CATIE

Canada's source for HIV and hepatitis C information

La source canadienne de renseignements sur le VIH et l'hépatite C

Hepatitis C's Impact on Canadian Immigrants and Newcomers

Presented by CATIE in partnership with Toronto South Local Immigration Partnership

Presenters

- Hywel Tuscano, Coordinator, Hepatitis C Education and Resource Development, CATIE
- Bill Sinclair, Executive Director, St. Stephen's Community House
- Dr. Jordan Feld, MD MPH, Toronto Western Hospital, Sandra Rotman Centre for Global Health

Discussant

- Ruby Lam, Equity Consultant

Moderator

- Fozia Tanveer, Knowledge Broker, Immigrant and Newcomer Hepatitis C Community Health Programming

Poll Results

1. Do you primarily work with newcomers

a. Yes (12%) b. No (59%) c. No Answer (29%)

2. Please tell us about the agency you are presenting

a. Community Based Organization (14%)
b. AIDS Service Organization (20%)
c. Public Health Unit/Sexual Health Clinic (14%)
d. Government Organization (other than public health unit (8%)
e. Clinic/Hospital (6%)
f. Corrections (0%)
g. Settlement Organizations (2%)
h. Academic/University (2%)
i. Other (14%)
j. No Answer (18%)

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An Overview of Hepatitis C in Canadian Immigrants

Hywel Tuscano
Coordinator, Hepatitis C Education and Resource Development
August 24, 2016

Overview of the presentation

- Immigration patterns in Canada
  - Immigrant Health in Canada
- Hepatitis C among Immigrants and Newcomers in Canada

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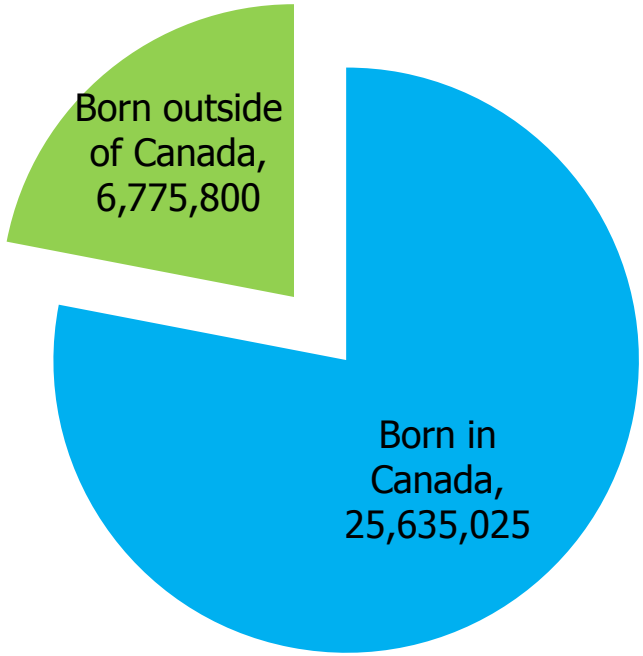
Immigration to Canada (NHS 2011)*

- About 20.6% of people in Canada were born outside the country (NHS 2011)



*https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm

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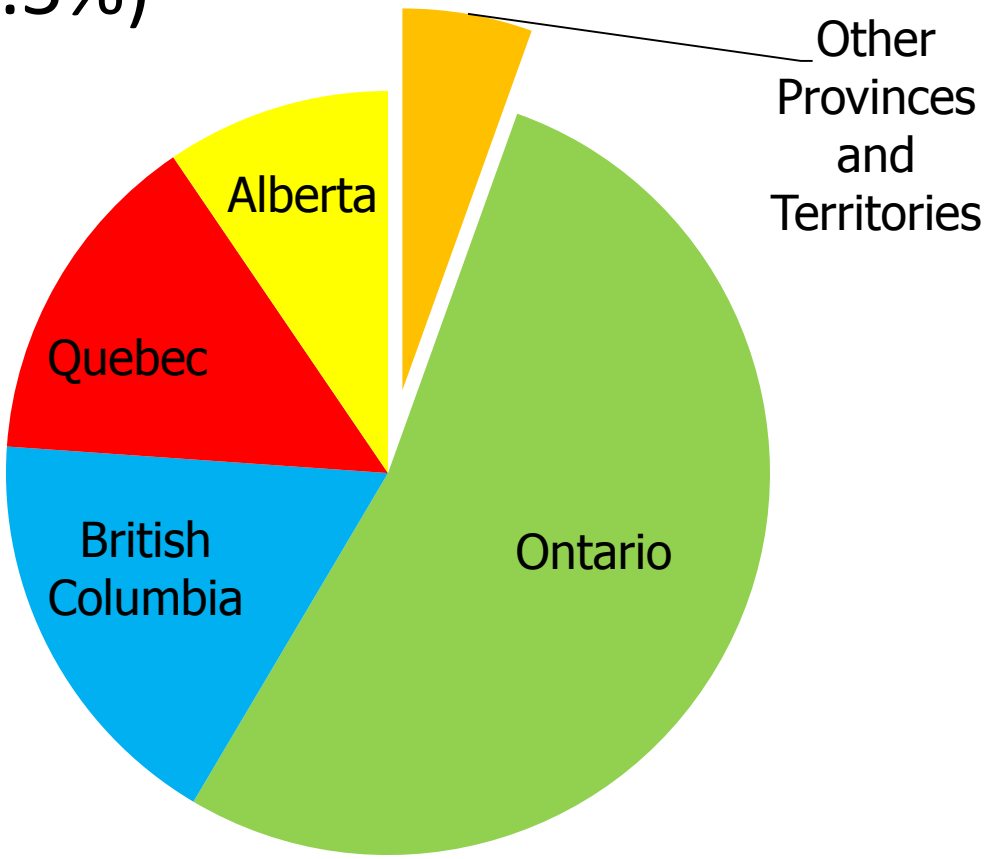
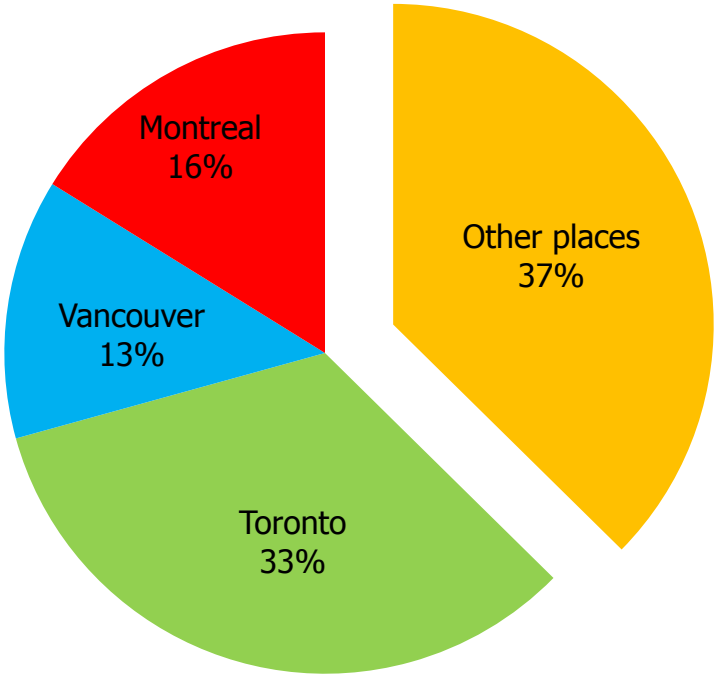
Immigrant landings by Province (NHS 2011)*

- 95% live in 4 provinces: Ontario (53%), British Columbia (17.6%), Quebec (14.4%), Alberta (9.5%)



Immigrant Landings by Metropolitan Area (NHS 2011)*

- About 63% of immigrants go to 3 cities: Toronto (33%), Montreal (16%), and Vancouver (13%)



Permanent Residents vs Temporary Status

- In 2014, about 260,000 permanent residents settled in Canada (Citizenship Immigration Canada, CIC 2014)
- In 2014, over 500,000 people with temporary status landed here including students, temporary foreign workers, and people with permits (CIC 2014)

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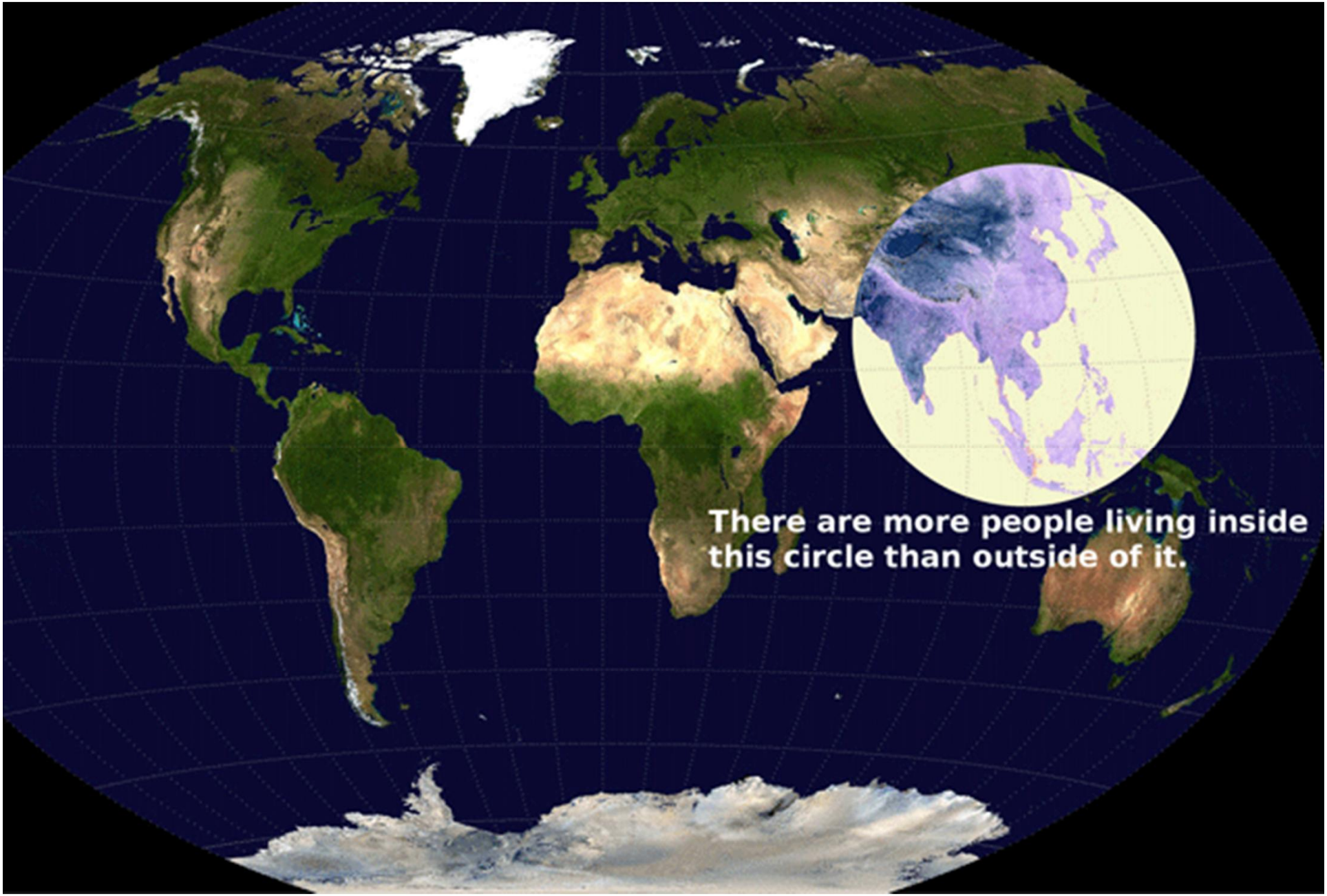
There are more people living inside
this circle than outside of it.

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Permanent Residents by Source Country (CIC, 2013)*

- These countries also have highest rates of current immigration to Canada (CIC, for the year of 2013) :

  India: 33,085 China: 34,126

  Philippines: 29,539 Pakistan: 12,602

*http://www.cic.gc.ca/english/resources/statistics/facts2013/permanent/10.asp

Immigrant Health in Canada

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Immigrant Health in Canada

- Immigrants are in better health when they arrive in Canada, however, this fades over time. This is called the Healthy Immigrant Effect.*

*Gushulak B, Pottie K, Roberts J et al. Migration and health in Canada: health in the global village. CMAJ. 2011 Sep; 183(12):E952-E958.

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Health Literacy among Immigrants

- Skills to enable access, understanding and use of information for health

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
- Stigma around illness and hepatitis

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Where newcomers access primary care

- Newcomers in general access health care sporadically, and wait until a health matter is acute
- Most access health care from walk-in clinics, and when urgent enough, emergency rooms
- Where available, many newcomers also access health care at free clinics for the uninsured
- Among non-immigrants, 78% of males and 88% of females reported having a regular physician; versus 55% of men and 68% of women among immigrant groups.

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What we know about hepatitis C among immigrants and newcomers

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Hepatitis C epidemiology

People living with hepatitis C:

- ~ 185 million people worldwide
- ~ 330,000 Canadians
- 44 % of people with a chronic infection that can be passed on to others don't know they have it.

