

Hepatitis C: Canada's 'unnecessary' epidemic

July 28 is World Hepatitis Day, and it's fitting to remind ourselves that Canadians' lives are imperiled unnecessarily by hepatitis C – stemming from a lack of knowledge about the disease and from barriers to gaining access to treatment.

New research recently published in *The Lancet* indicates that “viral hepatitis is a leading cause of death and disability worldwide.” In Canada, an estimated 330,000-plus people have been infected by hepatitis C; that's one out of 100 Canadians. Their lives are in danger because an estimated 44 per cent of people with hepatitis C in Canada don't know they have the disease. That's because people can have Hep C for 20 years or more and not have any noticeable symptoms – a tragic circumstance, as the virus is a leading cause of cirrhosis and liver cancer.

Canadians need to know that it is important to get tested for hepatitis C. Recent advances in medicine mean that hepatitis C can now be cured in almost all cases in as little as eight to 12 weeks, and the treatment itself is not difficult.

Informing Canadians of the reality of living with Hep C, and the fact that it can now be cured, is crucial to our country working towards the World Health Organization's global goal of, as Canada's Health Minister Jane Philpott stated recently, “doing the work to end hepatitis as a public health threat by 2030.”

We can applaud Canada's commitment to this global goal. In order to reach that goal, Canada needs a national plan to address key barriers to achieving an effective response to hepatitis C. That goal will be more achievable if more Canadians are aware of this 'silent killer,' and access to treatment is improved.

One key factor related to accessibility (among others) is cost. Federal, provincial and territorial governments need to negotiate with the pharmaceutical companies to bring down costs, which can range to upwards of \$80,000. Those who can access treatment are people who have reached a certain threshold of disease– typically an advanced stage of infection. Many in the healthcare community argue for eliminating that criterion. They also argue for increased access to Hep C treatment by people in prison, a community with especially high rates of hepatitis C. There are also issues of stigma and structural barriers to treatment access among populations particularly impacted by Hep C – Indigenous communities, immigrants and newcomers from countries where hepatitis C is endemic, and people who use injection drugs.

The federal commitment to see an eradication of hepatitis C by 2030 is admirable. But there is a great deal of public education and policy change needed to make that goal realistic.