

Canada's progress towards eliminating viral hepatitis as a public health concern



The Government of Canada is committed to reducing the impact of viral hepatitis, improving health outcomes and meeting global commitments by 2030.^{1,2}

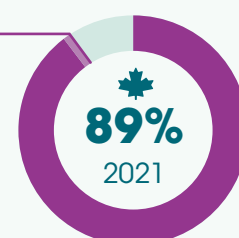


Vaccination

89% of 14-year-olds received one or more doses of the hepatitis B vaccine, as of 2021³

There is currently no vaccine for hepatitis C

90% by 2025



Canada is close to meeting the 2025 target of 90% vaccine coverage for hepatitis B among children.



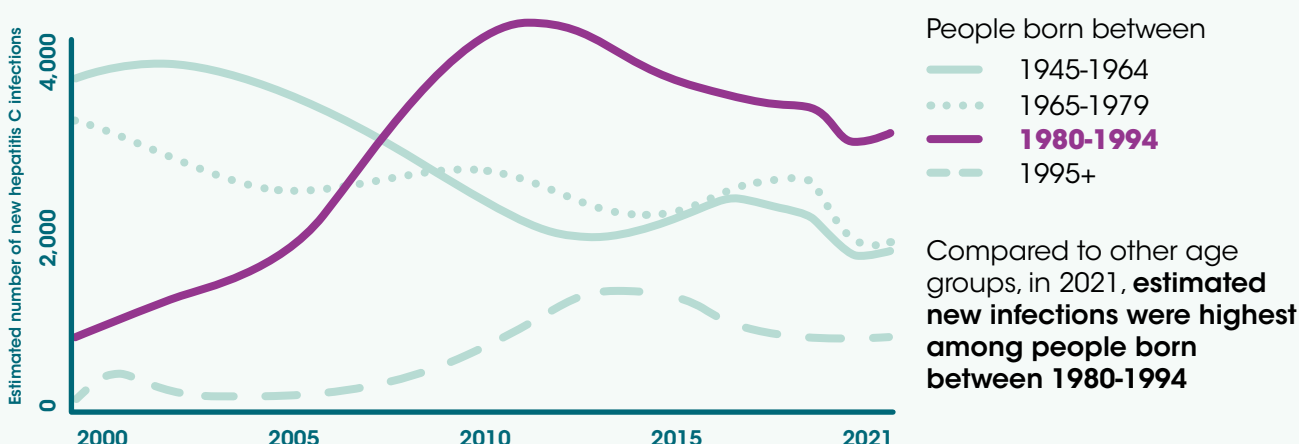
Incidence⁴

An estimated **8,200 people** were newly infected with hepatitis C in 2021



22 people were infected with hepatitis C every day

The estimated incidence rate per 100,000 people was **21** | **13** by 2025



Increased efforts towards hepatitis C prevention will be needed to meet the 2025 target of 13 new infections per 100,000 people.



Prevalence and Awareness

At the end of 2021, an estimated:

214,000 people were living with chronic hepatitis C⁵

262,000 people were living with chronic hepatitis B

59% diagnosed

60% by 2025

58% diagnosed

60% by 2025



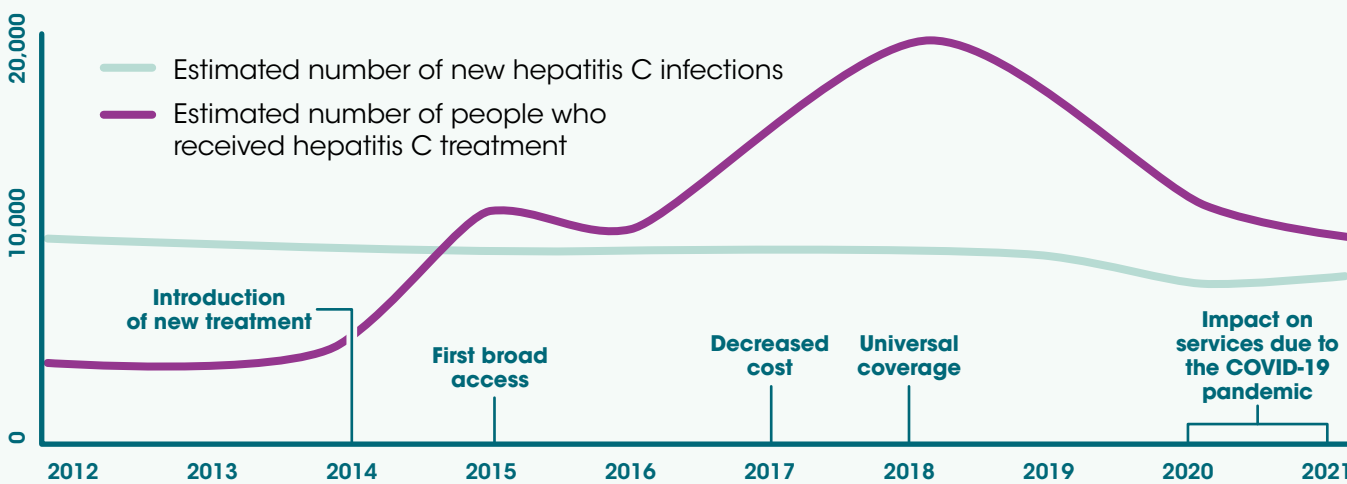
2 in 5 people were unaware of their chronic infection and could benefit from testing and treatment