- 35% of hepatitis C infections in Canada estimated to be among foreign-born population (PHAC, 2011)
- According to some estimates Canadian immigrants have a prevalence of ~1.9% (PHAC, 2011)

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Canadian immigrants and hepatitis C outcomes

- Immigrants have 2-4 fold higher mortality from liver cancer and viral hepatitis vs. Canadian born*

* DesMeules Can J Public Health 2004:95:22-26

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Hepatitis C prevalence in major source countries*

Country	Hepatitis B	Hepatitis C
India	3.0% about 37.6M	1.8 % about 22.5M
Pakistan	5% about 9.1M	4.8 % about 8.7M
China	4.4% about 60M	3.0 % about 40M
Philippines	7% about 7.3M	3.6 % about 3M

***A systematic review of hepatitis C virus epidemiology in Asia, Australia and Egypt, Sievert, 2011.**
http://www.ncbi.nlm.nih.gov/pubmed/21651703

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Hepatitis C transmission among immigrants

- Globally 40 % of Hep C infections happen in health care settings (WHO)
- Less likely to have common Western risk factors for new infections such as sharing needles for injection drug use
- Some cultural practices have also played a role in transmission: public barbers in India and Pakistan, acupuncture in China
- Vertical transmission from mother to child, globally at 15% of transmissions. (WHO)

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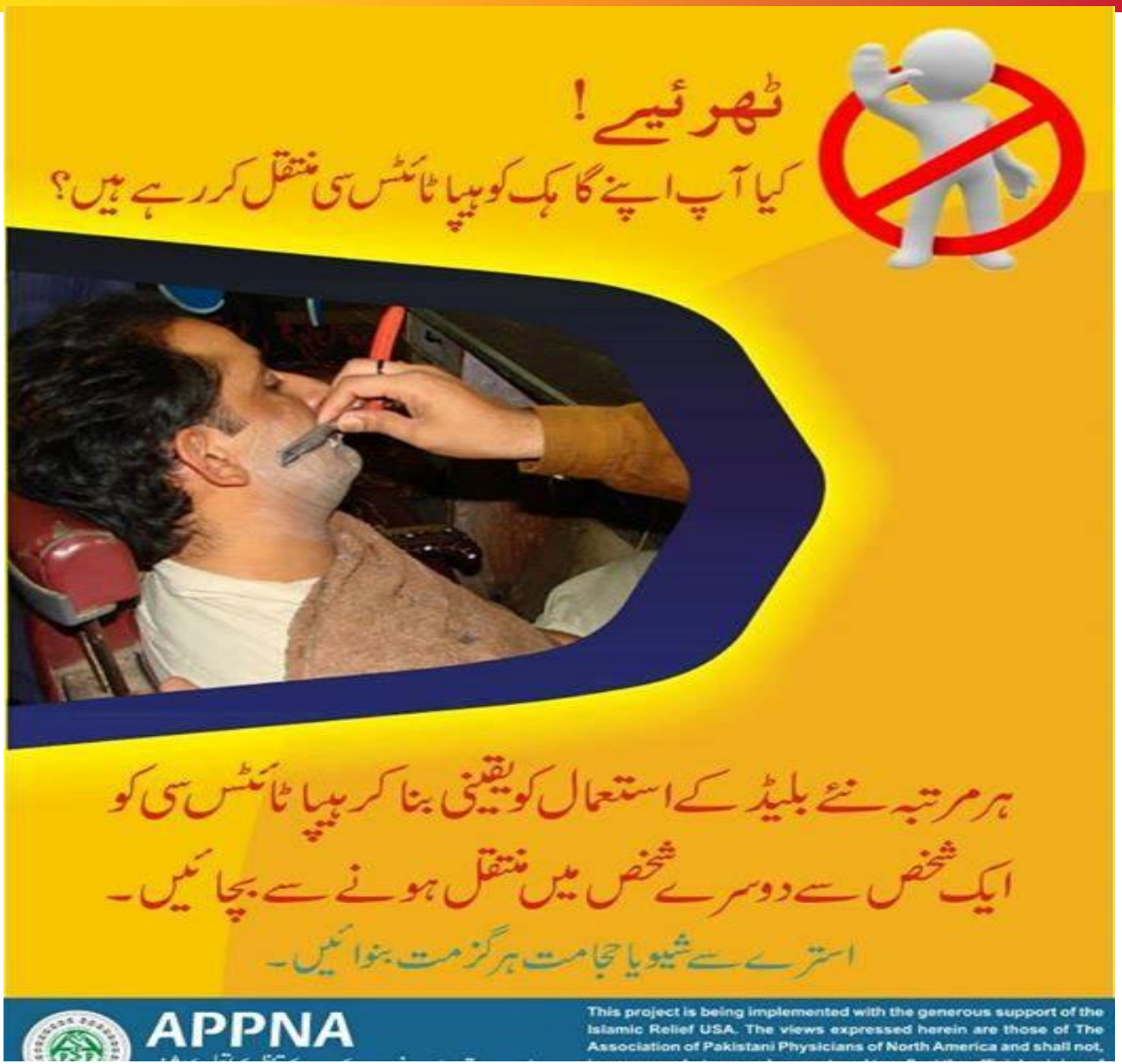
A campaign poster from Pakistan



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Service Provider / System level barriers

- Hepatitis C in Canada is often associated with substance use rather than as a newcomer health issue
- Lack of interpretation services and culturally tailored resources at points of care
- Lack of multidisciplinary care to manage complex settlement issues
- Cost of hepatitis C treatment and navigation of insurance and coverage programs
- Inconsistent screening guideline uptake by healthcare providers
- Changing immigration demographics year-to-year

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416-203-7122 ext. 246

http://yourlanguage.hepcinfo.ca

555 rue Richmond Street West/Ouest
Suite/Bureau 505
Toronto Ontario M5V 3B1

Phone/Téléphone : (416) 203-7122
Fax/Télécopieur : (416) 203-8284
E-mail/Courriel : info@catie.ca

1-800-263-1638
www.catie.ca

Poll Results

3. Did you find these immigration trends surprising?

a. Yes (36%)
b. No (49%)
c. No Answer (15%)

Ruby Lam, Equity Consultant

Canadian Immigrants and Social Determinants of Health (SDH)

Bill Sinclair, Executive Director

St. Stephen's Community House

Chairperson, Toronto South Local Immigration Partnership

Overview of the presentation

- **Toronto South Local Immigration Partnership (LIP)**
- **Social Determinants of Health**
- **Individual-level Barriers to Engagement in Care**
- **Systemic Barriers to Engagement in Care**

Toronto South Local Immigration Partnership (LIP)

Toronto South Local Immigration Partnership (LIP) is one of dozens of partnerships set up across Canada, starting in Ontario six years ago.

A national initiative of Immigration, Refugees and Citizenship Canada (IRCC). The goal is to foster local cooperation at the municipal level to improve newcomer settlement outcomes.

Immigration, Refugees and Citizenship Canada

Toronto South Local Immigration Partnership (Cont'd)

Toronto South LIP has a partnership council of 75 organizations that work with newcomers to Canada, including CATIE.

Our LIP covers the downtown core of Toronto with a population of about 650,000 people, of which 40% are immigrants & refugees (approximately 265,000 people)

This is a traditional settlement/arrival region for Toronto and the province.

LIP LOCAL IMMIGRATION PARTNERSHIP
TORONTO SOUTH

Diversity in Canadian Immigrants

Canadian immigrants are a very diverse population which are impacted by social determinants of health in very different ways depending on their:

- Age and gender
- Socio-economic status
- Immigration status
- Country of origin, religion, culture

Health Challenges for Newcomers

- There are several social determinants of health that place newcomers at risk of chronic diseases and ill-health generally.
- They also create barriers to the identification, testing or treatment of HCV.

SDH Impact Full Continuum of HCV Care

- Impact on identification of HCV
- Impact on accessing treatment and care

Barriers to Successful Engagement in Care:

Types of barriers

- Individual Barriers
- Systemic Barriers

Individual Level Barriers

- Language barrier
- Health literacy
- Lack of social networks
- Cultural and faith beliefs

Individual Level Barriers (cont'd)

- **Language barriers:** limit information and awareness on risks, testing and treatment, impacting each stage of the HCV response.
- **Health literacy:** newcomers to Canada are not familiar with Canadian healthcare system and use it sporadically or in emergency situations.
- **Social networks:** newcomers are often isolated and may lack traditional network support for information and encouragement through testing and treatment (friends, relatives, elders).

Cultural Barriers:

- Stigma/unspoken assumptions
- Attitudes to health, illness and medicine
- Gender dynamics

In this case "cultural" can include personal beliefs, family traditions and community practices. As with systemic barriers, cultural barriers also intersect and impact each other.

Cultural Barriers (Cont'd)

Stigma/unspoken assumptions

- Individuals, families and communities may have stigma in discussing health issues.
- Information on HCV needs to be multi-lingual, non-threatening and confidential for users to access.
- It is often assumed that HCV information
  "has nothing to do with me". Or
  "our community does not have HCV".

Cultural Barriers (Cont'd)

Attitudes to health, illness and medicine

- There may be a disconnect between "western medicine" and health beliefs and practices of newcomers. There may be deeply held spiritual attitudes towards illness or medicine to be discussed and understood. For example, we have seen a "fatalistic" approach with some people of not resisting illness if it involves changing behaviours or going against "God's will".

Cultural Barriers (Cont'd)

Gender dynamics

- In particular, we need to be aware of different attitudes towards women and girls.
- Women are often family caregivers and receive the worst health care themselves in the family. Women may have the lowest English proficiency in a family.
- Abusive relationships will create barriers for women to protect themselves, and seek information or treatment.

System Level Barriers

- Poverty and precarious employment
- Credential recognition and racism
- Access to information
- Immigration status
- Access to healthcare

System Level Barriers (cont'd)

Poverty, precarious employment and credential recognition:

- Credentials obtained in foreign-countries are often not recognized by Canadian professional associations.
- Work may be precarious, unsafe or illegal with no paid sick time or health benefits.
- Lack of money for decent housing, child care, transportation .
- Poverty significantly impacts people's ability to stay healthy and seek care when sick.

System Level Barriers (cont'd)

Access to Information

- Lack of English proficiency for newcomers and lack of access to multi-lingual education materials are the most common barrier.

System Level Barriers (cont'd)

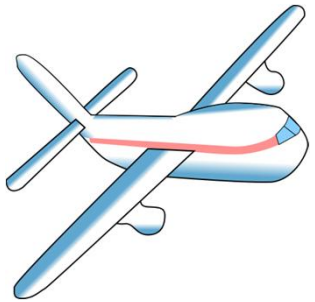
Access to Health Care.

- No access to health care for first 3 months in Canada in most provinces.
- Long wait times to get family doctors in many areas.
- Lack of health care in appropriate languages or delays/miscommunication due to lack of interpreters.
- May not be able to travel/leave work to seek care.
- May not be able to pay for prescriptions.
- Lack of communication between alternative health practitioners.

System Level Barriers (cont'd)

Immigration Status:

- Economic Immigrants
- Sponsored Family Members
- Refugees
- Temporary Foreign Workers
- No Immigration Status
- Citizens



Each status has different barriers to health care (some have no legal access to health care), and for some people, risks of deportation.

Immigration Status (Cont'd)

- Many newcomers with precarious status (no status, temporary status, refugee status, sponsored status) will have extra valid concerns that disclosing chronic illness could impact their future in Canada. For some, if they lose their sponsorship or their jobs, they need to leave the country.
- Some people with no status are hiding from immigration services.
- Anonymity or confidentiality is important, and they may not want to be tested at all.

