



# CANADA

## CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE



UPDATED JULY 27 2021



### Hepatitis B virus (HBV)

# 2030

HBV elimination goal<sup>1</sup>

# YES

Elimination of HBV mother to child transmission goal<sup>27</sup>

### Hepatitis C virus (HCV)

# 2030

HCV elimination goal<sup>1</sup>



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<sup>2</sup>

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



Prevalence

REGIONAL AVERAGE IN THE AMERICAS:  
HBV: 0.3%  
HCV: 0.7%

# 55,800-400,000

Persons living with chronic HCV infection, 2016<sup>2,3</sup>

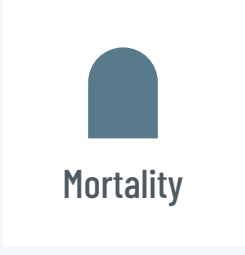
35% of all HCV infections among immigrants<sup>2</sup>  
Prevalence of anti-HCV is 4X higher among indigenous peoples<sup>6</sup>

**4,783**  
 New HBV cases, 2018 <sup>5</sup>  
 85% of new HCV infections  
 among PWID <sup>7</sup>



**12,447**  
 New HCV infections, 2018 <sup>5</sup>

**445**  
 HBV-related deaths, 2019 <sup>32</sup>  
**1.22** Deaths per 100,000, 2019 <sup>4</sup>



**2692**  
 HCV deaths, 2019 <sup>4</sup>  
**7.37** Deaths per 100,000 <sup>4</sup>

**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

**HBV** Percentage change in new infections, 2015-2018 <sup>5</sup> **+10%** WHO 2020 Target -30%

**HBV** Percentage change in deaths, 2015-2019 <sup>4</sup> **-1%** WHO 2020 Target -10%

**HCV** Percentage change in new infections, 2015-2018 <sup>5</sup> **+14%** WHO 2020 Target -30%

**HCV** Percentage change in deaths, 2015-2019 <sup>4</sup> **-7%** WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%) <sup>4</sup> **0.27% (0.02-0.34)** SDG 2020 Target 1% <sup>2</sup>

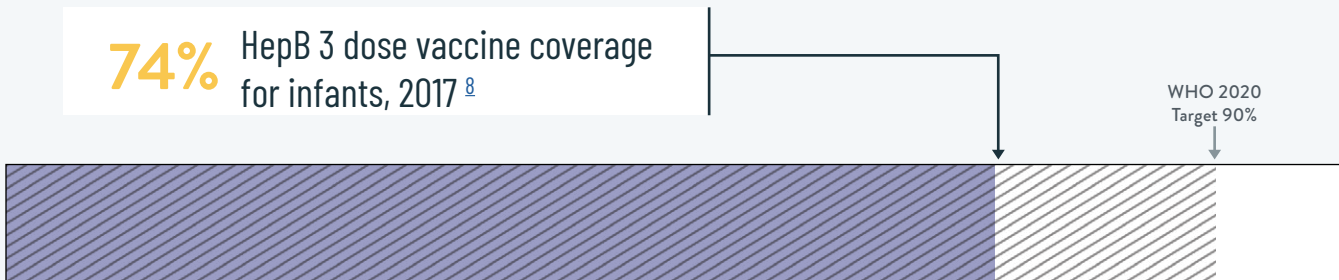


### ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

Hepatitis B vaccination coverage for newborns, 2017



74% HepB 3 dose vaccine coverage for infants, 2017 <sup>8</sup>




Proportion of persons living with HBV diagnosed, 2011



**NO DATA** HBV

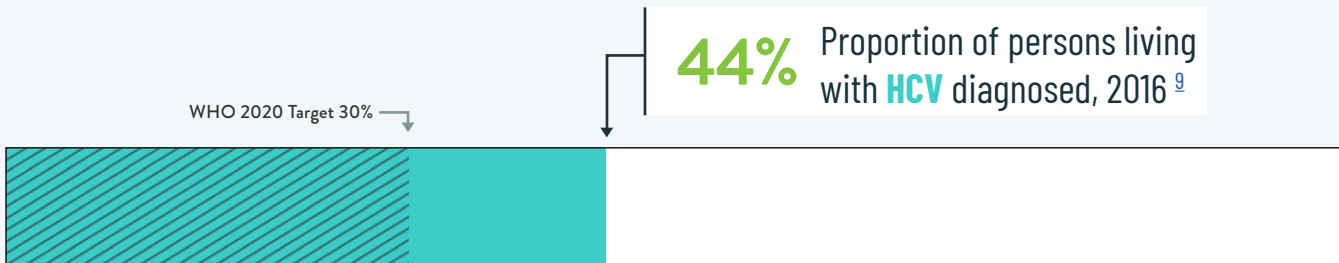
Proportion of diagnosed HBV persons receiving appropriate treatment

**261 (136-883)** 

Number of sterile needles and syringes provided per Persons Who Inject Drugs (PWID) per year <sup>7</sup>

