

5. FINAL REPORT OF THE OTTAWA-CARLETON HEPATITIS C
JOINT WORKING COMMITTEE

COMMITTEE RECOMMENDATIONS AS AMENDED

That Council:

1. **Receive this report for information and action pertaining to the Hepatitis C Joint Working Committee as a joint strategy to address hepatitis C infection in Ottawa-Carleton;**
2. **Support the submission of the joint proposal to Health Canada - Hepatitis C Community-Based Funds;**
3. **Support ongoing work of the Hepatitis C Joint Working Committee;**
4. **Request the Ontario Ministry of Health, Public Health Branch to fund hepatitis A vaccine for those infected with hepatitis C.**
5. **Strongly urge the federal and provincial governments to move quickly forward with concrete actions to deal with Hepatitis C and that copies of this resolution be circulated to area MPs, MPPs and the federal and provincial Health Ministers.**

DOCUMENTATION:

1. Associate Medical Officer of Health, report dated 10 May 99 is immediately attached.
2. Extract of Draft Minute, Community Services Committee of 17 June 99 follows the report, and includes a record of all votes.

REGION OF OTTAWA-CARLETON
RÉGION D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf.
Your File/V/Réf. RC

DATE 10 May 1999

TO/DEST. Coordinator
 Community Services Committee

FROM/EXP. Associate Medical Officer of Health

SUBJECT/OBJET **FINAL REPORT OF THE OTTAWA-CARLETON
HEPATITIS C JOINT WORKING COMMITTEE**

DEPARTMENTAL RECOMMENDATIONS

That Community Services Committee recommend Council:

- 1. Receive this report for information and action pertaining to the Hepatitis C Joint Working Committee as a joint strategy to address hepatitis C infection in Ottawa-Carleton;**
- 2. Support the submission of the joint proposal to Health Canada - Hepatitis C Community-Based Funds;**
- 3. Support ongoing work of the Hepatitis C Joint Working Committee; and,**
- 4. Request the Ontario Ministry of Health, Public Health Branch to fund hepatitis A vaccine for those infected with hepatitis C.**

BACKGROUND

The Hepatitis C Joint Working Committee has been meeting regularly in response to a Motion from the Community Services Committee on June 4, 1998. Health Department staff provided the an interim report in December, 1998 indicating work in progress and outlining elements necessary to offer a comprehensive hepatitis C strategy in Ottawa-Carleton.

In the past year Health Department staff have produced and disseminated hepatitis B and C guidelines for physicians in Ottawa-Carleton. The guidelines cover patient risk identification, interpretation of test results, immunisation where appropriate and management of diagnosed cases and their contacts.

A series of hepatitis C fact sheets have also been produced for targeted populations. These fact sheets are educational and cover specific tips for different risk groups. They also identify risk factors, encourage testing and highlight prevention to reduce transmission.

Since the interim report, the Joint Working Committee held a community forum in April, 1999 to discuss the needs and concerns of individuals infected or affected by hepatitis C infection in Ottawa-Carleton.

The Health Department will continue to participate in the Health Canada "Enhanced Surveillance of Hepatitis B and C Study" through January, 2000. The purpose of this study is to track the incidence and risk factors for the viral hepatitis including B and C through focused collection of data in narrower geographic areas by committed public health jurisdictions. Participants include Edmonton, Calgary, Winnipeg and Ottawa-Carleton health units. By the end of March, 1999, 218 hepatitis B and 671 hepatitis C cases have been identified and attempts made to investigate. The continued surveillance will run from April 1, 1999 through January 31, 2000. The study requires nursing staff to follow up with laboratories, physicians and clients for every reported case of hepatitis B and C. A questionnaire is then administered and entered into a central data base. There is ample opportunity for nursing staff to provide appropriate patient counselling and physician education.

Testing and counselling services continue to be offered through the Health Department's SITE needle exchange program and sexual health clinical services.

