



# NOT JUST IN PAKISTAN

Hepatitis C is a global disease





"I was never told how sick I am, I did not understand that hepatitis C had caused so much damage, I thought diabetes was my problem, I thought I had a blood disease causing my skin condition. Please take time to explain things to us."

# Some global facts <sup>(1, 2)</sup>

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV) - a blood borne virus: the virus can cause infection, ranging in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Currently there is no vaccine for hepatitis C.

The most common modes of infection are through unsafe injection practices, inadequate sterilization of medical equipment, and the transfusion of unscreened blood and blood products in Pakistan and other developing countries.

Globally, between 130-150 million people have chronic hepatitis C infection.

About 25% of people with the virus clear it without treatment. The other 75% of people will develop chronic hepatitis C infection. Without treatment, over decades, people with chronic hepatitis develop scarring in their liver and may develop liver cancer. Anywhere from 5 to 20% of the people who develop chronic hepatitis will develop cirrhosis within 20 years.

After 2011, new oral drugs with cure rates over 95% became available to treat chronic HCV infection. These drugs open a new era in the management of chronic HCV infection, thereby reducing the risk of death from liver cancer and end-stage liver disease.



A high-angle photograph of a massive crowd of people filling a city street. In the bottom-left foreground, a large Pakistani flag (green with a white crescent and star) is partially visible. The crowd is dense, extending far into the background. Several vehicles, including a white van and a truck, are visible among the people. In the background, there are trees and tall buildings under a clear sky. A semi-transparent blue box with white text is overlaid in the upper-middle section of the image.

In 2011, the immigrant population comprised 20.6% of Canada's population, so one in five people were immigrants.

As of 2011, immigrants from Pakistan are among the largest foreign-born groups in Canada.

# Some facts about Canada

## Based on national 2011 hepatitis C estimates:

An estimated 300,000 Canadians are living with chronic hepatitis C virus <sup>(3)</sup>. That is the equivalent of six to seven people out of every 1,000 Canadians. An estimated 44% of people living with chronic hepatitis C are unaware of their infection <sup>(4)</sup>. Chronic hepatitis C is a “silent” disease because often no symptoms appear until your liver is severely damaged <sup>(5)</sup>.

Many infected people live for up to 20 or 30 years without feeling ill.

Chronic hepatitis C is most prevalent among people born between 1945 to 1975. People born in a country outside of Canada comprised 35.0% of all antibody-positive cases <sup>(6)</sup>. Over the past 40 years the majority of new immigrants have originated from countries with a higher prevalence of hepatitis C than that in Canada <sup>(7)</sup>.

Immigrants have 2-4 fold higher mortality from liver cancer and viral hepatitis vs. Canadian born <sup>(8)</sup>.

## Immigrants, refugees and newcomers to Canada <sup>(9)</sup>:

One of the key groups that are affected by HCV.


Newcomers to Canada face unique challenges that include language barriers, stigma, and uncertainty on how to navigate the health system, loss of social support networks and lack of health insurance coverage that delay access to treatment.

Immigration to a new country also affects the ability to self-care and to access healthcare and treatment.

Current screening recommendations for hepatitis C in Canada are based on the assessment of risk factors. Recommendations have been put forward to screen immigrants and newcomers especially coming from hepatitis C endemic countries but primary care settings do not universally provide this service.

## The HCV scenario in Pakistan

Around 4.8% of the population of Pakistan are actively infected with HCV. <sup>(u)</sup>

A man with a beard, wearing a red long-sleeved shirt and black gloves, is working on a blue helicopter in a hangar. He is looking directly at the camera. The background shows the interior of a large hangar with other aircraft and equipment.

"I did not know anything about hepatitis C; I thought the medications were very expensive – I didn't know about them."



# Newcomers to Canada from Pakistan

In 2011, the immigrant population comprised 20.6% of Canada's population, so one in five people were immigrants. As of 2011, immigrants from Pakistan are among the largest foreign-born groups in Canada <sup>(10)</sup>.