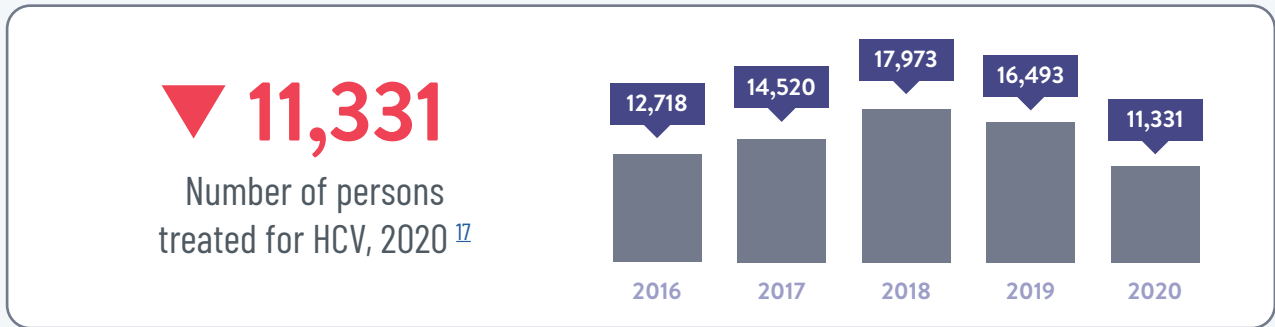
WHO 2020 Target 200

44% Proportion of persons living with HCV diagnosed, 2016 <sup>9</sup>



Proportion of diagnosed persons who have been cured, 2016

NO DATA



▼ **11,331**  
Number of persons treated for HCV, 2020 <sup>17</sup>

POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

**ACHIEVEMENT**

**INNOVATIONS**

**ROADBLOCKS**

STRATEGIC INFORMATION

Routine official reports to monitor HBV and HCV <sup>2,3</sup>

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 <sup>5</sup>

Incidence **Partially Adopted**

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

Prevalence **Not Adopted**

No national survey to estimate prevalence conducted in last 5 years

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

**Adopted**

Monitoring of HBV and HCV diagnosis and treatment <sup>15,16</sup>

**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 CHILDREN TRANSMISSION

Policy for hepatitis B vaccination of newborns <sup>13</sup>

Partially Adopted

3 of 13 provinces/territories

Recommendations for:

HBV testing of pregnant women <sup>14</sup>

Adopted

HCV testing of pregnant women <sup>15</sup>

Partially Adopted

## ACCESS AND REGISTRATION OF MEDICINES AND TESTS

Registration of patented pan-genotypic HCV medications <sup>31</sup>

Adopted

Eligible for generic medicines

Not Eligible

Licensed point-of-care PCR testing to detect HBV and HCV <sup>22</sup>

Not Adopted

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



### ACHIEVEMENTS

*Decline in HCV treatment prices*

## TESTING TO DIAGNOSE HBV AND HCV INFECTION

Testing recommendations for:

**HBV:** Risk-based <sup>20</sup>

Adopted

**HCV:** Risk-based <sup>21</sup>

Adopted

**HBV:** Persons born in regions with prevalence >2% <sup>20</sup>

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<sup>17</sup>*

**ACCESS TO HBV AND HCV TREATMENT**

**HBV:** National treatment guidelines<sup>20</sup>

Adopted

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

Simplified care: No patient treatment co-pays

Partially Adopted

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.

**HCV:** National treatment guidelines<sup>23</sup>

Available

Simplified care algorithm: Less than 2 clinic visits during treatment

Simplified care algorithm: Non-specialists can prescribe treatment<sup>24</sup>

Partially Adopted

Not Adopted

Non-specialists restricted in up to 50% of jurisdictions<sup>24</sup>

Simplified care algorithm: No patient treatment co-pays

Partially Adopted

Co-pays required but usually covered

No fibrosis restrictions<sup>17,25,26</sup>

Partially Adopted

8 of 13 provinces/territories

No sobriety restrictions<sup>25</sup>

Adopted

No genotyping<sup>17</sup>

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<sup>17</sup>

**HEALTH EQUITY AND ADDRESSING DISPARITIES**

National strategy addresses populations most affected <sup>27</sup>

Adopted

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

Partially Adopted

National policy for adult hepatitis B vaccination <sup>14</sup>

Adopted

National policy for:

Harm reduction for persons who inject drugs (PWID) <sup>16</sup>

Adopted

Syringe exchange in federal prisons <sup>16,18</sup>

Adopted

If yes, number of federal prisons that implement syringe exchange <sup>16,18</sup>

11 of 43

Number of needles/syringes per PWID per year <sup>7</sup>

261

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 <sup>18</sup>

Ranges from 136 to 883 needles per PWID per year across provinces/ territories<sup>7</sup>

Number of opioid substitution therapy recipients per 100 PWID <sup>19</sup>

24

WHO Target 40 Partial progress defined by >20 Recipients <sup>11</sup>

Decriminalization of possession of syringes & paraphernalia <sup>16</sup>

Adopted

Decriminalization of drug use <sup>16</sup>

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 <sup>27</sup>

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.



COALITION  
FOR GLOBAL  
HEPATITIS  
ELIMINATION

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