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Dr. Taylor,

As follow-up to our discussions with you last summer, we wanted to share our new position paper (attached) calling for all adults born between 1945 and 1975 to be offered a one-time blood testing for the hepatitis C virus (HCV). As you are likely aware, more than three-quarters of chronic HCV infections in Canada are among people who were born during these years. Despite this, the PHAC has continued to recommend screening only people for whom there is a known risk (such as active injection drug use). Relying solely on risk-based testing has contributed to people entering the health system late, unaware of their viral status and too often in need of extensive care due to advanced liver disease including liver failure and liver cancer.

The advent of DAAs has brought with it an increased responsibility to diagnose, treat and cure cases of HCV early. The addition of age cohort screening to the federal guidelines has the potential to save thousands of Canadian lives.

These last few weeks have come with two important messages from government officials with regard to HCV screening in Canada. Both messages have left us concerned. Firstly, after accepting an invitation to participate in the Canadian Task Force on Preventative Health Care (CTFPHC)'s review of the national HCV screening guidelines and corresponding evidence, we have now been told that the process is delayed - again. A year has passed since we were originally promised the release of updated screening guidelines for HCV. The evidence supporting age cohort screening is clear and has been in existence for a number of years. There is no excuse for further delay.

The second message came in the form of an article written by PHAC officials and published in the CCDR last week. The article emphasizes the importance of risk-based HCV screening while making a passive reference to the evidence showing the substantial cohort of individuals born between 1945 and 1975 believed to be unknowingly infected with HCV. Action Hepatitis Canada wonders why the PHAC emphasizes the continuance of only risk-based screening as a practice when it has been shown that following this practice has left at least 44% of people living with HCV undiagnosed? We are also perplexed by the issuance of this article in advance of the CTFPHC's upcoming review?

We look forward to participating in the CTFPHC's upcoming review and (hopefully) to our country moving closer to making a screening recommendation that could save so many lives.

Sincerely,



Patricia Bacon,  
Chair, Action Hepatitis Canada

***Action Hepatitis Canada** is a national coalition of organizations responding to hepatitis B and C. Our work engages government, policy makers, and civil society across Canada to promote hepatitis B and C **prevention**, improve access to care and **treatment**, increase knowledge and innovation, create public health **awareness**, build health-professional capacity, and **support** community-based groups and initiatives.*