

Hepatitis C Elimination Blueprint: Pillar #2 Testing & Diagnosis

Addressing HCV Testing & Diagnosis Barriers

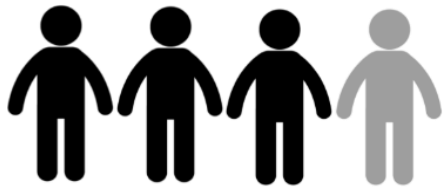
BLUEPRINT TO
INFORM HEPATITIS C
ELIMINATION EFFORTS
IN CANADA

The CanHepC *Blueprint to inform hepatitis C elimination efforts in Canada* is a document to guide policymakers and measure their progress toward global hepatitis C elimination goals. It has three pillars: Prevention, Testing & Diagnosis, and Care & Treatment. These closely mirror three of the four pillars in the *Pan-Canadian framework for action to reduce the health impact of STBBI*, released by the Public Health Agency of Canada in 2018.

Barriers to Testing

Risk-Based vs. Birth-Cohort-Based Testing

3 out of every 4
Canadians who have
HEPATITIS C
were born between
1945-1975.



But there is still a low uptake of birth-cohort testing, with focus instead on risk-based screening criteria.

This requires people and healthcare providers to recognize and acknowledge past risk exposures which may have occurred years or even decades ago.



Hepatitis C (HCV) infection often has mild, non-specific symptoms—or none at all—until serious liver damage has developed. **The only way to diagnose HCV is with a blood test.**

As a direct result of inadequate testing strategies,

Nearly 1/2 of all people living with HCV in Canada are unaware of their infection.

Studies show it would be cost-effective to implement one-time 1945-1975 birth-cohort testing.

Barriers to Diagnosis

Step 1
SCREENING
(HCV antibody testing)



Step 2
CONFIRMATORY TESTING
(HCV RNA testing)

Two-Step Confirmatory Testing

The HCV testing process is itself a barrier. In most settings it requires **3** visits: screening for the antibody, testing to confirm that the infection is still active, and receiving and discussing the results.

At least **1 in 4** people who test positive during screening never receive a confirmatory test. Loss at the follow-up stage is higher in priority populations, with **up to 3 in 4** not completing a confirmatory test.

Simpler testing exists in other countries but has not been adopted in Canada, **greatly impeding elimination efforts**.

Elimination Blueprint Hepatitis C Testing & Diagnosis Objectives and Targets

OBJECTIVES	2025 TARGETS	2030 TARGETS
Increase the number of people living with HCV who have been diagnosed	70% of people living with HCV have been diagnosed, all with confirmation of active infection	90% of people living with HCV have been diagnosed, all with confirmation of active infection
Increase the number of people with a positive antibody test who receive testing for active HCV infection (e.g. HCV RNA)	90% of people with a positive antibody test have received HCV RNA testing	100% of people with positive antibody test have received HCV RNA testing



Priority Actions for Advocacy:

- Educate healthcare providers on HCV screening and testing, and about priority populations, and provide stigma reduction training.
- Implement one-time HCV testing for the 1945-1975 birth cohort.
- Offer routine, voluntary screening and testing to people at ongoing risk, including members of priority populations.
- Approve and fund simpler, evidence-based HCV testing technologies.
- Expand reach and access to testing by decentralizing and task sharing.
- Ensure test results are delivered in the context of engagement and care plans that support linkage to prevention, care, and treatment services.
- Integrate HCV testing into STBBI services and vice versa, as appropriate.
- Link HCV test results to administrative data to allow for evaluation of the continuum of care and health outcomes.