## The HCV scenario in Pakistan

HCV in Pakistan is highly endemic, with around 4.8% of the population of Pakistan actively infected with HCV <sup>(11)</sup>.

## Modes of transmission of HCV

The most common way to get HCV is through exposure to infected blood. This can happen if the blood of someone who has hepatitis C enters your own bloodstream. The risk of infection through blood exposure in Canada has been markedly reduced, but not eliminated, through the introduction of universal testing of blood donors in 1992. <sup>(12,13,14)</sup>

## In Pakistan

Majority of new HCV infections are due to re-use of contaminated or inadequately sterilized syringes and needles used in medical, paramedical and dental procedures and unnecessary use of injections. Multiple uses of single syringe, is the main factor responsible for HCV transmission in Pakistan. Data from Pakistan indicates high HCV prevalence in IDUs. Cultural practices like excessive use of barbers for shaving in Pakistan is well documented as a mode HCV transmission. Vertical transmission from mother to child is possible even though incidence is low. <sup>(15,16,17,18,19,20,21)</sup>

## In Canada

The highest rates of new HCV infection are reported among injecting drug users (IDU), mainly from sharing of used drug-use equipment. <sup>(22)</sup>



"I have difficulty with English so my son has to help me and accompanies me to the doctor."

# Treatment

Since 2010, enormous progress has been made in the treatment of chronic hepatitis C. New therapies called direct acting antivirals (DAAs) are pills that act on the different steps of the virus lifecycle to get rid of it from the body. These new treatments are very effective and can achieve cure rates of over 90%. In most situations now, there is no need for interferon, which was responsible for many of the side effects previously associated with HCV treatment. The new treatment combinations require shorter treatment durations (between 8 to 24 weeks), have reduced side effects and appear to be effective no matter what stage of liver damage you have.

For treatment options, please see;

<http://hepatitiseducation.med.ubc.ca/patients/treatment-options/>

Check out CTAC's Treatment Map; a comprehensive online tool to empower people living with Hepatitis C to interactively access information on the public drug plan coverage status of prescription drug treatment options currently available in Canada for hepatitis C, as well as new discoveries.

*See more at:*

<http://www.ctac.ca/resources/treatment-access-map>



# Finding a doctor

Finding a primary health caregiver is very important and also difficult. Many Canadians have a family doctor they go to whenever they need medical care. A family doctor gives basic health care. Your family doctor will send you to see a specialist when needed. You can also go to a walk-in medical clinic where you can usually see a doctor without an appointment.

## You may be able to find a doctor by:

Asking someone you know

Contacting an immigrant-serving organization which can be found at the Government of Canada's website at  
<http://www.cic.gc.ca/english/newcomers/map/services.asp>

Contacting a community health centre (or a Centre local de services communautaires in Quebec) in your area to learn when a doctor is available. To find a local community clinic  
<http://www.cahc.ca/ourmembers/>

To find the nearest HCV caregiver as well as language specific services please check [HCV4u.ca](http://HCV4u.ca) or phone CATIE toll free at: 1-800-263-1638. Confidentiality is maintained.

“So many stories about the medications being hard—people are afraid—so they just live with it and not understand what is happening in the liver and hepatitis C not just affects the liver but the effects can be felt throughout the body.”



# Confidentiality

In Canada, health services are provided in a confidential manner. This means that your doctor cannot discuss your health information with someone else without your permission.

Check out:

<http://www.cic.gc.ca/english/newcomers/after-health-doctor.asp>

## Preparing for the doctor

Being prepared for your consultation is a joint responsibility. Write down any questions you have before you go to your appointment since the time will be limited. If you have language problems, the doctor may be able to arrange for an interpreter to be present or you can come with a trusted friend/family member.

To find a list of questions that you may want to ask your doctor please check:

<http://hepatitiseducation.med.ubc.ca/patients/>, Click [Urdu]

Your primary care physician may refer you to a hepatitis C specialist to assess your liver disease and determine whether you are eligible for publicly funded treatment. Referral waits to see a specialist in Canada may take some time.