Thank you

Ruby Lam, Equity Consultant

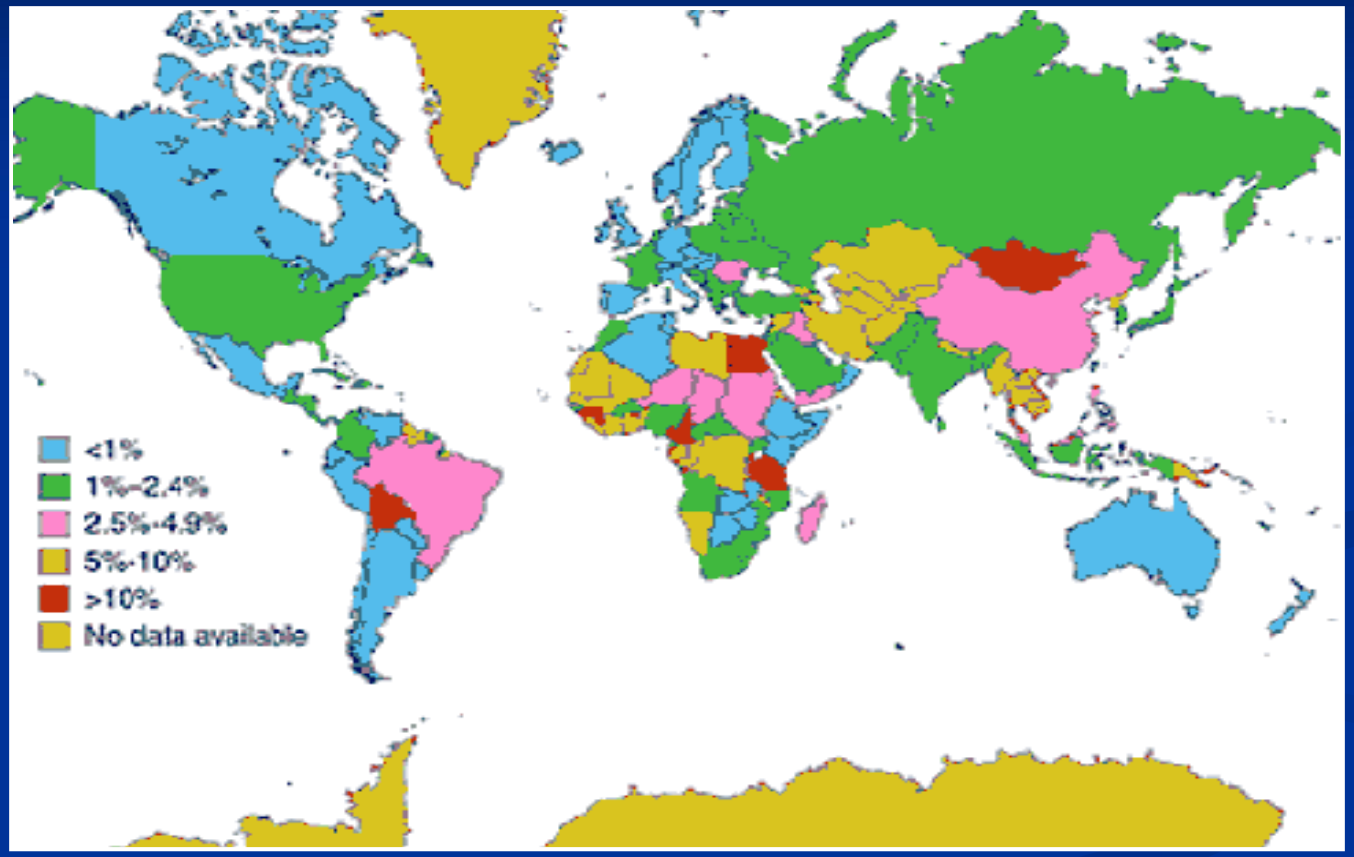
Hepatitis C: Ensuring the revolution reaches new Canadians

Jordan J Feld MD MPH

Toronto Western Hospital

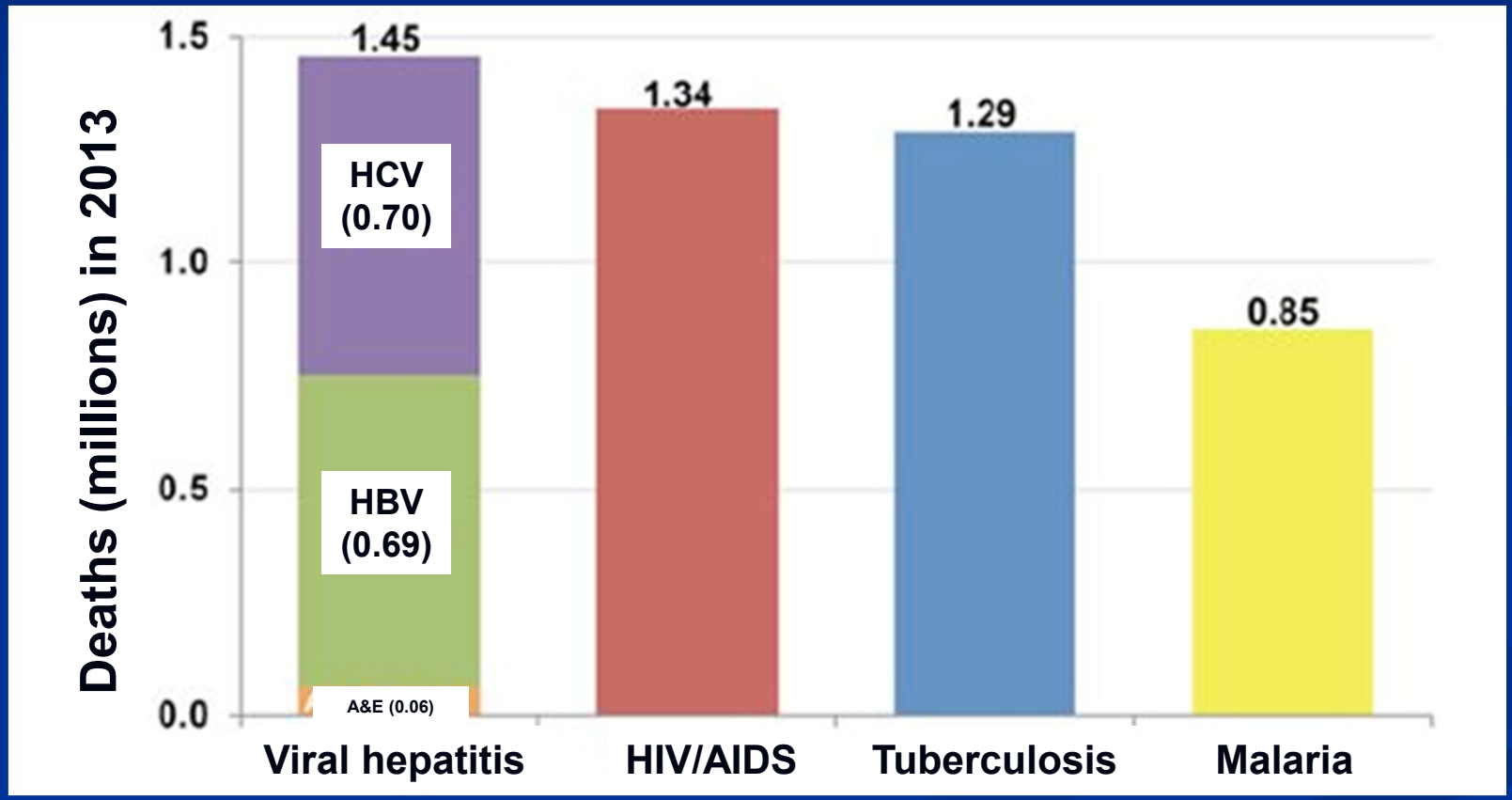
Sandra Rotman Centre for Global Health

HCV: A major global public health problem



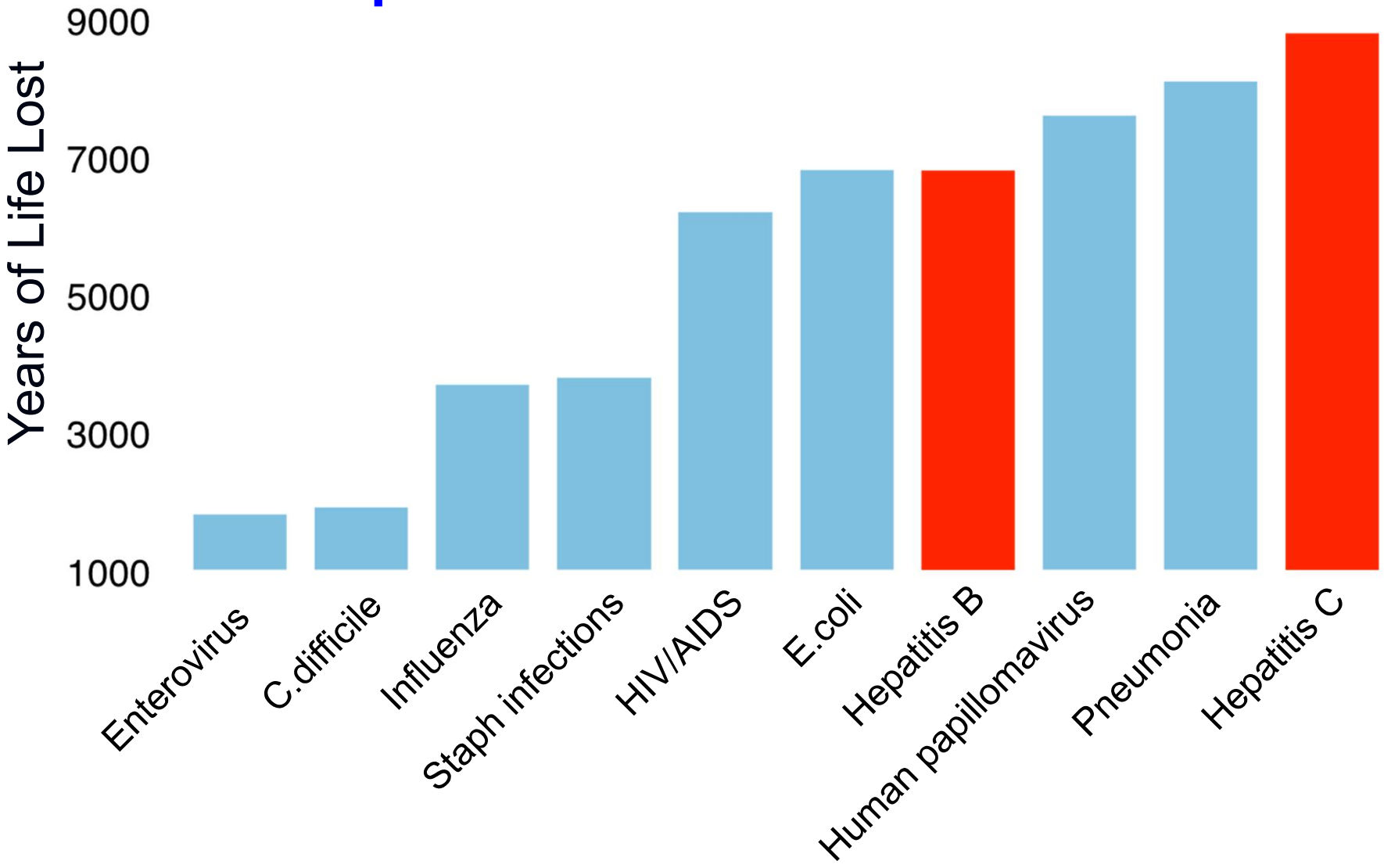
- 130-170 million people infected
- No vaccine
- Leading indication for liver transplant

Should the big 3 be the big 4?



Global Burden of Disease Study 2013, Lancet 2015

Hep C is a major public health problem in Canada

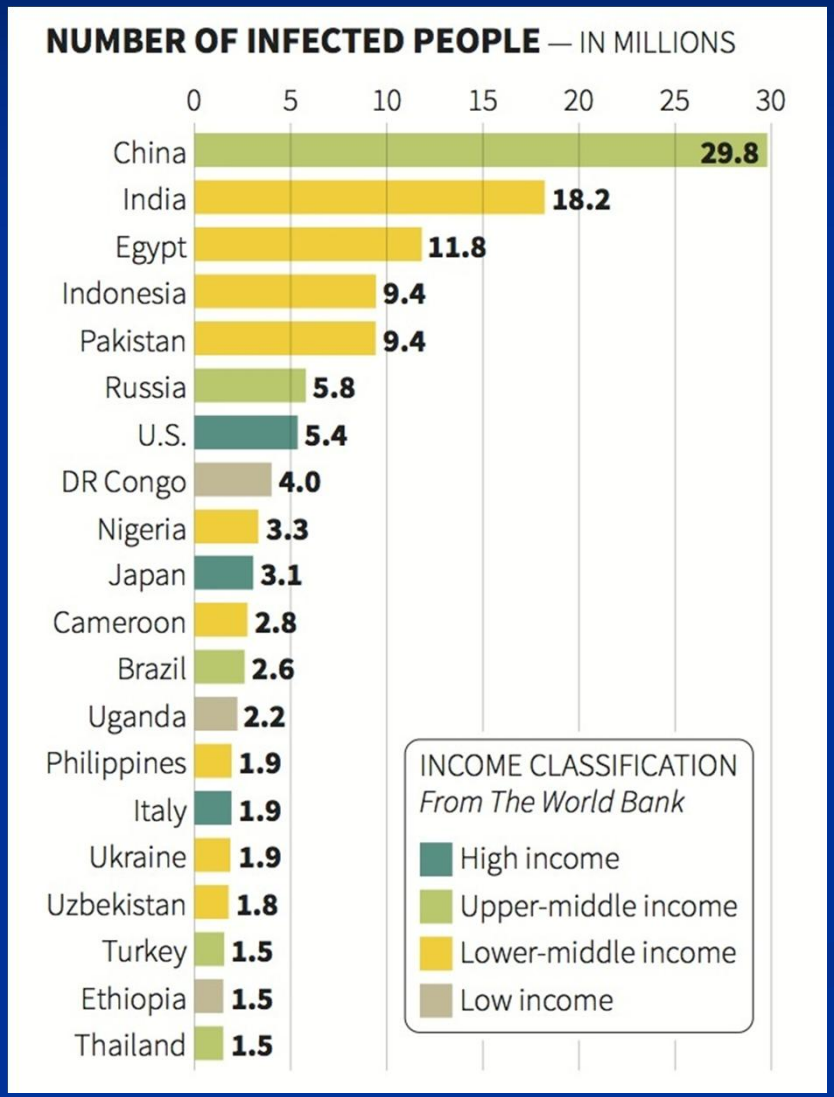


Kwong et al PLoS One 2012

Why are so many people infected?

