



Canada's source for  
HIV and hepatitis C  
information



# Introduction to Immigrant Health and Hepatitis C

Hywel Tuscano and  
Fozia Tanveer

**Date**



# Group Guidelines

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- creative expression is welcome
- cell phones on vibrate (shake not shout)
- go outside to take a call or type a text
- take care of yourself (feel free to step outside)
- respect others when they are talking
- respect confidentiality: what is said in the room stays in the room
- make space for others who aren't participating as much
- speak from your own experience:  
use "I" statements instead of "we", "they", "you"

# CATIE is...

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- Canada's source for HIV and hepatitis C information
- a national not-for-profit agency working for 20+ years
- CATIE connects people living with HIV or hepatitis C, at-risk communities, healthcare providers and community organizations with the knowledge, resources and expertise to reduce transmissions and improve quality of life.

# Hepatitis C Ethnocultural Outreach & Social Marketing Project

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- The overall goal of the project is to develop a media campaign and information resources about hepatitis C for the four largest immigrant communities in Ontario
- In-language pamphlets, a website, outreach and education activities
- An awareness-raising social marketing campaign
- Capacity-building workshops for service providers

# Hepatitis C Statistics

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People living with hepatitis C:

Hep. C affects approximately 3 % of world population:

- ~ 185 million people worldwide
- ~ 250,000 Canadians
- ~ 44% of people with the virus don't know they are infected.

# People living with hepatitis C worldwide

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- In China 3% of population which is about 40 million people;
- In India 1.8 % of population which is about 21 million people;
- In Pakistan 4.8 % of population which is about 8.6 million people;
- in the Philippines 3.6 % of population which is about 3 million people.

# Why is hepatitis C important for immigrants in Canada?

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- Medical tests during immigration screen for HIV, syphilis and tuberculosis but not any kind of hepatitis
- **It's estimated that 35% of hepatitis C infections in Canada occur in immigrants.**
- Chronic hepatitis C infection frequently has no symptoms and when left untreated can lead to liver damage and liver cancer.

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# Why is hepatitis C important for immigrants in Canada?

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# The Social Determinants of Health

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- The SDOH are the conditions in which people are born, grow, live, work and age including the health system they access
- They are shaped by the distribution of money, power and resources at global, national and local levels

# The Social Determinants of Health

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- The model of SDOH developed at York University in 2002 includes 14 social determinants:
  - Aboriginal Status, disability, early life, education, employment and working conditions, food insecurity, health services, gender, housing, income and income distribution, race, social exclusion, social safety net, unemployment and job security

These factors have a strong impact on the health of people in Canada even more than diet, physical activity, and even tobacco and alcohol use

# Immigrant Health in Canada

- Research shows immigrants are in better health when they arrive in Canada, however, the advantage fades over time. This is called the Healthy Immigrant Effect.
- It's important to remember that immigrant health advantage is not across all health conditions:
  - Arthritis and depression is lower in immigrant population
  - Type 2 diabetes is higher in the immigrant population
  - Prevalence of chronic diseases is 34.8% among Canadian-born people, 25.9% in recent immigrants and 27.9% in immigrants after 5 years (increasing over time)
  - Immigrants also have disproportionate rates of HIV and TB infections.

# Health literacy among immigrants

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The Canadian Public Health Association defines health literacy as:

- “Skills to enable access, understanding and use of information for health”
- In terms of health literacy, the three most vulnerable populations are seniors, immigrants and the unemployed. (The Canadian Council on Learning)