Canada is close to meeting the 2025 target of having 60% of people being aware of their infection with either hepatitis B or C.



Treatment⁴

Between 2012 and 2021, an estimated **108,000 people** with chronic hepatitis C received treatment⁶



Since the introduction of a treatment for hepatitis C that cures over 95% of people who take it, access to treatment has increased. Between 2015 and 2021, more people were treated and cured each year than there were new infections.



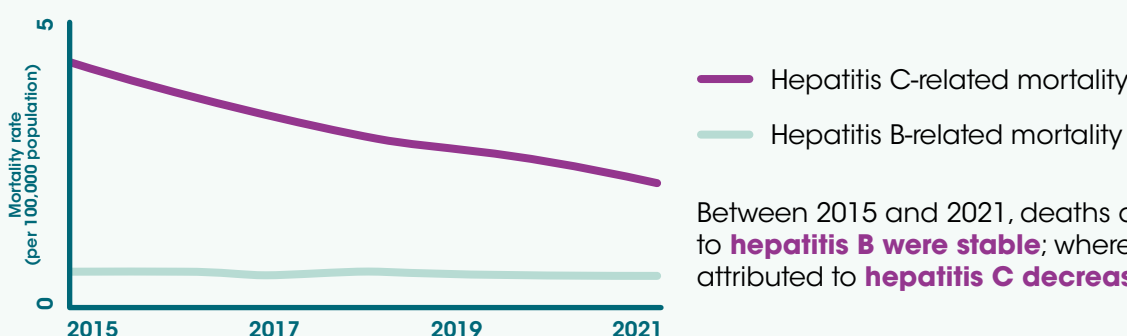
Mortality

Hepatitis C was identified as a contributing cause of death for **972 people** in 2021⁷.

Hepatitis B was identified as a contributing cause of death for **274 people** in 2021⁷.

3 deaths per 100,000 people | **≤ 3 deaths** by 2025

1 death per 100,000 people | **≤ 7 deaths** by 2025



Canada has achieved the 2025 mortality targets for hepatitis B and C.

The COVID-19 pandemic resulted in a decreased demand for, and access to, prevention, testing, treatment and care services for hepatitis B and C.

¹Government of Canada's sexually transmitted and blood-borne infections action plan 2024-2030 ²Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 ³Childhood National Immunization Coverage Survey, 2021. ⁴Additional data are needed to estimate the number of new infections and the number of people on treatment for hepatitis B ⁵These estimates replace all previous estimates published by the Public Health Agency of Canada concerning Hepatitis C. Updated data were available, and improvements were incorporated into the methods. Revisions to the methodology mean that the 2021 estimates should not be compared directly with previously published estimates. ⁶The number of people on treatment should not be used to estimate the proportion of people on treatment because people who may have passed away as of 2021 have not been removed. Data sources: 2012-2016 completed by the British Columbia Centre for Disease Control using data from IQVIA Solutions Canada; 2017-2021 from IQVIA Solutions Canada. The statements, findings, conclusions, views, and opinions expressed in this report are based in part on data obtained under license from IQVIA Solutions Canada Inc. concerning the following information services: CompuScript and GPM Custom Solutions. All Rights Reserved. The statements, findings, conclusions, views, and opinions expressed herein are not necessarily those of IQVIA Solutions Canada Inc. or any of its affiliated or subsidiary entities. ⁷Statistics Canada, Canadian Vital Statistics - Death Database (2023/2024). Statistical Surveys and Related Services, Federal Research Data Centre (FRDC). Deaths where the primary cause or any of the next 19 causes of death listed as hepatitis B or as hepatitis C were included. Hepatitis B- and hepatitis C-related mortality may be higher than the direct measurement of cause of death within vital statistics.