

CHAP NEWSLETTER

FALL 2025 EDITION

NEW!

Get your Executive Member
starter pack inside!



TEST

**Do you have a dual
or a triple therapy
personnality?**

FEATURED IN THIS EDITION

The INs and the OUTs of Viral Load Monitoring
Top 5 Memorable Conference Moments (FOMO alert)
“Dear Protease Auntie” section is returning!

2025



N°01

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This newsletter is brought to you by the Canadian HIV & Viral hepatitis Pharmacists Network (CHAP).

The Canadian HIV/AIDS Pharmacists Network (CHAP) was formed in January, 1997, and is comprised of pharmacists involved in HIV practice across Canada. CHAP members meet on an annual basis, communicate regularly through e-mails, and collaborate on a variety of projects and publications.

CHAP’s mission :
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.



2025–2026 EXECUTIVE COMMITTEE

CHAIR

Erin Ready, BSc(Pharm), ACPR, MPH
St. Paul’s Hospital,Vancouver, BC

SECRETARY (CHAIR-ELECT)

Benoît Lemire, B.Pharm, M.Sc.
McGill University Health Centre, Montreal, QC

PAST-CHAIR

Sharan Lail, BScPhm, PharmD, ACPR
St. Michael’s Hospital Academic Family Health Team,Toronto, ON

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Alice Tseng, PharmD
Toronto General Hospital, Toronto
Deborah Yoong, PharmD
St. Michael’s Hospital, Toronto

MEMBERS OF THE WORKING GROUP

ALBERTA

Christine Hughes, PharmD
Caitlin Olatunbosun, BSP, ACPR, MPH
Jinell (Mah Ming) White, BScPharm, ACPR

BRITISH COLUMBIA

Caitlin Chew, BSc,PharmD, ACPR, ACPR2
Jennifer Hawkes, BSP
Stacey Tkachuk, BSc(Pharm), PharmD

MANITOBA

Shanna Chan, BScPhm
Tracy Janzen Cheney, BSP

NEWFOUNDLAND

Debbie Kelly, PharmD

NOVA SCOTIA

Tasha Ramsey, Pharm.D

ONTARIO

Pierre Giguère, BPharm, MSc
Sue Gill, BScPhm
Linda Robinson, BScPharm

QUEBEC

Dominic Martel, B.Pharm, MSc.
Nancy Sheehan, B.Pharm., MSc.

SASKATCHEWAN

Jaqueline Myers, BSP
Carley Pozniak, BSP

Would you like to become a working member? The call for applications is sent after the AGM. Details [here](#).

MESSAGE FROM THE CHAP CHAIR

Dear colleagues,

Happy holidays from your 2025–2026 CHAP Chair! Congratulations to all that this group has accomplished this year. It's an honour to Chair this fantastic group of pharmacists from whom I have learned so much.



ERIN READY
CHAP CHAIR 2025–2026

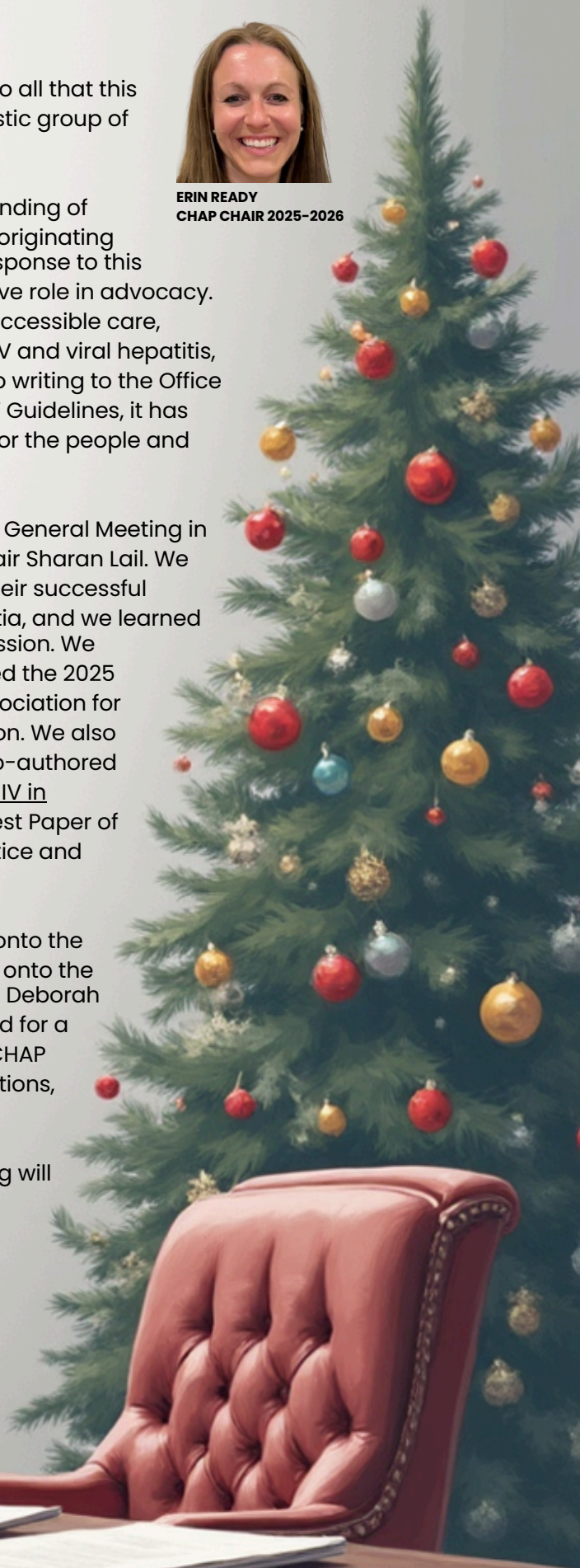
On a sombre note, this year has brought significant threats to the funding of current and future HIV treatment and prevention initiatives. Though originating south of the border, we all know that HIV knows no boundaries. In response to this political uncertainty, I'm proud to share that CHAP has taken an active role in advocacy. From releasing a [position statement](#) affirming our commitment to accessible care, uncensored science, and equity for all communities impacted by HIV and viral hepatitis, to advocating for [free antiretrovirals](#) to achieve global HIV targets, to writing to the Office of AIDS Research in support of continued NIH funding for the HHS HIV Guidelines, it has been inspiring to see this group of pharmacists raising their voices for the people and communities we serve.

On a more positive note, I'm pleased to report that the CHAP Annual General Meeting in Halifax was a great success, thanks to the leadership from past-Chair Sharan Lail. We were inspired by the trailblazing work of our Atlantic colleagues in their successful implementation of HIV PrEP prescribing by pharmacists in Nova Scotia, and we learned from some unique cases presented in Dr. Patricia Fulco's plenary session. We celebrated the accomplishments of Dr. Debbie Kelly, who was named the 2025 Canadian Pharmacist of the Year by the Canadian Pharmacists Association for her work in HIV care, health equity, and pharmacy practice innovation. We also recognized the collaborative work of over 20 CHAP members who co-authored the [Role of the pharmacist caring for people at risk of or living with HIV in Canada](#), which was awarded the Canadian Pharmacist Journal's Best Paper of the Year Award for its potential to positively impact pharmacy practice and improve patient care.

Following the Annual General Meeting, we welcomed Benoît Lemire onto the CHAP Executive as our new Secretary (Chair Elect) and Caitlin Chew onto the CHAP Working Group. Many thanks to co-treasurers Alice Tseng and Deborah Yoong for their ongoing leadership on the CHAP Executive. Stay tuned for a set of exciting educational initiatives coming soon, including more CHAP Chats, a new CHAP 101 Learning Series module on drug-drug interactions, and the launch of our first podcast!

Finally, I'm happy to announce that our 2026 Annual General Meeting will occur on Wednesday, April 22nd in Winnipeg, Manitoba. Mark your calendars and I hope to see you there!

Erin Ready



GET YOUR CHAP EXECUTIVE STARTER PACK NOW!

ALL-TERRAIN PHARMACIST

Erin Ready, CHAP Chair



Special features

- Ready for Search & rescue
- Will be denied boarding on any plane

STARTER PACK



MARITIMES

2025 NOVA SCOTIAN YEAR IN REVIEW

We are still smiling after a successful CAHR and CHAP meeting in our seaside city, much education was had and even some merriment! A huge thank you to everyone who made the trek out shared their presentations, cases, research and moderation skills and more!

We also welcomed back the fabulous Sarah Burgess from her maternity leave! Lucas was seen jumping for joy upon her return 😊

For ambulatory HIV care we began work on an HIV specific rotation for our 2025/2026 year one Pharmacy residents. We were also lucky enough to snap up a Certified Pharmacy Technician to help with inpatient and outpatient coverage of ID meds. This helped balance the demands of another additional part time HIV doctor entering our clinic and the ever-increasing patient population that we serve.

We are happy to report pharmacist HIV PrEP prescribing was added to our local STI Care Now program and we have accepted 237 referrals in the last few months. The PrEP-Rx was also officially published in CPJ.

On a personal note Lucas would also like to report several successful kayak trips this year which focus on "double beaches" one such gem can be found here for our more intrepid travelers.

Kind regards and hope to see you in 2026!

Lucas, Jenny, Sarah and Tasha in Nova Scotia 😊

NEWFOUNDLAND AND LABRADOR

Sorry Debbie! I couldn't wait any longer but I saved some space for you here!

