Ambulatory Pharmacy and mailed to a designated community pharmacy for pick-up, with medication counselling done over the phone by SPH pharmacists.

Linda Akagi and Erin Ready

### **Conference posters:**

· Kwok K, Olatunbosun C, Ready E, Sin O, Toy J, Spears A, Lau V, Bondy G, Stone S. Risk Factors, Screening, Diagnosis and Treatment of Osteoporosis in HIV-infected Adults in an HIV Primary Care Clinic. Presented at: the 22nd International Workshop on Adverse Drug Reactions and Co-Morbidities in HIV. Held virtually November 30-Dec. 4, 2020.

### **Hello from the Oak Tree Clinic!**

One year into COVID and our clinic has returned to full operation, but now with a hybrid of in-clinic, telephone, and Zoom patient visits. We have also just recently expanded our clinic to include a Reproductive ID clinic two days per week. As we learn more about this patient population and the effect of these appointments on our clinic operations, we will share our experience with the CHAP group.

COVID has further impacted our clinic in two noticeable ways. First, while there have been improvements over time, there continues to be a delay in many patients getting timely bloodwork in the community. We are therefore finding ourselves largely dependent on our own in-clinic lab to provide blood-work results for patients. Second, we have had a definite decrease in the number of pregnant WLHIV whom we are providing care for, or consulting on, over the pandemic. This interestingly mirrors the sharp fall in birth rates being reported in many countries.

On the project/publication front, we are currently in the process of updating the HIV Pregnancy guidelines and have an ongoing

Pharmacy Resident research study which is evaluating postpartum contraceptive use in WLHIV. We are also happy to report the publication of our collaborative (Vancouver, Winnipeg, Montreal) cabergoline study which evaluated the efficacy, safety and acceptability of cabergoline for lactation suppression in WLHIV and a poster presentation at CAHR of our pharmacy resident's study which evaluated TAF containing ART in HIV positive women.

### **Publications:**

· Boucoiran I, Roy M, Poliquin V, Elwood C, Sheehan NL, Thibaudeau R, Ferreira E, Autmizguine J, Kakkar F, Boucher M, Money D, Tulloch K. Evaluation of cabergoline for lactation inhibition in women living with HIV. *Int J STD AIDS*. 2021 Feb 20:956462420984694. doi: 10.1177/0956462420984694.

· Neufeld-Peters J, Tkachuk S, Pick N, Carr R. Evaluation of the safety and effectiveness of tenofovir alafenamide (TAF)-containing ART in HIV positive women. Poster, Canadian Association for HIV Research (CAHR) Virtual Conference, May 2021.

We are enjoying the CHAP chats and look forward to seeing everyone at the AGM in May. But mostly we can't wait to see everyone in person one day soon!

Karen, Stacey & Gloria

### **Northern Health in BC**

Our regional specialized support team consists of a pharmacist and a social worker. We were sad to lose the nurse practitioner on our team to respiratory care in November 2020 and this position remains vacant. Our return to the office in July 2020 was short lived with our team returning to working

from home in November 2020, providing virtual support, with in-person appointments/outreach on an urgent basis only.

The Northern Health PrEP Working Group that 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 is currently on hold due to the COVID-19 pandemic. Our team continues to offer connections to PrEP in the north through virtual appointments; however lab work has been a struggle for many with often 2-3 months wait for lab appointments.

We are getting closer to having more testing options in our future including an HIV self-testing pilot set to launch in May 2021 and dry blood spot testing.

We are working on the creation of a clinical practice standard for perinatal HIV prevention and have seen a significant rise in the number of HIV perinatal exposure kits used.

Our region, as well as BC, has continued to see more deaths from the overdose pandemic than the COVID-pandemic. We have seen 13 consecutive months (March 2020-April 2021) with over 100 illicit drug toxicity deaths/month in BC (Feb 2021 saw 155 and 2020 saw 1,716 deaths), while the total number of COVID-19 deaths is 1,521 (130 in Northern Health) between March 2020-April 2021.

The Prince George Nechako OAT Clinic is a recipient of a 2021 CONNECT-C Grant!