- **Wealthy Countries**
  - Injection drug use (even once)
  - Tattoos
  - Blood transfusions before 1992
  - Cocaine use (blood on the straws)
  - Sexual transmission – rare except MSM
  - Mother to child – rare (~3-5%)
  - Medical (rare but not never)
- **Low/Middle Income Countries**
  - Medical transmission
  - All of the above

HCV Global Burden: Prevalence & Absolute Numbers

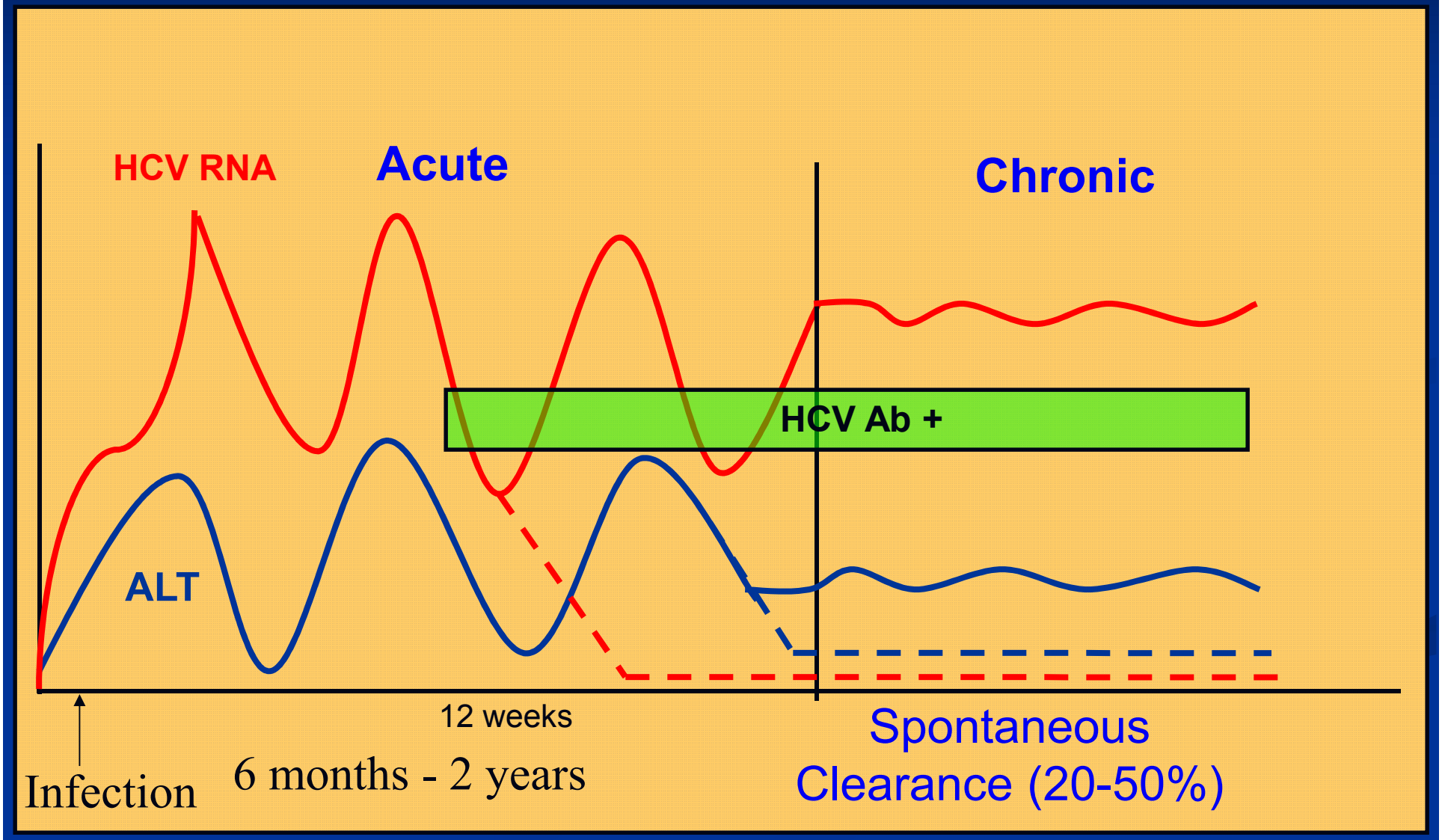


Different from HIV/HBV

- Highest prevalence Africa (Egypt)
- But largest absolute numbers in Asia
- Burden greatest low/middle income countries

Clin Microb Inf 2011

Natural History



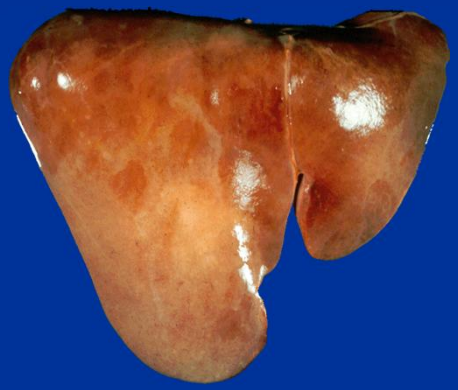
Potential Consequences of HCV Infection

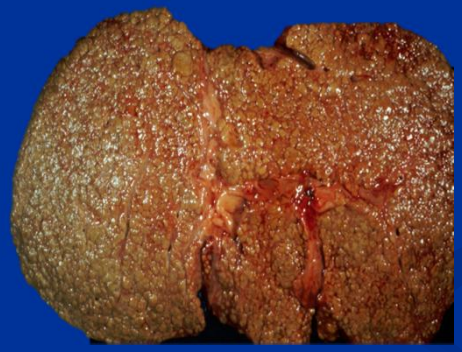
Healthy Liver → Cirrhosis → Liver Cancer

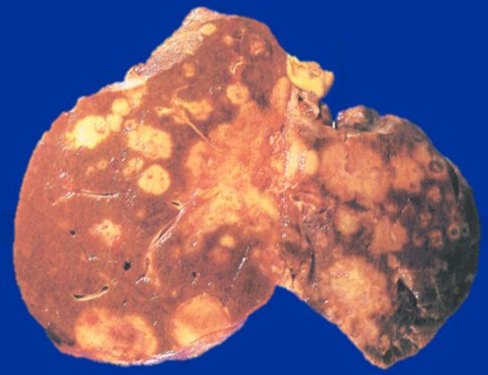
20%

(at 20 yrs of infection)

1-4%/yr







Slowly progressive over decades of infection

Does this mean 80% do not have consequences?

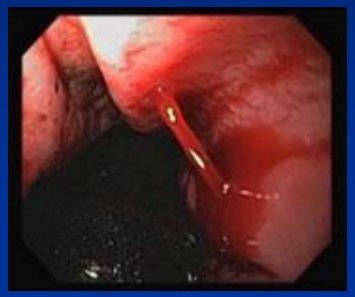
No!