QUÉBEC

CLINIQUE DES INFECTIONS VIRALES CHRONIQUES (CIVC) DU CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL

Hello everyone,

I think this newsletter is a good platform to describe some of the clinical work we are doing at the CIVC at the CHUM. We are theoretically 2 full time equivalent (on rotation) to cover chronic viral illnesses at our hospital, mostly HIV and viral hepatitis (in an ideal world, as sometimes we are moved to other activities in the pharmacy department based on staff shortage, etc.). One pharmacist is dedicated to inpatients and will see all patients with HIV that are being hospitalized whereas the other pharmacist is seeing outpatients being followed at the HIV clinic (the classic role of an HIV pharmacist!) As we are a major tertiary inner-city specialized hospital, most people with HIV followed by the different clinics in the downtown area are often hospitalized at our center. The HIV inpatient pharmacist, a unique model among different HIV specialty pharmacy care, can be quite busy some weeks with more than 20-25 patients hospitalized in different medical specialties. We coordinate pharmaceutical care for these patients if they are followed by our outpatient clinic or by other HIV specialized clinics across the city, especially if these patients were not previously engaged in care, lost to follow-up or if modifications in antiviral therapy occurred during hospitalization.

With regards to viral hepatitis we continue being involved in the CHUM Hepatitis C ECHO project where pharmacists are continuously present as key member of the interdisciplinary expert team.

Recently, our team was designated to cover for consults for patients who need to initiate tuberculosis treatment at our center (including non-HIV), mostly to identify potential drug related problems and for the management of drug-drug interactions. This new role in collaboration with the infectious disease department will hopefully lead to acquisition of new knowledge and expertise and allow us to participate in different clinical projects in the future.

In the last year, with the leadership of Suzannem, we updated our neonatal prophylaxis protocols, especially for women who present with unknown HIV status, and adult post-exposure prophylaxis protocol to reflect the more recent guidelines.

Different members of our team have been busy recently with new projects, clinical implication, development of tools and presentations. Rachel is working hard to keep her [website](#) up to date. A new table/poster of all the antiretrovirals (2025-2026) will soon be available. It is a useful resource for healthcare professionals and patients. Also, Rachel will have a table/poster developed specifically for PREP options, so stay tuned! Marie-Pierre will present to pharmacists specialized in solid organ transplants our experience with patients on calcineurin inhibitors that were switch from ritonavir-boosted regimens to unboosted regimens including the use of fostemsavir in selected patients.

On a personal note, I will be taking time off this year until July 2026 on a sabbatical leave from the CHUM and unfortunately will not be at the CHAP meeting next year ☹. Maybe I can send you some pictures for the slide show from where I will be at that time!

Wishing everyone a great holiday season. Take care!

Dominic Martel

On behalf of the CIVC pharmacists Mathieu Laroche, Suzanne Marcotte, Marie-Pierre Marquis and Rachel Therrien.



MCGILL UNIVERSITY HEALTH CENTRE

Greetings from the entire team at the Chronic Viral Illness Service !

In 2025, our clinic continued to receive a high influx of migrants, and our cohort continues to grow. Some of these new patients relocate elsewhere in the country. It's a safe bet that they will end up in your cohorts!

As for the Québec Antiretroviral Therapeutic Drug Monitoring Program, we are in transition since the biochemist and co-director of the program for over 10 years retired in the spring. A new biochemist is slowly settling in, and the program continues to receive samples from across Quebec and Canada. The expansion of the program to include anti-tuberculosis drugs has not yet materialized due to human resource issues at the laboratory. We hope to launch it in early 2026.

The new version of the Québec TDM guidelines "La pharmacométrie clinique des antirétroviraux et l'individualisation de la thérapie antirétrovirale chez les adultes et les enfants vivant avec le VIH : Guide pour les professionnels de la santé du Québec." will finally be published any day now. This guide provides all the latest recommendations for TDM. We will share the link with you when the document is finally online. Sorry it will only be in French, but we can provide you with an English version of the summary table of TDM indications.

In terms of human resources, our colleague Laurence Messier has returned from maternity leave. She is dividing her time between her gradual return to work and caring for little Colin, who will soon be 2 years old! We were also saddened to learn of the resignation of Alison Wong, whom some CHAP members may have known as a working member several years ago. Her family and professional commitments with the Institut national d'excellence en santé et services sociaux (INESSS) now keep her busy full-time.



On the representation front, Benoît attended the EACS in Paris in October. He brought back several gems (ahem) that he had the opportunity to present to the team upon his return. Nancy, with her Masters student Émilie Pilote, attended the PK Workshop. Émilie presented on dolutegravir TDM in pediatrics.

In terms of publications, Benoît, along with pharmacy residents, published [a systematic review](#) in the spring summarizing the benefits of distributing antiretrovirals to patients at no cost to them. Following the publication, Benoît met with politicians to raise awareness of the issues surrounding access to antiretrovirals.

We are also very proud of Nancy, who was the lead author of the [guide](#) « Démarche de soins pharmaceutiques en établissement de santé pour les personnes vivant avec le VIH ou à risque ». As its name suggests, this guide presents a detailed and practical approach that all pharmacists in healthcare organizations can follow to provide quality pharmaceutical care to people living with HIV or at risk of HIV.

In 2025, Nancy also co-authored [two other](#) publications, one of which was led by Julian Hopwood-Raja, the HIV advanced (year 2) resident from University Health Network / MUHC that completed his residency in 2024.

In terms of new research projects, Nancy is busy preparing a new HIV and hepatitis C POCT project in community pharmacies that will be launched in early 2026. Four pharmacy residents will take part in this project. This is a large collaboration including co-investigators from the CHUM (Rachel Therrien, Dominic Martel, Rose Prévost), retail pharmacists (Alexandre Chadi, Francis Richard, Emmanuel Thibaudeau) and Métropole sans hép C (Marina Klein, Guillaume Fontaine). The research team received a grant from the Faculté de pharmacie, Université de Montréal (Bourse Pharmaprix en pratique pharmaceutique communautaire).

Finally, many of you may have known Dr. Richard Lalonde. We are sad to report that Dr. Lalonde passed away in late 2024. He was a key actor in the fight against HIV/AIDS in Canada and was the founder and a prior director of the CVIS. Dr. Charles Frenette, an ID physician working at the CVIS and an expert in Infection Prevention and Control, also recently passed away. We keep fond memories of them.

Nancy Sheehan, Benoît Lemire, Laurence Messier, Sébastien Landry & Caren Jabamikos

From left to right : Benoît Lemire, Laurence Messier, Sébastien Landry, Nancy Sheehan (pharmacists), and Maria Korakianitis (secretary)
Missing on this picture : Caren Jabamikos (but we love you Caren!)

GET YOUR CHAP EXECUTIVE STARTER PACK NOW!

THE HIV EXPERT PHARMACIST

BASED ON THIS
RECENT POSTER
I SAW IN PARIS

*Replies before
you finish typing*



PATIENT
SUPPORT
PROGRAM



CABENUVA
FOR
DUMMIES



COMES WITH FREE ARV ACCESS!

BENOÎT LEMIRE, CHAP SECRETARY AND CHAIR ELECT

ALICE'S PAGE

UHN IMMUNODEFICIENCY CLINIC UPDATE

Our clinic director, Dr. Sharon Walmsley, announced her upcoming retirement. She will retire at the end of April, 2026, after 39 years in the clinic. It will be the end of an era!

CITYWIDE HIV ROUNDS

The 2025-2026 schedule is available on the clinic website, and includes links to recorded presentations. If you are interested in being on the mailing list, please let me know at alice.tseng@uhn.ca

ANTIVIRAL PK WORKSHOP (SEPTEMBER 3-4TH, AMSTERDAM)

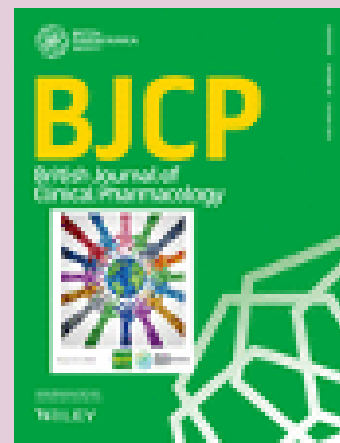
It was hard to top last year's 25th edition of this workshop, but I think we did it! I was honored to co-chair again with Dr. Kim Scarsi. As usual, there was great CHAP representation, including members participating as oral abstract and poster presenters (Erin Ready, Emilie Pilote - Nancy Sheehan's student), session chairs (Nancy) and attendees (Erin Ready, Carley Pozniak, Lacey DeVreese, Rachel Therrien).

A special congratulations to Erin for winning the Workshop Abstract Award for her presentation on Assessing ChatGPT's capability in understanding and reporting antiretroviral therapy drug-drug interaction effects: Quantitative and qualitative results from the ACCURATE-DDI study.

All conference abstracts are published in a special supplement of BJCP. Enduring materials for the PK Workshop and the Liverpool Course are available online, and we are hoping to publish a summary of the workshop findings in an upcoming issue of Topics of Antiviral Medicine. Next year's workshop will take place September 2026 (location TBD).

