

Steps to avoid a BC public health crisis Immediate action is required.

Here's the challenge:

- 1 In BC, over 53,000 people have been diagnosed with HCV (the hepatitis C virus). It is estimated that another 15,000 to 20,000 British Columbians may be infected, but because they have not been informed, they are at greater risk of unknowingly transmitting the virus to others. They are also missing opportunities to safeguard their own health.
 - 2 HCV is 10 to 15 times more infective than HIV through blood-to-blood contact.
 - 3 Despite ongoing calls for substantial awareness campaigns, little has been done and the public is dangerously unaware of this serious viral infection.
 - 4 With a population curve similar to, but more pronounced than the 'baby boom bulge,' there is a disproportionately high number of people in the 40-59 year age range who have been infected for at least 20 years. HCV often progresses slowly and silently for about 20 years until the liver can no longer function adequately and the disabling and life-threatening consequences of long-term liver damage occur. Some are calling this troubling phenomenon the 'Double Decade Demographic.' By 2010, the impacts of this demographic phenomenon are estimated to include:
 - > a 300% increase in the need for liver transplants;
 - > a 126% increase in HCV-related deaths;
 - > a 102% increase in liver cancers; and,
 - > a 100% increase to \$1 billion for the annual cost to Canadians of HCV.
 - 5 Statistical modeling suggests that the consequences indicated above will continue on an upward trend beyond 2030 unless action is taken today.
 - 6 There are not enough liver specialists, trained general practitioners or nurses to meet the expected demand.
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- 7 Across BC, only a few community-based prevention, support and education projects are in operation, due to modest funding from the federal government. The provincial government has not committed any funding for these important and much-needed services that have been shown in studies to be cost-effective.
- 8 Under BC's current Pharmacare criteria, most people get only one opportunity for anti-viral drug treatment. This treatment is expensive, challenging and has numerous side-effects that can be severe, life-threatening and irreversible. Many patients drop out because of these side-effects. Maintaining the dosage and completing the full course of treatment is extremely important. There is an urgent need for coordinated supports and education in our communities so that more people achieve successful treatment outcomes and are able to return to more productive and vital lives.

Is HCV Serious?

HCV is very serious. Our livers perform over 500 important functions that keep us healthy and alive. The hepatitis C virus (HCV) uses liver cells to create multiple copies of itself. The body's immune response to this constantly mutating virus can destroy the liver.

The liver provides few, if any, early warning signs that considerable damage is occurring. HCV will often progress slowly and silently for 20 years because the liver has the ability to repair damage and to regenerate itself. For 25-30% of people, extensive scarring (cirrhosis) will develop, leading to liver failure, liver cancer and serious problems with other body systems that rely on a properly functioning liver.

Sometimes, as the body attempts to defend itself from HCV infection, the immune system can become confused and begin to attack healthy parts of the body. The resulting autoimmune conditions can include kidney disease, skin lesions, arthritis and inflammation of the small blood vessels.

The challenge lies in stopping the progression of HCV by diagnosing and treating the infection and learning to avoid other causes of liver damage. But treating HCV can be expensive, complex and difficult to tolerate. People need support, information and timely access to peers and service providers who understand what they are going through and know how to help.

How do people get infected?

HCV enters the body through infected blood. Even a tiny amount of blood can be infectious if it gets into your blood system. Some of the **risk factors** are:

- > sharing equipment used for injecting, snorting or smoking drugs; athletes who share equipment to inject steroids for increased performance or muscle size are also at risk;
- > having received a blood transfusion, blood products or transplant before 1992;
- > needlestick injuries or medical procedures with equipment that hasn't been properly sterilized;
- > getting a tattoo, piercing, electrolysis or acupuncture with non-sterile equipment;
- > sharing personal use items such as razors, toothbrushes or nail care equipment;
- > unprotected sexual activity (probably only if blood, an open sore or abrasion is present); and,
- > being the baby of an HCV positive mom.

If you think you might be at risk, talk to your doctor or Public Health nurse about getting tested

Quick Facts about HCV in BC

- 1 HCV is 100% preventable, yet BC has an infection rate that is double the national average.
- 2 About half of all HCV-positive people can expect symptoms that range from mild to severe. Many people, however, do not experience any symptoms until extensive liver damage has occurred. Symptoms can include exhaustion, memory and concentration problems, fever, yellow skin or eyes, nausea or muscle and joint pain.
- 3 HCV is the number one cause for liver transplants in Canada, and the demand for transplants is expected to triple. Unfortunately, the supply is not keeping pace.
- 4 Liver disease is now a leading cause of death for people living with HIV. 30% of people living with HIV are also infected with HCV, which complicates and worsens the progression of both diseases.
- 5 HCV can be successfully treated, yet only 1% of HCV-positive people are being treated each year in BC.
- 6 There is no preventive vaccine for HCV.
- 7 People can be infected with more than one kind of HCV ("genotype") at a time. If an infected person shares something that can transmit blood to another infected person, he or she may be trading a relatively easy-to-treat genotype for one that is much more dangerous.

