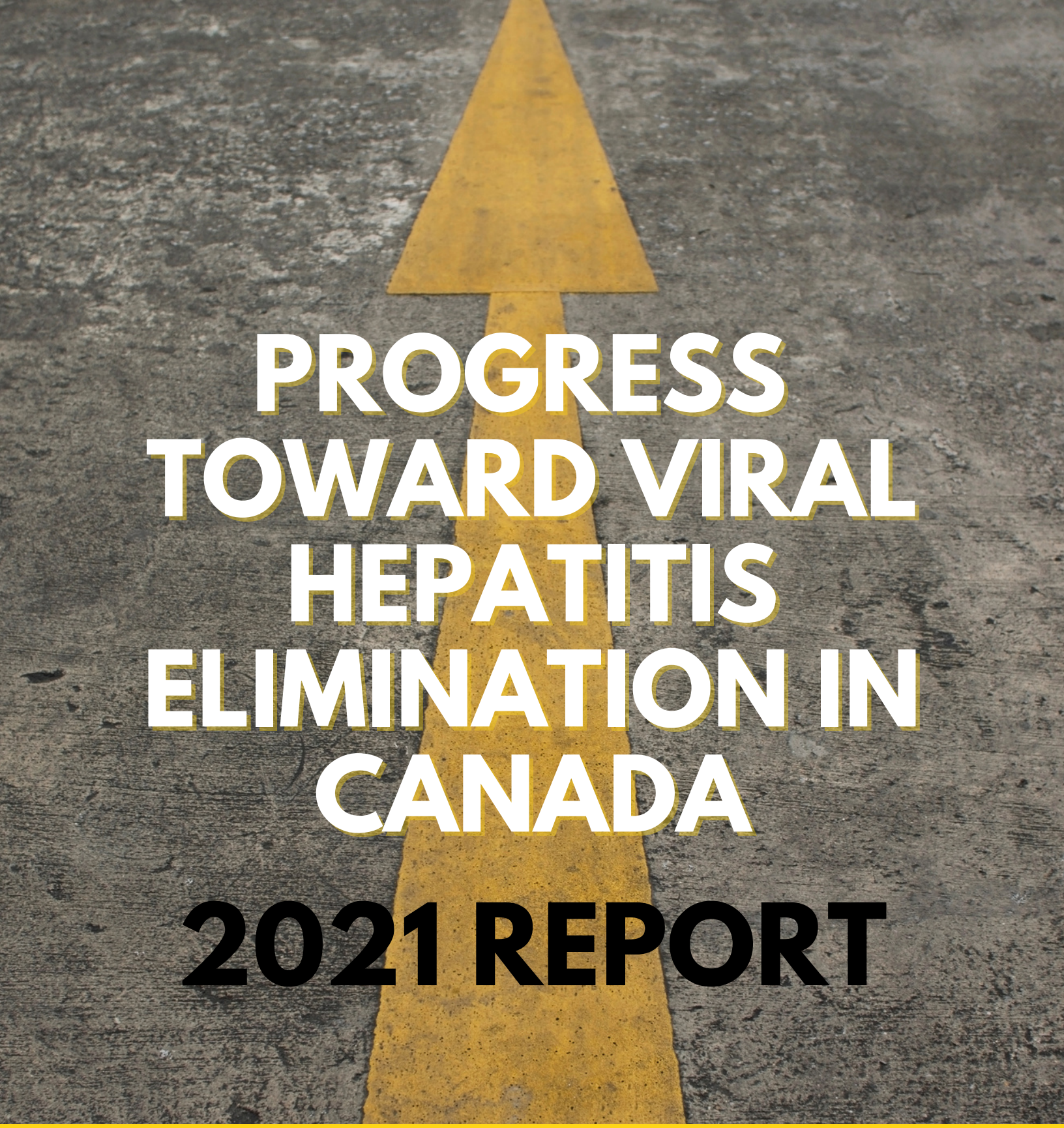


PROGRESS TOWARD VIRAL HEPATITIS ELIMINATION IN CANADA

2021 REPORT

ACTION HEPATITIS CANADA

ACTION HÉPATITES CANADA

ALBERTA BRIEF

Prepared by Action Hepatitis Canada

Full report, methodology, and references available at www.actionhepatitiscanada.ca/progressreport

VIRAL HEPATITIS ELIMINATION IS WITHIN CANADA'S REACH

Direct Acting Antivirals (DAAs) are a new generation of medications to treat hepatitis C virus (HCV) infection. These new therapies are highly effective, curing HCV infection in more than 95% of people treated in as little as 8-12 weeks with minimal side effects.

Hepatitis B virus (HBV) elimination is also highly feasible within Canada, as a vaccine-preventable infection.

CANADA'S PROMISE

In May 2016, the first-ever Global Viral Hepatitis Strategy was endorsed by the 194 Member States of the World Health Organization (WHO), with the goal of eliminating viral hepatitis as a public health threat by 2030.

