Eliminating Hepatitis C (HCV):

prioritizing those impacted the most.

CanHepC's *Blueprint to Inform Hepatitis C Elimination Efforts in Canada* identifies five priority populations and one age-cohort who carry the largest burden of HCV in Canada.

People who inject drugs (PWID)

85% of all new HCV infections in Canada.

Community-based, peer supports for harm reduction and linking to healthcare are needed.

Indigenous

HCV rates 5X higher than general population.

Culturally safe/responsive care models including primary, mobile, community-based and eHealth are needed.

Incarcerated

HCV rates 24X higher than general population.

Improved access to harm reduction, HCV testing and treatment are needed.

Gay, bisexual, men who have sex with men (gbMSM)

Emerging priority population based on HCV rates.

HCV prevention, testing, and education integrated into sexual health clinics is needed.

Immigrants and newcomers

Up to 35% of those living with HCV in Canada.

Culturally safe/responsive testing and education upon arrival in Canada are needed.

Older adults (1945-1975 birth cohort)

Up to 75% of those living with HCV in Canada.

Education and one-time testing in primary care settings are needed.

Population-specific consultation

Population-specific data

Population-specific strategies

With a CURE in hand since 2014, Ontario has the opportunity to be a leader in eliminating an infectious disease.

ONTARIO'S PRIORITY ACTIONS

AHC recommends Ontario take the following 5 steps to eliminate the disease across the province by 2030:

1. Remove the mandatory second confirmatory test required for treatment access.
2. Increase diagnosis rates with automatic confirmatory testing.
3. Introduce one-time opt-out testing for those born between 1945-1975.
4. Increase treatment capacity by simplifying the HCV care model to further empower general practitioners and nurses.
5. Set a target to treat 5300 patients/year as part of a provincial action plan to meet the goal of eliminating HCV by 2030.

PROVINCIAL ACTION PLAN

Anchored by the 5 strategies recommended above - and including metrics to track progress - a provincial plan should also deliver specific strategies to targeting the priority populations most impacted by this disease, in consultation with these populations.

ABOUT AHC

Action Hepatitis Canada is a pan-Canadian coalition of 60+ community organizations responding to hepatitis B and C in Canada. We provide community accountability on Canada's commitment to eliminate viral hepatitis as a public health threat by 2030.

REFERENCES:

The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. 2018. *Blueprint to inform hepatitis C elimination efforts in Canada.* Montreal, QC.

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MAY 2020

PRIORITY ACTIONS TO ELIMINATE HEPATITIS C IN ONTARIO

ACTION HEPATITIS CANADA

ACTION HÉPATITES CANADA

Prepared by

Action Hepatitis Canada

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ONTARIO'S NEXT GOOD NEWS HEALTH STORY.

Chronic Hepatitis C is the single most burdensome infectious disease, both in Canada and in Ontario specifically.

It is estimated that **110,000 Ontarians** are living with Hepatitis C (HCV).

Without policy intervention, healthcare costs due to complications of advanced HCV **will increase to $260 million in the next 12 years**.

HOWEVER,

HCV is the only chronic infectious viral disease with a **cure**.

We have the **knowledge and treatments** we need to **save money** and **improve health outcomes** by **eliminating HCV as a public health threat by 2030**.

The only steps left are to set a treatment target and implement the right mix of **policy tools** to achieve it.

ABOUT HCV

- HCV is a viral infection that **attacks the liver**. It is spread through different kinds of blood-to-blood contact.
- A person can have HCV for many years **without symptoms**, even though the virus may be damaging the liver.
- It is the **leading cause of liver cancer** in Canada. Since the 1970s, liver cancer rates in Canada have **tripled in men** and **doubled in women**.
- Left untreated, HCV-related liver disease is associated with a range of health problems, progressive liver damage, decreased quality of life due to fatigue and anxiety, and **increased healthcare costs**.
- Fortunately, curative Direct Acting Antiviral (DAA) treatments have been widely available in Canada since 2015, curing **95% of people through a short duration of treatment via pills**.
- Being cured of HCV is transformative, reducing the risk of cirrhosis, end-stage liver disease, liver cancer, transplant, and even death.