· Linking to care the 250 patients with psychosocial instability (homelessness, mental health and addictions, incarcerations) who attend this OAT Clinic to HCV screening, treatment and care through supporting the clinic to coordinate HCV screening and treatment with OAT appointments and incentives for patients for engagement in care.

· Provide other OAT clinics with a potential model for care that includes an organized administrative position, incentives and connections to prescribers of both OAT and HCV treatments (or mentorship if not yet a prescriber) and a regional specialized support team.

Jennifer Hawkes



### **Hello from Southern Alberta!**

Ah, springtime in Calgary!! Sunny and +21 degrees on Saturday, then 10cm of snow on Sunday... It may be another two months before we can safely put away our windshield brushes!

Alberta is faring similarly to Ontario in the Covid-19 picture, and we continue to provide virtual care for majority of our well patients, having appointments by phone. We like to see new patients live “in-person”, as well as some of the complex patients and those we just can’t reach by phone. Otherwise, the only times patients are popping into the clinic are for medication pickups and to get lab reqs. Earlier in the Covid epidemic, there were numerous

patients who came back out of the woodwork, wanting to re-engage in care because they were spooked by this new virus. Time is wearing on, and we find (like many, I’m sure) that the new strangeness of life for some has added to isolation, increased/worsening substance use, resulting in dropping out from care and deaths.

Covid has delayed the conversion of our clinic to the EPIC medical software system not once, but twice!! We were weeks away from implementing in October along with a number of acute care sites in the province, but with the curve looking more ominous it was decided there would be too much burden on those acute care sites to ask them to cope with a new system at the same time hospitalizations were on the rise. We are now aiming for this coming October, and mostly looking forward to it!

On a positive note, the lab provider in Southern Alberta (Alberta Precision Labs) has increased the number of sites in urban and rural communities where our HIV monitoring labwork can be drawn... In Calgary there are now four additional community-based patient service centers able to provide this (pre-Covid there were only two, plus most of the hospital sites); this is a great benefit to our patients, we’ve been asking for this for YEARS!

We’ve had quite a bit of turnover in our medical and nursing staff at SAC, but Team Pharmacy remains stable and well! One of the continuing projects is the work with our geriatrician, Dr. Jacqueline McMillan, helping to assess and manage our aging clinic population. Median patient age at SAC is 52; of our 2000-ish folks, 75 are aged over 70 years old. Between March and October 2020, 294 patients >50 years of age were screened for frailty. 15% were observed to be frail (CFS>4). 17% reported

loneliness, 20% reported impaired gait/balance.

Take care everyone!!

Jeff on behalf of the Southern Alberta Clinic

### **Northern Alberta Program**

Hello from Edmonton! While we do not seem to be winning on the COVID front, we have been blessed in northern Alberta with a milder than usual winter and nice spring so far. COVID continues to present challenges for providing optimal patient care. Our clinics remain a mix of in-person and remote (mostly by phone). As we read about in the news and see every day in our practice, it is the most vulnerable populations that are most impacted by COVID (not only the virus itself but disruption to services and supports). Unique challenges (probably not so unique) is that it has been even more challenging than usual to keep track of the most vulnerable/challenging patients with less frequent in-person visits, as well as movement of patients between physicians related to retirements, moving sites etc. However, in terms of triumphs, our staffing (pharmacists, nurses, social workers etc) has been stable for the most part and are an extremely committed group. The value of teamwork and expanded scope of practice for pharmacists (and others) is especially apparent when resources (including ID physicians!) are stretched thin. We are also extremely proud of our physician colleagues, many of whom have played leadership roles related to COVID and countless hours taking on extra work. Stay safe everyone!

Christine Hughes (on behalf of the NAP team)



### **Regina**

This is a different kind of update for me as I made some big changes in my life. COVID was, like everywhere else, a big challenge for our team here at the Regina Infectious Diseases Clinic. We were struggling with increasing HIV case numbers and understaffing prior to the epidemic and the restrictions and focus on the new virus made this even harder. I made the difficult decision to leave my 11 year career at the Saskatchewan Health Authority in November of 2020. In January Jackie Myers took over my (now full time) role in the clinic and Kelsey Dumont has taken over the other half of my job at the Saskatchewan HIV Collaborative. I wish them good luck in navigating the many challenges Saskatchewan continues to face with respect to HIV.