PUBLIC CONSULTATION

Over 50 people attended the community forum held in April. The attached Annex A reflects the needs of those who participated at that time. Appreciation was expressed for Health Department initiatives to date. However, more resources are needed to address all of the concerns and needs identified during the community forum. In response to these needs and concerns, the Joint Working Committee has submitted a proposal to Health Canada for community based funds to further assess the identified gaps.

In addition to community education and support issues, individuals voiced concern that the Ontario Ministry of Health is not providing free hepatitis A vaccine to those infected with hepatitis C. Research has demonstrated that hepatitis C infected individuals who contract hepatitis A and B can face fatal consequences. Currently the Ministry of Health provides free hepatitis B vaccine only. Although Health Department staff have requested free hepatitis A vaccine for hepatitis C infected individuals, broader lobbying is necessary.

FINANCIAL IMPLICATIONS

There are no financial implications for the Region of Ottawa-Carleton Health Department. Funding for the enhanced LCDC Surveillance Study has been guaranteed by the Laboratory Centre for Disease Control, Health Canada until January, 2000. On behalf of the joint working group Health Department staff are submitting a grant proposal to Health Canada for community based funds to further assess the local needs of the hepatitis C infected.

Approved by Dr. Edward Ellis, MD, MPH, FRCPC

MM

SUMMARY OF HEPATITIS C PUBLIC FORUM - APRIL 12, 1999

Presenters included Jo-Anne Manser from the Hepatitis C Society - Ottawa-Carleton Chapter, Tracy Donaldson from Health Canada, Sandra Schenck from Hemophilia Ontario and staff from the Health Department. Approximately 50 hepatitis C infected and affected individuals attended the forum. The following summary of Services and Programs Required – Needs and Concerns were recorded:

Medical Care

- Need for hepatitis A vaccination/information (awareness for healthcare providers/hospitals);
- Free hepatitis A vaccine for hepatitis C infected;
- Need for more consistent information and treatment from the medical community with standards of care and treatment for hepatitis C infected;
- Better shared information – dissemination of information to different levels of service providers.

Research

- Need for research regarding co-infection with HIV;
- Need for research regarding drug therapy (side effects etc.);
- Research into alternative therapies;
- Research in sexual transmission;
- Research in transmission from mother to child.

Education

- National public awareness through government initiatives;
- Standardized hepatitis C information nationally;
- Specific awareness geared toward teen population (fact sheets) – tattoos, piercing, IV drug use, school programs;
- Newsletter/paper to educate public/professionals etc.;
- Standardized Universal Precautions to decrease transmission in Emergency room/hospital settings;
- Better training for health care providers/ER staff;
- More formal resources for hepatitis C infected individuals (healthy living guide regarding exercise, nutrition, etc.).

Support

- Family counselling;
- More funding into home care support, palliative care;
- Client advocacy and social services;
- Funding for support groups.

**FINAL REPORT OF THE OTTAWA-CARLETON HEPATITIS C
JOINT WORKING COMMITTEE**

- Associate Medical Officer of Health report dated 10 May 99

Ms. Joanne Manser, from the Hepatitis C Society, briefed the Committee on events of the past year, culminating in the presentation of this report. She posited that public health action is long overdue, as the Hepatitis C virus was established in the 1980s and the epidemic has been allowed to grow. Ms. Manser pointed out that the Joint Working Committee has been the first to apply for new funding from the federal government through the auspices of the OASIS program, since funds are not available to public health departments. She stressed the importance of increased political action to secure funds for Hepatitis A vaccines for persons infected with Hepatitis C, as there is still bureaucratic stalling in this regard. She called for continued cooperation between the various stakeholders to keep this matter in the public eye.

Chair Munter proposed that the federal and provincial governments be urged to move quickly forward with concrete actions to deal with Hepatitis C.

Moved by L. Davis

That the Community Services Committee recommend Council:

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CARRIED, as amended