CANADA'S PROMISE

- In **May 2016**, Canada signed on to the World Health Organization (WHO)'s first-ever **Global Viral Hepatitis Strategy**, with the goal of eliminating viral hepatitis as a public health threat by 2030.
- The WHO strategy includes specific targets, and **all countries were asked to develop a National Action Plan to meet these targets**.
- The Public Health Agency of Canada responded by publishing the *Pan-Canadian framework for action to reduce the health impact of STBBI*, which includes viral hepatitis, in 2018. **This was endorsed by all provinces and territories.**

Ontario now has the opportunity to build on lessons learned and be a leader in CURING an infectious disease.

EVIDENCE-BASED RECOMMENDATIONS

- Produced by CanHepC, ***The Blueprint to Inform Hepatitis C Elimination Efforts in Canada*** is a document to guide policymakers and measure their progress toward global HCV elimination goals.
- It has three pillars: **Prevention, Testing & Diagnosis, and Care & Treatment.** There is also an important section on **Priority Populations.**
- The recommendations in this document reflect the **priority actions from the Blueprint**, for Ontario, based on the real-world perspective of the community-based organizations that make up the membership of Action Hepatitis Canada.

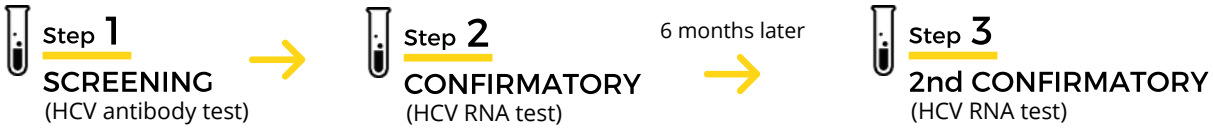
These recommendations represent **the actions our membership believes will have the greatest impact**. Most could be implemented quickly, and then built on through consultation with Indigenous communities and the other priority populations to develop a comprehensive action plan.

WHO 2030 Targets

90% of people living with HCV are diagnosed

80% of people living with HCV are treated

CHALLENGE 1: INEFFICIENT & EXPENSIVE 3-STEP TESTING



The HCV testing process is itself a barrier. In most settings it requires **3 appointments**: (1) Screening for the antibody; (2) If positive, RNA testing to confirm that the infection is still active; and (3) Receiving and discussing the results.

In Ontario, a **second** confirmatory RNA test is required 6 months later before treatment can be started. This step is not required in other countries or provinces, is not evidence-based, and results in many people not receiving treatment.

Currently, the RNA test is **not done automatically when an antibody test is positive**, so at least **1 in 4** people who test positive during screening never receive the follow-up they need. For priority populations, that number rises to up to **3 in 4**.

Ontario is the only Canadian province that requires a second confirmatory test after a 6-month waiting period - an inefficient process that wastes time and money.

RECOMMENDATIONS

- **Remove the mandatory second confirmatory test to align Ontario with every other province.**
- **Increase diagnosis and treatment rates with automatic confirmatory testing.**

CHALLENGE 2: LOW TESTING RATES

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.**

3/4 of Canadians who have HCV were born between 1945-1975.

Canada's screening guidelines only recommend HCV testing for people with risk factors like blood transfusions, time spent in prison, needle use, and travel to countries with high HCV rates. As a result, primary healthcare providers and patients alike are embarrassed to discuss HCV testing.

The Blueprint shows it would be cost-effective to implement one-time 1945-1975 birth-cohort testing.

As a result of these ineffective screening guidelines,

44% **Almost half of Canadians who have HCV are unaware of their infection.**

RECOMMENDATION:

- **Introduce one-time, universal opt-out testing for those born between 1945-75.**