THEMED ISSUE ON TRANS AND GENDER DIVERSE HEALTH FOR BRITISH JOURNAL OF CLINICAL PHARMACOLOGY

The themed issue on Pharmacology considerations for trans and gender diverse populations published in October 2024, was a huge success, with over 5000 downloads within the first 2 months! This issue will continue to accept manuscripts on this theme as an ongoing virtual issue; submissions are welcome anytime.



ASHP HIV PHARMACOTHERAPY BOOK, 2ND EDITION



The 2nd edition of this book was published in late October 2025, and will be featured at a book signing event at the ASHP Mid-Year Clinical Meeting in December. It is available for purchase as either a print or ebook format on the ASHP bookstore site.

Kudos and many thanks to all the CHAP members who contributed to this book, including: Salin Nhean, Deb Yoong, Sharan Lail, Dominic Martel, Denise Kreutzwiser, Pierre Giguere, Debbie Kelly, Nimish Patel, Jenn Hawkes, and Tessa Senneker



Alice Tseng, Erin Ready, Carley Pozniak, Nancy Sheehan, Lacey DeVreese and Rachel Therrien

DRUG THERAPY GUIDE

We know that there are still some people who like to refer to the pdf drug interaction tables on the [TGH clinic website](#), as simple, at-a-glance resources. However, these tables were created in 2019, and do not include newer ARVs such as CAB/RPV, lenacapavir or fostemsavir.

We will be launching a new feature on the HIV/HCV Drug Therapy app which allows you to create individualized DDI tables based on your selection of ARV (or DAA) class(es) plus a desired co-medication

class. The generated tables will show top-line summary recommendations for the DDIs by either hovering over the specific cell and/or displayed below the table, and information can be saved as a pdf. This will allow people to generate their own preferred tables at any time, which will incorporate the most up-to-date DDI information in the database.

Some screenshots of the current beta-testing platform are shown here. Stay tuned for updates on when this feature will be available!

Drug Interaction Table

2025-10-28, 1:58 PM

Drug Class Interaction Table by hivclinic.ca

HIV/HCV Drug Class: HIV Integrase Inhibitor (5 drugs)

Comedication Class: Anesthetic (5 drugs)

Interaction Levels:

Red - Containdicated/avoid combination.

Yellow - Use combination with caution.

Green - No dose adjustment required.

Unassigned

Comedication \ HIV/HCV	HIV Integrase Inhibitor				
	Bictegravir	Cabotegravir	Dolutegravir	Raltegravir	Vitekta®
bupivacaine (Marcaine)	green	green	green	green	yellow
etomidate (Amidate)	green	green	green	green	green
isoflurane (Forane, Terrell)	green	green	green	green	green
lidocaine (Xylocaine, Jelido)	green	green	green	green	yellow
ropivacaine (Naropin)	green	green	green	green	green

Interaction List Summaries

Vitekta® w/ bupivacaine (Marcaine)

yellow

Use with caution and monitor for increased bupivacaine effect.

Vitekta® w/ lidocaine (Xylocaine, Jelido)

yellow

Systemic lidocaine: use with caution and monitor closely for increased toxicity.

Topical lidocaine and low dose lidocaine (i.e. as local anesthetic for intramuscular benzylpenicillin benzathine injections) may be used.

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For more detailed information, please utilize the full [Drug Interaction search feature](#)

ONTARIO HIV PHARMACIST'S SPECIALTY GROUP



ONTARIO HIV PHARMACIST'S SPECIALTY GROUP 2025 EDUCATION DAY PLANNING COMMITTEE

Hello everyone!

I am writing this on behalf of the Ontario HIV Pharmacist's Specialty Group (PSG), of which I am still co-chair with Sue Gill since 2004.

Once again, the HIV PSG has been working with the Ontario HIV Treatment Network (OHTN) and some of our corporate sponsors to provide our 17th Annual Ontario HIV Pharmacists Education Day in Toronto on Nov 7th. This is a full day of learning that also includes a sponsored dinner with a " PK year in review" update from our co-founder, Alice Tseng, the night before.

For those of you not familiar with us, we are a group of Ontario Pharmacists with a special interest in HIV who have worked with the Ontario AIDS Bureau on the Ministry of Health to bring pharmacists from all over our province to Toronto for a day of learning. Their travel and accommodation is supported and this is our 17th year that we have consistently been able to provide this. For those who work in a more remote center, it is truly the best way to meet colleagues and network with them.

We are happy to continue the legacy this year with our title "The Latest in HIV Treatment and Prevention". We open our day with a focus on prevention and will be educated by guest pharmacists from Nova Scotia (Tasha Ramsay), Quebec, (Emmanuel Thibodeau), and our own Ontario members (Kishan Rana, Deborah Yoong) as we navigate the role of pharmacists in PrEP. The afternoon focuses on treatment, starting with a Year in Review by Dr. Sharon Walmsley from Toronto and followed by some great cases and discussions presented by my fellow planning members, Alice Tseng, Pierre Giguere, and Mikaela Klie.

Linda Robinson

THE OTTAWA HOSPITAL IMMUNODEFICIENCY CLINIC

It has been a busy stretch of time at The Ottawa Hospital Immunodeficiency Clinic. In the past six months alone, the clinic has welcomed nearly 150 new consults.

We are seeing an increasing number of new patients from French-speaking regions of Africa as well as a rising number of individuals relocating from the United States. Our patient population continues to become more complex, with many individuals managing multiple co-morbidities. This presents ongoing challenges for our team in helping to manage primary care issues and helping our patients to secure consistent primary care support in the community.

On the treatment front, we have initiated several patients on lenacapavir therapy, an exciting advancement in long-acting HIV management. Our nursing team has been instrumental in refining injection techniques to maximize comfort and we have working to develop systems to efficiently track injection schedules.

Finally, this summer brought an exciting milestone as Pierre participated at the International AIDS Society Conference (IAS) in Rwanda, where he had the opportunity to present an update on the cohort of patients with treatment failure to CAB/RPV.

L DeVreese & P Giguère

ST. MICHAEL'S HOSPITAL ACADEMIC FAMILY HEALTH TEAM

Hello from St. Michael's Hospital Academic Family Health Team!

Not much new to report this year, but our team continues to provide care for our HIV+ patients, with many recent referrals focused on transitioning patients to Cabenuva. I also had the honour of collaborating with Deborah Yoong and Alice Tseng on the Opportunistic Infections chapter for the upcoming ASHP HIV Pharmacotherapy book.

Looking forward to connecting with everyone in Winnipeg!

Warm regards,
Sharan Lail

POSITIVE CARE CLINIC, ST. MICHAEL'S HOSPITAL, UNITY HEALTH TORONTO

It was great seeing everyone in Halifax this spring, and I loved the province so much that I made a second road trip in the summer with my family and toured Nova Scotia making sure we included clam digging and whale watching!

A few new happenings in 2025 that have kept us busy:

Staffing

Our legendary Dr. Bill Fong retired at the end of December 2024 with over 30 years of knowledge and wisdom and our staff that worked with him all miss his calm and charming nature. We also lost 1 full-time and part-time nurse and have been trying to adapt to our new normal of having 1.4 FTE nursing. As well, Monica Sanh started her maternity leave in July, welcomed a healthy baby girl Eleanor Claire Chow in August, and we have recently had Kelly Amrud, a recent SMH residency graduate, join our team.

Clinic

Our hospital launched EPIC in Nov 2024 and joined the many who have survived this learning curve. We continue to see and accept referrals for HIV care, PrEP, PEP, and management of complicated STIs. We have about 160 active patients receiving Cabenuva and approximately 5 patients receiving Apretude for PrEP.

Research

I've had to privilege to participate in a few projects and research initiatives this past year and proud to be part of the updated Canadian PEP/PrEP Guidelines led by Dr. Darrell Tan and Dr. Mark Hull, which will be published in the Dec 1, 2025. I also really enjoyed supporting Erin and her research with AI and ARV drug interactions as well as highlighting the inequities in drug access with the with Quebec group led by Dr. Jillian Schneidman at McGill University on the ARV costs during pregnancy.

Finally, I wanted to celebrate with the country on the World Series win but I guess the city was still united with everyone on the heartbreak.

Deborah Yoong



GET YOUR CHAP EXECUTIVE STARTER PACK NOW!



MANITOBA

CHATGPT ON BEHALF OF THE MANITOBA HIV PHARMACISTS

Hello from Manitoba!

It has been a busy year for HIV care in our province. Clinics across Manitoba have seen a marked rise in new diagnoses and referrals, and our teams have been working hard to keep up with the demand while continuing to provide patient-centred care. Provincial surveillance and recent reports confirm that Manitoba's rate of new HIV diagnoses remains one of the highest in Canada and that new diagnoses increased substantially over the last few years, driven in part by injection-drug use and social determinants of health.

Locally, our pharmacists have been responding to a variety of clinical challenges. Shanna Chan has been very active on the CHAP listserv, flagging urgent clinical concerns (including the appearance of an INSTI mutation in a newly diagnosed patient and an increased number of MAC cases) and advocating for more pharmacist resources to help manage a growing caseload; she also reported that Manitoba's program is now caring for roughly ~2,500 patients (and counting).

Brenda Rosenthal joined the CHAP group this year and has already helped introduce new options locally — including reporting their first patient started on lenacapavir in combination with cabotegravir. We appreciate Brenda's contributions as she settles into CHAP and our provincial team.

