

# Canada

Population (in millions) (2011)	<b>34.3</b>
Country classification (2012)	<b>High-income</b>
Gross national income per capita (PPP int \$) (2011)	<b>\$39 660</b>
Total health expenditure as % of GDP (2010)	<b>11.29%</b>
Per capita total health expenditure (PPP int \$) (2010)	<b>\$4403.62</b>
Per capita government health expenditure (PPP int \$) (2010)	<b>\$3104.41</b>
Life expectancy at birth (in years) (2009)	<b>81</b>
Human Development Index (2011)	<b>0.908</b>
Median age (in years) (2010)	<b>40</b>
Total fertility rate per woman (2010)	<b>1.7</b>

The Government of Canada reports as follows.

## National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. The name of this office was not provided. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, migrants, prisoners, the homeless, people living with HIV, low-income populations, indigenous people, ethnocultural populations and youth.

## Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Canadian Society for International Health, Canadian AIDS Treatment Information Exchange and University of British Columbia Hepatitis Services.

## Evidence-based policy and data for action

There is a national surveillance system for the following types of acute hepatitis: A, B and C, and for the following types of chronic hepatitis: B and C.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are re-

ported to a central registry. Of hepatitis cases, 0%–10.0% is reported as “undifferentiated” or “unclassified” hepatitis.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

The government publishes hepatitis disease reports annually.

Hepatitis outbreaks are reported to local public health authorities and are further investigated only at the local level. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is the general population. The last serosurvey was carried out from 2009 to 2011.

## Prevention of transmission

There is a national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B but information was not provided about a specific timeframe for this goal.

Information was not provided on the percentage of newborn infants nationally in a given recent year who received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends

single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

## Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training.

There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals, and are compulsory for blood donors and for some health-care workers in certain jurisdictions.

Publicly funded treatment is available for hepatitis B and hepatitis C. All Canadian residents are eligible for this. The amount spent by the government on such treatment for hepatitis B and hepatitis C is not known.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir and telbivudine. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: pegylated interferon, ribavirin, boceprevir and telaprevir.

The Government of Canada welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).