Hepatitis Prevention and Control in Canada

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Viral Hepatitis Prevention and Control in Canada

HEPATITIS A

• Continue to improve quality of drinking water and sewage disposal systems throughout Northern communities.

• Educate food handlers on safety precautions.

• Promote use of hepatitis A vaccine for all travelers going to developing countries where hepatitis A remains endemic.
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HEPATITIS B

- Promote and maintain high levels of universal immunization with hepatitis B vaccine beginning in early infancy.
- Screen all pregnant women for HBsAg with each pregnancy and provide HBIG and vaccine to newborns at delivery if mother tests positive.
- Ensure all health care providers have protective levels of antibody to hepatitis B. Enforce blood and body fluid precautions in health care settings.
- Develop public education programs regarding sexual transmission of HBV and promotion of safer sexual practices. Educational materials may need to be provided in several languages: NWT recognizes 11 official languages.
- Implement harm reduction strategies for users of street drugs.
| Age at Vaccination | BCG | HB | DTαP-IPV-Hib | Pneu-C (7,10 or 13) | MMR | Var | Pneu-P | Men-C | Tdap | TST | HPV | Flu² |
|--------------------|-----|----|-------------|-------------------|-----|-----|--------|-------|------|-----|-----|-----|-----|
| Birth              |     | X  |            |                   |     |     |        |       |      |     |     |     |     |
| 1 month            |     |    | X           |                   |     |     |        |       |      |     |     |     |     |
| 2 month            |     |    | X           | X                 |     |     |        |       |      |     |     |     |     |
| 4 month            |     |    | X           | X                 |     |     |        |       |      |     |     |     |     |
| 6 month            |     |    | X           | X                 |     |     |        |       |      |     |     |     |     |
| 9 month            |     |    | X           |                   |     |     |        |       |      |     |     |     |     |
| 12 month           |     |    |             |                   | X   |     |        |       |      |     |     |     | X   |
| 15 month           |     |    |             | X                 |     |     |        |       |      |     |     |     |     |
| 18 month           |     |    |             | X                 |     |     |        |       |      |     |     |     |     |
| 2-3 years          |     |    |             |                   |     |     |        |       |      |     |     |     | X   |
| 4-6 years          |     |    |             |                   |     |     |        |       |      |     |     |     |     |
| ≥9 year (Grade 6)  |     |    |             |                   |     |     |        |       |      |     |     |     |     |
| ≥17 years (Grade 12)|     |    |             |                   |     |     |        |       |      |     |     |     |     |

1. Pneu-C (7,10 or 13) indicates the type of pneumococcal vaccine used.
2. Flu² indicates the type of influenza vaccine used.
3. CU³ indicates the type of vaccine for hepatitis A and B.
4. CU⁴ indicates the type of vaccine for hepatitis A and B.
Immunization Coverage Rates at Two Years of Age, by Vaccine Series, 2007 Birth Cohort, NWT

Source: Continuous Health Registration
Reported rates of hepatitis C by territory and year in northern Canada, CNDSS, 2005-2009
Rates of Hepatitis C in Yukon

- Cases of hepatitis C virus (HCV) infection are based on laboratory reports of antibody to HCV, not on HCV RNA detected by polymerase chain reaction (PCR) assay.

- Screening for HCV has been carried out very actively in Yukon for many years and is strongly encouraged for:
  - Anyone admitting to use of street drugs by injection or inhalation
  - Inmates upon entry to correctional facilities
  - Anyone presenting with a sexually transmitted infection
  - Pregnant women
  - Anyone who received blood or blood products before 1992

- In addition to people identified by HCV testing carried out by Yukon health providers, efforts are made to follow up other Yukon residents diagnosed with hepatitis C outside the territory. In the years 2000 to 2011 inclusive, 16.5% of the 504 total cases of hepatitis C were diagnosed outside Yukon.
Cocaine/crack, hallucinogens, speed, ecstasy and heroin “ever used in lifetime” among residents aged 15+, NWT 2002 - 2009

Source: 2009 NWT Addictions Report
Proportion of illicit drug users in the preceding year by sex and age group (%), population aged 15 and over, Nunavik, 1992 and 2004

E: Interpret with caution.
F: Unreliable estimate.
Sources: Nunavik Inuit Health Survey 2004 and Santé Québec survey 1992.
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HEPATITIS C

- Take every opportunity to screen at risk individuals for antibody to hepatitis C.
- Enforce blood and body fluid precautions in health care settings as well as in tattoo and body piercing sites.
- Develop and implement culturally-sensitive educational programs and community-acceptable harm reduction strategies for users of street drugs:  needle exchange programs, distribution of crack pipes and other drug paraphernalia.
- Provide antiviral drug treatment and monitoring programs for suitable, eligible individuals chronically infected with HCV.
Summary Profile & Discussion of Harm Reduction Clients for Whitehorse