## Issues specific to immigrants:

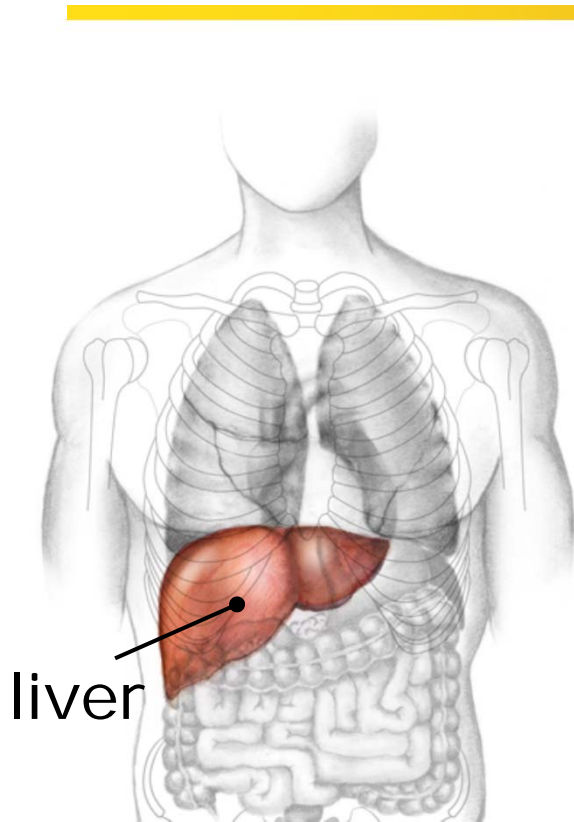
- Navigating the healthcare system
- Understanding the health insurance system
- Overcoming language barriers
- How we understand our own illnesses and access support

# What is...

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- ...hepatitis?
  - Inflammation of the liver leading to damage like scarring, fibrosis and/or cirrhosis
- ...hepatitis C?
  - liver disease caused by the hepatitis C virus
- ...the hepatitis C virus?
  - virus that infects liver cells

# Liver



- Largest internal organ
- Can regenerate itself
- “Filter” of the body
  - Filters
  - Cleanses
  - Manufactures proteins
  - Regulates chemicals
  - Over 500 functions in the body

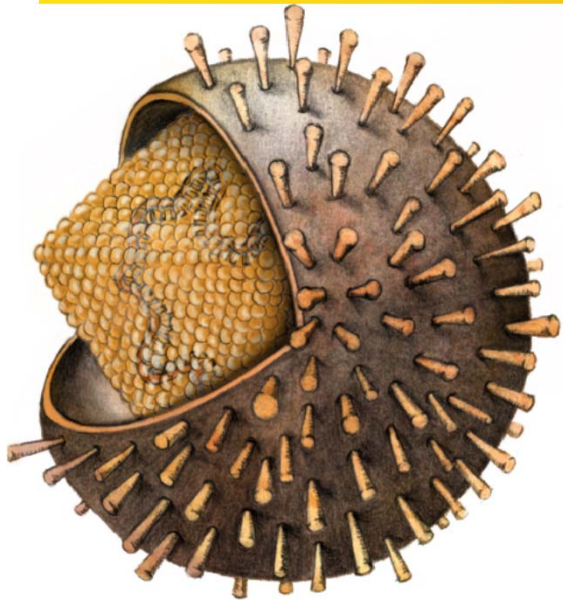


# What causes hepatitis?

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- 1) When hepatitis is caused by a **virus**, it has a letter after it. There is hepatitis A, B, C, D and E.
- 2) Hepatitis can also be caused by **chemicals** like drugs, alcohol and even over-the-counter medications that can be hard on your liver.
- 3) Some conditions can lead to an **auto-immune** response where a person's body will produce antibodies that attack the liver.
- 4) Chronic liver disease can also be **congenital**, and can transmit within a family

# The Hep C Virus



- Before 1989 it was called non-A non-B hepatitis
- A virus that attacks the liver

- There is no vaccine
- Spread through blood-to-blood contact, especially shared drug-use equipment



[www.giantmicrobes.com](http://www.giantmicrobes.com)