A specialist will discuss which drug therapy is best for you based on the severity of your liver disease, your viral genotype and whether or not you have been treated in the past.

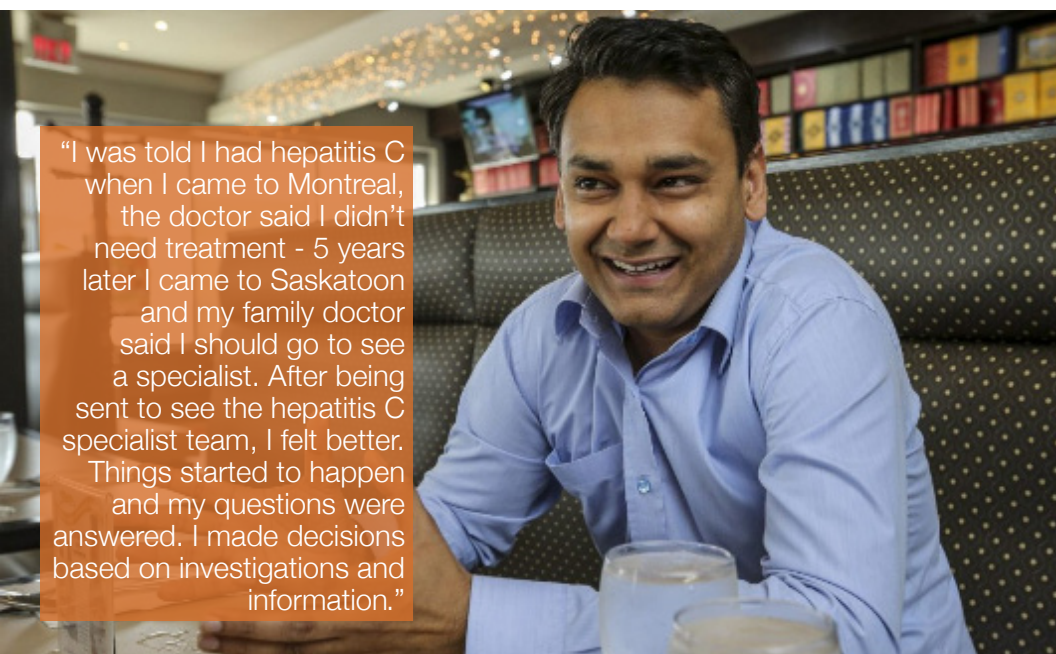
“It took a long time to see the specialist. I was unable to do anything. I waited so long for referral to a specialist and heard nothing about being on a wait list. I had to ask my doctor to refer me again to a doctor for my hepatitis C.”



# Drug coverage

Recent advances in the number and types of medications available to treat HCV give you and your doctor more options to consider when deciding on a treatment plan. However, there are certain criteria for eligibility and restrictions to reimbursement of HCV direct acting antiviral drug regimens. You and your doctor may face difficult decisions regarding therapy. In this situation, alternate options may be considered, including deferral of therapy. New HCV medications are very expensive.

As such, drug coverage from both government and private companies may require that your liver disease has progressed to a certain stage before authorizing the cost of these drugs. However, there is increased focus in Canada on providing more widespread accessibility to these drugs. Criteria for eligibility for treatment may shift so stay well connected with your doctor.

A photograph of a man with dark hair, wearing a light blue button-down shirt, sitting at a bar. He is smiling and looking towards the camera. Behind him is a bar counter with various bottles and a wall decorated with string lights. In the foreground, there are glasses on the bar.

"I was told I had hepatitis C when I came to Montreal, the doctor said I didn't need treatment - 5 years later I came to Saskatoon and my family doctor said I should go to see a specialist. After being sent to see the hepatitis C specialist team, I felt better. Things started to happen and my questions were answered. I made decisions based on investigations and information."