Why should I be concerned? I'm not infected.

- > How do you know for sure? Have you been exposed to any of the risk factors mentioned above, even once? If you think you have, have you been tested yet (the test is easy)?
- > The next person diagnosed may be you or someone you love.
- > The costs of this epidemic are rising dramatically. HCV will soon cost Canadians \$1 billion a year. As taxpayers, we will all be paying a portion of this expense.
- > With 15,000 -20,000 British Columbians expected to develop HCV-caused cirrhosis (scarring of the liver), liver failure and liver cancer in the near future, it will be harder for everyone to access health services such as doctors, hospital beds, diagnostic testing and home care.

What Needs To Be Done?

The Hepatitis C Council of BC is a province-wide network of community-based organizations (CBOs), individuals affected by HCV and allied healthcare providers. Its members have been on the frontline of this crisis for some time now. In order to prevent new infections, to improve treatment success rates and to help the large number of HCV positive people who will not benefit from treatment to stay as healthy as possible in order to reduce the costs and suffering caused by this disease, The Hepatitis C Council of BC recommends that both the federal and provincial governments:

- 1 Take their responsibility for the health and well-being of citizens seriously and invest strategically now so that future costs and suffering are reduced.
- 2 Build on existing medical and research expertise with the creation of a collaborative HCV/Co-Infection/Liver Disease Treatment Program situated within the Provincial Health Services Authority, which both supports and is supported by regional hepatitis/liver clinics with links to community-based organizations.

- 3 Work closely with other HCV initiatives across Canada, the Canadian Strategy on HIV/AIDS, Canada's Drug Strategy, Four Pillars approaches and aboriginal health initiatives to share resources, knowledge and successful approaches.
- 4 Increase funding for existing hepatitis/liver clinic pilot projects and establish additional clinics within BC.
- 5 Support and extend the effectiveness of the existing HCV/Co-Infection/Liver Disease Program and its regional clinics by supporting a province-wide network of community-based organizations to provide outreach, prevention, harm reduction, support and education services.
- 6 Improve access to treatment and treatment support.
- 7 Expand prevention/harm-reduction measures and support innovative approaches that limit the spread of HCV.
- 8 Address the lack of awareness and stigma around HCV through targeted, culturally appropriate public awareness campaigns, developed with input from members of HCV-vulnerable populations.
- 9 In co-operation with the provinces, territories and the government of Canada, continue to standardize and enhance HCV surveillance and data collection.
- 10 Establish a centralized site for easy access to reliable and relevant HCV information.
- 11 Working with HCV stakeholders, identify gaps in HCV knowledge; develop and fund a research agenda that addresses these gaps, disseminates new knowledge in a timely manner and strengthens productive links with CBOs.
- 12 Develop and implement strategies to attract and train more hepatologists, primary care physicians and nurses with enhanced knowledge of HCV treatment issues.
- 13 Continue to develop shared care and alternative billing models.



What can I do?

Learn more about the HCV crisis at www.bchepcouncil.ca
Get tested if you think you've been at risk.

Treat blood with respect. Learn about, practice, and teach your children the 'Steps for Protection against Germs and Disease' (formerly called Standard Precautions). This information is available at <http://www.bchealthguide.org/healthfiles/httoc.stm#S>

Support your local HCV-focused community-based organization. Local organizations have unparalleled understanding of their community's culture(s) and the ability to reach people at risk. They're an important resource for providing prevention information and materials, educating young people, improving treatment outcomes by educating other services about HCV, treatment issues, and the importance of timely access for patients who are experiencing potentially treatment-ending difficulties and by providing basic supports and education for patients and their families. Local CBOs also support physicians and liver clinic nurses to focus on the high-level medical care that only they can provide.

Tell your MLA, MP and Health Region officials that we need a properly resourced, coordinated and cost-effective plan to stop new infections, to improve treatment success rates and to help HCV-positive people who don't benefit from treatment to stay as healthy as possible. BC's government and the health infrastructure it supports are accountable for reducing the suffering, costs and instances of disability, liver failure and liver cancer.

HCV is preventable. HCV is treatable.
**We know what to do. All we need
are the resources.**



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LOCAL AGENCY INFORMATION