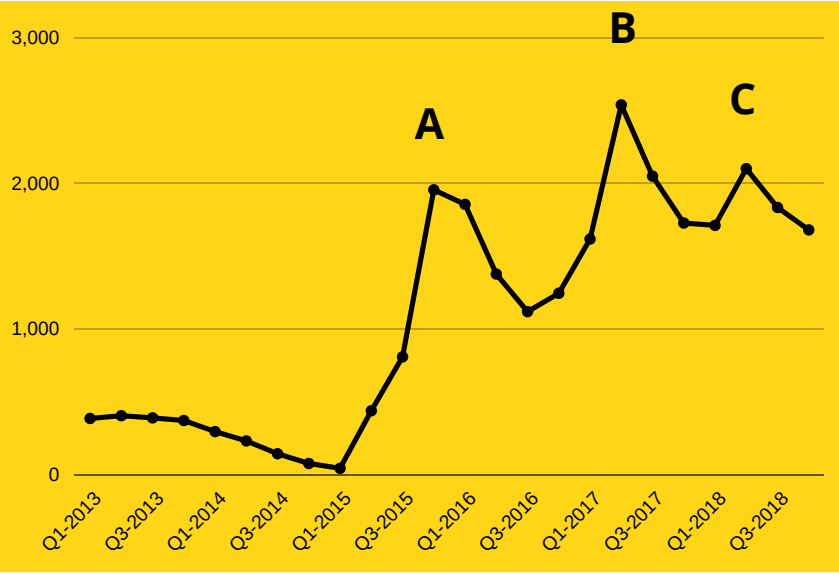
CHALLENGE 3: DECLINING PRESCRIBING RATES

A new class of Direct Acting Antiviral (DAA) treatments cure 95% of people**,** with a short treatment duration of daily pills that have few or **no side effects**.

Pre-DAA treatment was highly specialized. Unfortunately, continuing to rely on specialists means that after initial treatment spikes prompted by policy changes that increased access, **treatment rates are on the decline**.

A yearly **treatment target** will reinforce the urgency of treating people living with HCV now to maximize healthcare savings and quality of life - and empowering non-specialists to treat patients will increase capacity. A new study indicates that Ontario needs to treat 5300 HCV patients/year from 2020-2030 to meet our WHO 2030 goal of 80% of people living with HCV being treated. (Feld, Jordan, et al. 2020. "Anticipated timing of elimination of hepatitis C virus in Canada's four most populous provinces." Toronto, ON.)

Patterns of DAA Dispensing (ODB): 2013-2018



Annual Tx #s
2013: 1557
2014: 753
2015: 3251
2016: 5600
2017: 7935
2018: 7329

Three phases of Tx uptake
A*: introduction of DAA treatments to the Ontario public drug formulary.*
B*: expanded listing of all DAAs/removal of Fibrosis 2+ restriction.*
C*: introduction of newer DAAs/removal of all Fibrosis restrictions.*

IQVIA data indicates 2019 prescribing rates dropped well below 5000.

66%
of all DAAs were prescribed by specialists.

Ontario Drug Policy Research Network. 2019. "Prescribing Trends of Direct Acting Antivirals (DAAs) for the Treatment of Hepatitis C in Ontario." Toronto, ON.

With the right policy changes, we will be on track to meet our 2030 target.

RECOMMENDATIONS:

- **Increase treatment capacity by simplifying the HCV care model to further empower GPs and nurses.**
- **Set a target to treat 5300 patients/year to meet the goal of eliminating HCV by 2030.**

REFERENCES:

Unless otherwise specified, all data in this brief is from:
The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. 2018. *Blueprint to inform hepatitis C elimination efforts in Canada.* Montreal, QC.
Available at: canhepc.ca/sites/default/files/media/documents/blueprint_hcv_2019_05.pdf

BOTTOM LINE

Eliminating HCV as a public health threat could be Ontario's next good news healthcare story.

A **cure for this infectious disease** has been available since 2014 - but current HCV policies are not efficient, cost-effective, or reflective of the specific needs of the populations most affected.

The 5 actions outlined here will improve health outcomes for the 110,000 Ontarians living with HCV, save money, and ease the burden on our healthcare system.

PRIORITY ACTIONS

1. Remove the mandatory second confirmatory test required for treatment access.
2. Increase diagnosis rates with automatic confirmatory testing.
3. Introduce one-time opt-out testing for those born between 1945-1975.
4. Increase treatment capacity by simplifying the HCV care model to further empower GPs and nurses.
5. Set a target to treat 5300 patients/year as part of a provincial action plan to meet the goal of eliminating HCV by 2030.

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