For myself, I started a new career in community pharmacy with the wonderfully supportive team at Queen City Wellness Pharmacy. I was very fortunate to find a place where I could continue a lot of my previous work as it is located near Regina's downtown core, providing many services to vulnerable populations. Alongside opioid agonist therapy we provide a large number of clean injection and inhalation supplies, first aid and minor wound care, naloxone, food and clothing. I was able to maintain my collaborative prescribing agreements and we offer HIV PoCT and pharmacist initiated PrEP. We can often collect labs right on the spot and have been able to re-engage a



number of HIV+ folks that were lost to follow up for years. We focus on connecting patients to the supports they need and offer a safe place when they need it. Being able to see HIV care from the other side of the clinic doors has been eye opening and made me rethink a lot of the things I did before. Challenges will always remain but I'm happy to start this new chapter and support the integration of HIV care into community pharmacy practice.

Mike Stuber



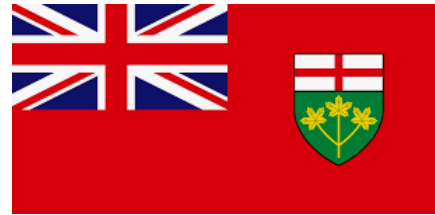
### **Manitoba Update**

In Manitoba, with lower COVID case numbers we were able to enjoy the summer of 2020, however we have been in 'Code Red' restrictions since November 2020. Our HIV program has faced numerous challenges on a skeleton crew with members of our team redeployed to other areas to support the fight against COVID while we continue to have increasing numbers people diagnosed with IV fuelled by the other epidemic, crystal meth. Whereas Tracy and I previously rotated working between our two HIV clinics on a weekly basis, we have not done so in over 4 months.

Ambulatory care clinics in the hospital are only permitted to see patients for a face-to-face in person appointment only may lose their 'Life or Limb' so we have largely been restricted to newly diagnosed patients for their baseline assessment and to get them on antiretroviral therapy with everyone else we have had to change to virtual appointments (phone/MS Teams).

While COVID rages on, we continue our advocacy efforts for free antiretroviral medications for those living with HIV like the provinces to our west and having PrEP and PEP meds covered under our provincial drug program like the rest of Canada.

Shanna Chan



### **Ottawa**

The surge of COVID cases in Ontario has reached Ottawa. Numbers are up, and we get transfers from GTA. TOH has redeployed staff from ambulatory care to inpatient floors with a reduction of outpatient activities. From my perspective, it is mostly a shift of my activities, and lots of info about vaccines! I am stand by for ICU cross-coverage should we require more staff. I am willing to jump in as needed, but I hope that we will not get there. From a research perspective, I am leading a project on the impact of InSTI on glucose homeostasis in our diabetes patients. I am expecting to have results in a couple of months.

You may have heard that there is a project of a French program of Pharmacy at the University of Ottawa in the work. Two weeks ago, the school of pharmaceutical sciences was approved by the Senate. This was received very positively and we are moving forward with the creation of the Pharmacy program. These are exciting days!!

Pierre Giguere

### **UHN Immunodeficiency Clinic: Toronto**



Like many places in the 3<sup>rd</sup> wave, our clinic has just reverted back to urgent in-person visits only. We were only just starting to get a handle on catch-up consults from the last wave, so this will be an additional challenge. Many issues left on the back-burner are resulting in people presenting with much more advanced problems. Good thing that Cabenuva just received approval for q2month dosing. We currently have 2 patients on monthly injections so this will improve convenience.

**CATCO-DDI:** Nancy, Alison and I presented the first set of results from our CATCO-DDI study looking at identification and management of drug-drug interactions in hospitalized COVID patients at virtual CROI 2021. The oral poster presentation was very well received and there was very active discussion by attendees.

### **OHTN HIV Pharmacy Education**

**Day:** Scheduled for Friday, April 16<sup>th</sup>, 2021. This will be a virtual meeting, with a headliner session on COVID-19 vaccines by Dr. Abdu Sharkawy, UHN.