# For more information please go to:

CTAC's Treatment Map:

<http://www.ctac.ca/resources/treatment-access-map>

The Canadian Liver Foundation website:

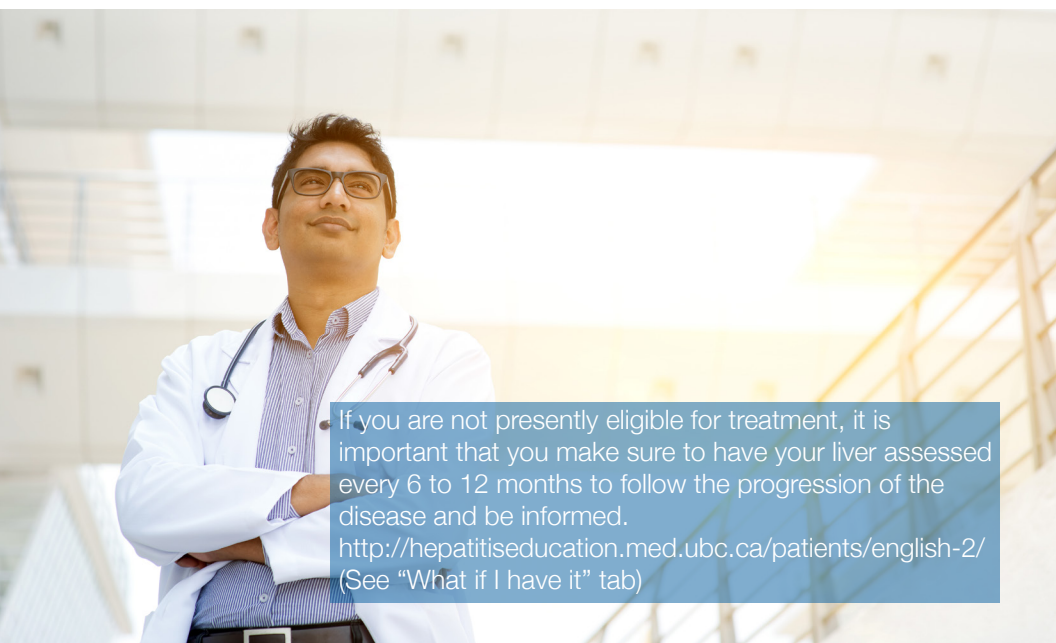
[http://www.liver.ca/liver-disease/types/viral\\_hepatitis/Hepatitis\\_C.aspx](http://www.liver.ca/liver-disease/types/viral_hepatitis/Hepatitis_C.aspx)  
or call toll free for more information 1.800.563.5483; for information  
on different types of financial assistances:  
[www.liver.ca/liver-disease/types/viral\\_hepatitis/Hepatitis\\_C.aspx#medication](http://www.liver.ca/liver-disease/types/viral_hepatitis/Hepatitis_C.aspx#medication)

For HCV treatment options:

<http://hepatitiseducation.ca/patients/treatment-options/>

## Remember

*You may not need to be treated immediately; but you and  
your doctor need to have a plan for your liver care.*



If you are not presently eligible for treatment, it is important that you make sure to have your liver assessed every 6 to 12 months to follow the progression of the disease and be informed.  
<http://hepatitiseducation.med.ubc.ca/patients/english-2/>  
(See "What if I have it" tab)



# Even after being cured

Post treatment reinfection is possible so you need to be watchful about your health and liver. If your treatment of HCV was done at an advanced stage of the disease (cirrhotic stage) be sure to follow up with your doctor with six monthly ultrasounds to screen for liver cancer

You may still need support even if you are cured through treatment. Being connected to care may provide you with the health and social supports you never had before.



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More information on hepatitis C in Urdu

Hepatitis Education Canada Resources Adapted for Urdu Speakers

<http://hepatitiseducation.med.ubc.ca/patients/urdu/>

## CATIE Hepatitis C information

<http://www.catie.ca/en/resources/urduhepcinfo.ca>

<http://yourlanguage.hepinfo.ca/ur>

Sexuality Education Resource Centre, Manitoba, STI fact sheet

Basic STI information translated into various languages.

<http://www.serc.mb.ca/immigrants-and-refugees>

Peel Public Health

[www.peelregion.ca](http://www.peelregion.ca)

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