bc centre for disease control

Education and resources for people affected by hepatitis C

Context

Hepatitis C virus (HCV) infection is an important cause of progressive liver disease. It is spread through blood-to-blood contact and seldom produces symptoms at the time of infection. Three of four infections become chronic and, over decades, 15% to 30% of those infected develop cirrhosis, hepatocellular cancer, or require liver transplantation. An estimated 230 000 to 450 000 (0.66% to 1.3%) of Canadians are infected with HCV.² In British Columbia, approximately 80 000 people have been diagnosed with HCV and many are unaware of their HCV status. Two of three HCV-infected individuals in BC are baby boomers born between 1945 and 1965, and many are now presenting with end-stage liver disease. Most new infections occur in people who inject drugs. Other HCV-affected populations include immigrants from HCV-endemic countries and Aboriginal people.³ The Public Health Agency of Canada recommends screening these groups at least once.4 Others, including the Canadian Liver Foundation, also recommend screening people born between 1945 and 1975.5

Care and treatment

Treatment and self-care, including reducing alcohol intake, can prevent progressive liver disease and improve quality of life. Treatment of HCV is shifting from older, poorly tolerated interferon-based therapies, which cure approximately 55% of those treated (45% for genotype 1, 60% to 70% for genotype 3, and 70% to 80% for genotype 2)6 to new welltolerated, short-course (8 to 12 weeks)

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interferon-free direct-acting antiviral drugs with cure rates approaching more than 95%.7 The simplicity and tolerability of newer treatments opens the opportunity for HCV treatment to be delivered by primary care physicians, thus increasing treatment capacity. However, treatment can only occur if undiagnosed people get tested, and diagnosed people are engaged into care.

Resources

Our research identified several patient, provider, and health care system related factors associated with nonattendance for HCV care.8 A website was designed to address some of these factors (www.hepatitiseducation.ca). The website employs a navigation hub outlining key topics along the cascade of care to support consumers and providers. These linguistically and culturally appropriate resources include basic facts about HCV, the testing process, being diagnosed, living with HCV, and treatment, and can assist providers in supporting patient information needs across the cascade of HCV care.

Resources are available in English and French, have been adapted for Aboriginal and Inuit populations, and are being adapted to Punjabi and other languages. To maximize accessibility and engagement, information is presented via videos, online courses, downloadable booklets, cards, and printable materials.

Summary

HCV affects a large number of British Columbians and many are unaware that they are infected. Highly effective, well-tolerated, short-course curative treatments are becoming available, but for treatments to be effective people must be diagnosed and engaged into care and treatment. The illustrated and narrated education and support resources are intended to support the information needs of patients and providers related to screening, diagnosis, care, and treatment.

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