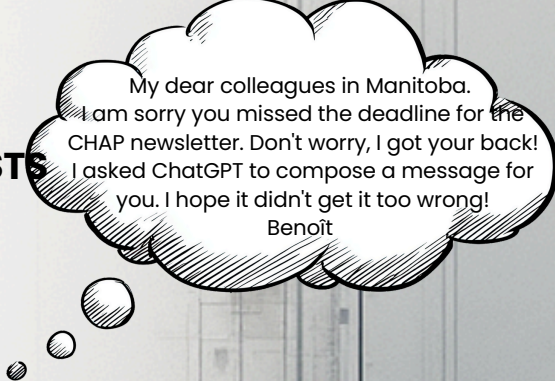
A heartfelt note: Shanna and Brenda were both delighted to attend the CHAP AGM in Halifax this spring — it was great to reconnect in person with colleagues from across the country and bring Manitoba's experiences to the conversation.

We know members expected to see regular newsletter updates from working-group pharmacists; some of you may have wondered about the lack of submission from Manitoba for the newsletter. The truth is simple: clinics have been up to their ears in patients this year. While missing the newsletter deadline is disappointing on paper, it's also an understandable sign of how stretched teams have been — please join us in acknowledging the heavy workload our Manitoba colleagues have shouldered.

Looking forward: Manitoba pharmacists are excited to welcome the CHAP community to Winnipeg for the next Canadian Association for HIV Research meeting in April — we can't wait to share local learnings, show off our city, and continue building provincial-national collaborations.

Warmly,

On behalf of the Manitoba HIV pharmacists — Shanna Chan, Brenda Rosenthal, Tracy Janzen-Cheney, and colleagues.



My dear colleagues in Manitoba.
I am sorry you missed the deadline for the CHAP newsletter. Don't worry, I got your back! I asked ChatGPT to compose a message for you. I hope it didn't get it too wrong!
Benoit

GET YOUR CHAP EXECUTIVE STARTER PACK NOW!

ALMOST RELIEVED EXEC MEMBER

Sharan Lail, CHAP past-Chair

Special Edition

Get it before she is relieved for real!

I'm officially done!

Sepsis Score Summoner



Special features

- The 'i'm officially done!' badge magically turns into a new committee assignment whenever she touches it,
- The doll is equipped with GPS tracker that beeps every time a new CHAP initiative pops up

Starter Pack



SASKATCHEWAN

POSITIVE LIVING PROGRAM

Hello everyone from the Positive Living Program,

Not too much new happening here these days. We did get a new Infectious Diseases physician Dr. Bryan Evans (who I have yet to meet). However, he will not be providing HIV care. The addition of another ID physician has opened up more time for one of our HIV-treating physicians to take on another clinic per week so in the end this has increased a bit of capacity for us which is good news.

From our Pediatric Infectious Diseases front we are starting to look at revising our infant order sets so they better align with current DHHS guidelines. Hopefully once we put our draft together it doesn't take too long to go through all the steps to formalize them. Will share with the group once we have them completed.

I had a busy summer with observerships—three in total! **Chase Fisher** from the Hope to Health clinic in Vancouver, BC and **Caitlin Chew** from Oak Tree Clinic Vancouver, BC. Both were supported to come to our clinic through the CHAP observership program. It was a great time getting to know these two and share practice-related information. I also had a lovely visit from **Jackie Myers**, HIV clinical pharmacist in Regina, SK sponsored by the CSHP site visit program. Was great to have some dedicated time together and liaise with one of my colleagues nearby.

Through the CAHR travel award program I was able to attend the PK Conference in Amsterdam in September. What a great conference as usual. Alice was one of the co-chairs representing Canada and our CHAP group wonderfully. It was also exciting Erin Ready won the best abstract at the conference for her CHATGPT project. I would recommend anyone who hasn't attended before to go, it's a nice intimate conference and always able to take away something useful for practice.

That's all for now, wishing everyone Happy Holidays ahead!

Carley Pozniak

Hello!

I'm Brent Vanin and I've been working as a pharmacist with the Positive Living Program in Saskatoon since January of this year.

The addition of a 0.5 FTE pharmacist to the Positive Living Team provided me an opportunity to return to HIV practice and the CHAP group after a nearly ten-year hiatus. As my previous role was in anemia management, I've had a lot of learning to catch up on and am looking forward to participating in a CHAP observership later this year.

The Positive Living Program has been growing quickly, with the recent additions of new permanent pharmacist, nursing, social work, and case manager positions. This new staffing has bolstered our presence and ability to provide care out of the Westside Saskatoon Community Clinic, where I work closely with two nursing colleagues, a social worker, and three case managers. I've been very thankful for the mentorship provided by **Carley Pozniak** during this period of growth and opportunity.

Brent Vanin, BSP

Positive Living Program Pharmacist
Saskatoon Community Clinic - Westside
Saskatchewan Health Authority

REGINA

A quick update from Regina!

No exciting news on additions to staff at the ID Clinic as it remains much the same. My position has changed from a temporary 1.0 FTE to a permanent 0.6 FTE which has shifted priorities for pharmacist care in the clinic to focus on those who would benefit most. Much time has been spent transitioning patients to injectable CAB/RPV, including expanding to those with viremia, as well as obtaining coverage for ARVs for those new to or visiting Canada or new to Saskatchewan.

I continue to share the rest of my time as an academic detailing pharmacist with RxFiles. Speaking of RxFiles, if you haven't checked out their REPRIEVE Trial Summary, you can find it [here](#).

Our research team has been busy with the ARTISTRY trial, our investigator-led Dovato in patients receiving OAT trial (enrolled about 40 patients), and the FAST-TRACK Hep C trial in the Regina Correctional Centre, amongst their other roles including outreach services to our most vulnerable populations.

In the addictions medicine space, over the last year I have been assisting with the development of provincial OAT order sets, including one to support the use of macro-dosing sublingual buprenorphine in the emergency department with the option for rapid transition to long-acting buprenorphine injection. We've also acquired "macro-dosing kits" for in clinic use to transition patients rapidly onto buprenorphine (sublingual or long-acting injection) if they present in withdrawal, which has been greatly successful.

Finally, in July, I had the opportunity to attend a 2-day site visit with **Carley** at the Positively Living Program as part of the CSHP-SK Branch Site Visit Program. It was wonderful to spend some time learning from her, discussing shared problems and potential solutions, and brainstorming future ways to collaborate.



Jackie Myers BSP, AAHIVP (she/her)
Pharmacist, Infectious Diseases Clinic
Saskatchewan Health Authority – Regina



PERSONALITY TEST

ARE YOU A DUAL-THERAPY SOUL OR A CLASSIC TRIPLE-THERAPIST AT HEART?

(A highly scientific and completely meaningless quiz.)

1. Your ideal coffee style is...

- ☐ A) A mysterious new oat-maple-nitro-iced creation that comes with a warning label.
- ☐ B) Regular filter coffee. Milk if you're feeling wild.

2. You're given a blank page and told to draw your "energy." What do you sketch?

- ☐ A) Two spirals orbiting each other.
- ☐ B) A triangle.

3. You discover a brand-new animal species. It walks toward you. How many legs does it have?

- ☐ A. Two – sleek, streamlined, efficient.
- ☐ B. Three – more support, more stability, more to love.

4. Your ideal vacation involves:

- ☐ A. A minimalist retreat with just two activities: sleeping and eating.
- ☐ B. A packed schedule of activities: sightseeing, eating, and making detailed spreadsheets.

5. Your phone rings. It's a colleague asking for "a quick ART regimen recommendation." You tell them:

- ☐ A. "I've got two brilliant options for you!"
- ☐ B. "Great! I can narrow it down to three... maybe four... let me start a PowerPoint."

6. You accidentally walk into a room with two chairs and three cats. Where do you sit?

- ☐ A. On one of the two chairs—symmetry is soothing.
- ☐ B. Among the three cats—triplicate comfort is superior.

7. You're starring in a sci-fi movie. Your character's superpower is:

- ☐ A. The ability to merge two molecules into the perfect combo.
- ☐ B. The ability to juggle three floating pills at once while reciting IAS-USA guidelines.

SCORING

Count how many A's and B's you chose.

Mostly A's — The Dual-Therapy Personality

- Streamlined. Minimalist. Confident.
- You believe less can be more, and you probably describe regimens as "elegant."
- Your life philosophy: "If two can do it, why complicate it?"

Mostly B's — The Triple-Therapy Traditionalist

- Structured. Thorough. Stability-seeking.
- You thrive on the comforting robustness of triplicate support and believe every problem deserves at least three backup plans.
- Your life philosophy: "Why stop at two?"

Equal A's and B's — The Switch-Strategy Hybrid

- You live on the edge between simplicity and security.
- You probably say "it depends" a lot in meetings.
- You are the true embodiment of Canadian ART stewardship



ALBERTA

SOUTHERN ALBERTA CLINIC

The Southern Alberta Clinic had some staffing changes within the pharmacy team. **Kathy Lee**, our long-standing pharmacist of >35 years, retired in the spring. We welcome **Jak Novovic** as our new team lead. He completed the CHAP National Clinical Observership Program in Vancouver this fall. We also welcome 2 casual pharmacists, **Jennifer Allegretto** and **Lawrence Leung**.

Jinell's research project "The impact of rifampin drug interactions on TPT completion and safety using high dose vs standard." (Original Article) has been accepted by IJTLD/IJTLD Open (the Union) and publication TBA.