# Diagnosis of Hep C

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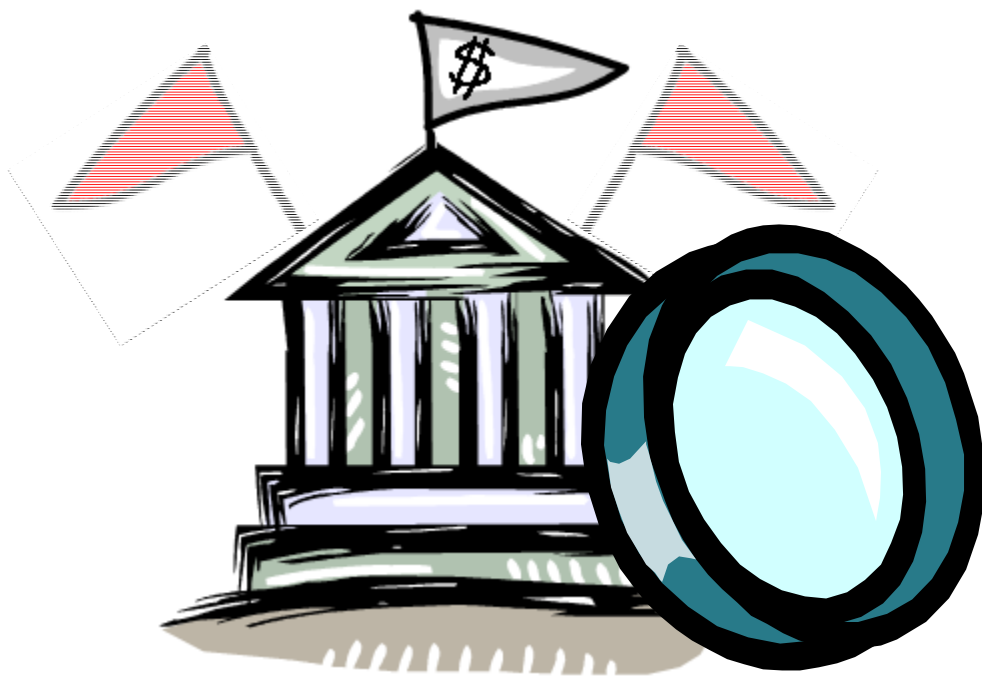
- Hep C testing and diagnosis is complex
- Two separate tests are needed to determine current active infection



**Hep C Antibody test**

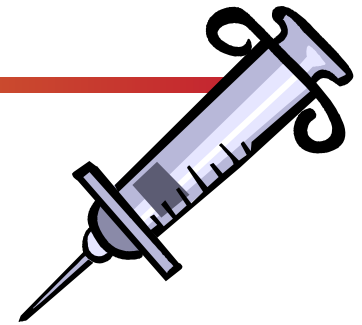


**Hep C PCR-RNA test**



# How can blood-to-blood contact happen?

- Drug-use equipment (injection and inhalation)
- Re-used or unsterilized medical equipment
- Blood transfusions (before 1992 in Canada)
- Tattooing/piercing equipment (needles and ink)
- Hygiene and grooming equipment



# Injection equipment

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filters



cooker



water



tourniquet



syringe

# High risk (red light)

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- Unsterilized medical or dental equipment
- Blood transfusions (without proper screening or before 1992 in Canada)
- Sharing injection drug-use equipment
- Sharing other drug-use equipment for smoking or inhaling drugs through the nose (inhaled)
- Sharing tattoo, body-piercing or acupuncture equipment

# Some risk (yellow light)

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- Sharing personal hygiene and grooming supplies
- Unprotected sex
- Transmission from a woman to a baby during pregnancy or childbirth
- Accidents with used needles



# No-risk (green light)

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- Casual contact
- Using new or sterilized medical equipment during medical procedures
- Hugging, kissing or touching a person living with hep C
- Using new equipment every time for drug use and tattooing

# Prevention

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- Harm Reduction
- Blood Screening
- Safer Sex
- Routine practices/infection control
- Education/ counselling/ information
- Determinants of health

# How the disease develops over time

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If 100 people are infected:

- 20 of them will recover on their own

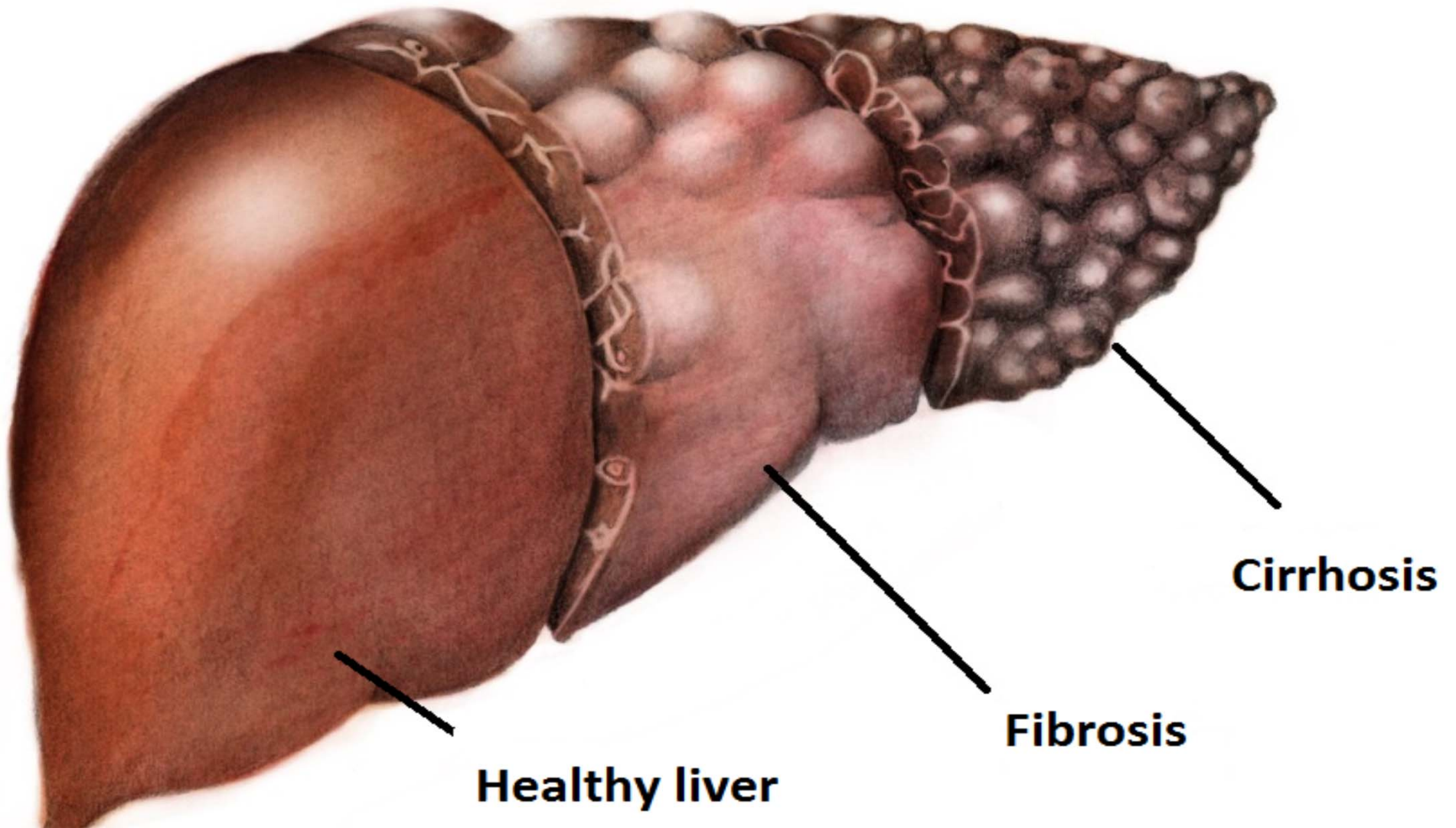
- 80 will develop a long-term infection

  - over 20-30 years, 40 to 60 of those people will develop fibrosis

  - 20 of them will develop cirrhosis

  - 1 to 4 people will develop liver cancer

# Liver Damage



# Signs & Symptoms

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70-80% of people will have NO SYMPTOMS

20-30 % may have:

- depression
- fatigue
- nausea
- low appetite
- ascites (fluid in the abdomen)
- dark-coloured urine
- flu-like symptoms
- jaundice
- abdominal pain

End-stage cirrhosis and liver cancer leads to death without a liver transplant

# COMPARING HEPATITIS A, B AND C

	Hep A	Hep B	Hep C
Transmission	[Blank blue note]	[Blank green note]	[Blank purple note]
Disease Progression	[Blank blue note]	[Blank green note]	[Blank purple note]
Treatment	[Blank blue note]	[Blank green note]	[Blank purple note]
Vaccine	[Blank blue note]	[Blank green note]	[Blank purple note]



