

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

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DATE 24 April 1998

TO/DEST. Coordinator, Community Services Committee

FROM/EXP. Associate Medical Officer of Health

SUBJECT/OBJET **PREVENTATIVE MEASURES FOR HEPATITIS C
(RESPONSE TO INQUIRY NO. CSC 09(98))**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee receive this report for information.

BACKGROUND

Hepatitis C is a communicable disease that affects the liver and is predominantly blood borne. The infection has been classified as a reportable disease since 1995. That year, 558 cases were reported in Ottawa-Carleton and in 1996 and 1997, 656 and 753 cases respectively were reported. In 1997, it was the second most commonly reportable disease after chickenpox. Extensive testing by physicians and clinics is being done. Currently no differentiation is made between acute and chronic disease. It is probable that most infected individuals are chronic carriers and thus infectious for life.

Usual risk factors associated with hepatitis C are needle sharing and past transfusion of infected blood or blood products. The current estimated risk through unprotected sexual intercourse is 2.5 - 5% over 25 years. Although drug therapy is available to treat complications, there is no known cure. Unlike hepatitis A or B, there is no vaccine for hepatitis C. Precautionary measures are the only effective prevention tools. Current Health Department staff levels do not permit active follow-up of all hepatitis C cases. Staff are, however, involved in screening, counselling, information dissemination and other prevention activities.

Preventive Measures And Support

Screening for hepatitis C and related counselling are offered both at the Sexual Health Centre and as part of the needle exchange services at the SITE. Testing of injection drug users and their sexual or needle sharing partners is strongly advised.

The provision of clean needles in exchange for used ones and proper needle cleaning methods are also part of preventive measures that are offered through both programmes. Hepatitis C carriers are counselled on risk reduction measures, including safer sex, and referred to a physician for follow-up.

In relation to community support, staff from the Healthy Sexuality Programme and HIV Prevention Program have met with members of the Hepatitis C Society of Canada. Health Department programs have supported initiatives the Society has put in place for public education and advocacy for better support services. Literature from the Society, the Canadian Liver Foundation and other organizations is available. The Department is developing a fact sheet on hepatitis C for injection drug users and long-term sexual partners. It will also be developing a physician education package based on local needs.

Research

The Health Department submitted two proposals to Health Canada's Laboratory Centre for Disease Control. The first has been approved and relates to enhanced hepatitis C and B surveillance. A public health nurse will receive lab reports, assess the stage of infection, and complete questionnaires for acute cases in consultation with the Ontario Public Health Laboratory, community physicians and the infected person. This will also promote thorough follow-up of hepatitis C by calling physicians and partners and providing appropriate case and contact management information. If the study shows that more aggressive follow-up of hepatitis C cases is effective, additional regional resources will be sought to continue the service.

The second proposal looks at the hepatitis C infection in a sexually active population, such as persons attending our Sexual Health Centre. To date, such a study has not been conducted in Canada. In particular these data would determine what percentage of hepatitis C is transmitted via sexual contact. The results would benefit all cases and contacts in terms of preventative counselling.

FINANCIAL IMPLICATIONS

Current hepatitis C testing and counselling services are and will continue to be integrated into existing programmes. Enhanced surveillance of hepatitis C and B will be done with Health Canada funding. Pending additional Health Canada funding, the hepatitis C seroprevalence study will be implemented.

CONCLUSION

Current measures to prevent spread of hepatitis C through needle sharing and unprotected sexual activity must continue. The hepatitis C and B case follow-up study will test the effectiveness of additional Health Department service.

*Approved by
Edward Ellis, MD, MPH, FRCP*