On the topic of fun, ski hills such as Sunshine and Lake Louise have opened due to an early snowfall. Some fun facts :

SNOWIEST SNOWS

Sunshine Village boasts Alberta's biggest annual snowfalls with an average 914 centimetres of what they claim to be "Canada's best snow."



THE BIG SKI THEORY

Lake Louise is not only one of the most beautiful natural wonders in Canada, the ski resort is also Alberta's biggest with 4,200 skiable acres over 139 trails.



May your Christmas be filled with joy and the New Year bring you all the best life has to offer!

Jak, Kristi, Jinell, Genvieve, Sonal, Lawrence and Jennifer

NORTHERN ALBERTA PROGRAM

We continue to live in interesting times - week 4 of a teacher's strike has culminated in teachers being legislated back to work, and our allied health contract is still in negotiations, with access to COVID vaccinations being part of negotiations.

Workload seems to be a topic everywhere you look and within our walls at NAP are no exception. Our new numbers continue to rise and conversations are ongoing about how to manage this as a clinic and without additional resources. Discussions circle patient complexity and task shifting to nursing (or nursing/pharmacy) based on stability, and the pharmacists role in rapid starts.

Publications

Hopwood-Raja JJ, Tseng AL, Sheehan NL, Walmsley SL, Falutz J, Zhabokritsky A. CHANGE-Rx: frailty, falls, polypharmacy, and inappropriate medication use in a Canadian cohort of people aged 65 years and older with HIV. AIDS. 2025 Nov 1;39(13):1898-1906. doi: 10.1097/QAD.0000000000004284.

Warmly,

Caitlin on behalf of NAP team

Last newsletter we were pending a new pharmacist - though it now feels like he's always been with us - and **Julian Hopwood-Raja** has been embraced into our ranks and brings his expertise from his PGY2 residency in HIV. He joins **Pam** at the KEC clinic as the two staples, with **Domina** continually holding down the fort at RAH and fighting the good fight with Epic gods to create masterful clinic episodes and flowsheets, and **Shayna** plugging all the gaps at either, and **Caitlin** and **Christine** parachuting into their finely oiled machine.

In related fun, our local AIDS Service Organization (HIV Edmonton) has a Wine for Winter fundraiser with Pam's clutch name for our pharmacy team - "Mal-BIC".



YEAR 2 HIV RESIDENCY PROGRAM



We will be accepting applications for the 2026/27 academic cycle. The deadline for applications is **January 15, 2026**.

Please spread the word and reach out to Nancy Sheehan or Alice Tseng if you have any questions.

**THE RESIDENCY PROGRAM IS A
JOINT PROGRAM OFFERED BY :**

Centre universitaire
de santé McGill



McGill University
Health Centre



UHN Canada's
Hospital

MORE INFORMATION CAN BE FOUND AT [HIVCLINIC.CA/RESIDENCY/](https://hivclinic.ca/residency/)

BRITISH COLUMBIA

NORTHERN HEALTH IN BC

Our regional specialized support team consists of a part-time pharmacist and part-time social worker. Northern Health also has an HIV/HCV Network which provides funding to seven community organizations throughout the region to promote such activities as education, harm reduction and treatment support.

We have recently co-located to an office with the 2 new ID Specialists who started in 2023. They have been very open to collaboration and setting up pharmacist/nursing led models including collaborative prescribing for PrEP and Hepatitis C. This has led to linkage to care and treatment for individuals who otherwise may have never attended traditional "office-based, scheduled appointments". We are looking forward to also further partnering with our network organizations to help overcome some of the budget and staffing challenges currently faced.

We were actually able to travel again with one "Love your liver goes on the road" testing/treatment event for Hepatitis C this fall in Quesnel through a partnership with community housing, local Mental Health and Substance Use Clinic and the Soonats'oonah Clinic who pioneered this as a local model of monthly low-barrier incentivised HCV testing and linkage to treatment and STI testing paired with a home-cooked meal, trivia and education. Having a nurse on site to do phlebotomy for our "on-the-road" site meant our clients were able to be immediately connected to care and start the treatment process.

Our northern region, as well as BC, has continued to see rises in deaths from the unregulated drugs overdose pandemic. We have seen 66 consecutive months (April 2020–Sept 2025) with over 130 unregulated drug toxicity deaths/month in BC. Northern Health's unregulated drug death rate continues to be the highest in BC in 2025 with one community still at over 100/100,000 people for the year.

Sincerely,
Jennifer Hawkes
Northern Health Regional Specialized Support Team, Prince George

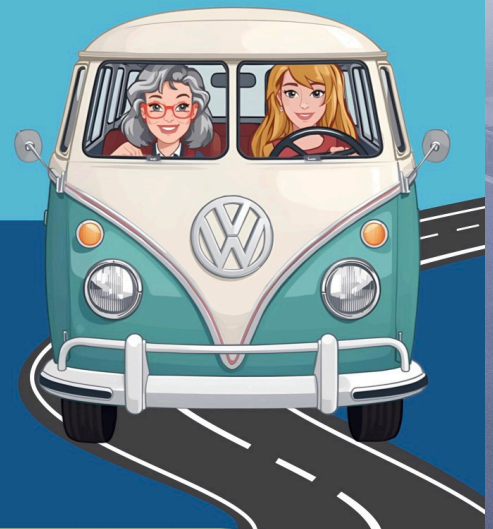
Publications:

- 1.Hawkes J. Case report: Dolutegravir dosing post-Roux-en-Y gastric bypass surgery. Abstracts of the International Workshop on Clinical Pharmacology of HIV, Hepatitis, and other Antiviral Drugs. Br J Clin Pharmacol. 2024 Sep;90 Suppl 1:17. doi: 10.1111/bcp.16301. PMID: 39390349.
- 2.Hawkes J, Kerkerian G, Kwong M. Chapter 19: Substance Use and Substance Use Disorders. In: Tseng A, Sherman E, Lam J, eds. HIV Pharmacotherapy: Clinical Approaches & Applications, 2e. Bethesda: American Society of Health-System Pharmacists; 2025: 623–684.

Love Your Liver is on the Road Headed to a Community Near You

Join our efforts to eradicate Hepatitis C
from Northern BC

- HCV testing in 1 minute
- Education/fun trivia
- Linkage to treatment and cure
- Food
- Prizes
- Incentives
- Harm Reduction



Next Stop: Quesnel-Westside Clinic
Location: 395 Elliott Street
Date and Time: **Tuesday Oct 28, 2025**
10:30 am - 2:30 pm

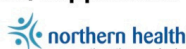


Proudly sponsored by:



Community Partners/Supporters:

WESTSIDE MENTAL
HEALTH AND ADDICTIONS



HOPE TO HEALTH RESEARCH & INNOVATION CENTRE

Hello from Vancouver's Downtown Eastside (DTES)! The Hope to Health Research & Innovation Centre (H2H) is an interdisciplinary primary care clinic affiliated with the BC Centre for Excellence (BC-CfE), serving clients residing in the DTES. We first opened in late 2019 and have seen some major changes to the clinic and pharmacy services! Our pharmacy team started as one clinical pharmacist, and now has grown to a full on-site dispensing team and expanded clinical pharmacy services.

Chase recently completed advanced training with the Institute for Healthcare Improvement (IHI) and continues to lead several Quality Improvement initiatives at the clinic, including work focused on opioid use disorder, HIV, and HCV. He also presented at the BC-CfE Spring Update on an innovative approach to buprenorphine inductions.

Peter is a new addition to the clinical pharmacy team, bringing experience in women-centred HIV care from The Oak Tree Clinic. He is helping expand clinic services by establishing an outpatient parenteral therapy program aimed at serving clients in their community and reducing visits to the hospital.

Our on-site pharmacy team celebrated the one-year milestone of operations and is continuing to expand with the clinic. We now have 4 full-time pharmacists to meet the demands of clinic expansion and coordinate dispensing of antiretrovirals among other medications. Clients and team members continue to express their gratitude to our pharmacy team for their work!

We welcomed our first client on Cabenuva at H2H – which represents a huge milestone in providing care for those living with HIV. We have been working hard to create and refine our workflow regarding injectable therapies to ensure clients are well supported from our interdisciplinary team. We are excited develop this workflow and have another alternative to offer clients! Furthermore, as our clinic numbers continue to grow, we remain heavily engaged in prevention strategies with both HIV PrEP and doxy-PEP services. Notably, we're seeing a rising number of cis-women initiating doxy-PEP, reflecting important prevention opportunities and risk-based care within this population.

Happy Holidays!

Chase Fisher & Peter Pham (on behalf of the H2H Pharmacy Team)

The Hope to Health Research & Innovation Centre,
Vancouver BC

Posters/Publications:

- Yazdani K, Tam C, **Fisher C**, Emerson S, Trig J, Kooij K, De Vera M, Vila-Rodriguez, Hogg R, Montaner J, Lima V. A Methodological Framework for Constructing Opioid Agonist Therapy Episodes in Administrative Data. (2025). Canadian Association for Health Services and Policy Research. Ottawa, Canada.
- Alex Werier, Nandini Krishnan, Surita Parashar, **Chase Fisher**, Marianne Harris, David Moore, Silvia Guillemi, Pouya Azar, Julio Montaner, & Kate Salters. Examining client experiences with the fentanyl patch for the treatment of opioid use disorder: A qualitative study. (2025). CCSA-IOS 2025, Halifax, Canada.