As a Member State, Canada signed on to this strategy and endorsed the targets contained within it. The WHO strategy includes specific targets, and all countries were tasked with developing a National Action Plan to meet these targets. The Public Health Agency of Canada (PHAC) responded by publishing the Pan-Canadian framework for action to reduce the health impact of *Sexually Transmitted and Blood-Borne Infections (STBBIs)* in 2018 and the *Government of Canada five-year action plan on STBBIs* in 2019.

THE ROLE OF THE PROVINCES & TERRITORIES

PHAC's Framework for Action and Action Plan replicate the WHO targets for viral elimination by 2030, and were endorsed by all Canadian provinces and territories. As the provision of health care is a provincial and territorial jurisdiction, it is their governments' responsibility to create and implement their own viral hepatitis elimination strategies. They now have both the opportunity and the obligation to ensure all Canadians have equitable access to an HCV cure.

HEALTH EQUITY

While Canada's public health care system was founded on principles of fairness and equality, today in 2021 there are many health inequities experienced by people across Canada, and these are reflected among people affected by viral hepatitis. These include geographic inequities, such as reduced access to prevention, testing and treatment in rural and remote areas of Canada, or even from province to province. These inequities also result in different groups of people having higher rates of new HCV infections and higher prevalence of HCV compared to the overall population. For example, First Nations, Inuit, and Métis peoples in Canada have higher HCV incidence rates and prevalence than the overall population in Canada.

Without addressing the inequities in health care access for remote and rural areas of Canada, and without a reconciliatory approach to healthcare for Indigenous people, there will remain considerable barriers to achieving HCV elimination.

EVIDENCE-BASED RECOMMENDATIONS

Produced by the Canadian Network on Hepatitis C (CanHepC) with input from medical and scientific experts across Canada, as well as the affected community and community-based organizations, the *Blueprint to inform hepatitis C elimination efforts in Canada* (the "Blueprint") is a document to guide policymakers in the provinces and territories and aid them in measuring their progress and guiding priorities for action toward global HCV elimination goals.

The metrics evaluated and recommendations made in this report reflect the priority actions from the Blueprint, from the perspective of the community-based organizations that make up the membership of Action Hepatitis Canada.

SIX METRICS TO MEASURE OUR PROGRESS

Planning

Is There An Elimination Plan or Strategy in Place?

The first metric we chose to measure was whether there is a plan or strategy in place in each jurisdiction that incorporates viral hepatitis impact or service coverage targets or goals

HCV Testing

Is HCV RNA Reflex Testing Implemented?

The *Blueprint* recommends that samples testing positive for HCV antibodies be automatically tested to determine if the infection is chronic and therefore eligible for treatment. This is known as HCV RNA reflex testing. This testing intervention not only reduces the barriers to patients receiving their HCV diagnosis but also saves care providers time and reduces costs to the health care system. In this report, we found that almost all provinces meeting annual treatment targets do reflex testing.

HCV Testing-to-Treatment Link

Are Same Day Treatment Starts Possible?

Expediting linkage to care and treatment initiation, as suggested in the *Blueprint*, could close gaps in the cascade of care for HCV. To expedite linkage to care, 'test-and-treat strategies' — where treatment providers are able to initiate HCV treatment on the same day that they test or diagnose a patient — need to be implemented. To evaluate whether this is possible or not, we reviewed DAA treatment reimbursement criteria in all publicly-funded drug plans in Canada.

HCV Treatment

Annual HCV Treatment Prescribing Counts

In order to achieve the HCV treatment coverage goals set out by the WHO and in the *Blueprint*, modelling has been done to determine how many people living with HCV would need to start treatment each year so that 80% have received treatment by 2030. To evaluate progress towards this goal, we looked at how many people started HCV treatment each year and compared this to the modelled annual treatment targets that have been set.

HCV Prevention

The coverage of needles and syringes distributed per person who injects drugs

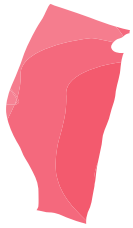
The *Blueprint* recommends 500 needles and syringes distributed per person who injects drugs (PWID) per year by 2025, and 750 by 2030, as an effective harm reduction and viral hepatitis prevention measure. The provision of sterile needles and syringes is the most effective prevention method for HCV hepatitis infections.

HBV Prevention

Is HBV Infant Vaccination Implemented?

The WHO indicates that the most effective way to prevent chronic HBV infection is to administer, for all babies, the first HBV vaccine dose at or near the time of birth. This is because 95% of babies and children exposed to HBV will develop a chronic infection which, while being treatable, is not curable — similar to HIV.