Cirrhosis risk 41% at 30 yrs…lifetime risk 50-60% or higher

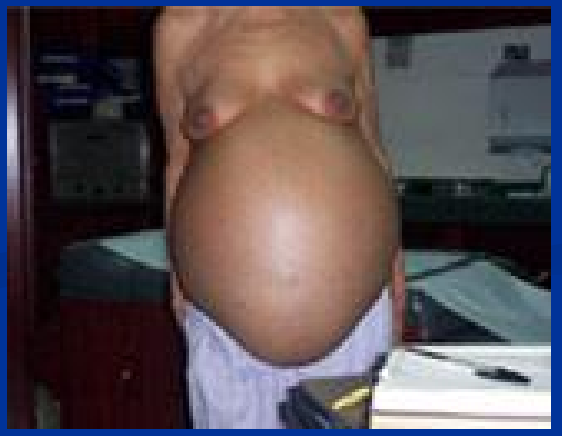
Thein Hepatol 2008

What we're trying to prevent

Jaundice

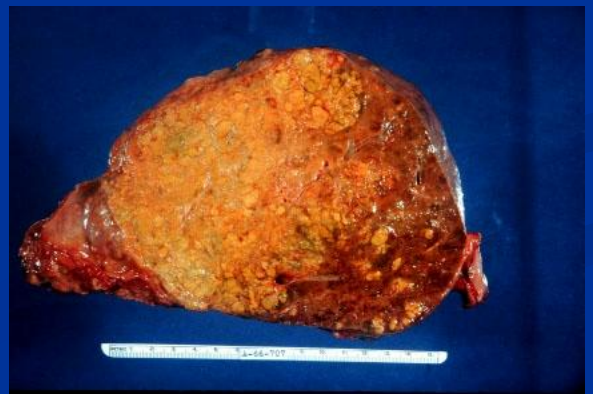


Esophageal Varices



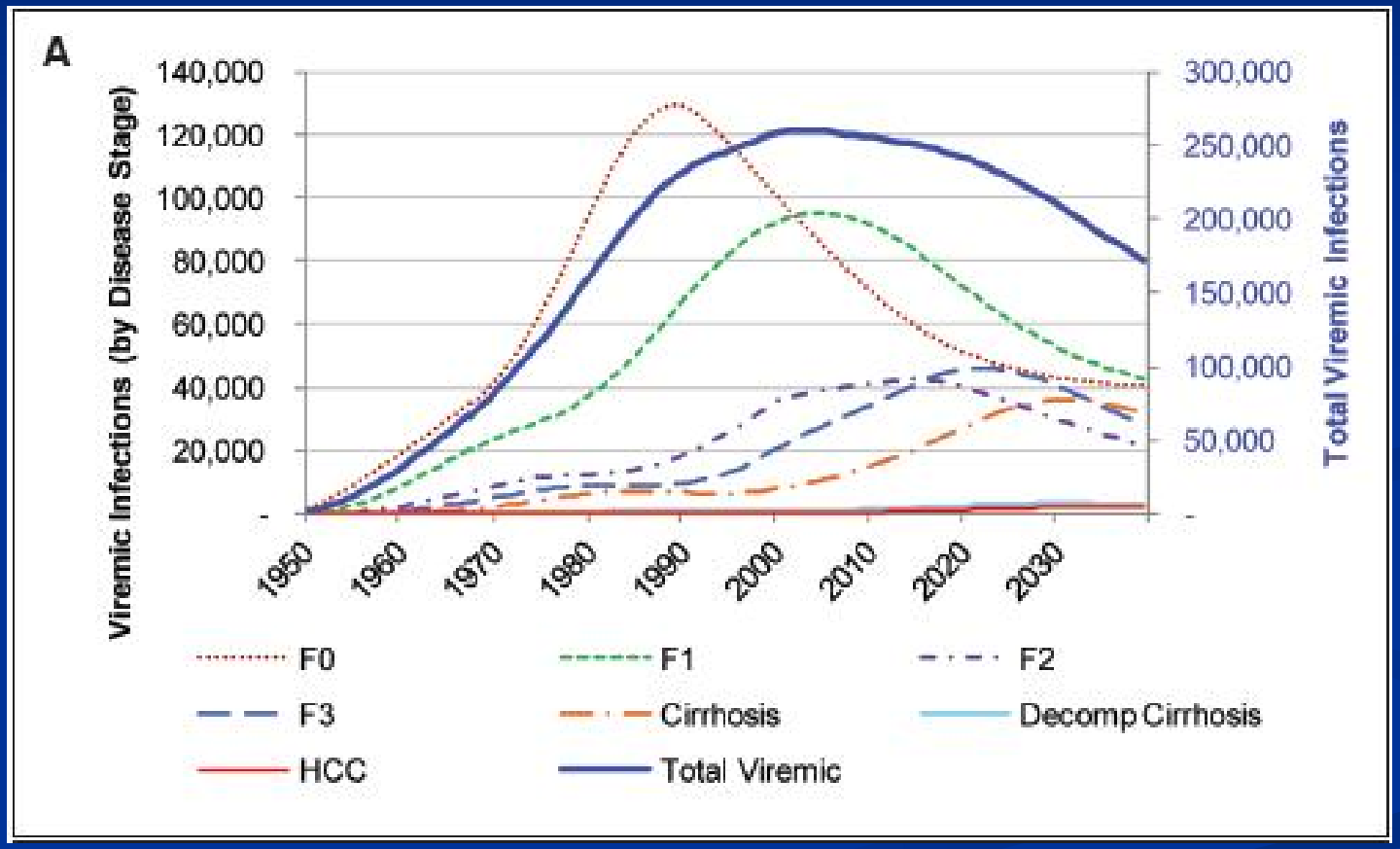
Fluid Retention Ascites

Hepatic Encephalopathy



Liver Cancer

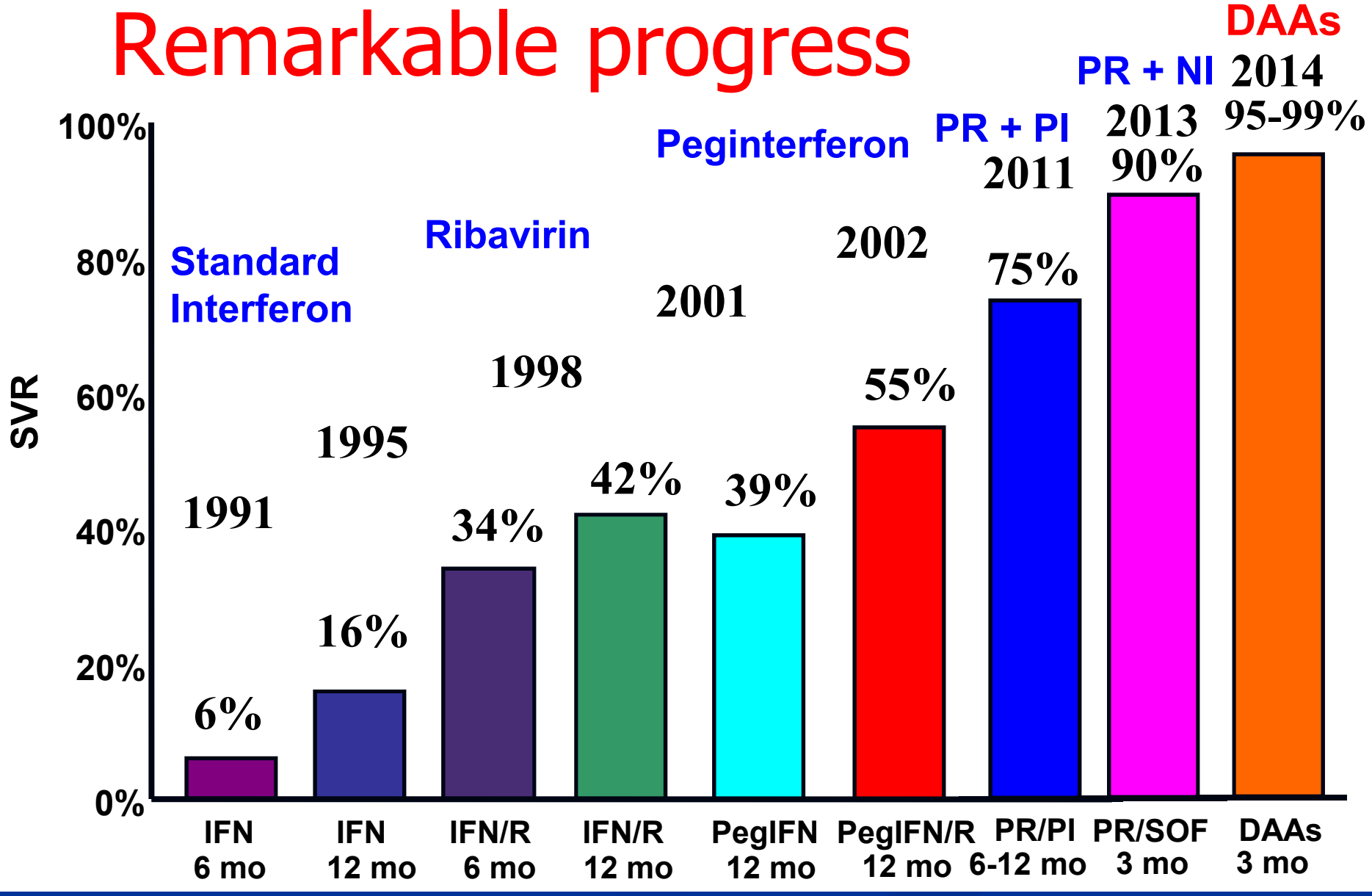
The complications are just beginning



- Rising rates of cirrhosis, liver failure, liver cancer

Myers Can J Gastro 2014

Remarkable progress



Treatment

- HCV is a **CURABLE** infection
- No small feat – first curable chronic viral infection

Bottom line on SVR

Without cirrhosis

- SVR = cure → normal life expectancy

With cirrhosis

- SVR eliminates liver failure
- SVR greatly reduces the risk of HCC
- SVR improves liver-related *AND* overall survival
- Reduces risk of non-liver complications of HCV

Perfectovir is now close to a reality

No AEs

>95% SVR

IFN-free

RBV-free

No DDIs

6-12 weeks

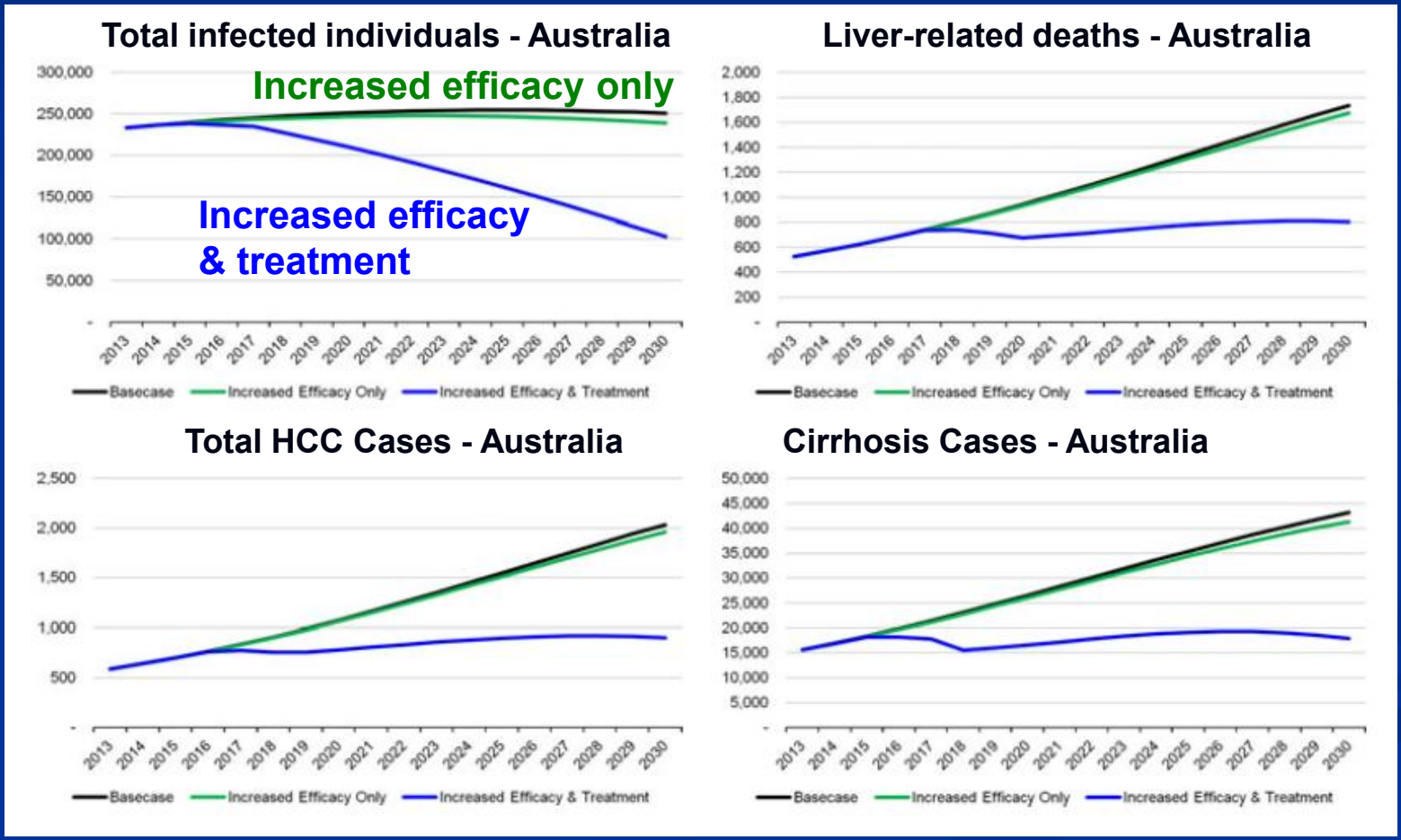
1 pill OD

Minimal/No Resistance

Treatment

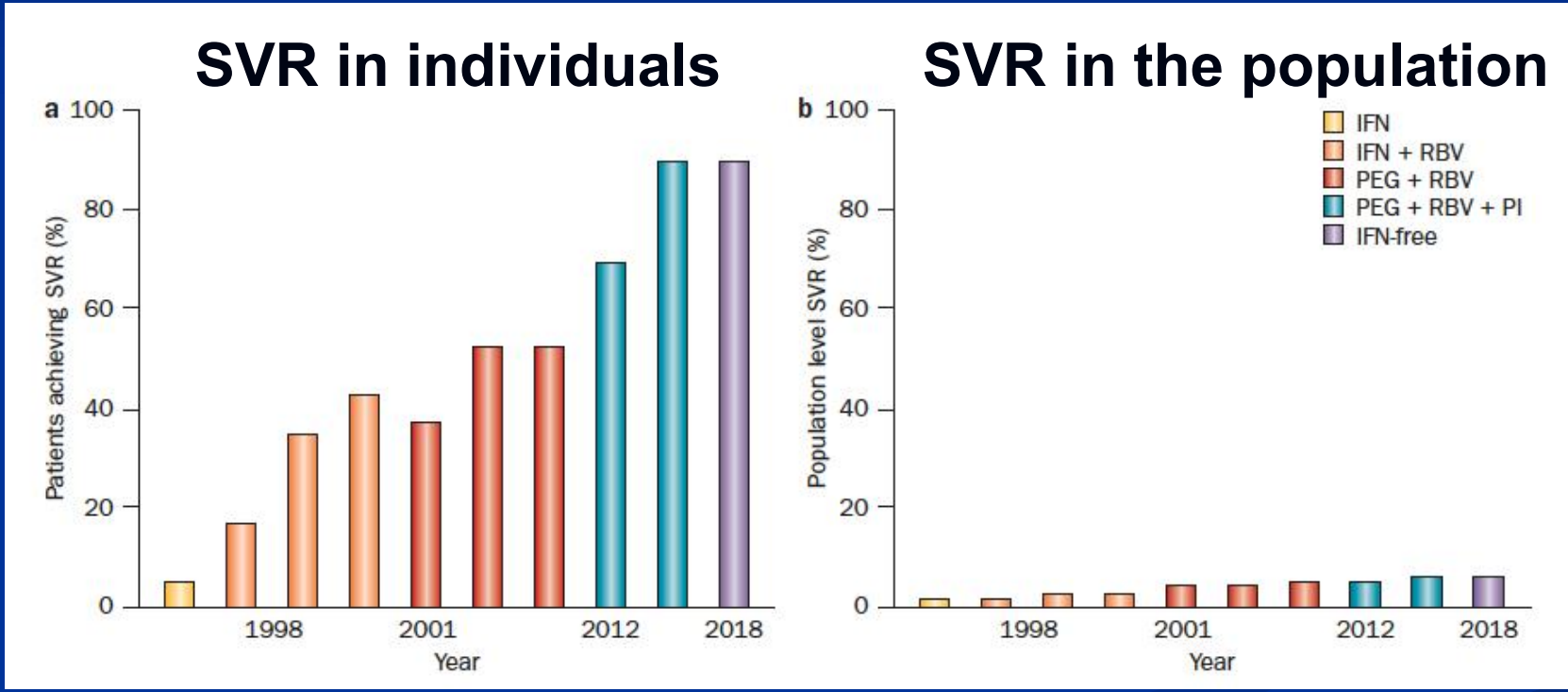
Shouldn’t this be easy?