OAK TREE CLINIC

Hope everyone is well, we have a few updates from this year.

This year we have seen an increase in patients started on long-acting antiretroviral therapy, including both Cabenuva and lenacapavir which has kept us very busy.

We have been working on developing EMR order sets to help with ease of administration of Cabenuva and associated bloodwork in clinic. We have also been revamping the prevention of perinatal transmission of HIV infant and maternal guidelines – so stay tuned for updates!

Caitlin has been working with our nursing colleagues on implementing an in-clinic penicillin allergy delabeling workflow to help provide oral amoxicillin challenges for those with low-risk penicillin allergies.

We have had a few staffing changes this year with the Oak Tree Clinic pharmacists. Earlier this year, we were sad to say goodbye to Peter Pham, who has moved onto a new role. In July, we welcomed Arielle Hulsman, our new clinical pharmacist, and a recent pediatric pharmacy resident graduate, who has integrated herself well into our interdisciplinary team.

Wishing everyone a Happy Holidays!


Caitlin, Stacey, Gloria, Becca, and Arielle
The Oak Tree Clinic, Vancouver, BC


GET YOUR CHAP EXECUTIVE STARTER PACK NOW!

Collect them all!

PHARMACIST ORACLE

Alice Tseng, CHAP co-treasurer and webmaster





Special features

- Wrote the HIV pharmacy textbook...in her sleep
- Turns coffee into peer-reviewed publications
- Can solve a drug interaction before you finish saying 'um'

Starter Pack

ST. PAUL'S HOSPITAL AMBULATORY PHARMACY

Hello from downtown Vancouver!

In terms of staffing additions in the past year, **Sandra Chang** joined the BC Centre for Excellence in HIV/AIDS (BC-CfE) team as a Clinical Pharmacy Specialist in Pharmacovigilance & Quality Assurance in the spring. She brings a wealth of experience from her past roles as Clinical Pharmacy Specialist in HIV and Infectious Diseases at Richmond Hospital and prior to that, Positive Health Services in Surrey and the inpatient infectious diseases unit at St. Paul's Hospital (SPH). The Ambulatory Pharmacy team was sad to say farewell to **Tania Alia**, but we have been thrilled to welcome **Carly Hoffman** and **Arianne Bayot** to the team.

As for other updates, pharmacists were well represented at this fall's BC-CfE Update, which is an open educational event typically held twice yearly. Sandra gave an excellent talk on polypharmacy in the context of aging with HIV. Junine presented on the evolving demographic profile of new clients entering HIV care through the provincial BC-CfE program. Her presentation highlighted epidemiological trends we have been observing in BC – namely, increases in program enrollments driven by newcomers, many of whom are ART-experienced. In addition, we have been busy adapting to new workflows required for injectable ART regimens as we see the number of folks on long-acting ART in BC increasing. Myself, Junine, Linda Akagi, and Osric Sin also recently hosted Jak Novovic from the Southern Alberta Clinic in Calgary on a 2-day CHAP Observership. Getting to know colleagues in other settings helps with seamless care transitions across provinces and sparks new ideas for collaboration, so it's great that CHAP provides this opportunity to build relationships and share knowledge across different sites.

Lastly, I was fortunate to be able to attend the 26th International Workshop on Clinical Pharmacology of HIV, Hepatitis, and Other Antiviral Drugs 2025 in Amsterdam in September. At the conference, I presented on results from ACCURATE-DDI study: Assessing ChatGPT's Capability in Understanding and Reporting Antiretroviral Therapy Drug-Drug Interaction Effects. This project was an interprovincial and international collaboration with colleagues in Toronto and Liverpool and we were honoured to be presented with the conference's award for Best Abstract. Other conference highlights included eating stroopwafels and meeting with other CHAP members!

Erin Ready, on behalf of the team at St. Paul's Hospital Ambulatory Pharmacy
Vancouver, BC

Publications (SPH/BCCfE pharmacists in bold font):

- **Ready E**, Tkachuk S, Chua D, Plewes K (in press). Avoiding drug-drug interactions between antiplatelets and antiretroviral therapy. Canadian Pharmacists Journal.
- Yang S, **Chang S**, **Ready E**. Boost your knowledge and avoid drug interactions this allergy season – what every pharmacist needs to know about nasal sprays & boosted HIV medications [Internet]. BC College of Pharmacists. 27-Jun-2025. Available [here](#).
- Fang Z, Povshedna T, Patterson R, **Ready E**, Cote H, Murray M, King, E. Sex differences in discontinuations due to side effects of second-generation integrase strand transfer inhibitors: a systematic review and meta-analysis. eClinical Medicine. 2025; 84:103246.
- Leung V, **Toy J**, Phillips P, Montaner J. Doxycycline postexposure prophylaxis to prevent bacterial sexually transmitted infections. CMAJ. May 20, 2025 197 (19) E534-E535.
- Montaner JSG, Lima VD, Salters KA, **Toy J**, Joy JB, Guillemi S, Barrios R. Generalized Treatment as Prevention Plus Focused Pre-Exposure Prophylaxis Is the Key to Controlling HIV/AIDS. Trop Med Infect Dis. 2025 Mar 12;10(3):75.

Conference presentations:

- **Ready E**, Patterson C, Gibbons S, Yoong D, Marzolini C, Walker L, Tseng A. Assessing ChatGPT's capacity in understanding and reporting antiretroviral therapy drug-drug interaction effects: qualitative and quantitative results from the ACCURATE-DDI study. Oral and poster presentation at the 26th International Workshop on Clinical Pharmacology of HIV, Hepatitis, and Other Antiviral Drugs [September 2025]; Amsterdam, Netherlands.

DEAR PROTEASE AUNTIE

Dear Protease Auntie,

I'm an HIV pharmacist who's finally warming up to long-acting injectable therapy. I'm excited... my patients are excited...

But here's my dilemma.

Some of my patients might need a longer needle because... how can I put this gently? they possess a... well-insulated posterior.

I need to address this sensitively, but I really don't want them to think I've been evaluating their "gluteal architecture" too closely. How do I talk about this without sounding like I've been, well... staring at their butt?

Signed,
Bottom-Line Bob

Dear Bottom-Line Bob,

First of all, bravo to you for stepping boldly into the world of injectables where the needles are long, but the awkward conversations are even longer.

Now, let's deflate your anxiety. You absolutely do not need to confess to any covert butt-assessing activities. No patient wants to hear their pharmacist say, "I've been thinking about your gluteal thickness." That phrase should be sealed in a vault next to all the discontinued antiretroviral regimens from the early 2000s.

Instead, keep it simple and professional: "Depending on muscle depth, some patients require a longer needle for optimal absorption. I'll choose the best one for you." See? No mention of bottoms. No mention of assessments. No hint that you've ever noticed anything below the waist, ever. And if a patient does ask, "Wait, why would someone need a longer needle?" just reply gently: "Bodies come in all shapes, and we tailor treatments to each person. It's nothing unusual." Boom. No butts, no fuss.

Remember: invasive is the needle, not the conversation.

With affection and an N95 full of wisdom,

Protease Auntie

CHAP OBSERVERSHIP REPORTS

PAMELA IP, CASEY HOUSE (TORONTO)

OBSERVERSHIP WITH SHANNA CHAN, MANITOBA HIV

PROGRAM/NINE CIRCLES COMMUNITY CLINIC (WINNIPEG), 2025

This June, I had the wonderful opportunity to participate in the CHAP Observership Program with Shanna Chan in Winnipeg. Shanna was a fantastic preceptor, who went above and beyond to arrange the opportune activities for my learning! While in Winnipeg, I was able to visit both the HIV clinic at the Winnipeg Health Sciences Center and the pharmacist office at Nine Circles CHC.

Although I am not a new HIV clinician, this observership was very helpful in bridging the gap I have in the field. Particularly, as a new clinician in general (2020 grad represent!), many things I've learned about HIV resistance, side effects, etc. were from textbooks and guidelines. Having someone walk me through their personal experience treating HIV through the epidemic in Canada (and the chaos that is happening right now), and answering questions one-on-one, with real cases and examples, was an unforgettable experience and truly solidified my knowledge (i.e. TAMS pathway and other emergent resistance patterns from drug exposures).

I am grateful for the opportunity to participate in such a rewarding program!

CHASE FISHER, HOPE TO HEALTH CLINIC, VANCOUVER

OBSERVERSHIP WITH CARLEY POZNIAK, ROYAL UNIVERSITY HEALTH HOSPITAL (SASKATOON), 2025

I'm grateful to the CHAP Observership Working Group for the opportunity to participate in a two-day clinical observership in Saskatoon with Carley Pozniak. As a pharmacist serving people living with HIV in British Columbia's Downtown Eastside, this experience broadened my understanding of integrated HIV care, particularly through exposure to the Sanctum programs, including Sanctum 1.5 which supports new mothers living with HIV.

This observership was a rare and valuable opportunity to discuss how social complexity and clinical care intersect. I learned how Carley's team implements long-acting injectable antiretrovirals (LAI-ART) in a real-world setting—addressing barriers such as access, client readiness, and coordination of care. With limited use of LAI-ART in my region, these insights were directly applicable to upcoming quality improvement initiatives at my site.

Another highlight was our discussions around her team's use of data to drive care decisions, track outcomes, and advocate for resources—a key focus I'll continue carry forward as part of our local HIV QI team.