*Congratulations to Alice on your Hall of Distinction Award from the Leslie Dan Faculty of Pharmacy!*

### **St. Michael's Hospital: Toronto**

Well, things are pretty dire right now in Ontario with our daily new COVID cases registered at 4,812 today, 1469 in the Toronto region (April 16, 2021) we are officially in a 6-week stay-at-home-lock-down. Like many of you, we continue to primarily provide virtual care with all ambulatory clinics restricted to those that are urgent and emergent. Interestingly, because we are now calling our patients and some physicians try to call back a few times if

they don't reach them the first time, our "no-show" rates have actually improved because patients simply answered their phone not realizing they had a clinic visit. There have definitely been times where it led to identifying issues that would have been missed and there is much to learn from this adaptation to virtual visits. I feel like my primary role in follow up care is now to remind patients of their physician visit, ensure they are on and accessing their meds, and most importantly push and book vaccine uptake and appointments! I am very proud our community pharmacists partners who have valiantly jumped in to fighting the pandemic with vaccine administration. We simply need more vaccines and more appointment times!! Until then, keep safe and hopefully we can meet in person once again soon.

Deborah Yoong

### **Family Health Clinics: St Mike's**

The St. James Town Health Centre and the Health Centre at 410 family health team (FHT) clinics at St. Michael Hospital, both located inside the same building on 410 Sherbourne St., moved half a kilometre to a new clinic space on 95 Homewood Ave.

St. Michael Hospital has 6 family health teams located in the core downtown area. The 410 Sherbourne and St. James Town (SJT) clinics were formed when St. Michael Hospital merged with The Wellesley Hospital in 1998.

The family health teams have always had a dedicated HIV pharmacist. Pharmacists who worked at 410 Sherbourne-SJT include: Alice Tseng, Michelle Foisy, Michelle Diment, Laura Park Wylie, Tony Antoniou,

Mark Nacarrato and now Sharan Lail [Did I miss anyone?]

The name of the newly integrated FHT clinic will be Wellesley – St. James Town Health Centre (WeST). This name pays homage to the original Wellesley Hospital family health team.

Sharan Lail

### **WINDSOR:**

Hello from Windsor!

First off, some of the biggest news in our clinic and pharmacy here in Windsor has been the retirement of our wonderfully knowledgeable colleague, Linda Robinson. Retired since October 2020, we are already missing her presence in the clinic. She has been a key player in building our clinic since 1999, so it's no wonder our patients continue to ask about and look for her regularly. We wish her well as she embarks on this next exciting chapter, while continuing her involvement in CHAP and the HIV world, spending as much time as possible with the loves of her life, her family and adorable grandchildren.

This past winter continues to challenge our clinic team with reduced foot traffic into the clinic for many of our patients and most well check-up appointments done over the phone as well as the introduction of prescription delivery. The temporary pause of lab services in the clinic has been another challenge for some of our patients, who were used to being able to come to the clinic and have all their healthcare needs met in one place. However, we continue to move forward and the overall the vast majority of our patients are doing well and continue to stay well in light of our current pandemic status. We will be welcoming a new physician to our team soon, which I will

introduce once it's official, but we are excited to have a third physician onboard to help care for our growing patient load. Keeping heads up and staying positive, we are looking forward to better days ahead.

Sheri Livingston, PharmD, AAHIVP  
Tecumseh Byng Clinic  
Windsor Regional Hospital



**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,

What a year it has been for all of us. We have all been affected by the COVID-19 pandemic, either personally or professionally and life at the CHUM and in Quebec in general has been a challenge that we will remember for the rest of our lives. Despite all of this, we were still able to provide high quality pharmaceutical care to our patients with chronic viral illnesses and have now resumed most of our clinical activities (some patients are seen in person, others remotely). With spring comes changes and we have some major news for our clinic. First of all, our clinic name,

UHRESS, will change to CIVC - Clinique des infections virales chroniques. We will need to get used to our new acronym! Also, we are finally moving in June from the Hôtel-Dieu site to the “nouveau CHUM” as part of the final phase of our new hospital. This is the last step of the transition meaning that all clinicians will finally be at the same site and we will have new office spaces. I can show you pictures next time.

