Hepatitis C in Canada

— Cheryl Reitz, MA & CD Mazoff, PhD

Some people argue that the general ignorance about hepatitis C (HCV) in Canada is a legacy of the Canadian government’s attempt to bury the memory of the tainted blood scandal of the 1980’s when thousands of Canadians were infected with HIV and HCV via tainted blood products purchased from the U.S and not tested for HCV to save money, although a test was available.¹ The legacy of this tragedy is still with us in Canada, as those infected (aware and unaware) age, and their disease progresses to the point of serious illness.

Accurate statistics are almost impossible to find because they are either really out of date or not representative of real numbers, since they are based on different model projections from different agencies that are not sharing data.

Most people still cite the Public Health Agency of Canada (PHAC)² statistics published in 2012 which are derived from surveys conducted between 2005-2010. These numbers are tremendously out of date.

According to the 2010 statistics, almost 0.8% of Canada’s population has hepatitis C. Adjusted for 2014 these figures are approx. 280,000 for a population of 35 million.

Other numbers that have been derived from the collected surveys are:

- 69% of injection drug users in Canada have hepatitis C (2005-2008).
• 28% of Canada’s 15,000 prison inmates have hepatitis C [adjusted for 2014].
• 5% of gay and MSM have hepatitis C (2005-2008).
• 5% of street-involved youth have hepatitis C (2005-2006).
• 3% of 850,000 First Nations people have hepatitis C [adjusted for 2014].
• 3% of Canada’s immigrant population is HCV positive [adjusted for 2014].

However more recent studies suggest that the Canadian numbers are underestimated: Since the epidemiology of hepatitis C in Canada is similar to the U.S., prevalence may be similar, i.e., about 350,000 to 400,000 cases — again much higher than previously thought. Further, a new documentary on hepatitis C in Canada called “Deal With It: Untold Stories of Hepatitis C in Canada,” points out that when a recent sampling was done by Statistics Canada to determine awareness of infection, 70% of those who tested positive did not know they were infected.

Regional differences in the epidemiology of hepatitis C in Canada, are shown in Figure 8.

**Discussion**

Canada has no “National Strategy” for dealing with hepatitis C, and the Federal and Provincial governments often (as in the United States) have different agendas and do not work together well.

There is no Federal screening and treatment plan in place, although we are hoping that one-time-only, “non-mandatory” Baby Boomer Cohort testing will be put in place soon. Advocates such as those at HepCBC have been calling for national testing since 2000 when they put the world’s first HCV “Get Tested” bus ads up in Victoria, BC. Testing is very important considering the growing burden of the disease in Canada, where, since the 1970s “the incidence rate of liver cancer has tripled in Canadian men and doubled in Canadian women, rising every year by 3.6% in men and 1.7% in women.”

**Figure 8: Provincial Distribution of Hepatitis C Cases**

Source: Liver Disease in Canada, 2013, p.27
While drug approval happens at the Federal level, the decision to treat is left at the provincial level where the cost of treatment and access to it are decided. All provinces and territories have their own versions of “Pharmacare” (free or low-cost medications for low- and middle-income), and there are private group insurance plans as well. The province of Québec provides Pharmacare coverage for treatment-naïve patients with genotypes 1 and 4 HCV infection regardless of disease severity, just a qualifying recommendation from the referring physician. However, in Ontario and BC simeprevir plus PEG/RBV is covered for genotype 1 only (naive, relapser, non-responder), and liver fibrosis F2 or higher. No interferon-free regimes or off-label access is covered by any provincial Pharmacare plans as yet. However, approved drugs can be obtained at full price or via some expensive private health plans.

Registered First Nations and Inuit people get coverage for HCV drugs through the Non-Insured Health Benefits Program, which, like Québec, has a very different approval process than the rest of Canada. Also note that all the provinces and territories except Québec negotiate as a group with the drug companies to obtain the best bulk pricing: “Most of Canada’s provinces and territories have joined together to form the Pan-Canadian Pharmaceutical Alliance (PCPA), with the goal of negotiating better prices on both brand name and generic prescription drugs.” While patient groups have the opportunity to provide input to the Common Drug Review, they do not currently have a “seat at the table” for PCPA negotiations.

At the time of this writing, simeprevir + interferon (Galexos), Sovaldi + ribavirin, and Harvoni have been approved by the federal government (Public Health Canada) for use in Canada; but the access to and coverage of these drugs is still controlled by the provinces and the current situation is so fluid it is not easy to keep track of rapidly-changing coverage and prices of the new DAAs in Canada’s provinces and territories.
The price of drugs is almost always lower in Canada than in the USA, and this seems to follow for HCV drugs as well. For example, Sovaldi in Canada will likely cost $640 per pill, or $55,000 to $110,000 per patient for treatment, according to a spokesperson from the BC Ministry of Health.8

Particular challenges for those trying to eliminate HCV in Canada include our great size (much larger than the US) and relatively small population (35 million), most of which is concentrated near the US border, leaving huge swaths of sparsely-populated rural areas (mostly in the Prairie Provinces and in the northern 2/3 of our country) in which HCV treatment infrastructure is limited or non-existent.

As the situation now stands, more people are contracting hepatitis C every year in Canada than are being treated for it. The new DAAs – especially the interferon-free formats, with their shorter treatment times and positive side-effect profiles – will have a profound effect on this trend by giving medical caregivers more time, enabling them to treat more patients. However, in order to actually eliminate the virus from Canada will require more than this: At least a four-to-five-fold increase in the treatment rate per year. The tools now exist to bring about such an increase, but it would require a degree of commitment from Canada’s government that patients have yet to see here.

In 2010, local and provincial-level hepatitis B and C patient groups and organizations in Canada joined forces to form an umbrella organization, Action Hepatitis Canada (AHC – at www.actionhepatitiscanada.ca). Thanks to AHC, hepatitis C patients are speaking with one voice, and much more loudly these days, lobbying the drug companies to lower their prices while lobbying the government to fast-track drug approvals and to direct more of its resources to fighting HCV. But they aren’t only interested in eliminating HCV in Canada, they are also involved in the fight to eradicate HCV entirely from the rest of the world.

REFERENCES
3. The epidemiology of hepatitis C in Canada (CATIE 2013)

4. Liver Disease in Canada: A Crisis in the Making: An Assessment of Liver Disease in Canada Published by the Canadian Liver Foundation in March, 2013.
   http://www.liver.ca/files/PDF/Liver_Disease_Report_2013/Liver_Disease_in_Canada_-_E.pdf


7. Canadian provinces take first steps towards lower drug prices
   http://healthydebate.ca/2014/10/topic/cost-of-care/pan-canadian-pharmaceutical-alliance

8. Will BC Cover Pricey Hep C ‘Miracle’ Treatment?
   http://thetyee.ca/News/2014/07/28/Hep-C-Miracle-Treatment-BC/

RESOURCES

Action Hepatitis Canada:
www.actionhepatitiscanada.ca/

Canadian Liver Foundation:
www.liver.ca/

HepcBC:
www.hepcbc.ca/

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