Thank you again to Carley and her team for their openness and to CHAP for fostering such rich cross-provincial learning. I look forward to staying engaged with the network and supporting future observerships.

CAITLIN CHEW, OAK TREE CLINIC (VANCOUVER)

OBSERVERSHIP WITH CARLEY POZNIAK, ROYAL UNIVERSITY HEALTH HOSPITAL (SASKATOON), 2025

I had the opportunity to spend two days with Carley at the Positive Living Program, Royal University Hospital in Saskatoon.

Similarly to my practice at Oak Tree, Carley also sees a wide range of patients, including pediatric, obstetric and adults living with HIV. We spent two days having enriching discussions about the practice similarities and differences between provinces. I had the opportunity to discuss challenging clinical cases with her. In particular, I had an interest in learning more about drug-resistant HIV and learning more about her clinical thought process when it comes to designing a regimen for these complex cases. Additionally, we discussed the prevention and treatment of various opportunistic infections that she encounters at her clinic, something I don't see often at Oak Tree and was hoping to learn more about.

Carley has a wide breadth of knowledge, and it is clear that she cares deeply about the patient population that she serves. It was such a pleasure to spend this time with her.

Thank you CHAP for this incredible opportunity to connect with another likeminded pharmacist.

For 2025, the Observership subgroup received a banner number of applications!



**ALICE XIAO, CHILDREN'S HOSPITAL OF EASTERN ONTARIO,
OTTAWA
OBSERVERSHIP WITH CARLEY POZNIAK, ROYAL UNIVERSITY
HEALTH HOSPITAL, SASKATOON, 2024**

I had the pleasure of completing a four-day observership with Carley Pozniak at Royal University Hospital in Saskatoon.

I am a new HIV practitioner supporting a paediatric clinic, so we focused on pharmacotherapy for this patient population. We reviewed multiple patient cases, discussing genotyping and how to utilise resistance database and analyse results to develop ARV regimens.

I gained valuable insights and inspiration by observing Carley conduct thorough patient chart workups and participating in an interdisciplinary paediatric clinic day alongside a paediatric ID physician, Dr Purewal. This experience reinforced my knowledge of the various processes and stakeholders involved in accessing certain paediatric ARVs (such as SAP, patient support programs), monitoring parameters for different ARV and classes, can/cannot crush, split etc. pills, and rationale to select one ARV over another based on safety profile and data (e.g., TDF versus TAF in growing children). Additionally, I appreciated the opportunity to review a case involving a positive baby and their ART course because I have not encountered this scenario (yet) since joining my team.

I had a wonderful time learning from everyone on the Positive Living team and would like to thank CHAP for allowing me to build my knowledge and confidence through this observership program.

**MIKAELA KLIE, PRIME CARE PHARMACY, GUELPH
OBSERVERSHIP WITH DEBORAH YOONG, ST. MICHAEL'S
HOSPITAL, AND HARVINDER DHUNNA, TORONTO, 2024**

I am thrilled to share my observership experience, where I had the opportunity to spend a day at St. Michael's Hospital with Deborah Yoong and a day at CW Health Pharmacy with Harvinder Dhunna. This experience provided a unique blend of clinical and community pharmacy insights.

During my day at CW Health Pharmacy, I engaged in insightful discussions with Harv about best practices, documentation, and workflow optimization within a community pharmacy setting. This experience was particularly valuable as it allowed me to compare my pharmacy's practices and identify specific areas for improvement, such as streamlining inventory management, enhancing collaboration with patient support programs, utilizing systems to address patients by their preferred names, and fostering consistency in care delivery across a large team. His practical insights were both inspiring and actionable, giving me new ideas to implement at my own pharmacy.

At St. Michael's Hospital, I had the privilege of observing Deborah's interactions with prescribers, allied health care professionals, and patients during a clinic day. We were able to discuss cases from the day as well as previous cases that were very practical, engaging, and educational. I left with a deeper understanding of frameworks for working up patients, monitoring, rationales for simplifying or switching regimens, and managing resistance. This knowledge will help me when I provide pharmacy consultations for prescribers at our local HIV clinics.

Both sites were incredibly welcoming and cultivated an environment of learning, questions, and collaboration. Deborah and Harv both encouraged open dialogue and shared resources to assist me in my practice. It is rare for community pharmacists to step away from their day-to-day responsibilities and dedicate uninterrupted time to learning directly from peers at their practice sites and I am very grateful for the opportunity.

These experiences inspired me and reinforced the vital role of HIV pharmacists in delivering comprehensive care. Thank you to the CHAP working group and everyone who made this observership possible!



LUCAS THORNE-HUMPHREY, QEII HEALTH SCIENCES CENTRE, HALIFAX.

OBSERVERSHIP WITH DEB YOONG, ST. MICHAEL'S HOSPITAL, TORONTO, 2025

My CHAP observership at Saint Michaels with Dr. Deborah Yoong was a fantastic experience. I felt quite lucky to have some protected quality time to learn at the Positive Care Clinic as well as Casey House.

Given that I have been in practice for a few years now myself I also benefitted from being able to bounce all those annoying questions I have been accumulating in my head off of an expert with decades of hard earned experience. Given my relative isolation on the east coast the experience was at times validating and illuminating. As a learning outcome from this visit I will specifically attempt to implement standard osteoporosis screening and subsequent medication management protocols in my practice as well as a CAB/RIL tracking system to manage our growing list of complex patients with the tools Dr Yoong graciously provided me. Additionally I was inspired to investigate pairing of medication administration with food, blood collection, community resources and, other possible incentives to care for marginalized patients with HIV in Nova Scotia.

Thank you CHAP and thank you again Dr. Yoong!

BRENT VANIN, POSITIVE LIVING PROGRAM, SASKATOON. OBSERVERSHIP WITH JENN HAWKES, PRINCE GEORGE, 2025

This November, I participated in a two-day CHAP observership provided by Jennifer Hawkes in Prince George, British Columbia. The experience highlighted remarkable collaboration among healthcare teams and community service providers, offering an exceptional learning opportunity that extended well beyond the clinical setting.

Over the course of the observership, we visited an incarcerated client at the Correction Centre to ensure continuity of care, shared an educational lunchtime conversation with peers and Elders at Positive Living North, provided opioid agonist therapy at the Nechako Centre, supported harm reduction and safe consumption strategies through the Needle Exchange and POUNDS project, and delivered outreach services at Soonats'eneh.

I appreciate learning from Jenn's expertise in supporting those impacted by substance use, and the dedication she and her colleagues display providing culturally safe and inclusive care.

Thank you to Jenn and her team in Northern Health, and the CHAP observership committee for this opportunity.

THE INS AND OUTS OF VIRAL LOAD MONITORING

Let's be honest: viral load monitoring is the closest thing we have to reality TV in HIV care. Will our patient deliver a stunning "Target Not Detected"? Or will there be a shocking plot twist in the form of a sneaky 78-copy cameo? Grab your lab requisitions, things are about to get suspenseful.

THE "INS"

Undetectable results

Nothing boosts a clinician's serotonin quite like seeing "<20 copies/mL". It's the equivalent of getting a gold star sticker on your adult homework. Celebrate it.

Low-level blips

Think of them as guest stars: they pop in, create intrigue, and then disappear before the next episode. No need to launch a spin-off series.

Timely monitoring

Like booking a regular haircut. You may not always be excited about it, but skip too many and you start losing track of what's going on up there.

THE "OUTS"

Panicking at 42 copies/mL

We've all been there : your heart skips a beat. But guess what? The virus is probably just stretching its legs. Take a breath. Sip your coffee. Carry on.

Reading too much into one result

Viral loads are like horoscopes: you can read into them... but should you?

Printing every result

Save a tree. Or at least save space on your desk for your tenth coffee mug.

Hot Tips From People Who Definitely Know What They're Doing

- *If the VL is undetectable:* Nod wisely, whisper "excellent," pretend you expected it all along.
- *If it's slightly detectable:* Use reassuring phrases like "nothing to see here" or "micro-drama."
- *If it's rising:* Channel your inner detective. Ask good questions. Put on imaginary sunglasses. Cue theme music.

**LACEY DEVREESE, OTTAWA HOSPITAL
OBSERVERSHIP WITH NANCY SHEEHAN, MUHC (MONTREAL), 2025**

Over the summer, I had the pleasure of spending a 2-day observership with Nancy Sheehan at McGill University Health Centre. In just these few short days, I gained an appreciation of Nancy and her team's impressive contributions to their HIV clinic.

From a workflow standpoint, the HIV Pharmacist's position is a shared role at McGill and I was especially interested to learn about the dynamics of shared communication, handover and efforts to provide seamless care among the pharmacy team. The pharmacists at McGill do such a great job of this. The pharmacy team has standardized HIV Pharmacy documentation and have developed a really nice consult template to facilitate their workflow. The group has established obvious respect and rapport with the physician group and the trust and confidence in the pharmacy team is evident—after only hours in the clinic! It was also interesting to observe Nancy's workflow as the pharmacy team operates mainly on a consult-based approach, which has been thoughtfully developed.

As a large academic teaching hospital, Nancy and her team follow a large number of patients, many of whom are complex and benefit greatly from pharmacist expertise. I was especially grateful to have the opportunity to work through a couple of particularly challenging cases and gain an appreciation of Nancy's approach to assessing complex resistance patterns and making decisions about best treatment options.

