**Hepatitis B virus (HBV)**

**2030**

HBV elimination goal

**YES**

Elimination of HBV mother to child transmission goal

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**Hepatitis C virus (HCV)**

**2030**

HCV elimination goal

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**THE HEALTH BURDEN OF VIRAL HEPATITIS**

- **42,800–180,800**
  Number of persons living with HBV infection, 2011

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

- **55,800–400,000**
  Persons living with chronic HCV infection, 2016

  35% of all HCV infections among immigrants
  Prevalence of anti-HCV is 4X higher among indigenous peoples
**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

<table>
<thead>
<tr>
<th>Infection</th>
<th>Percentage Change</th>
<th>Target</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong></td>
<td>Percentage change in new infections, 2015-2018</td>
<td>+10%</td>
<td>WHO 2020 Target -30%</td>
</tr>
<tr>
<td></td>
<td>Percentage change in deaths, 2015-2019</td>
<td>-1%</td>
<td>WHO 2020 Target -10%</td>
</tr>
<tr>
<td><strong>HCV</strong></td>
<td>Percentage change in new infections, 2015-2018</td>
<td>+14%</td>
<td>WHO 2020 Target -30%</td>
</tr>
<tr>
<td></td>
<td>Percentage change in deaths, 2015-2019</td>
<td>-7%</td>
<td>WHO 2020 Target -10%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.27% (0.02-0.34)</td>
<td>SDG 2020 Target 1%</td>
</tr>
</tbody>
</table>

**Incidence**

- **4,783** New HBV cases, 2018
- **12,447** New HCV infections, 2018

**Mortality**

- **445** HBV-related deaths, 2019
- **2692** HCV deaths, 2019

**Deaths per 100,000**

- **1.22** Deaths per 100,000, 2019
- **7.37** Deaths per 100,000, 2019
# Access to Recommended Vaccination, Testing, and Treatment

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B vaccination coverage for newborns, 2017</td>
<td>WHO 2020 Target 50%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>HepB 3 dose vaccine coverage for infants, 2017</td>
<td>WHO 2020 Target 90%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>Proportion of persons living with HBV diagnosed, 2011</td>
<td>WHO 2020 Target 30%</td>
<td>NO DATA</td>
<td></td>
</tr>
<tr>
<td>Proportion of diagnosed HBV persons receiving appropriate treatment</td>
<td></td>
<td>NO DATA</td>
<td></td>
</tr>
<tr>
<td>Number of sterile needles and syringes provided per Persons Who Inject Drugs (PWID) per year</td>
<td>WHO 2020 Target 200</td>
<td>261 (136-883)</td>
<td></td>
</tr>
<tr>
<td>Proportion of persons living with HCV diagnosed, 2016</td>
<td>WHO 2020 Target 30%</td>
<td>44%</td>
<td></td>
</tr>
</tbody>
</table>
Proportion of diagnosed persons who have been cured, 2016

NO DATA

11,331
Number of persons treated for HCV, 2020

2016 2017 2018 2019 2020
12,718 14,520 17,973 16,493 11,331

Policy Environment for the Elimination of Hepatitis

Strategic Information

Routine official reports to monitor HBV and HCV

Mortality: Not Adopted
Incidence: Partially Adopted
Prevalence: Not Adopted

Estimates of HBV and/or HCV economic burden
Adopted

Monitoring of HBV and HCV diagnosis and treatment
Not Adopted

Innovations

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

CanHepC Trainee 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 Child Transmission

<table>
<thead>
<tr>
<th>Policy for hepatitis B vaccination of newborns</th>
<th>Partially Adopted</th>
<th>3 of 13 provinces/territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBV testing of pregnant women</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>HCV testing of pregnant women</td>
<td>Partially Adopted</td>
<td></td>
</tr>
</tbody>
</table>

### Access and Registration of Medicines and Tests

| Registration of patented pan-genotypic HCV medications | Adopted |
| Eligible for generic medicines | Not Eligible |
| Licensed point-of-care PCR testing to detect HBV and HCV | Not Adopted |

### Achievements

*Decline in HCV treatment prices*

### Testing to Diagnose HBV and HCV Infection

<table>
<thead>
<tr>
<th>Testing recommendations for:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong>: Risk-based</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>HCV</strong>: Risk-based</td>
<td>Adopted</td>
</tr>
<tr>
<td><strong>HBV</strong>: Persons born in regions with prevalence &gt;2%</td>
<td>Adopted</td>
</tr>
<tr>
<td>No patient co-pays for HBsAg and anti-HCV testing</td>
<td>No Data</td>
</tr>
</tbody>
</table>

*GeneXpert assays for HBV or HCV virologic detection assays have not been registered with the Government of Canada yet.*
## ACCESS TO HBV AND HCV TREATMENT

### HBV: National treatment guidelines

- **Simplified care:** Simplified treatment and monitoring algorithm for primary care providers
- **Simplified care:** No patient treatment co-pays

### HCV: National treatment guidelines

- **Simplified care algorithm:** Less than 2 clinic visits during treatment
- **Simplified care algorithm:** Non-specialists can prescribe treatment
- **Simplified care algorithm:** No patient treatment co-pays
- **No fibrosis restrictions**
- **No sobriety restrictions**
- **No genotyping**

### ROADBLOCKS

Inadequate number of persons tested for HCV and linked to care

### INNOVATIONS

- 7 provinces/territories have implemented reflex testing

### ACHIEVEMENTS

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

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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.

Non-specialists restricted in up to 50% of jurisdictions.

Co-pays required but usually covered.

8 of 13 provinces/territories still require with 1 more only recently removing during the COVID-19 pandemic.
HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected \(^{27}\)

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 \(^{7}\)
- Number of opioid substitution therapy recipients per 100 PWID \(^{19}\)
- Decriminalization of possession of syringes & paraphernalia \(^{16}\)
- Decriminalization of drug use \(^{16}\)

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)

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 \(^{14}\)

Ranges from 136 to 883 needles per PWID per year across provinces/territories \(^{2}\)

WHO Target 40
Partial progress defined by >20 Recipients \(^{1}\)

Adopted

Partially Adopted

Adopted

Adopted

Adopted

Adopted

Not Adopted
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
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
10 | 10

29. Personal communication with Jordan Feld, Hepatologist, University Health Network, University of Toronto.

WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.

This National Hepatitis Elimination Profile (N-HEP) was developed by the Coalition for Global Hepatitis Elimination. Funding for this N-HEP was provided by Gilead Sciences. The Coalition for Global Hepatitis Elimination retained final control over the content.

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