Elimination takes more than good drugs



Wedemeyer JVH 2014

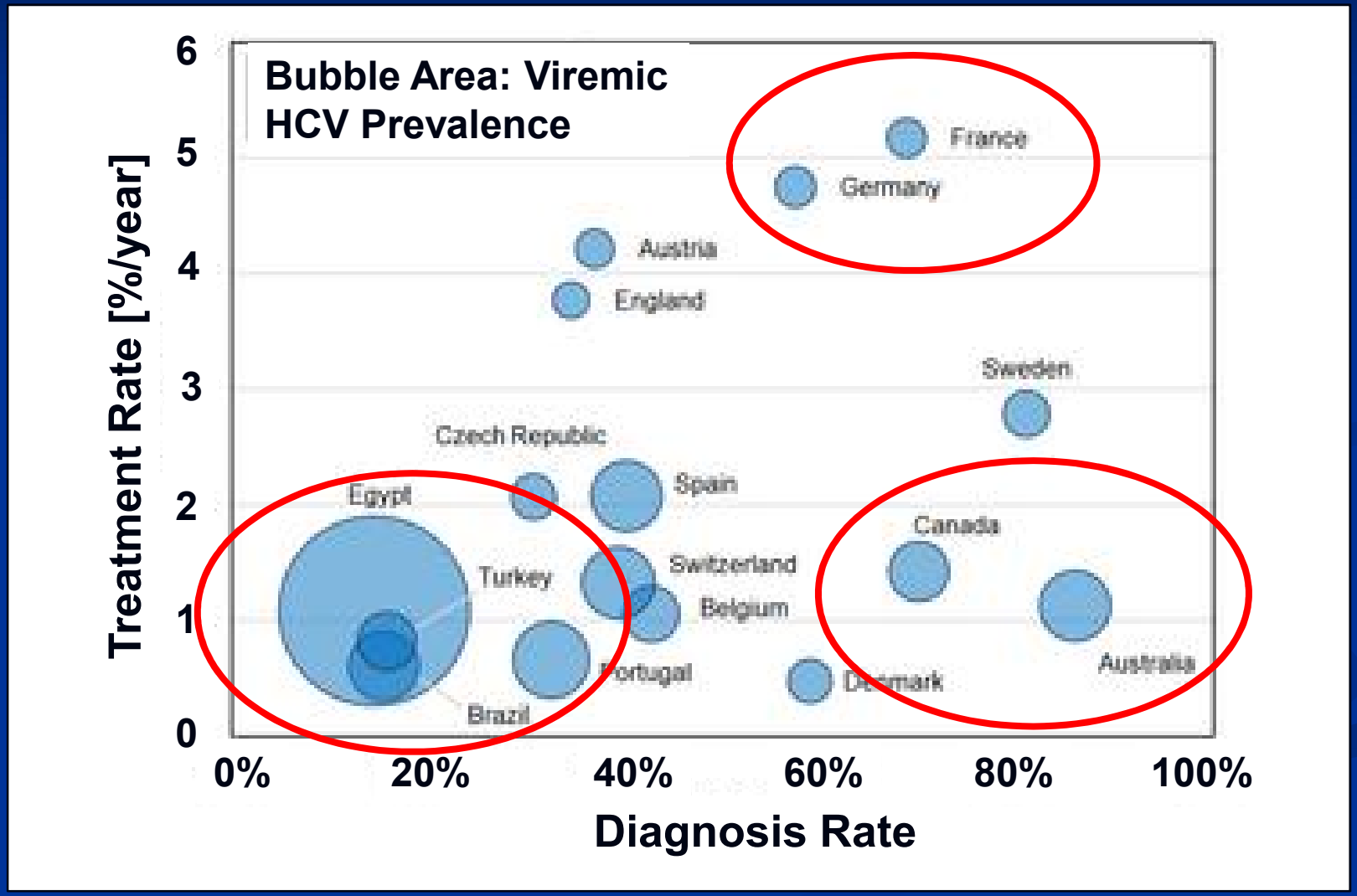
Treatment uptake more important than SVR rate



- Improved therapy of no benefit unless treatment rates increase
- Diagnosis rate in Canada → may be as low as 30%!!!

Thomas Lancet 2010

Under-diagnosis & Under-treatment



Dore J Viral Hepatitis 2014

Challenges for immigrants to Canada

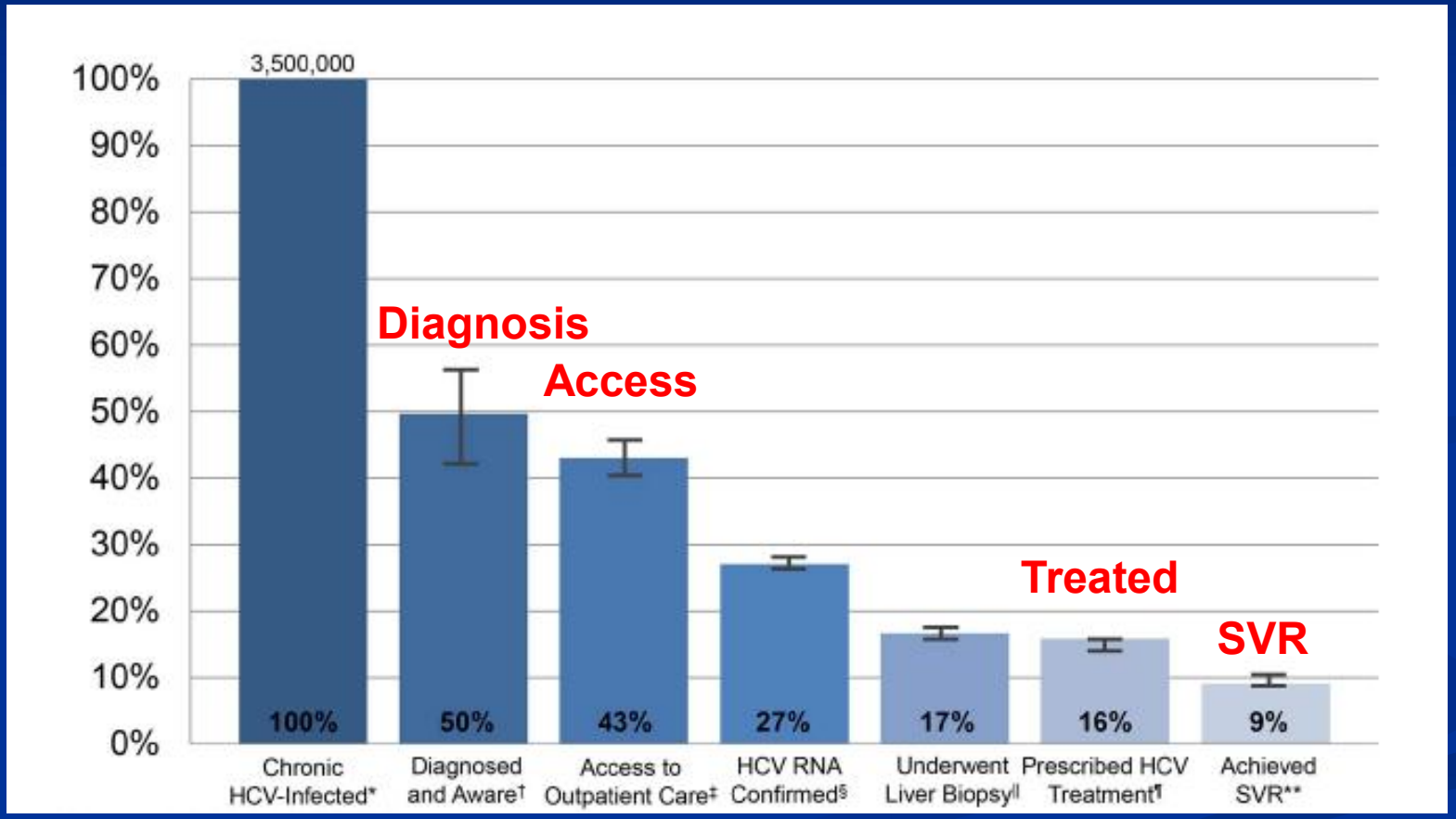
1. Diagnosis
2. Linkage to care
3. Treatment

Challenges for immigrants to Canada

1. **Diagnosis**
2. Linkage to care
3. Treatment

Challenges every step of the way…

Modeled data for non-VA US population



Many of these factors are bigger problems for immigrants

Yehia PLoS One 2014

Liver Disease Catches You By Surprise…

Asymptomatic until advanced disease → screening required to identify people early

Screening Approaches

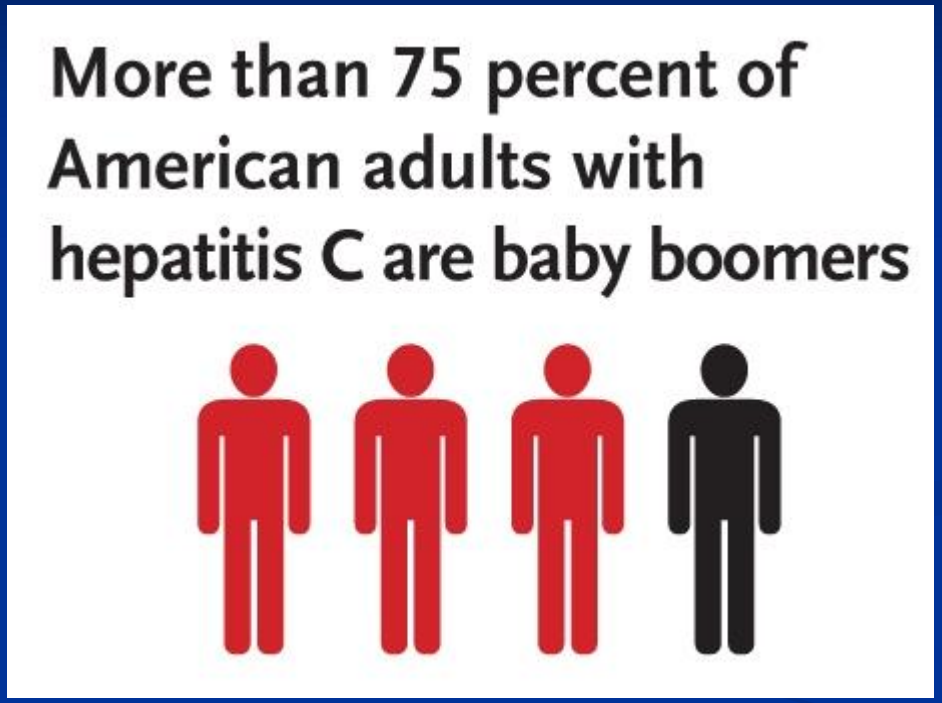
- **Risk-based**
  - Identify and test only those with risk factors
- **Pros:**
  - High yield
  - Cheaper
- **Cons:**
  - Contact with HC system
  - Need to know the risks
  - Test is stigmatized

- **Population-based**
  - Test a segment of the population eg. baby boomers, immigrants
- **Pros:**
  - High coverage rate
  - Easy to implement
- **Cons:**
  - Low yield, expensive
  - May be stigmatizing to pop'n – eg. immigrants

Screening Issues for immigrants

- **Systemic:**
  - No PCP, language barriers
- **PCPs:**
  - Limited knowledge about Hep B/C – changing quickly
    - Which tests to order, how to interpret, when to refer
  - ***Unsure who is at risk***
- **Individuals:**
  - May *think* they were screened at immigration
  - May feel stigmatized if 'targeted for screening'
  - May feel stigmatized by their diagnosis
- **Specialists:**
  - Access, language barriers

Did the Yanks get it right?



- Birth cohort screening (1945-65) is cost-effective
- Same goes for Canada…not yet adopted

Rein et al Ann Int Med 2012
Wong CMAJ 2015

Would this help?

- Yes – not perfect but…
  - Most, but not all, immigrants with HCV still fall into ‘birth cohort’ (1945-1970)
  - Easier to operationalize and less stigmatizing than ‘immigrant screening’
  - Risk-based screening still recommended
- Under review by PHAC currently…

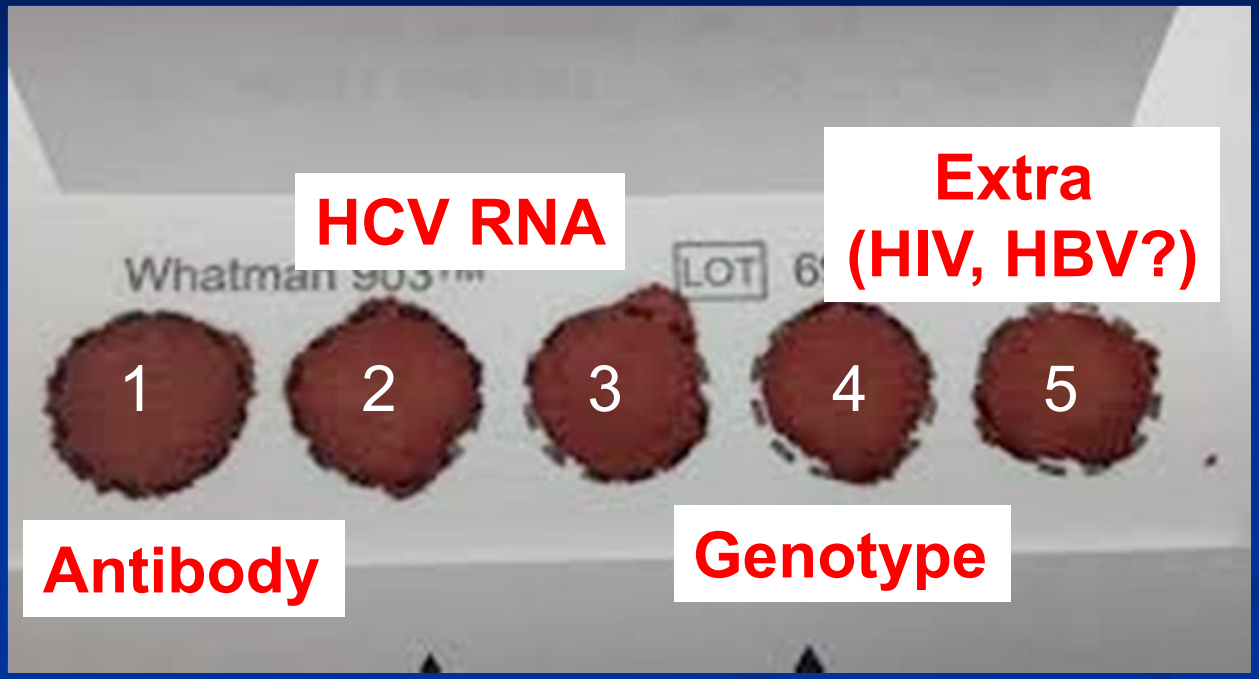
Improving screening - New technologies

Saliva or blood rapid antibody test *(coming soon…)*

Point-of-care PCR test

Dried Blood Spot

Dried Blood Spot (DBS) Testing



Pros:

-No blood draw (screening drives, PWID)

-Easy storage → mail to lab

-No need for 2nd visit for confirmatory RNA test

Cons:

- Smaller volume
- Not always perfect for genotype
- No immediate result

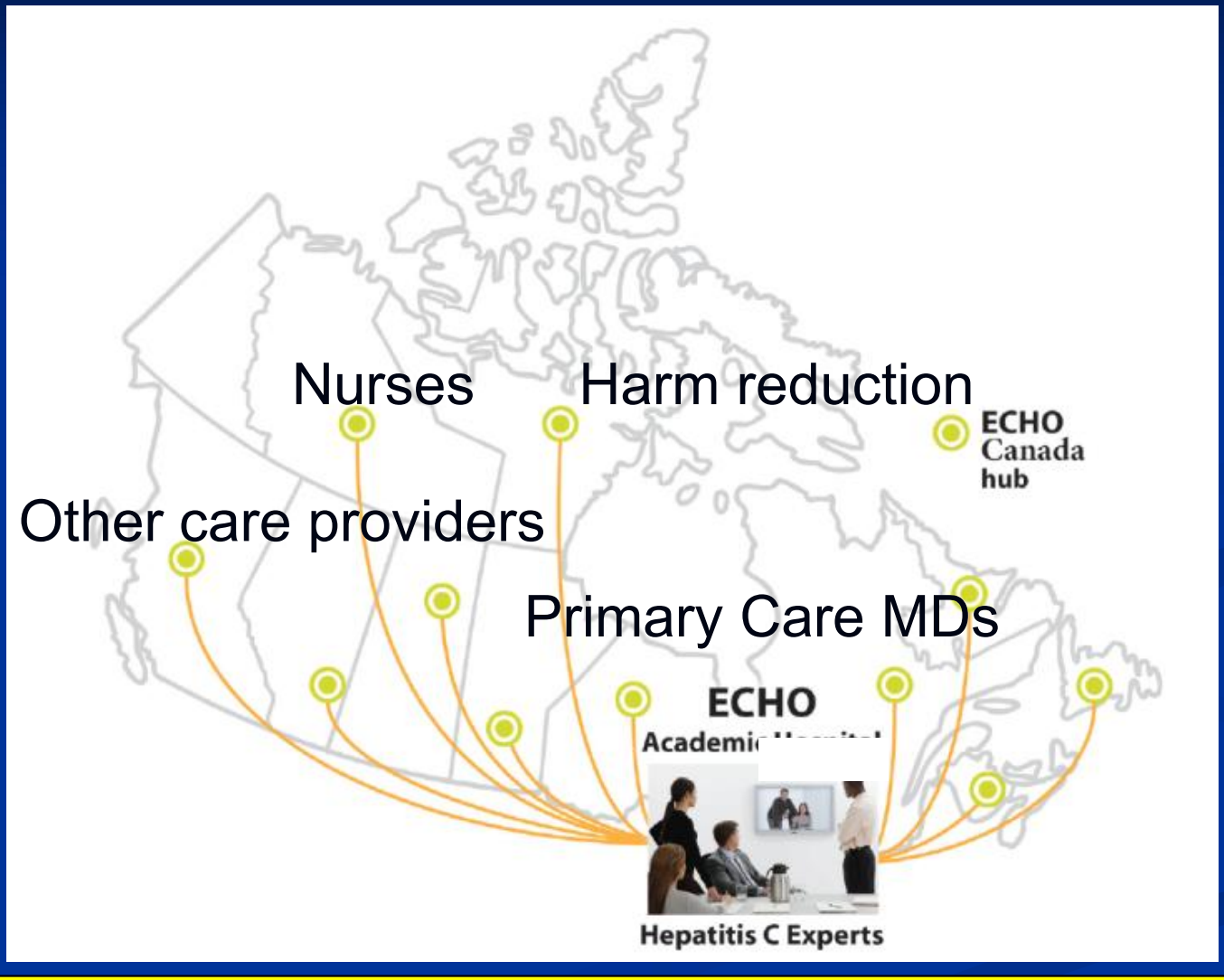
Challenges for immigrants to Canada

1. Diagnosis
2. **Linkage to care**
3. Treatment

Linkage to care

- Few HCV specialists
- Language/cultural barriers
  - More perception than reality
- New models of care can help…

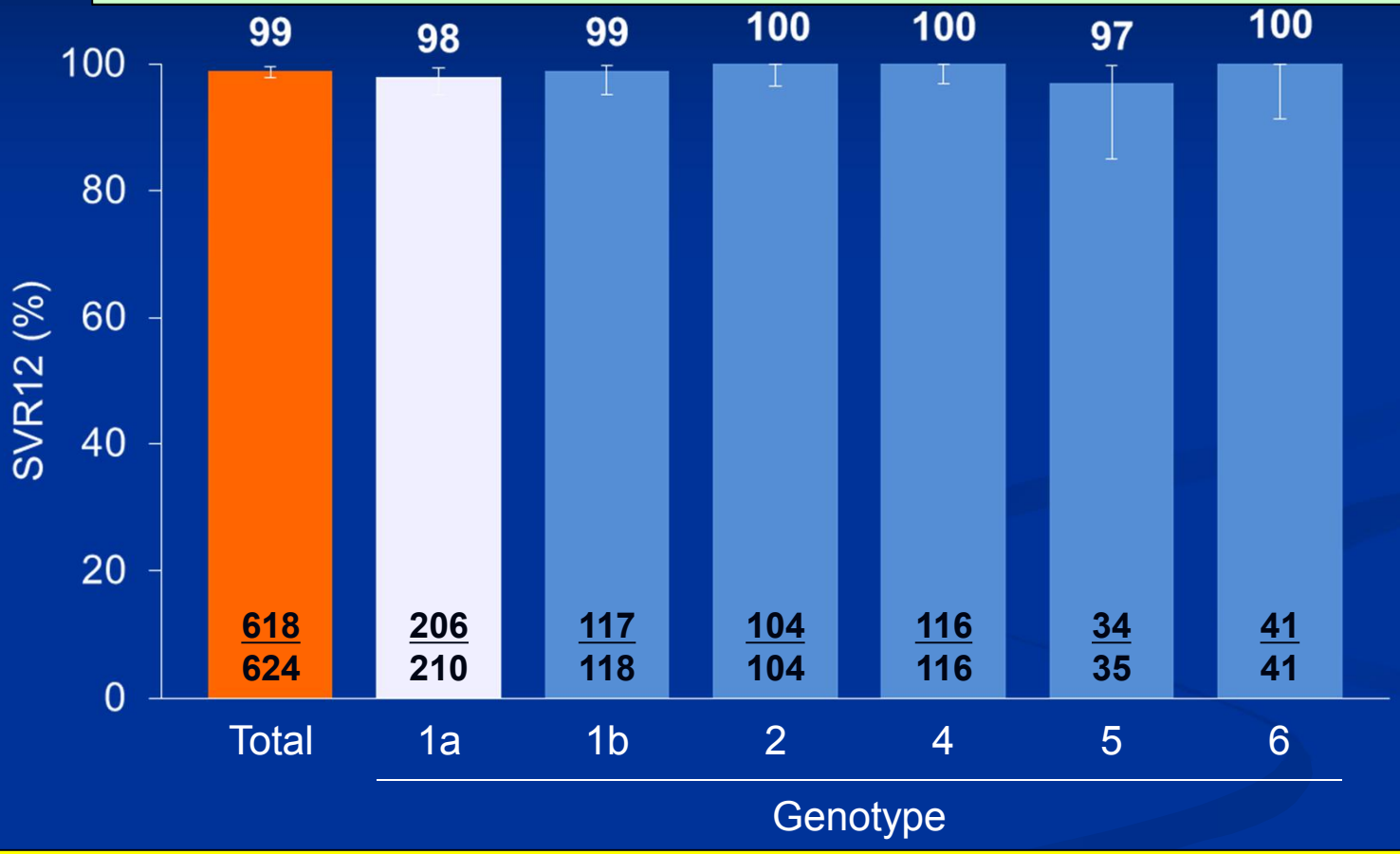
New Models of Care



Hepatitis ECHO funded in Ontario – starting soon…

Better Treatment - One size fits all

SOF + Velpatasvir (GS-5816) (NS5A) x 12 wks in
G1, 2, 4, 5, 6 – Naïve/Experienced +/- cirrhosis



- Simple regimen – 1 pill a day for 3 months – all genotypes
- Allowing treatment to leave specialty clinics

Feld NEJM 2015

Challenges for immigrants to Canada

1. Diagnosis
2. Linkage to care
3. **Treatment**

Access is a MAJOR barrier

1. Fibrosis stage
2. Reimbursement

Fibrosis Staging

- Therapy limited to those with stage 2 fibrosis or greater
  - ‘Not sick enough’ to deserve treatment
  - Loss to follow-up – after a few years of coming back and not getting treatment…people say WTF…and stop coming back

Fibroscan

Serum panels

Liver biopsy
Rarely needed

Easy and more widely available

Quebec's approach

- Phased in treatment
  - 2015-16 - Access to those with F3/F4 or extra-hepatic manifestations
  - 2017-18 – Expand to include F2 and higher
  - 2019 – Access for all infected individuals

- Helpful for clinicians and individuals living with HCV
- Gives hope…and clear timelines
- We don't need to treat everyone immediately…but we do need to have a plan to treat everyone!

Future access

CADTH Evidence Driven.

SUMMARY REPORT

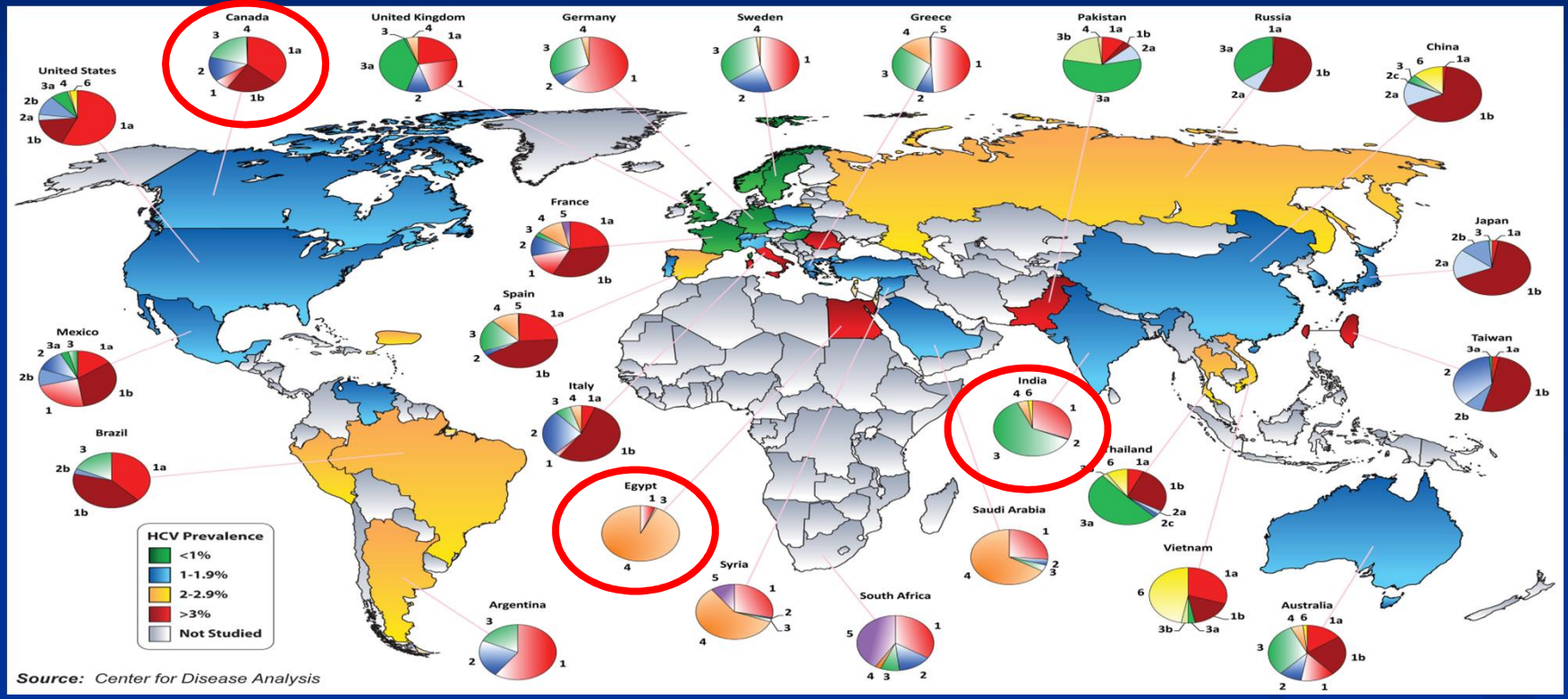
Drugs for Chronic Hepatitis C Infection

- People with any stage of CHC infection should be considered for treatment, but priority should be given to patients with more severe disease.
- Therapy should be managed by a medical specialist with expertise in liver diseases.