An especially unique highlight of my time at McGill was sitting down with Nancy to gain an understanding of the one of a kind TDM program. I feel really fortunate to have had this dedicated time with Nancy to learn about her expertise in this domain and its application to clinical practice.

A huge thank-you is extended to CHAP for providing this wonderful learning experience.

**REBECCA BLIMKE, BYWARD FAMILY HEALTH
TEAM, OTTAWA**

**OBSERVERSHIP WITH ALICE TSENG,
TORONTO GENERAL HOSPITAL, 2025**

This November 2025, I had the amazing opportunity to participate in the CHAP Observership Program with Alice Tseng at Toronto General Hospital's Immuno-deficiency Clinic.

This 1 day learning experience was exceptional, as Alice took me through several unique patient cases to help solidify my understanding of how to work up an ARV modification request. As my main goal was to better understand ARV simplification in the face of past resistance, Alice took the time to explain the current evidence and help me understand how to best weigh the risks and benefits of ARV modification.

We also reviewed several different HIV specific resources that will greatly increase my competency and efficiency when working up an HIV case. I commend Alice for her flexibility, as she expertly navigated and answered each and every question that I had. And I had a lot!

I left this experience more confident in my abilities as an HIV pharmacist and I highly recommend this experience to others who wish to enhance their HIV practice and connect with some of the best HIV pharmacists out there! Thank you to CHAP for such an amazing program!

UPCOMING OBSERVERSHIP:

- **Mark Shinouda**, Prime Care Pharmacy, Gueph. Observership with **Janhavi Bhalla**, St. Joseph's, London ON and **Harv Dhunna**, CW Pharmacy, Toronto



JAK NOVOVIC, SAC, CALGARY

OBSERVERSHIP WITH ERIN READY, JUNINE TOY, LINDA AKAGI & OSRIC SIN, ST. PAUL'S HOSPITAL 2025

I joined the HIV pharmacy world in February 2025 and currently serve as the pharmacy lead at the Southern Alberta Clinic. My role is a unique blend of clinical responsibilities—providing direct patient care—and non-clinical duties, including acting as the licensee of our dispensary and overseeing the day-to-day operations of the pharmacy.


Although I bring many years of clinical experience from the inpatient setting, ambulatory care is still relatively new to me. Recently, I had the opportunity to meet and shadow colleagues from another site who hold both clinical and leadership roles. This experience was not only a valuable networking opportunity but also an eye-opening chance to observe the similarities in our approaches to patient care across provinces. It also underscored how pharmacist scope of practice can shape pharmacy operations. I came away with a deeper appreciation for Alberta's broad scope of pharmacy prescribing and the advantages of an integrated electronic health system.

Linda—whom I would describe as the gatekeeper of BC's HIV treatment program—demonstrated how her thorough patient assessments support independent pharmacist verification of HIV prescribing within the BC context. Erin, a clinical pharmacist actively engaged in research and education, exemplifies the vital role of knowledge translation in such a specialized field. It was inspiring to see how pharmacists can extend their impact beyond direct patient care through teaching, mentorship, and scholarly work.

I also had insightful conversations with Osric Sin, who oversees the ambulatory pharmacy at St. Paul's Hospital in Vancouver. We discussed strategies for balancing the reduction of patient barriers with compliance to local regulatory requirements, as well as shared challenges in drug distribution logistics. Additionally, Junine Toy and her interdisciplinary team at the BC Centre for Excellence in HIV/AIDS (BCCfE) introduced me to a range of initiatives, including research, HIV PrEP, doxyPEP, and their broader HIV program. The seamless integration of clinical and research efforts at BCCfE is a testament to their commitment to comprehensive HIV care.

This observership was a unique and enriching experience that allowed me to connect with seasoned professionals in the field and put faces to names. I highly recommend this opportunity to any pharmacist new to HIV care, regardless of prior clinical background. I look forward to continuing conversations with my BC colleagues and the broader CHAP community. In the future, I hope to explore opportunities for interprovincial collaboration in research, particularly in areas focused on pharmacotherapy and pharmacy-led interventions in HIV care.

This experience truly reflects CHAP's mission to promote our profession by fostering community and encouraging pharmacy involvement across all aspects of HIV care.

A close-up photograph of a person's hands holding a black tablet. The tablet screen is white and displays text about an observership program. The person holding the tablet is wearing a light blue shirt and a gold watch. In the background, there are books and a smartphone on a dark surface.

Observership applications for next year will be open in early 2026. The program is open to new practitioners as well as experienced pharmacists looking to gain exposure to new areas of practice. In person, virtual, or hybrid Observerships are available. More information on the Observership program and the application process are available at:

hivclinic.ca/chap/activities.php

We thank Gilead Sciences Canada for the support of logistical costs of the program.



Welcome!

NOVA SCOTIA

- **Jenny Curran** is the new pharmacist with the HIV program at the IWK Health Centre, Halifax. She is replacing Kathy Slayter who retired. Jenny has been practicing in ID/ASP for some time but is new to HIV care.

PRINCE EDWARD ISLAND

- **Veronica Doiron** is an infectious diseases pharmacist at the Queen Elizabeth Hospital, Charlottetown – our first CHAP member from PEI!
- **Fiona Mitchell** is an infectious diseases pharmacist. She and Veronica Doiron will both be involved in managing patients with HIV on the island. Their centre has a new ID physician, so patients with HIV who used to travel to Moncton are now being seen in PEI.

ONTARIO

- **Lola Oridota** is Pharmacy Manager at Pharmacy.ca, an HIV/Hepatitis C specialty pharmacy. Lola is looking forward to connecting with fellow pharmacists and learning from their experience, particularly in HIV and hepatitis C care.
- **Rita Goncalves Vicente**, and **Arnold Ruste**, are two pharmacists joining CHAP from the PrEP Clinic, Toronto.
- **Kelly Amrud** is covering Monica Sanh's maternity leave at the Positive Care Program, St. Michael's Hospital, Toronto.
- **Sarah Oh** is the new full-time pharmacist at the Clinic Pharmacy, Toronto General Hospital.
- **Wanda Szto** is currently practicing in a specialty pharmacy in Markham which will be supporting an HIV clinic starting in the summer. Wanda is looking forward to joining the group for professional development.
- **Mark Shinouda** is a pharmacist at Prime Care Pharmacy in Guelph. He has been with the pharmacy since 2022, starting as a student before transitioning into a full-time role. He is eager to expand his knowledge and better support individuals living with HIV!

MANITOBA

- **Karli Jones**, BScPhm, ACPR, has just started as the Primary Care pharmacist at 7th Street Health Access Centre in Brandon. Karli will be heavily involved with the HIV program at the centre.

SASKATCHEWAN

- **Brent Vanin** has successfully secured a 0.5 FTE with the Positive Living Program at the Royal University Hospital, Saskatoon.

NEW MEMBERS

ALBERTA

- **Laurence Leung** is a new casual pharmacist with the Southern Alberta HIV Clinic.
- **Jennifer Allegretto** is a casual pharmacist joining the SAC in Calgary.
- **Jak Novovic** is the newest member of the Southern Alberta Clinic Pharmacy team. He was one of their residents a number of years ago and is now is taking over Jeff Kapler's position as team lead.

BRITISH COLUMBIA

- **Arianne Bayot** graduated from the University of Alberta's Pharmaceutical Sciences program in 2015. Following graduation, they gained extensive experience in compounding pharmacy and pharmacy management across Alberta. Over the past five years, Arianne has focused their practice on supporting individuals affected by addictions and mental health challenges in Vancouver's Downtown Eastside. They have also collaborated with the University of British Columbia to develop and deliver lectures on providing gender-affirming care. Arianne is thrilled to join the St. Paul's Ambulatory pharmacy team and looks forward to contributing their experience to enhance patient care.
- **Tristan Lai** and **Alex Tang** work at PrideRx in UBC and are interested in contributing to the efforts to increase access to PrEP.
- **Arielle Hulsman** recently completed her PGY1 at Children & Women's Health Centre and will be one of the pharmacists at the Oak Tree Clinic.
- **Carly Hoffman** is a UBC pharmacy grad who completed her pharmacy residency in 2016. She has been working for the last 9 years as an acute care clinical pharmacist at Vancouver General Hospital, primarily in Neurosciences. We're thrilled to have her join the St. Paul's Hospital Ambulatory pharmacy team, where she'll provide care to people living with HIV. Carly and Erin used to work together at VGH and it's awesome to have her as a colleague at the same site again!
- **Setareh Masoudi** has joined the Positive Health Services clinic in Surrey.

INTERNATIONAL

- **Mariam Momani** is a new HIV clinical pharmacy specialist at Chase Brexton.

FOND FAREWELLS

- Kathy Lee who has retired from the SAC, Calgary. Congratulations, Kathy!
- Colleen Benson who has officially retired from the Kaye Edmonton Clinic. We wish her the very best!

Do you know someone who should be part of CHAP?

Send a request to Alice.Tseng@uhn.ca

IT'S FREE (Of course, it's Canadian after all 😊)

DON'T MISS THE 2026 CHAP AGM

Come and meet us in Winnipeg!

**WEDNESDAY, APRIL 22ND
(RIGHT BEFORE CAHR)**



REGISTRATION DETAILS COMING SOON. STAY TUNED.