

CANADA

CAN ELIMINATE HEPATITIS

NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED JULY 27 2021



Hepatitis B virus (HBV)

Hepatitis C virus (HBV)

2030

HBV elimination goal ¹

YES

Elimination of HBV mother to child transmission goal ²⁷

2030

HCV elimination goal 1



RECENT GOVERNMENT COMMITMENT TO HEPATITIS ELIMINATION (2018)

THE HEALTH BURDEN OF VIRAL HEPATITIS

42,800-180,800

Number of persons living with HBV infection, 2011 ²

Based on national survey; Prevalence rate is possibly 10X greater among foreign-born



REGIONAL AVERAGE IN THE AMERICAS: HBV: 0.3% HCV: 0.7% 55,800-400,000

Persons living with chronic HCV infection, 2016 ^{2.3}

35% of all HCV infections among immigrants ^Z
Prevalence of anti-HCV is 4X higher
among indigenous peoples ⁶

4,783New HBV cases, 2018 ⁵

85% of new HCV infections among PWID $^{\rm Z}$



12,447New HCV infections, 2018 ⁵

445

HBV-related deaths, 2019 32

1.22 Deaths per 100,000, 2019 4



2692

HCV deaths, 2019 4

7.37 Deaths per 100,000 4

PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

PREVENTION OF NEW INFECTIONS AND MORTALITY

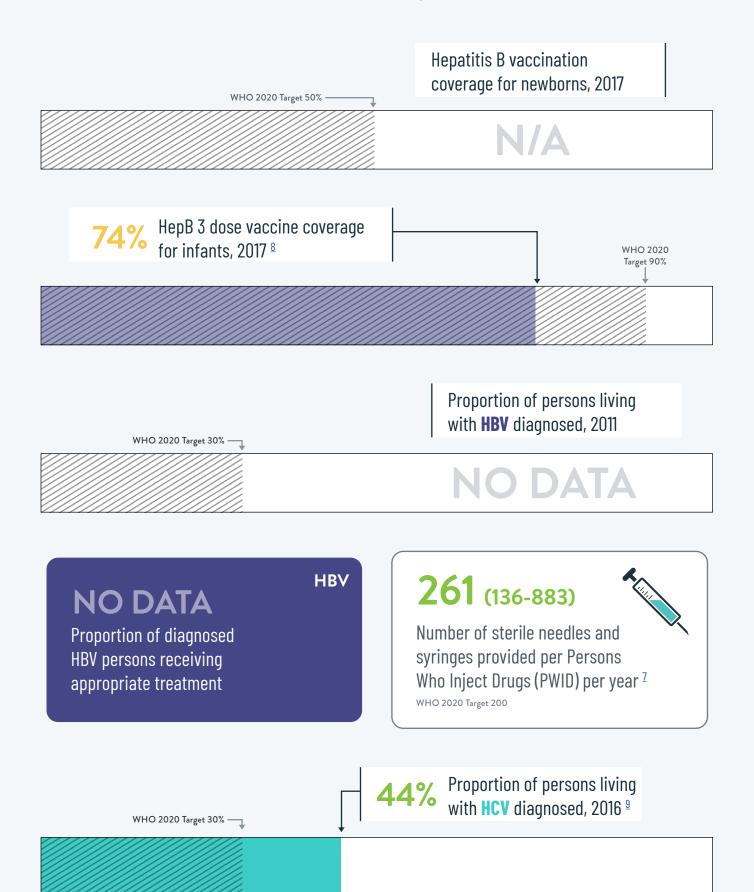
Percentage change in new **HBV** infections, 2015-2018 5 WHO 2020 Target -30% Percentage change in **HBV** deaths, 2015-2019 4 WHO 2020 Target -10% Percentage change in new **HCV** infections, 2015-2018 5 WHO 2020 Target -30% Percentage change in **HCV** deaths, 2015-2019 4 WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%) 4

0.27% (0.02-0.34)
SDG 2020 Target 1%²



ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT





Proportion of diagnosed persons who have been cured, 2016



POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS



ACHIEVEMENT



INNOVATIONS



ROADBLOCKS

STRATEGIC INFORMATION

Mortality **Not Adopted**

Routine official reports to monitor HBV and HCV ^{2,3}

Public Health Agency of Canada releases surveillance reports for new HBV and HCV infections but acute and chronic HCV infections are no disaggregated $^{\underline{5}}$

Incidence

Statistics Canada releases vital registration reports on HBV and HCV deaths, but hepatitis-specific reports are not released 10

Prevalence

Not Adopted

No national survey to estimate prevalence conducted in last 5 years

Estimates of HBV and/or HCV economic burden 11,12

Monitoring of HBV and HCV diagnosis and treatment 15,16

Adopted

Not Adopted



INNOVATIONS

British Columbia Hepatitis Testers Cohort (BC-HTC) to monitor epidemiological trends

CanHepC Trainnee Network links over 100 researchers, trainees, community members, and policy makers to promote the translation of evidence into HCV prevention and care programs

PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns 13

Partially Adopted

3 of 13 provinces/territories

Recommendations for:

HBV testing of pregnant women 14

Adopted

HCV testing of pregnant women 15

Partially Adopted

ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of patented pangenotypic HCV medications 31

Adopted

Eligible for generic medicines

Not Eligible

Licensed point-of-care PCR testing to detect HBV and HCV ²²

Not Adopted

GeneXpert assays for HBV or HCV virologic detection assays have not been registered with the Government of Canada yet ²²



TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

HBV: Risk-based ²⁰

Adopted

HCV: Risk-based 21

Adopted

HBV: Persons born in regions with prevalence >2% ²⁰

Adopted

No patient co-pays for HBsAg and anti-HCV testing

No Data





ROADBLOCKS

Inadequate number of persons tested for HCV and linked to care



INNOVATIONS

7 provinces/territories have implemented reflex testing $^{{ ilde {\it L}}}$

ACCESS TO HBV AND HCV TREATMENT

HBV: National treatment guidelines ²⁰

Simplied care: Simplified treatment and monitoring algorithm for primary care providers

Simplified care: No patient treatment co-pays

HCV: National treatment guidelines ²³

Simplified care algorithm: Less than 2 clinic visits during treatment

Simplifed care algorithm: Nonspecialists can prescribe treatment ²⁴

Simplified care algorithm: No patient treatment co-pays

No fibrosis restrictions 17,25,26

No sobriety restrictions ²⁵

No genotyping ¹⁷

Adopted

Partially Adopted

Available

Partially Adopted

Not Adopted

Co-pays required but

Non-specialists restricted in up

to 50% of jurisdictions 24

usually covered

Some HBV anti-virals are included

in all provincial health insurance schemes, but not all Health

Canada approved anti-virals are included in the public insurance

plans, and the criteria to be eligible for treatment in these schemes differs from province to province.

8 of 13 provinces/territories

Adopted

Partially Adopted

6 of 13 provinces/territories still require with 1 more only recently removing during the COVID-19 pandemic



ACHIEVEMENTS

Since 2015, HCV treatment uptake has increased significantly, going from 5,127 people in 2014 up to over 16,000 people in 2019





INNOVATIONS

Nurse-lead treatment and telemonitoring linking specialists to primary care providers following the ECHO model in Alberta, British Columbia, Ontario, and Quebec



ROADBLOCKS

Non-specialists do not have prescribing authority in all provinces and territories

Two positive HCV RNA tests are required to start treatment in Ontario ¹⁷

HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected ^{2Z}

National anti-discrimination laws against persons living with hepatitis B and/or C 28

National policy for adult hepatitis B vaccination 14

National policy for:

Harm reduction for persons who inject drugs (PWID) ¹⁶

Syringe exchange in federal prisons 16,18

If yes, number of federal prisons that implement syringe exchange ^{16,18}

Number of needles/syringes per PWID per year ^Z

Number of opioid substitution therapy recipients per 100 PWID 19

Decriminalization of possession of syringes & paraphernalia 16

Decriminalization of drug use 16

Adopted

Partially Adopted

Adopted

Persons living with HBV or HCV are protected by the Canadian Human Rights Act, R.S.C 1985, H-6. No specific law is in place to protect persons

living with HBV or HCV (28)

Adopted

Adopted

11 of 43

261

Since June 2018, the Correctional Service of Canada (CSC) has been rolling out a Prison Needle Exchange Program (PNEP) in 11 of 43 federal institutions across the country but needle exchange is not available in provincial prisons ¹⁸

Ranges from 136 to 883 needles per PWID per year across provinces/ territories⁷

24

Adopted

Not Adopted

WHO Target 40 Partial progress defined by >20 Recipients ¹¹





INNOVATIONS

Multidisciplinary, community-based programs to reach marginalized populations, including PWID and those with unstable housing

Supervised injection sites in 5 provinces



ACHIEVEMENTS

HCV prevention, testing, and treatment is strong in federal prisons



ROADBLOCKS

HBV care for culturally diverse populations

HCV prevention, testing, and treatment is poor in provincial prisons

FINANCING

Public budget line for HBV and HCV testing and treatment 27

Adopted

NEXT STEPS TOWARD ELIMINATION



Improve strategic information to monitor incidence, mortality, and prevalence of HBV and HCV



Prioritize programs and partnerships to address hepatitis-related health disparities



Implement universal hepatitis B birth dose policy in all provinces



Scale-up HCV prevention, testing, and treatment in provincial correctional facilities



Implement HCV RNA reflex Testing



Expedite licensure of point of care test for HBV and HCV



Develop policies to guide HBV screening and care



Continue to simplify HCV care, e.g. remove repeat HCV testing before treatment (Ontario), remove genotype requirements and prior authorizations, and allow non-specialists to prescribe treatment



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WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.



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TASKFORCE.ORG 330 W. PONCE DE LEON AVENUE DECATUR GA 30030

GLOBALHEP@TASKFORCE.ORG

FOR MORE INFORMATION: GLOBALHEP.ORG

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