

# Supporting British Columbians Infected With Hepatitis C

A Report on the Undertaking Between the Government  
of British Columbia and the Government of Canada,  
1999 - 2004



Ministry of  
Health



**H**epatitis C is a blood-borne virus that infects and can seriously damage the liver. In response to this potentially deadly disease, British Columbia has taken steps to support individuals with Hepatitis C, cure the disease when possible and improve prevention and treatment strategies province-wide. Government is committed to ensuring all British Columbians have access to a safe blood supply when they need it, as part of a comprehensive and sustainable health care strategy.

adopted a “care not cash” policy and, by means of the Undertaking Agreement, provides the provinces and territories with up to \$300 million over 20 years. This report describes the efforts the province has made to provide appropriate and timely services to all British Columbians infected with Hepatitis C.

Through a special transfer in the Agreement, the federal government agreed to provide provinces and territories with up to \$300 million over 20 years for publicly financed services for the treatment of Hepatitis C.

These services include current and emerging antiviral drug therapies, other relevant drug therapies, immunizations and nursing care. As allowed by the Undertaking Agreement, government uses transfer payments to provide Hepatitis C health services for all infected British Columbians, not just for individuals who were infected through the blood supply or in the pre-86, post-90 period.

The Undertaking Agreement between British Columbia and the Federal Government was signed in September 1999. Under the terms of the agreement, B.C. is required to report to the public on initiatives that have benefited from the use of federal funds. This is the first report to British Columbians, with subsequent reports to follow every five years.

*The Undertaking between the Government of Canada and the Government of British Columbia states, “the governments of Canada aim to increase the capacity of the publicly financed health care programs to ensure that all Canadians infected with Hepatitis C through the blood system have reasonable access to health care services used for the treatment of Hepatitis C...”*

Approximately 40,000 British Columbians are currently infected with Hepatitis C. A significant percentage of these individuals will develop liver failure or liver cancer and some will require liver transplants. Each year approximately 100 British Columbians die of viral hepatitis. Another eight British Columbians receive liver transplants as a result of hepatitis infection.

Between January 1986 and July 1990, a number of Canadians were infected with Hepatitis C by products used from Canada’s blood supply during routine hospital procedures. Many of these individuals have received compensation through the 1986-1990 Hepatitis C Settlement Agreement funded by the federal, provincial and territorial governments. For individuals infected with Hepatitis C before January 1986 and after July 1990, the Federal Government

*The “Shared Objectives” contained in the Undertaking states, “The parties agree that their shared policy objective is to ensure that persons infected with Hepatitis C through the blood system prior to January 1, 1986 and after July 1, 1990 have reasonable access to therapeutic health care services indicated for the treatment/cure of Hepatitis C.”*

British Columbia has met the terms of the agreement to provide health services in accordance with the stated objectives.

British Columbia has implemented an integrated Hepatitis C prevention and care strategy. Currently, this strategy covers antiviral drug treatments, immunizations and other services for persons with the disease.

Specific initiatives under the BC Hepatitis Strategy include a surveillance program to identify risk factors in persons newly diagnosed, a pilot clinical care database, pilot projects in each of the province's five health regions to improve local access to services and training of nurses and physicians in diagnosis and treatment.

### British Columbia Supports Individuals

In 2003, British Columbia settled a class action lawsuit with individuals infected with Hepatitis C prior to 1986 and after 1990. Approximately \$6.5 million was provided from the sale of the Vancouver Oak Street Red Cross building to settle the claim made against the B.C. government. Individuals also received a share in the \$79 million national Red Cross settlement through the *Companies Creditors Adjustment Act*. Average individual compensation, after legal fees, was approximately \$5,000.

### Services for those with Hepatitis C

British Columbia will receive approximately \$66 million over 20 years through the Undertaking Agreement with the federal government. This includes \$22 million by March 2002, \$5.5 million in each of 2002/03 and 2003/04 and future payments of \$11 million in each of 2004/05, 2009/10 and 2014/15. The first instalment of the funds for the period 1999 to 2002 was used to establish the British Columbia Hepatitis Services at the BC Centre for Disease Control (BCCDC). Federal funds also went to ensuring the availability of Rebetron/Interferon and liver transplants. These three components totalled \$29 million. Of this, \$22 million was from the Agreement while the remaining \$7 million was provided by the province.

### Selected Expenditures Related to Hepatitis C (in \$Millions)

	1999/2000	2000/2001	2001/2002	Total
BC Centre for Disease Control	1.81	5.41	5.63	12.9
Rebetron/Interferon	0.9	6.88	6.36	14.1
Liver Transplants	0.94	0.77	0.66	2.37
<b>Total</b>	<b>3.65</b>	<b>13.06</b>	<b>12.65</b>	<b>29.4</b>
Funds received from the Federal Government	11	5.5	5.5	22

According to the BC Hepatitis Services, British Columbia spends in excess of \$100 million per year on Hepatitis C prevention and care. This includes the costs of antiviral drug treatments, immunizations, education activities, hepatitis testing and other services for persons with Hepatitis C.