In terms of research, we have submitted an abstract to the EASL conference and it has been accepted (I can tell you more next time) and Rachel and myself are preparing a new research project with pharmacy residents on hepatitis C management in community pharmacies. Finally, I am glad to present you a publication that was published this year with collaboration of colleagues in infectious diseases and oncology.

Boutin CA, Adam JP, Martel D, Doucet S, Martel-Laferrrière V. Risks of hepatitis C virus reactivation in a real-life population of oncology patients treated in an academic center. *J Oncol Pharm Pract.* 2020; Nov 2.

Hope you all have a nice summer, I think we all deserve it!

Dominic

**McGill University Health Centre,  
Montréal**

The Chronic Viral Illness Service (CVIS) continues to be busy despite most visits being replaced by phone consultations due to the COVID-19 pandemic.

Our CVIS pharmacy team continues to grow, including a few babies. We have welcomed a new member to our team, Dr. Sébastien Landry, PharmD, PhD. Prior to completing his PharmD and Masters in

Advanced Pharmacotherapy (MPA), Sébastien did many years fundamental research in virology, including HIV and HBV. Sébastien is also the proud new father of a baby girl, Lena. With Benoît, Katherine and Nancy, Sébastien’s MPA residency research project was a scoping review of pharmaceutical interventions in patients with HIV to undergo solid-organ transplantation (interventions pre- and post-transplant). The team is preparing to submit the paper for publication. Alison is currently on maternity leave with Kody who is already a big boy. Tessa Senneker, our HIV advanced (year 2) pharmacy resident, has also joined us in Montréal for her second half of her residency after completing her rotations in Toronto. Her residency project looks at non-AIDS defining cancers in patients with HIV and how treatments offered to patients may differ from HIV negative patients.

The CVIS pharmacy team will be having a retreat this summer to redefine our services offered to the medical team, in particular with regards to pharmacists’ new expanded scope of practice in Québec (law 4) which includes independent prescribing in certain contexts.

The Québec Antiretroviral Therapeutic Drug Monitoring Program now offers TDM of bictegravir, cabotegravir and doravirine. A new requisition will be available soon but you can continue to use the old. The samples received from outside Québec have significantly increased in 2020-2021.

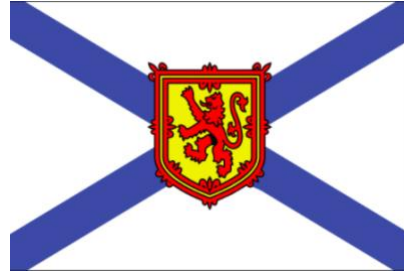
Nancy Sheehan



## St. John, NB

Hello from the east coast. This is my very first update. We have a small practice in Saint John, NB, with a little over 100 patients. Our clinic may be small, but we have a talented and dedicated team. There are 3 ID physicians, a RN, a dietician, a social worker, a psychologist, and me, the pharmacist. The past year has been challenging and most of our visits are via the telephone. We do see some patients in the clinic, but this mostly reserved to new patients or patients with active issues. We are lucky on the east coast as our COVID cases remain low, however there has been a recent spike in new cases due to the variants. We are hoping that we can quickly get this under control, so that the Atlantic Bubble will open soon.

Dr. Jodi Symes PharmD  
Clinical Manager, Pharmacy  
Saint John Regional Hospital



## QEII Health Sciences Center Infectious Diseases Clinic

Greetings from Halifax!

With the increase in workload due to COVID-19, I am very happy to announce that our infectious diseases team welcomed a second pharmacist. Lucas Thorne-Humphrey is a CHAP member and is supporting our outpatient clinics.

Our HIV and Hepatitis C clinics continue to see patients in person, by telephone, or virtually on a case-by-case basis.

Planning to implement pharmacist-testing for HIV, hepatitis C, and syphilis as part of Approach 2.0 also continues with Debbie Kelly and Christine Hughes.

Stay safe!