ALBERTA



CURRENT STATUS: ON TRACK

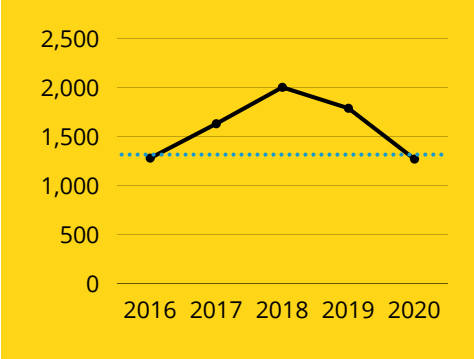
Overview: Alberta is the only province other than PEI with a strategic framework, complemented by the *2016–2020 STBBI Operational Strategy and Action Plan*. Alberta has eliminated unnecessary tests for genotype and the 2nd + RNA test for reimbursement approval. Still, treatment numbers have been falling since 2018. Experts in Alberta report that this is because the "easy-to-reach" people have been treated. Evidence from other jurisdictions suggests that to reach elimination, treatment should be simple, require little to no travel, and be delivered by people who are already known.

Planning
Alberta STBBI Strategic Framework 2018-2021

HCV Testing
HCV RNA Reflex Testing Implemented

HCV Testing-to-Treatment Link
Same-Day Starts Not Possible:
x Faxed approval forms take 1-3 days, much longer for patients not yet "in the system."

HCV Treatment
If annual DAA prescribing counts can be flattened in 2021 and beyond, 2030 targets can be met.



HCV Prevention
Above targeted # of Needles and Syringes Distributed per PWID
883/500 (177% of recommended 2025 target)

HBV Prevention
Infant HBV Vaccination Not Implemented
Vaccinations offered at age 2 months

Estimated burden of HCV:
24,081

Annual treatment target:
1284

RECOMMENDED NEXT STEPS

- [ ] Update the STBBI Operational Strategy and Action Plan to 2025 or 2030, focused on and in consultation with priority populations and using a health equity lens.
- [ ] Use Dried Blood Spot Testing to simplify diagnosis process.
- [ ] Create mechanism for same-day approval of DAA reimbursement requests, such as a Limited Use Code.
- [ ] Offer HBV vaccination at birth for all babies.

With the right policy changes, we can stay on track to meet our 2030 target.

OVERVIEW

Estimated burden of HCV:
250,000

Annual treatment target:
13,333

Seven of the ten provinces are on track to meet our viral hepatitis elimination goals. We do not have enough data to determine the status of the three territories.

Table 2. Summary of all six measured metrics by province and territory

	On Track?	Elimination Planning	HCV Testing	HCV Testing-to-Treatment Link	HCV Treatment	HCV Prevention	HBV Prevention
Prince Edward Island	✓	🟢	🟢	🟢	🟢	🟢	🟡
New Brunswick	✓	🔴	🟢	🔴	🟢	🟡	🟢
Nova Scotia	✓	🔴	🟢	🟡	🟢	🟢	🔴
Newfoundland	✓	🔴	🟢	🔴	🟢	🔴	🔴
Alberta	✓	🟢	🟢	🟡	🟢	🟢	🟡
British Columbia	✓	🔴	🟢	🔴	🟢	🟡	🔴
Saskatchewan	✓	🔴	🔴	🟡	🟢	🟢	🔴
Northwest Territories	?	🔴	🔴	🟡	—	—	🟢
Nunavut	?	🔴	🔴	🔴	—	—	🟢
Yukon	?	🔴	🟢	🔴	—	🔴	🟡
Quebec	✗	🔴	🔴	🟡	🟡	🔴	🟡
Ontario	✗	🔴	🔴	🔴	🟡	🟡	🔴
Manitoba	✗	🔴	🔴	🔴	🟡	🟡	🔴

Eliminating Hepatitis C (HCV):

prioritizing those impacted the most.

CanHepC's *Blueprint to Inform Hepatitis C Elimination Efforts in Canada* identifies five priority populations and one age-cohort who carry the largest burden of HCV in Canada.

People who inject drugs (PWID)

85% of all new HCV infections in Canada.

Community-based, peer supports for harm reduction and linking to healthcare are needed.

Indigenous

HCV rates 5X higher than general population.

Culturally safe/responsive care models including primary, mobile, community-based and eHealth are needed.

Incarcerated

HCV rates 24X higher than general population.

Improved access to harm reduction, HCV testing and treatment are needed.

Gay, bisexual, men who have sex with men (gbMSM)

Emerging priority population based on HCV rates.

HCV prevention, testing, and education integrated into sexual health clinics is needed.

Immigrants and newcomers

Up to 35% of those living with HCV in Canada.

Culturally safe/responsive testing and education upon arrival in Canada are needed.

Older adults (1945-1975 birth cohort)

Up to 75% of those living with HCV in Canada.

Education and one-time testing in primary care settings are needed.

Priority Populations

These five priority populations have a history in Canada of inequitable access to health care. Where these populations intersect, that inequity becomes more layered and pronounced: Black and Indigenous people are overrepresented amongst those who are incarcerated, Indigenous people are overrepresented amongst those who use drugs, those who use drugs are overrepresented amongst those who are incarcerated.

Data from the British Columbia 2018 HCV care cascade suggests that concerted efforts to remove barriers for priority populations in accessing care, particularly those who experience social and economic marginalization, are needed.

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