

Position Statement

HEPATITIS C AGE COHORT TESTING

Action Hepatitis Canada (AHC) calls for all adults born between 1945 and 1975 to be offered a one-time blood test for the hepatitis C virus (HCV).

Canada's current screening guidelines recommend HCV testing for people with known risk factors for the infection including: people who use drugs; prisoners; those who were born, traveled or lived in a region with a high prevalence of HCV; people who received healthcare where there is a lack of universal precautions; and people who received blood or blood products in Canada prior to 1992.¹ This risk-based approach to screening has had limited success as it relies heavily on memory and disclosure of past potential exposure to HCV. Under this policy, it is estimated that nearly half of all cases of chronic HCV in Canada remain undiagnosed.²

The AHC believes that current risk-based screening recommendations need to be complemented with a recommendation for one-time screening for those born between the years of 1945 and 1975.

This recommendation has also been made by the [Canadian Liver Foundation](#). One-time, voluntary age cohort testing for HCV is also recommended by the [Centres for Disease Control and Prevention](#) and [Preventative Services Task Force in the United States of America](#).

Background and Evidence

Hepatitis C is a life-threatening virus that attacks the liver and can cause liver fibrosis or scarring, which may lead to cirrhosis and ultimately liver cancer or death from liver failure. As of 2011, at least 250,000 Canadians were living with HCV, with thousands of new infections occurring every year.³

In recent years, Canada has been facing an increase in the rates of people accessing healthcare with advanced cases of HCV infection.⁴ Many of these people have been living with the virus for several decades and are now in need of extensive healthcare due to symptoms related to advanced liver disease including liver failure and liver cancer.⁵

¹ Public Health Agency of Canada. *Primary Care Management of Chronic Hepatitis C. Professional Desk Reference 2009*. Accessed November 7, 2015 at www.phac-aspc.gc.ca.

² Trubnikov M, Yan P, Archibald C. Estimated Prevalence of Hepatitis C Virus infection in Canada, 2011. *Canada Communicable Disease Report: Volume 40-19*, December 18, 2014. Available at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-19/surveillance-b-eng.php>

³ Trubnikov M, Yan P, Archibald C. *Estimated Prevalence of Hepatitis C Virus infection in Canada, 2011*.

⁴ Payne E, Totten S, Archibald C. *Hepatitis C Surveillance in Canada. Canada Communicable Disease Report*. December 18, 2014. Volume 40-19.

⁵ American Association for the Study of Liver Disease. *Baby Boomers Should get Tested for HCV*. Accessed November 7, 2015 at www.aasld.org

More than 75% of chronic HCV infections in Canada are among people who were born between the years of 1945 and 1975⁶ and it is estimated that at least 100,000 people living with chronic HCV infection are unaware that they are infected.⁷

Early Diagnosis and Access to Care

Recent advances in medicine mean that hepatitis C can be cured now in almost all cases in as little as 8 to 12 weeks.⁸ These new treatments finally make the prospect of eliminating hepatitis C in Canada a real possibility. In order to embrace this potential in Canada, it is necessary to significantly improve our rates of screening and diagnosis.

Treatment is less effective when hepatitis C is diagnosed and treated late.⁹ Late diagnosis also contributes to increased healthcare costs as a result of expensive treatment for liver failure and liver cancer such as liver transplantation.¹⁰ Without improved rates of screening among people born between 1945-1975, the burden of infection and costs to our health and social systems will continue to increase as thousands of chronically infected individuals develop severe illness jeopardizing their capacity for employment and requiring extensive support from health and social assistance systems.^{11, 12, 13, 14}

Targeted testing of this age cohort would facilitate the identification of chronic cases of HCV infection before the onset of severe symptoms. This would enable individuals to learn about the virus and its progression, ways to promote their own health, and about their options for treatment, care and support.

Awareness of individuals' viral status is a crucial first step in the prevention of infection to others, the promotion of self-health and the eventual elimination of hepatitis C in Canada.

⁶ Remis RS. *Modelling the incidence and prevalence of hepatitis C infection and its sequelae in Canada, 2007*. Ottawa (ON): Public Health Agency of Canada; 2007

⁷ Trubnikov M, Yan P, Archibald C. *Estimated Prevalence of Hepatitis C Virus infection in Canada, 2011*.

⁸ RP Myers, H Shah, KW Burak, C Cooper, JJ Feld. *An update on the management of chronic hepatitis C: 2015 consensus guidelines from the Canadian Association for the Study of the Liver*. Can J Gastroenterol Hepatol 2015 In Press

⁹ American Association for the Study of Liver Disease. *Baby Boomers Should get Tested for HCV*. Accessed November 7, 2015 at www.aasld.org

¹⁰ Max Trubnikov, Ping Yan, Jane Njihia, Chris Archibald. *Identifying and describing a cohort effect in the national database of reported cases of hepatitis C virus infection in Canada (1991-2010): an age-period-cohort analysis*. CMAJ OPEN, 2(4).

¹¹ Max Trubnikov, Ping Yan, Jane Njihia, Chris Archibald. *Identifying and describing a cohort effect...*

¹² William W.L. Wong PhD, Hong-Anh Tu PhD, Jordan J. Feld MD MPH, Tom Wong MD MPH, Murray Krahn MD MSc. *Cost-effectiveness of screening for hepatitis C in Canada*. Canadian Medical Association Journal. Published at www.cmaj.ca.

¹³ American Association for the Study of Liver Diseases. *Recommendations for Testing, Managing, and Treating Hepatitis C*. Accessed online October 1, 2015 at <http://www.hcvguidelines.org/>

¹⁴ Adriaan J van der Meer, MD; Bart J. Veldt, MD, PhD; Jordan J Feld, MD, PhD; et al. *Association Between Sustained Virological Response and All-Cause Mortality Among Patients with Chronic Hepatitis C and Advanced Hepatic Fibrosis*. JAMA. 2012; 308(24):2584-2593. Doi:10.1001/jama.2012.144878