A picture of one year’s data 2010-11
# of Unique Individuals Accessing Harm Reduction - Whitehorse 2010-11

- Fixed Site (Blood Ties) = 125
- Mobile Site (Outreach Van) = 192
- Both Fixed & Mobile = 83

Total = 400
Profile of Unique Individuals Accessing Harm Reduction by Gender

• Total # of injectors by Gender
  – Men = 79
  – Women = 38
Profile of Unique Individuals Accessing Harm Reduction by Gender

- Total # of inhalers by Gender
  - Men = 218
  - Women = 143
### Unique Individuals Accessing Harm Reduction by Site and Age

<table>
<thead>
<tr>
<th>Users of Both Sites</th>
<th>Youth</th>
<th>Young Adult</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crack Kits</td>
<td>0</td>
<td>10</td>
<td>35</td>
</tr>
<tr>
<td>Injection</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Crack &amp; Injection</td>
<td>0</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total both Fixed &amp; Mobile</strong></td>
<td>0</td>
<td>16</td>
<td>67</td>
</tr>
</tbody>
</table>
Harm Reduction by Age

- **Total Injectors by Age**
  - Youth = 1
  - Young Adult = 16
  - Adult = 100

- **Total Inhalers by Age**
  - Youth = 5
  - Young Adult = 70
  - Adult = 286
# Harm Reduction by Ethnicity

<table>
<thead>
<tr>
<th>Fixed &amp; Mobile Users</th>
<th>Ethnicity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FN</td>
<td>Non-FN</td>
<td></td>
</tr>
<tr>
<td>Crack Kits</td>
<td>36</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Injection</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Crack &amp; Injection</td>
<td>20</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Total Users who access Fixed &amp; Mobile</td>
<td>59</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

![Bar chart showing harm reduction by ethnicity](chart.png)

- **Crack Kits**: 36 FN, 9 Non-FN
- **Injection**: 3 FN, 2 Non-FN
- **Crack & Injection**: 20 FN, 13 Non-FN
- **Total Users who access Fixed & Mobile**: 59 FN, 24 Non-FN

*Legend*
- **First Nations**
- **Non First Nations**
Harm Reduction by Ethnicity

- Total Injectors by Ethnicity
  - First Nations = 71
  - Non First Nations = 46

- Total Inhalers by Ethnicity
  - First Nations = 246
  - Non First Nations = 115
Harm Reduction Supplies

• Total Number of Needles Out
  – Fixed Site = 9901
  – Mobile Site = 1371
  – Both Fixed & Mobile = 10008
  – Total = 21280
Harm Reduction Supplies

- Total Number of Crack Kits
  - Fixed Site = 464
  - Mobile Site = 547
  - Both Fixed & Mobile = 1538
  - Total = 2549
Implications & Discussion

Profile of individuals inhaling:
- Non-FN (38%) First Nations 68%,
- Men (60%) / Women (40%),
- Young adult (21%)

Programming Priorities / Concerns:
- Interventions for youth
- Interventions for FN
- Interventions for women
- Injection prevention for those inhaling only
- HepC risk

Profile of individuals injecting:
- Non-FN (59%)/FN (39%),
- Men (68%), Women (32%)
- Adult (85%)

Programming Priorities / Concerns:
- Reduce sharing
- "Everything new" messaging
- Where are the women? / Reaching women who inject
- Co-infection risk
Injectors & Women/FN/Young Adults

• In the 2009/10 fiscal year there were no women, First Nations or youth/young adults who were injectors only. This year (2010/11) there are individuals in each group who are injectors only.

Injectors Only

• 2009/10                                         2010/11
  Women – 0                                            Women - 9
  First Nations – 0                                    First Nations - 21
  Youth/Young Adults- 0                          Youth/Young Adults - 17

• Program Priorities/Concerns:
  ➢ Why the increase?
  ➢ Increase risk of infection
  ➢ “Everything New Messaging”
Limitations to the Data

• Assumes everyone coming to Fixed and Mobile site is taking equipment only for him/herself
  – If person takes party pack and crack kit they are counted as Injector and Inhaler whereas they may be taking kit for self and pack for other

• Assumes clients are sticking to one and only one D.O.B.
  – When clients are “permitted” to give multiple DOB’s with visits the number of unique individuals increases & data is skewed
Limitations to Data

• Tip of the Iceberg Problem:
  – when client takes 10 pipe kits there is only ONE unique individual being counted, but there are actually “TEN” users somewhere where we don’t know age, ethnicity or gender
  – Therefore this data only tells us about people who are willing to use Van and/or Blood Ties harm reduction program and nothing about those who don’t/won’t/cannot use our program services
I thank the following people who contributed to the data used in this presentation:

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