Tasha Ramsey



## St. John's, NF

By way of a regional clinic update, there isn't too much to add... we're still doing clinics virtually using videoconference as one team "meeting" with each patient, and by phone who do not have the technology.

We've seen a couple new patients but I'm concerned that testing has been significantly hampered by COVID and so there may be a lot going on out there that we have no idea about (HIV, HCV, other STIs...).

On a personal front, I've taken a sabbatical this year though it has not at all been what I had originally hoped for! Lots of challenges with rolling out research during COVID (obviously!) though Christine, Tasha and I hope to launch APPROACH 2.0 later this year if COVID behaves and starts to settle down, and once pharmacies have gotten the bulk of vaccines administered and have time to take something new on! I am working with a highly motivated master student, Cathy Balsom, whose project will be loosely tied to APPROACH 2.0. Cathy is interested in understanding the attitudes and barriers to accessing HCV testing among people who use drugs. Stay tuned for more on her project in the coming months.

A little bit of personal happy news – I have been promoted to full professor, effective Sept. 1, 2021. Thanks to everyone for their notes of congratulations and especially those who have been encouraging me from the sidelines to apply for the last little while <3

#### **Publications:**

Kelly DV, Pittman N, Balsom C, et al. Establishing the Medication Therapy Services Clinic: Goals, challenges and future directions. *Canadian Pharmacists Journal / Revue des Pharmaciens du Canada*. April 2021. doi:10.1177/17151635211004643

#### **Presentations:**

- Kelly DV. A primer on COVID-19 for pharmacists and pharmacy technicians. NLPB and PANL continuing education program, St. John's, Canada, 2020
- Kelly DV, Dave Miller, Chris Porter, Michelle Zaharik. Access to HIV & STBBI Testing and Linkages to Care as a Health Equity Issue in the

Atlantic Region. Atlantic Interdisciplinary Research Network webinar, 2020.

#### **Media:**

- April 2021: COVID vaccine hesitancy, VOCM Wellness and Healthy Lifestyle Show, Dr. Mike Wahl Description / Contribution Value: Interview with Dr. Rod Russell and Dr. Debbie Kelly
- December 2020: HIV Testing in Newfoundland and Labrador, CBC-NL morning show, Ramraajh Sharvendiran
- April 2020: Community pharmacists' response to COVID – parts I and II, CBC Here and Now

**CONGRATS Professor DEB KELLY!**



#### **CHAP PROJECT UPDATES**

The following CHAP projects are underway:

1. Restrospective multi-center analysis of dual regimens- Project Leads, Christine Hughes and Pierre Giguere
2. HIV Pharmacists' Role and Guidelines Update (last published in 2012 in CJHP) – Project Leads: Erin Ready and Stacey Tkachuk

If you are interested in more information or would like to get involved in either of these projects, please contact the project leads.