CADTH CDEC recommends that all patients should be considered for treatment. However, given the potential impact on health system sustainability of treating all patients with CHC infection on a first-come, first-served basis, priority for treatment should be given to patients with more severe disease.

Is this the end of the F2 requirement? Hopefully soon…

Immigrants often have genotypes other than 1

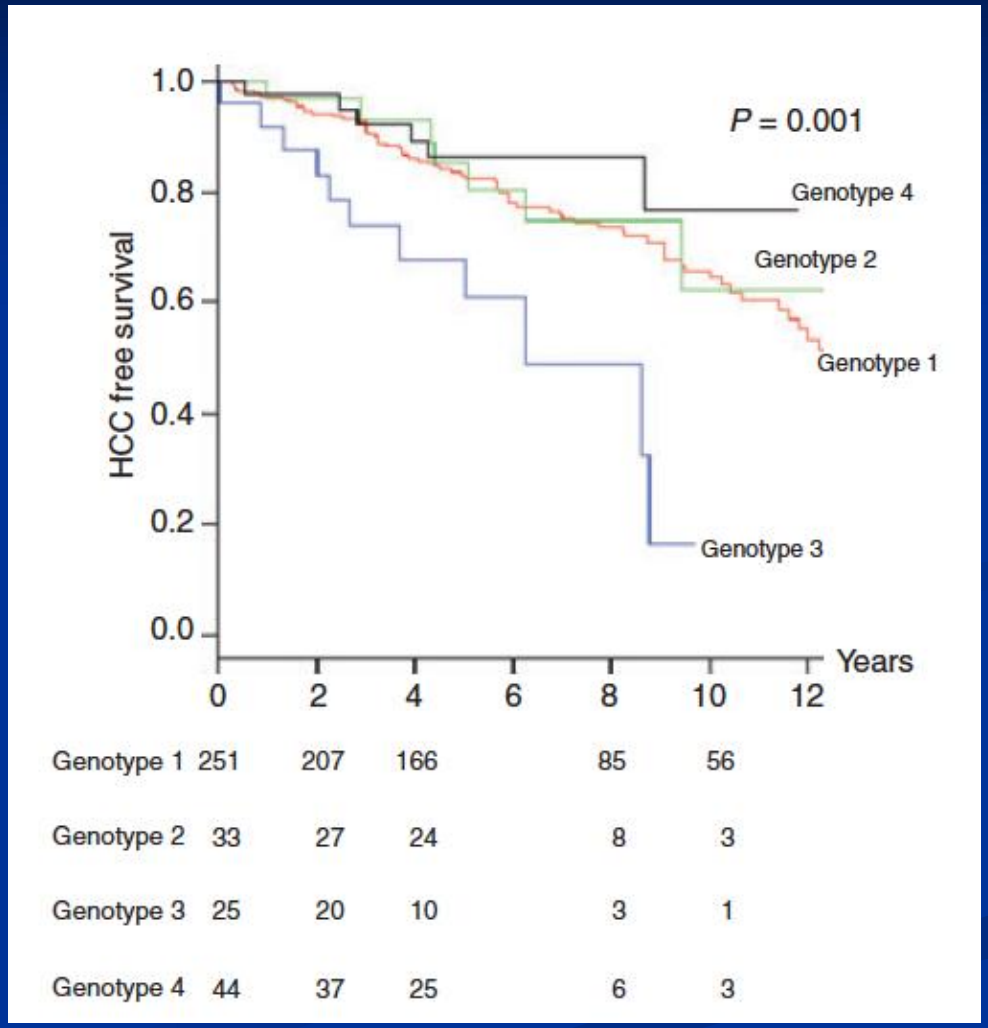


- South Asia – genotype 3
- Africa/Middle East – genotype 4
- Southeast Asia – genotype 6

Centre for Disease Analysis 2014

Genotype 3 is important

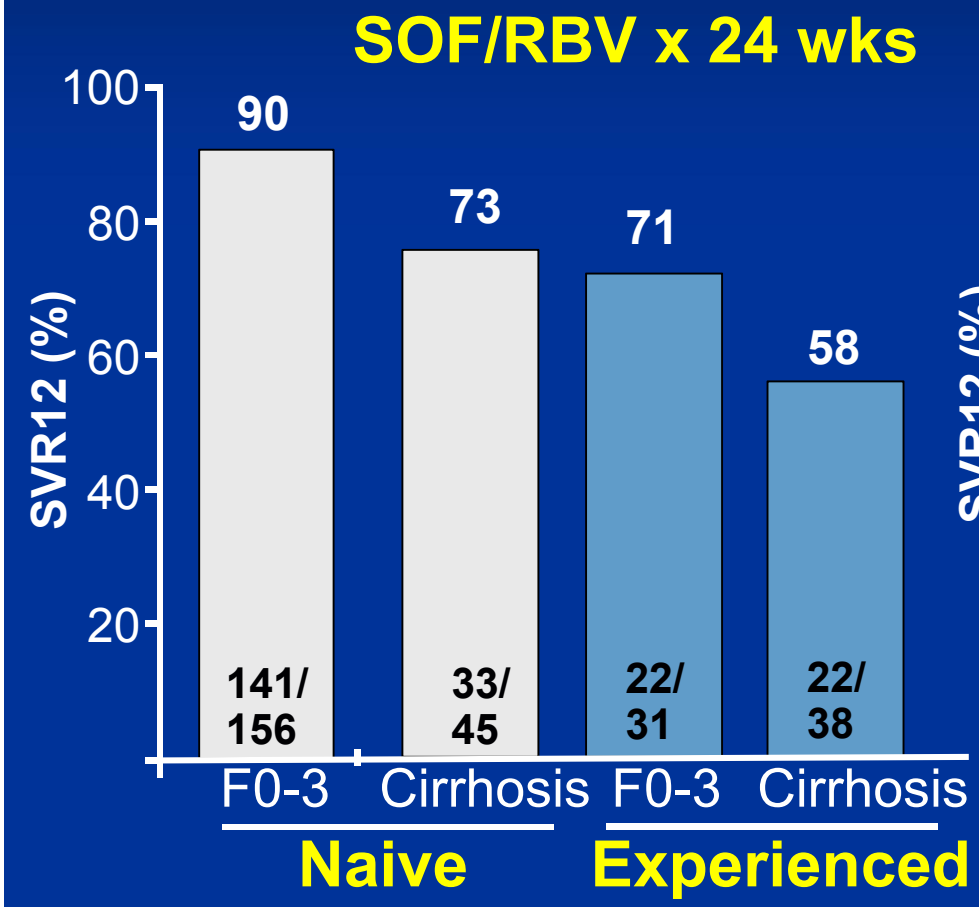
- 2nd most common genotype globally – 20% in Canada (S. Asian immigrants)
- Associated with more rapid progression of fibrosis and higher risk of HCC
- Sub-optimal responses to first generation DAAs

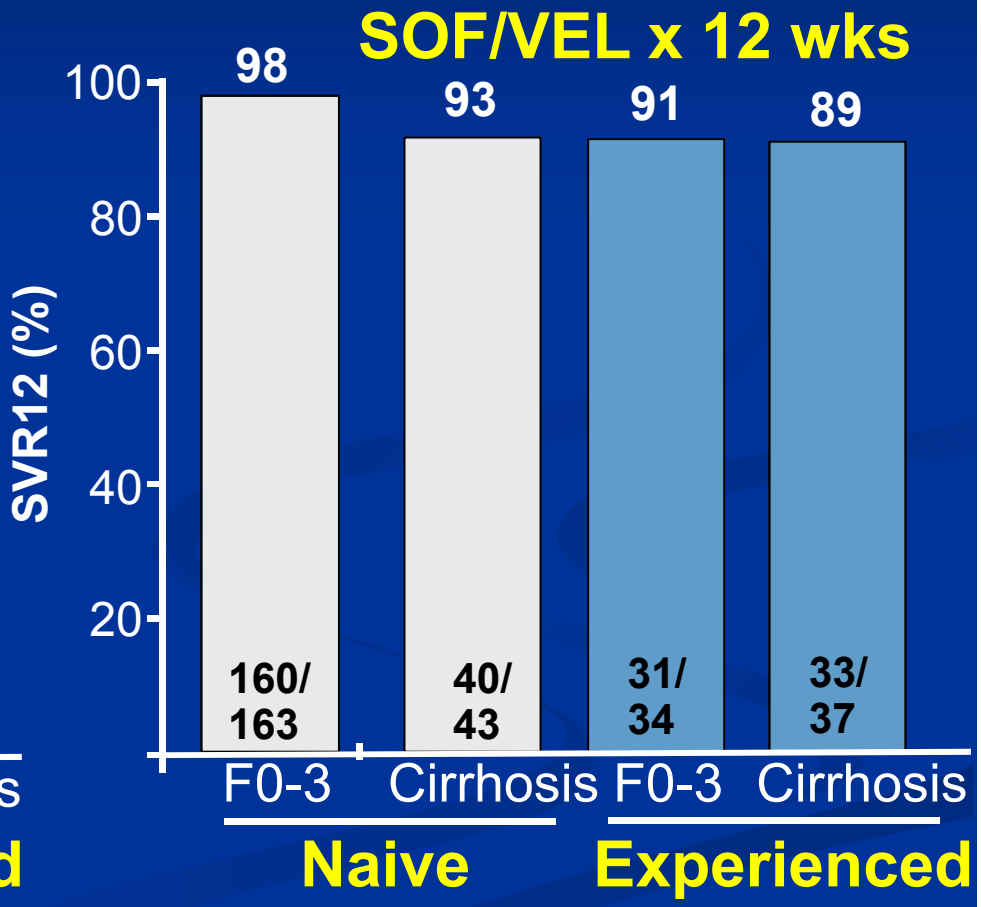


Nkontchou J Viral Hep 2011

Even for genotype 3

SOF + Velpatasvir (GS-5816) (NS5A) x 12 wks vs SOF/RBV x 24 wks in
G3 naïve & treatment-experienced





Mangia AASLD 2015, Foster NEJM 2015

Genotype is a bigger barrier for many immigrants to Canada

- Interferon-free therapy for all genotypes approved by Health Canada → available
- But reimbursement limited:
  - Genotype 1 – great options
  - Genotype 2 – interferon still first line
  - Genotype 3 – VERY suboptimal interferon-free therapy
  - Genotype 4, 5 and 6 – interferon *only!*

- We ***NEED*** to change this – hopefully new therapies will help
- Need to lobby → many new Canadians do not have a strong political voice

Summary

- HCV remains a major global and national public health problem
- Therapy has improved dramatically – we can now cure almost everyone
- Immigrants are disproportionately affected by HCV
- Major issues:
  - Low diagnosis rates – new screening approaches & tests
  - Linkage to care – enable PCPs to treat
  - Access to treatment – coverage for all genotypes
- The future looks very bright for all Canadians with HCV…let's make sure that extends to new Canadians

Ruby Lam, Equity Consultant

CATIE's hepatitis C resources

Online:

•www.catie.ca has in-depth information about hepatitis C in French and English including fact sheets, publications, and webinars

•Multilingual website, yourlanguage.hepcinfo.ca has basic hepatitis C information in 13 languages

•Videos on testing and treatment in English and 8 major languages spoken in Ontario

Free to order at orders.catie.ca:

•Comprehensive English and French resources for people living with hepatitis C, and for outreach and education work

•Basic hepatitis C pamphlets in 6 languages, orders.catie.ca

•Puzzles for learning difference between hepatitis A, B and C in 6 languages (educational tool)

CATIE

The Basics
Prevention
Treatment
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Hepatitis C

CATIE's new home for hepatitis C information.

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Hepatitis C Key Messages

Latest Blog Posts

How intimate partner violence affects women living with HIV

NEWS

Ontario study finds high rate of emergency room usage among some people with HIV

American doctors focus on cases of ocular syphilis

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TreatmentUpdate 216: Epclusa; DAAs and mental health; HCV re-infection after cure; DAAs and liver

yourlanguage.hepcinfo.ca

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Tagalog | தமிழ் | اردو | Tiếng Việt

- Home
- What is Hepatitis C?
- How is Hepatitis C different from Hepatitis A and B?
- Hepatitis C Statistics
- About the Liver
- Why is Hepatitis C information important to immigrants in Canada?
- Hepatitis C is spread through blood-to-blood contact
- How can I get tested for Hepatitis C?
- Phases of Hepatitis C

Learn more about Hepatitis C in your language

This is a multilingual website for information about Hepatitis C. For information in English, continue into the site by using the navigation bar to the left or click here.

To view all of the languages on the website you may need to install language packs or support for unicode fonts. Instructions for both can be found here. You may see ? or empty blocks if the languages are not supported by your browser.

Bengali | हिन्दी | ਗੁਰਮੁਖੀ | 简体中文 | Español | Tagalog
தமிழ் | اردو | Tiếng Việt

Multilingual pamphlets

CATIE

CATIE

Canada's source for HIV and hepatitis C information

La source canadienne de renseignements sur le VIH et l'hépatite C

Questions and Discussion

Please evaluate this webinar.

Thank you!

CATIE