



Hepatitis C National Inuit Strategic Planning Session

Executive Summary of the Literature Review prepared for the *Hepatitis C Gaining the Tools to Make Informed Decisions Project*

Introduction

As part of the *Hepatitis C: Gaining the Tools to Make Informed Decisions Project*, Pauktuutit reviewed research that studied hepatitis infections among Inuit and searched for existing documents, brochures, and factsheets prepared for an Inuit audience. In general, there is very little information about hepatitis among Inuit, and even less about hepatitis C. Some reports are complex and specialized and some involve First Nation populations as well as Inuit. Overall, researchers conclude that various forms of hepatitis are common among Inuit and that HIV co-infection and alcohol abuse can increase the dangers of hepatitis B and hepatitis C among Aboriginal peoples. In terms of public awareness resources, very little material is available in Inuktitut.

Hepatitis Infections

Most literature about hepatitis among Inuit is about the hepatitis A and hepatitis B virus. For example, research suggests hepatitis A infections within Inuit and First Nations populations are three times more common than among non-Aboriginal Canadians living in the same communities. Research in the early 1980s found hepatitis A among 71% of Inuit living in Baker Lake, Nunavut. Among those over 60 years of age, the infection rate exceeded 90%. This pattern was found in Chesterfield Inlet as well. Typically, the rates are much lower among those who were aged 20 years or under.

Researchers believe that poor health, poverty, low education, limited housing, high unemployment, and sanitation problems are important factors that promote the spread of hepatitis A infections among Aboriginal peoples. Factors that increase the risk of hepatitis B and hepatitis C infections include the regular use of injection drugs and involvement in other high-risk activities at an early age. Aboriginal prisoners in Canada's jails may be at greater risk due to the high rates of infection among this population. As well, researchers have identified the previous widespread use of non-disposable medical equipment as a potential cause for hepatitis B and hepatitis C infections among Inuit. As a result, hepatitis B infections are about 20 times higher among Inuit than among non-Aboriginal Canadians and the risk of exposure is five times higher.

Researchers believe that infection rates for hepatitis C are higher among Inuit and First Nations (1% to 18%) compared to other the Canadians (0.5% to 2%). However hepatitis C is less likely to advance to an advanced or chronic stage among Inuit. Research suggests that the pattern of infections and the various factors that place Inuit at risk are different from other Canadians and therefore hepatitis prevention and health promotion should be different as well.

The Public Health Agency of Canada reports that between 2002 and 2008, hepatitis C infections among Aboriginal people were almost five times higher than for other Canadians. Though Inuit-specific data is not listed, the infection rates reported for Nunavut in 2009 were the lowest in Canada (about 16 cases per 100,000 people). In Nunavut, the rates dropped by 42% between 2005 and 2006 but started to increase again by 2009. Infection rates for NWT are always higher than in Nunavut but these rates declined by over 40% between 2005 and 2009. Over the same period, infection rates declined in Québec by about 30%, and in Newfoundland and Labrador, the rates have remained fairly constant. The data from the Public Health Agency of Canada indicates the Yukon Territory has the highest hepatitis C infection rates in the country, almost three times the rest of Canada. These rates declined by about 8% between 2005 and 2009.

A 2007 report prepared by the GNWT indicates the Beaufort-Delta region has the highest rate of hepatitis C infections in the territory. Injection drugs are considered the main source of infection in the territory. Though there is now increased testing, the real incidence of infection is likely under-reported.

A search of the Government of Nunavut's Internet sites did not locate any information about the rate of hepatitis C infection among Inuit in the territory. For the Nunavik region of Québec, the incidence rates are low compared to other areas of the province. Between 2006 and 2010, the Nunavik rate of hepatitis C infection was about 7 per 100,000 people compared to the provincial rate of about 23 per 100,000 people. There is only limited data for Inuit living in Nunatsiavut. For example, the Labrador-Grenfell Health Authority reports the second lowest hepatitis C infection rates in the province with about 4 cases reported for every 100,000 people. However, Inuit constitute about 6% of the clients serviced by the health authority.

Regionally Specific Health Promotion Resources

Of the four jurisdictions with Inuit communities, the GNWT has produced the most material to inform the public about hepatitis C and most of this material is in multiple languages including Inuktitut. The literature review did not locate any Inuit-specific material for Nunavut and Nunavik. The Nunatsiavut Government also has not produced any resource material though the Labrador Friendship Centre offers a one-page English language factsheet about hepatitis C.

Some non-Inuit organizations have prepared public awareness resources, however little is Inuit-specific and none are in Inuktitut. Through the years Pauktuutit has prepared a number of factsheets in association with CAAN, CATIE, and CIHAN. More recently, in 2012 Pauktuutit produced bilingual brochures about hepatitis C in four dialects of Inuktitut.

Conclusions

Overall, a clear picture of hepatitis C among Inuit is not available. Reported rates appear to vary widely between years and between regions. There is a need to collect standardized Inuit-specific data to ensure an accurate measure of the disease burden. Housing, education, income, experiences of childhood abuse and neglect, and factors that contribute to injection drug use

are considered important contributing factors that can help describe the unique distribution of the disease among Inuit.