## WELCOME NEW CHAP MEMBERS!

### New members:

Nov 1, 2020 to May 11, 2021

- Natasha Gaidhar, [Natasha.Gaidhar@ahs.ca](mailto:Natasha.Gaidhar@ahs.ca) is doing casual coverage in the KEC and RAH clinics in Edmonton, Alberta.
- Tessa Senneker, PharmD, [tessasenneker@gmail.com](mailto:tessasenneker@gmail.com), is currently completing a Year2 HIV residency with Alice & Nancy at UHN/MUHC.
- Eremosanaga Ataikpor Ogboghodo, PharmD, [nagaataikpor@gmail.com](mailto:nagaataikpor@gmail.com) works with APIN Public Health initiatives, Ondo State Region, Nigeria, as Lead, Pharmacy and Supply chain on its CDC funded “Improved Comprehensive AIDS Response Enhanced for Sustainability (iCARES) project”.
- Kelsey Dumont [Kelsey.dumont@saskhealthauthority.ca](mailto:Kelsey.dumont@saskhealthauthority.ca) recently became the SK Provincial HIV & STBBI Pharmacist working with Saskatchewan Health Authority (SHA) in conjunction with SK HIV Collaborative and Ministry of Health. She has been a pharmacist since 2009 with SHA (formerly Regina Qu’Appelle Health Region), serving inpatients on general medicine and cardiology units as well as outpatients in the Heart Function Clinic. Part of her current role is to provide coverage for the pharmacist who works in the Infectious Diseases Clinic serving HIV and Hepatitis C clients.
- Michael Coombs, [mdcoombs@mun.ca](mailto:mdcoombs@mun.ca), is a PharmD candidate at Memorial University, NL and is very interested in staying connected/learning about HIV through CHAP.
- Suzanne Henry, [Suzanne.henry@albertahealthservices.ca](mailto:Suzanne.henry@albertahealthservices.ca) is an inpatient pharmacist at the Royal Alexandra Hospital. She is looking forward to learning opportunities, evidence and resources to provide comprehensive care for patients who have substance use disorders, homelessness and complications from HIV/HCV.
- Jackie Myers is the new pharmacist with the Regina Infectious Diseases Clinic, Regina General Hospital, [jacqueline.myers@usask.ca](mailto:jacqueline.myers@usask.ca)
- Jacqueline Pelton, [Jacqueline.pelton@interiorhealth.ca](mailto:Jacqueline.pelton@interiorhealth.ca) works in the outpatient HIV clinic which is part of the Infectious Disease Clinic at Royal Inland Hospital in Kamloops, BC, and she has been caring for people living with HIV since 2020
- Sebastien Landry, [sebastien.landry@muhc.mcgill.ca](mailto:sebastien.landry@muhc.mcgill.ca) has joined the pharmacy team at the Chronic Viral Illness Clinic at McGill University Health Centre
- Kimberly Gothard, [Kimberly.gothard@interiorhealth.ca](mailto:Kimberly.gothard@interiorhealth.ca) is a clinical pharmacist in the Infectious Disease Clinic at Royal Inland Hospital in Kamloops, BC, and helps to cover HIV.
- Lucas Thorne Humphrey, [Lucas.Thorne-Humphrey@nshealth.ca](mailto:Lucas.Thorne-Humphrey@nshealth.ca), is working with Tasha Ramsey in the Nova Scotia Health HIV and HCV clinics.
- Heather Chiu, [hchui1@providencehealth.bc.ca](mailto:hchui1@providencehealth.bc.ca), has joined the ambulatory pharmacy team at St. Paul’s Hospital
- Mikaela Klie,



[mikaela.klie@gmail.com](mailto:mikaela.klie@gmail.com), pharmacist  
at Prime Care Pharmacy, Guelph,  
ON

FOND FAREWELLS: MICHELLE FOISY AND NATALIE DAYNEKA



Michelle Foisy, [michelle.foisy@albertahealthservices.ca](mailto:michelle.foisy@albertahealthservices.ca) will be stepping down from the working group in May 2021. Michelle was a cofounder and the first Chair of CHAP in 1997-98 (and again in 2006-07), and we are very grateful for her dedication and enthusiasm over the years. Michelle will remain on the general listserve.

A Message from Michelle:

*“Greetings fellow CHAP'ers,*

*After over 20 years of participating as a working group member in CHAP, I have decided to change my status to general membership. I am not retired yet.... I continue to work part-time at the Northern Alberta Program clinic and will continue to participate in CHAP discussions, etc. Life is taking me in other directions currently and I am investing more time in these other areas and pulling back in others. It has been such a great honour and privilege to work with everyone over the years. So many wonderful collaborations and friendships! Truly, the CHAP AGM meetings have been a major highlight in my life because of you guys! I wish you all well and look forward to ongoing communications, e-mails, and seeing you in person one day.*

*Cheers!” ♡ Michelle Foisy*



Natalie Dayneka, [Natalie.dayneka@canada.ca](mailto:Natalie.dayneka@canada.ca), who has retired from her position at the Children's Hospital of Eastern Ontario in order to join the COVID19 vaccine team at the National Advisory Committee on Immunization (NACI). Natalie was one of the first pediatric HIV pharmacists in Canada, and has always been a champion and advocate for patients, as well as a strong supporter of her colleagues in the field. Natalie also served as CHAP Chair in 2007-08 and 2014-15. Natalie will remain on the general listserv.

