



HEALTH SERVICES QUICK FACTS

Infectious Disease Surveillance 2014 Hepatitis C Virus (HCV)

DATA COLLECTION

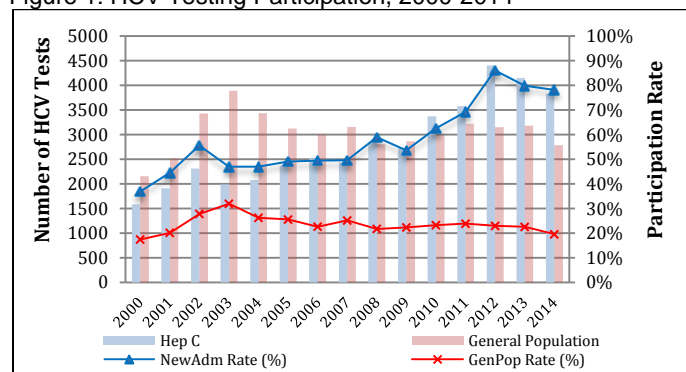
Surveillance data for HCV to the end of calendar year 2014 were analyzed. The number of tests, new case reports, HCV prevalence, and treatment uptake were reported via the CSC Infectious Disease Surveillance System (IDSS) (to the end of 2012) and via the enhanced web-enabled WebIDSS for 2013 and 2014.

ANALYSIS AND RESULTS

HCV Testing and Diagnosis

HCV testing among new admissions increased steadily from 37% in 2000 to 78% in 2014. Follow up HCV testing uptake among inmates during incarceration has remained fairly stable since 2007 and was 20% in 2014 (see Figure 1).

Figure 1: HCV Testing Participation, 2000-2014



Newly diagnosed HCV cases

The number of newly diagnosed cases (where the previous status was negative or unknown) and the diagnostic yield (rate per 1,000 tests) is shown in Table 1. In 2014 there were 96 (20/1,000 tests) and 63 (23/1,000 tests) newly diagnosed HCV cases among new admissions and the general inmate population respectively.

Table 1: Newly Diagnosed HCV Cases and Rate per 1,000 tests

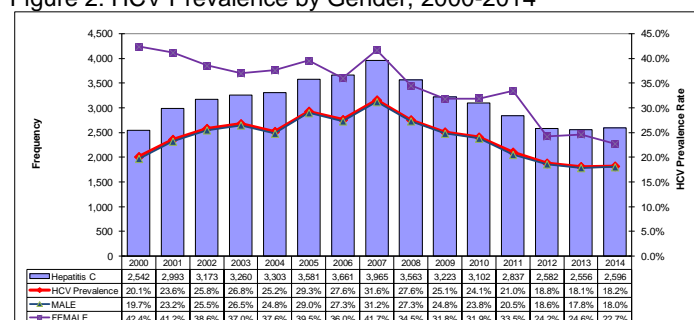
	2007	2008	2009	2010	2011	2012	2013	2014
On admission	113 (47)	140 (49)	137 (50)	113 (34)	138 (39)	105 (24)	156 (38)	96 (20)
While Incarcerated	174 (55)	137 (60)	152 (53)	147 (49)	152 (47)	96 (31)	61 (19)	63 (23)

HCV Prevalence

The number of HCV cases and the year-end HCV prevalence increased from 2,542 cases (20.1%) in 2000 to 3,965 cases (31.6%) in 2007 before decreasing to 2,596 cases, or 18.2% in

2014 (see Figure 2). HCV is consistently higher among women offenders. HCV prevalence among women was generally one half to two times higher than that among men, peaking in 2007 at 41.7% and decreasing to 22.7% in 2014 (compared to male rates of 31.2% and 18.6% respectively).

Figure 2: HCV Prevalence by Gender, 2000-2014



HCV Treatment

The number of inmates initiated on HCV treatment rose from 91 in 2000 to 370 in 2006. Since 2007, the number of HCV treatment initiations has ranged between 221 in 2011 and 328 in 2007 (see Table 2). Inmates with chronic Hepatitis C are referred to a medical specialist to discuss treatment options.

Table 2: HCV Treatment Initiations, 2007-2014¹

	2007	2008	2009	2010	2011	2012	2013	2014
Initiated HCV Trtmnt	328	319	313	287	221	280	229	151

WHAT IT MEANS

Testing for HCV on admission and throughout incarceration continues to be an important public health function. The majority of HCV cases (80%) are aware of their status or are diagnosed at admission.² The overall trend in HCV prevalence indicates a decline to 18.2% in 2014 but female offenders continue to have a higher prevalence of HCV compared to males. The year-end HCV prevalence estimates are consistent with the estimated period prevalence 2005-2012 (25.4%).³ Inmates with chronic HCV infection continue to be started on treatment under the guidance of medical specialists.

¹ HCV treatment is a rapidly evolving field and treatment starts fluctuate as new and improved drugs are approved for use in Canada. In calendar year 2015, 266 inmates started on HCV treatment in CSC.

² Health Services Quick Facts; HCV Age, Gender and Aboriginal Ancestry. CSC 2016

³ Ibid