# COMPARING HEPATITIS A, B AND C

	Hep A	Hep B	Hep C
Transmission	Fecal-oral route (from contaminated water; hands not properly washed after going to the bathroom)	Blood and body fluids like semen and vaginal fluid	Blood-to-blood contact
Disease Progression	Infection usually clears on its own	85 % of people clear the virus without treatment	20 % of people clear the virus without treatment
Treatment	There is no treatment	Treatment is available and mainly works in controlling viral load	Treatment is available and can clear the virus for some people
Vaccine	Vaccine is available	Vaccine is available	No vaccine

# Puzzle Questions

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- For which kinds of hepatitis are there vaccines?
- What kind of treatment is there for hepatitis A?
- What percentage of people clear the hepatitis B virus on their own?
- How is hepatitis C transmitted?



# What is Hep C treatment?

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## The goals for Hep C treatment are:

- clear the virus from the body
- minimize liver damage
- improve the person's quality of life
- prevent the spread of Hep C to other people
- If treatment is successful it means the virus can no longer be detected in the body and won't pass to other people.

# New Hep C treatment

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- Standard treatment for Hep C involves a combination of medications:
- Two of the standard medications, **peg-interferon and ribavirin**, are now used with new medications, including **sofosbuvir, simeprevir and harvoni**.
- These new medications are called direct-acting antivirals, which can stop the Hep C virus from making copies of itself.

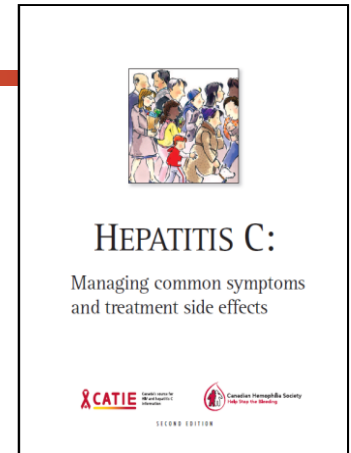
# New Hep C treatment

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- Move from boosting a person's immune system to stopping the virus from copying itself, 'protease inhibitors'

# Side Effects

- Side effects make treatment tough, especially depression and fatigue
- Most minor side effects can fade after a few weeks
- Many side effects can be managed
- People often need support to be successful on treatment



# Case Studies

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- Discussion questions:
- What are the priorities for this person right now?
- What are some barriers they are facing to managing their health, including getting tested?
- What resources could they access?

# Things that can help...

- Nutrition
  - Balanced diet: low fat, low sugar, low salt, high fibre (fruits and veggies)
  - Coffee
- Exercise
  - A little goes a long way
- Support
  - From other people who have Hep C, family, friends & community workers



# Things that can hurt...

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- Alcohol
  - Cut back as much as possible or switch to something else
- Smoking
- Some illicit drugs
- Other viruses and co-infections
  - Like Hep A, Hep B or HIV



# What kind of support?

- Attend a support group, where possible, or start one up
- Provide info to family and friends so they know what to expect
- Learn more about Hep C
- Find a healthcare team you trust and ask for help when you need it





# Speak to someone..

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## Province-wide information line at Toronto Public Health

Languages: Hindi, Punjabi, Urdu, Tagalog, Mandarin, Cantonese and more.

When you call, you may be given a specific time to talk to a counsellor in your preferred language.

Free and anonymous counselling about hepatitis, HIV and sexual health. They can also refer you to a clinic in Ontario to get tested.

## Call toll-free in Ontario: 1-800-668-2437

Monday–Friday: 10:00 a.m.-10:30 p.m.

Saturday and Sunday: 11:00 a.m.-3:00 p.m.

# Resources

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Learn more on our website:

<http://yourlanguage.hepcinfo.ca>

Service providers can order pamphlets online:

To order a pamphlet in your language from the CATIE Ordering Centre, use these codes:

- Chinese & English: *ATI 70121*
- Urdu & English: *ATI 70122*
- Punjabi & English: *ATI 70123*
- Tagalog & English: *ATI 70124*

# Contact Us

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[htuscano@catie.ca](mailto:htuscano@catie.ca) - Hywel

[ftanveer@catie.ca](mailto:ftanveer@catie.ca) - Fozia

416-203-7122, ext. 246 or 241

555 Richmond St. W.  
Suite 505/Box 1104  
Toronto, ON M5V 3B1