A Message from Natalie:

*"Dear CHAP,*

*After decades of working in the HIV clinic, it is hard to imagine that I am no longer there and no longer can wear the "HIV pediatric pharmacist" title (although I never did actually wear that title around the public because of patient confidentiality). I miss the patients, their families, the clinic staff and you, CHAP. As with family or friends, CHAP was there for my highs and my lows, what I am proud of and what I wish to erase. You supported me when I was struggling and assisted me achieve high. It takes a community and you were there. Now, I miss you.*

*While I was busy procrastinating from writing for this newsletter, I reminisced by looking at my annual summaries for Continuing Education activities for the 1990s. I could trace my path as I did HIV talks for the hospital and then the community and then the pediatric publications started. I can see the credits earned for the CAHR meetings and then the CHAP meetings start. We watched each other's careers develop while sharing ideas for vacations and how to handle the kids (I mean ours here, not the patients). We became role models for the emerging clinical pharmacy practice as we advocated for what we were accomplishing in our own practices. I miss the stimulating HIV conversations that we had as we pioneered HIV Pharmacy in Canada. I cannot remember once anyone saying that we were making history but we were and we should have (that great should have) documented it. I tried to pass my "one of a kind" HIV pill collection to a museum but could not find one so I passed it on to Dr. Jason Brophy who will hopefully find an appropriate home for it some day.*

*I am now working on my other passion besides pediatric HIV – vaccines. After 6 years as a voting member of the National Advisory Committee on Immunizations (NACI) and then as the Chair of the NACI Vaccine Safety Working Group, I grew to be known as the person who wanted to be asked the pharmacy vaccine questions. My vaccine colleagues were not surprised when I was recruited to work for the federal government for the COVID-19 Vaccine Surveillance program. As I present to the provinces, I always hope that someone in the audience is one of your colleagues and that will somehow connect me back to you.*

*I am not participating in the emails or meetings but I am looking forward to the social gathering at the annual meeting and hope to catch up with everyone then.*

*See you soon,”*

***Natalie Dayneka B.Sc.Pharm., ACPR, Pharm.D., FCSHP***

*(Elle | She)*

*Senior Advisor, Causality Assessment/ Évaluation de la causalité*

*COVID-19 Vaccine Surveillance / Surveillance du vaccin contre la COVID-19*

*Immunization Program of the Vaccine Task Force / Programme de vaccination du Groupe de travail sur les vaccins*

*Public Health Agency of Canada / Agence de la santé publique du Canada*

*(343) 573-3775 / [natalie.dayneka@canada.ca](mailto:natalie.dayneka@canada.ca)*

### **CLOSING REMARKS FROM THE INCOMING CHAIR: LINDA ROBINSON**

Once again, it is always so nice to catch up with everyone through the updates in this newsletter. Thank you all for your contribution. I'd like to send very sincere thanks to Jennifer Hawkes, who brought us through an incredible and entirely virtual CHAP year. Your hard work and dedication has been amazing, from the invention of CHAP CHATS to the Expert Zoom Virtual AGM we just had on May 4<sup>th</sup>, minutes of which will be posted on the CHAP website and sent out with this newsletter. Absolutely outstanding clinical, organized and “super-tech” leadership that will be a tough act to follow.

On that note, I am honoured to be taking the position of CHAP Chairperson for the next year. On behalf of all of you, new members, past members and everyone in between, I hope to continue to bring education, conversation, recognition, and respect to our wonderful group. I look forward to working with our newly elected CHAP Secretary, Carley Pozniak. Congratulations to you, Carley, on this position.

I hope each and every one of you have a wonderful, safe, and healthy summer. May we all be able to meet in person very soon!

Linda Robinson – Secretary, CHAP 2020-2021

### **CHAP ANNUAL GROUP PHOTO 2021**



# Remember!

CHAP CHATS #4 and #5:

#4: May 21, noon EDT: Dr. Jason Brophy;  
HIV in Pediatrics

#5 June 9, 13:00 EDT: Dr. Sharon Walmsley  
Aging in HIV

If you need the Zoom Link contact me:

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