Canada Can Eliminate Hepatitis
National Hepatitis Elimination Profile

Hepatitis B virus (HBV)

2030
HBV elimination goal

YES
Elimination of HBV mother to child transmission goal

Hepatitis C virus (HCV)

2030
HCV elimination goal

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

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

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

Regional average in the Americas:
- HBV: 0.3%
- HCV: 0.7%

Prevalence of anti-HCV is 4X higher among indigenous peoples

35% of all HCV infections among immigrants

Prevalence

Action Plan
### Mortality

<table>
<thead>
<tr>
<th>Year</th>
<th>HBV-related deaths</th>
<th>Deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>445</td>
<td>1.22</td>
</tr>
</tbody>
</table>

### Incidence

<table>
<thead>
<tr>
<th>Year</th>
<th>New HBV cases</th>
<th>New HCV infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>4,783</td>
<td>12,447</td>
</tr>
</tbody>
</table>

#### Progress Towards 2020 WHO Elimination Goals

**Prevention of New Infections and Mortality**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage Change in New Infections, 2015-2018</th>
<th>Percentage Change in Deaths, 2015-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>+10% WHO 2020 Target -30%</td>
<td>-1% WHO 2020 Target -10%</td>
</tr>
<tr>
<td>HCV</td>
<td>+14% WHO 2020 Target -30%</td>
<td>-7% WHO 2020 Target -10%</td>
</tr>
</tbody>
</table>

- Prevalence of HBsAg in children < 5 years (%): 0.27% (0.02-0.34) SDG 2020 Target 1%
### Access to Recommended Vaccination, Testing and Treatment

**Hepatitis B vaccination coverage for newborns, 2017**

- **WHO 2020 Target 50%**
- **N/A**

**HepB 3 dose vaccine coverage for infants, 2017**

- **74%**
- **WHO 2020 Target 90%**

**Proportion of persons living with HBV diagnosed, 2011**

- **NO DATA**

**Proportion of diagnosed HBV persons receiving appropriate treatment**

- **NO DATA**

**Number of sterile needles and syringes provided per Persons Who Inject Drugs (PWID) per year**

- **261 (136-883)**
- **WHO 2020 Target 200**

**Proportion of persons living with HCV diagnosed, 2016**

- **44%**
- **WHO 2020 Target 30%**
**Strategic Information**

Routine official reports to monitor HBV and HCV

- **Mortality**: Not Adopted
  - Public Health Agency of Canada releases surveillance reports for new HBV and HCV infections but acute and chronic HCV infections are not disaggregated.

- **Incidence**: Partially Adopted
  - Statistics Canada releases vital registration reports on HBV and HCV deaths, but hepatitis-specific reports are not released.

- **Prevalence**: Not Adopted
  - No national survey to estimate prevalence conducted in last 5 years.

Estimates of HBV and/or HCV economic burden

Monitoring of HBV and HCV diagnosis and treatment

**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 CHILDREN TRANSMISSION**

Policy for hepatitis B vaccination of newborns 13

3 of 13 provinces/territories

- **Partially Adopted**

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 pan-genotypic 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.

**ACHIEVEMENTS**

Decline in HCV treatment prices

**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**
### 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

**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

HEALTH EQUITY AND ADDRESSING DISPARITIES

National strategy addresses populations most affected

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)

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

Partially Adopted

National policy for adult hepatitis B vaccination

Adopted

National policy for:

Harm reduction for persons who inject drugs (PWID)

Adopted

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

Syringe exchange in federal prisons

Adopted

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

If yes, number of federal prisons that implement syringe exchange

11 of 43

WHO Target 40

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

Number of needles/syringes per PWID per year

261

Number of opioid substitution therapy recipients per 100 PWID

24

Decriminalization of possession of syringes & paraphernalia

Adopted

Decriminalization of drug use

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


8. WHO/UNICEF Joint Reporting Form. [https://www.globalhealth.org/country-progress/canada]
9. CATIE. The epidemiology of hepatitis C in Canada. [https://www.catie.ca/essentials/hepatitis-c-basics]
16. Georgetown HIV Policy Lab. [https://hivpolicylab.org/ca] [https://hivpolicylab.org/ca/]
25. Action Hepatitis Canada. [https://www.actionhepatitiscanada.ca/news.html]
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