

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

REPORT
RAPPORT

Our File/N/Réf. RC
Your File/V/Réf.

DATE 23 November 1998

TO/DEST. Co-ordinator
 Community Services Committee

FROM/EXP. Associate Medical Officer of Health

SUBJECT/OBJET **INTERIM REPORT OF THE OTTAWA-CARLETON
HEPATITIS C JOINT WORKING COMMITTEE**

DEPARTMENTAL RECOMMENDATIONS

That Community Services Committee:

- 1. Receive this interim report for information and action pertaining to a joint strategy to address hepatitis C infection in Ottawa-Carleton; and**
- 2. Extend the deadline for completion of the final report until a comprehensive community needs assessment has been completed.**

BACKGROUND

The Hepatitis C Joint Working Committee was formed in response to a motion carried by the Region of Ottawa-Carleton Community Services Committee on June 4, 1998. The Joint Working Committee is currently comprised of representatives from the Hepatitis C Society, Oasis, the Ontario Haemophilia Society and the Ottawa-Carleton Health Department. Its mandate is to analyse the issue of hepatitis C infection in Ottawa-Carleton and to report back to Community Services Committee with information and recommendations on a joint strategy between the Health Department and other community-based organizations.

Since its formation, the Joint Working Committee has met on various occasions to discuss the needs and concerns arising from hepatitis C infection in Ottawa-Carleton. From these initial meetings, the Committee identified several priority issues that are summarized in this interim report.

PRIORITY ISSUES FOR HEPATITIS C IN OTTAWA-CARLETON

The Hepatitis C Joint Working Committee has identified the following priority issues regarding Hepatitis C infection in Ottawa-Carleton:

1. Education of health care providers;
2. Early detection and testing for hepatitis C;
3. Prevention to reduce transmission of the hepatitis C; and
4. Support for persons, and families, living with hepatitis C.

1. Education Of Health Care Providers

The Committee noted that the level of information on hepatitis C available to family physicians is inconsistent. A number of family physicians, nurses and other health care workers have limited knowledge about the characteristics of the virus including the risks of transmission, symptoms and protocols for diagnosis, treatment and case management. Information about hepatitis C comes from various sources, including federal departments (e.g. Laboratory Centre for Disease Control), non-government organizations (e.g. the Haemophilia Society), pharmaceutical companies, and internet sites of health care organizations around the world. Even when recommendations are made through national consensus conferences, there appears to be no formal mechanisms in place at the provincial and local levels to implement them.

In the absence of consistent information and widely practised case management protocols for physicians, it is not surprising that standards of medical practice for hepatitis C vary considerably. As a result, not only do patients suffer, but health care providers may also be at risk. For instance, health care providers that are not aware of the virulence of hepatitis C may be putting themselves at risk by not using “universal precautions” when caring for hepatitis C infected individuals. Furthermore, insufficient information can also affect the perceptions and attitudes of health care providers, such as the stigmatization of patients or the failure to place the seriousness of the disease in perspective.

2. Early Diagnosis And Testing

It is commonly conceded that early detection is important to enable individuals infected with hepatitis C to make critical changes to risk behaviours in order to avoid aggravating their disease condition and to reduce the risk of transmission to others. Early detection may also improve treatment outcome, as there is some evidence to suggest that the introduction of certain drug therapies early on in the course of the disease may be beneficial in sustaining remission. Although the issue of when to introduce certain medical interventions is still under investigation, there is little contention that early diagnosis enables the infected individual to make informed choices that affect his/her own life, and the community at large.

3. Prevention To Reduce Transmission Of Hepatitis C

In the effort to reduce the transmission of hepatitis C, there is a definite need to conduct public awareness and education campaigns in Ottawa-Carleton. Such campaigns to promote awareness and testing should be directed towards specific target groups, (taking into account high risk behaviours and occupational risks), as well as the community at large. Further, it is essential that any kind of awareness campaign contain the most recent information and be constantly updated as new research findings become available. In this regard, it will be necessary to monitor international standards and stay in close touch with health organizations world-wide, as Canada, and Ottawa-Carleton in particular, have a high proportion of immigrants. Hepatitis C infection is a global epidemic and a public health threat that must be addressed in the context of the global community.

4. Support To Individuals And Families Living With Hepatitis C

The needs of persons living with hepatitis C and their families extend beyond simple medical intervention. Patient advocates are needed to assist in accessing services such as medical referrals, counselling, home care and palliative care. A streamlined process for patients to connect with social support programs and drug funding is also required. To address these issues a central agency that provides information and co-ordinates referrals and support services is necessary. However, the reality of the situation is that most community-based organizations, such as the Hepatitis C Society and the Haemophilia Society, face significant resource constraints or are limited to their own membership and unable to take on this comprehensive supportive role.

CURRENT HEALTH DEPARTMENT PROGRAMS AND SERVICES

Starting in October 1998, the Health Department began participation in Health Canada's multicentre project for "Enhanced Surveillance of Acute Viral Hepatitis B and C". The Laboratory Centre for Disease Control's primary aim is to collect data on new infections and associated risk factors. Conventional surveillance data of both new and old, but just diagnosed, infections cannot be used for such tracking. The data from this surveillance will have local, provincial/territorial and national application.

In November, 1998, an insert in the Health Department's Physicians' Update was distributed to physicians in Ottawa-Carleton highlighting follow-up and management of hepatitis B and C. Draft versions of fact sheets addressed to hepatitis C infected persons, and the population at large have been developed and are being circulated to members of the working group for input.

The SITE program services, which include clean needles in exchange for used ones, counselling, vaccination and risk reduction education, reduce the transmission of hepatitis C as well as HIV and hepatitis B. Hepatitis C screening continues to be offered through the Sexual Health Centre and outreach services including the needle exchange program.

Though much work still remains, these initiatives on the part of the Health Department begin to address some of the areas of concern.

ASSESSMENT OF COMMUNITY NEEDS

As recognition of this public health problem grows, the need for quick and decisive action becomes ever more apparent. For Ottawa-Carleton a crucial element of a hepatitis C action plan at this time is the assessment of the community's capacity to address the challenges associated with this public health priority. In order to involve the community in a joint strategy and further develop roles for action, the Hepatitis C Joint Working Committee proposes to conduct an independent needs assessment study in Ottawa-Carleton. The assessment would target the following groups:

1. HCV infected individuals (through membership meetings);
2. HIV/HCV co-infected (through Oasis);
3. HCV infected children & families (through CHEO);
4. Prison population; and
5. Family physicians and specialists.

It is further proposed that the deadline for submitting the final report of the Hepatitis C Joint Working Committee be extended in order to allow the opportunity to conduct a comprehensive needs assessment.

A consultant was hired to conduct preliminary small focus groups with hepatitis C infected individuals who are currently accessing services. This project is supported by the Healthy Sexuality Program.

PUBLIC CONSULTATION

All members of the Ottawa-Carleton Council on AIDS were invited to be on the Working Committee because of their interest in blood-borne diseases. The proposed needs assessment will consult other relevant groups and individuals.

FINANCIAL IMPLICATIONS

The Health Department, on behalf of the Working Group, will be submitting a proposal to Health Canada's new community based hepatitis C funding initiative to conduct an extensive needs assessment.

In November, 1998, the Hepatitis C Society applied to the Regional Health Grants program for funding in 1999 to support a counselling and co-ordinator position to address the support issues for hepatitis C infected individuals. Further funding for the Hepatitis C Society will be sought from the Trillium program.

Approved by Dr. Edward Ellis

MM/DD