## Making a difference for Patients

BC Hepatitis Services works with a provincial Hepatitis Committee to help the Ministry of Health develop and update best practices and clinical guidelines. The committee is made up of consumer and community group representatives.

As part of its mandate, BC Hepatitis Services trains nurses and physicians in Hepatitis C diagnosis and treatment, and provides integrated prevention and care workshops. Over four years, five workshops have been delivered to about 250 allied health care professionals.

BCCDC has developed a pilot clinical care database that tracks cure rates for Hepatitis C in British Columbia. The Centre is also involved in lab testing to identify and track Hepatitis C cases. New test methods are increasing diagnostic accuracy, helping guide treatment duration and measuring cure.

Services for the care and treatment of Hepatitis C are delivered through regional health authorities in B.C. as one component of the staged implementation of the Hepatitis strategy. In addition, BC Hepatitis Services has funded five regional demonstration projects, one in each Health Authority, to model, test and refine best practices in diverse settings. These projects provide local access to comprehensive integrated prevention and care services. Each has a multi-sectoral advisory committee that includes consumers. The projects focus on building strong relationships between public health, treating physicians and community agencies. The integrated program model that has been implemented in pilot sites has reduced wait times to one month or less. As a result, other health service areas have begun to adjust their Hepatitis programs to reflect the new integrated model.

The development and operation of the demonstration projects involved service providers, people infected and affected by HCV and those at risk. The following are some of the key outcomes:

- Referrals to assessment clinics average about 220 per clinic per year
- Specialist physician wait times have been reduced from 12-14 months to less than one month in areas local to the clinics
- Approximately 30 per cent of patients who attend the demonstration sites initiate treatment each year. Accumulatively, about 1,000 patients have been seen since the opening of the clinics
- Treatment adherence is closely monitored by nurses and about 50 per cent of clients achieve a sustained viral response similar to that obtained in highly controlled, well-resourced research trials.

Because early treatment of new Hepatitis C infections can prevent chronic infections, a BCCDC surveillance program is now identifying risk factors in people newly infected with Hepatitis C. As well, BC's PharmaCare program funds treatment with Interferon/Ribavirin and Pegylated Interferon/Ribavirin. These drugs have a 45 to 80 per cent cure rate.

In February 2005, PharmaCare approved special authority coverage for Pegasys RBV (peginterferon alfa-2a plus ribavirin). Special authority coverage is granted for a specific drug for an individual patient when requested by the prescribing physician. Physician requests are adjudicated according to established criteria. These criteria include whether a patient has had interferon therapy before, the patient's level of liver function and a lab report confirming a diagnosis of Hepatitis C. Once approved, actual coverage is subject to plan rules, family deductibles and annual maximum amounts.

The prevention and outreach aspects of the integrated hepatitis strategy for British Columbia include several strategies:

- Surveillance and monitoring provided through government funding of public health programs and the BC Centre for Disease Control.
- the provincial HIV/AIDS initiative now includes Hepatitis in their list of general blood-borne pathogens to be monitored.
- BC Hepatitis Services' consumer-focused research includes Hepatitis C self-care management issues, personal advocacy and issues such as stigma associated with Hepatitis C.
- The Public Health Agency of Canada has funded many community support initiatives in B.C. including the YouthCo "HepCATS" project, which provides support services as well as prevention and education information to youth infected with, affected by or "at risk" of Hepatitis C infection as well as to the community-at-large.

In addition to programs that support individuals with Hepatitis C, government is focusing on prevention strategies for those at high risk. All infants are now vaccinated against Hepatitis B and Hepatitis A and B vaccinations are provided at no cost to people infected with Hepatitis C.

## Looking Forward

The BC Centre for Disease Control (BCCDC) (website <http://www.bccdc.org/>) provides information and advice on Hepatitis. The BCCDC has also developed self-care and advocacy projects that help individuals with Hepatitis C identify their needs. The Ministry of Health, BCCDC, health authorities and the regional office of the Public Health Agency of Canada continue to collaborate in developing effective responses to Hepatitis C in British Columbia.

British Columbia continues to be committed to patient safety and the provision of appropriate, timely and safe health care services. The next provincial report on the use of the Agreement funds will be in 2009.



For More Information:

[www.healthservices.gov.bc.ca/bchealthcare/](http://www.healthservices.gov.bc.ca/bchealthcare/)

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