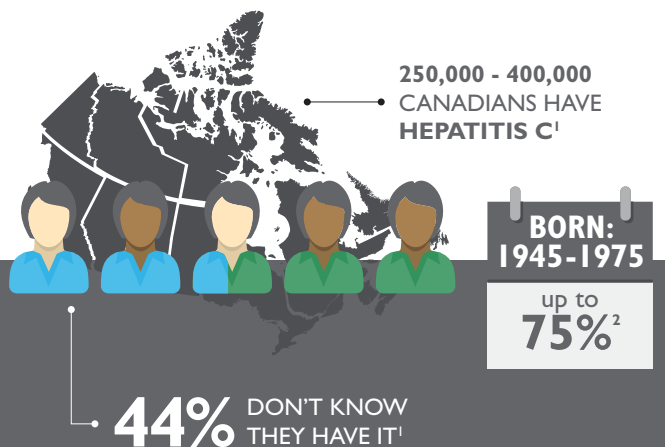


WHY?



WHY SCREEN FOR HEPATITIS C?



Hepatitis C is a liver disease which can progress to cirrhosis, liver cancer and ultimately death from liver failure.



New treatments can cure almost everybody in 8 - 12 weeks!



Screen for early detection and intervention.

CANADIAN LIVER FOUNDATION

1 in 4 Canadians may be affected by liver disease, including everyone from newborn babies to older adults.

Founded in 1969 the Canadian Liver Foundation (CLF) is the only national charity in Canada focused on liver health, and the main source of non-profit funding for liver health research.

Today, we are *bringing liver research to life* by raising funds to promote liver health, improve public awareness, fund research and provide support to individuals affected by liver disease.

To support liver research visit liver.ca/donate

National Office

3100 Steeles Avenue East, Suite 801,
Markham, Ontario L3R 8T3

Tel: (416) 491-3353

Toll-free: 1 (800) 563-5483

Fax: (905) 752-1540

Email: clf@liver.ca

www.liver.ca

Follow us on and @CdnLiverFdn

References

1. Trubnikov, M., P. Yan, and C. Archibald. Estimated prevalence of Hepatitis C virus infection in Canada, 2011. *Canada Communicable Disease Report* 40.19 (2014): 429
2. Remis RS. Modelling the incidence and prevalence of hepatitis C infection and its sequelae in Canada, 2007. Ottawa (ON): Public Health Agency of Canada; 2007
3. Canadian Liver Foundation Position Statement on Hepatitis C Testing: <https://www.liver.ca/how-you-help/advocate/#hep-c-testing>

**Canadian Liver Foundation Hepatitis C Information,
Tools & Resources:** www.liver.ca/HepC4HCP



Canadian Liver Foundation
Fondation canadienne du foie

*Bringing liver research to life
Donner vie à la recherche sur le foie*

Canadian Charitable Registration No: 10686 2949 RR0001
Printed in October 2019

HEPATITIS C IN CANADA

Who Should Be Screened?



Canadian Liver Foundation
Fondation canadienne du foie

*Bringing liver research to life
Donner vie à la recherche sur le foie*



RECOGNIZE

Who to screen

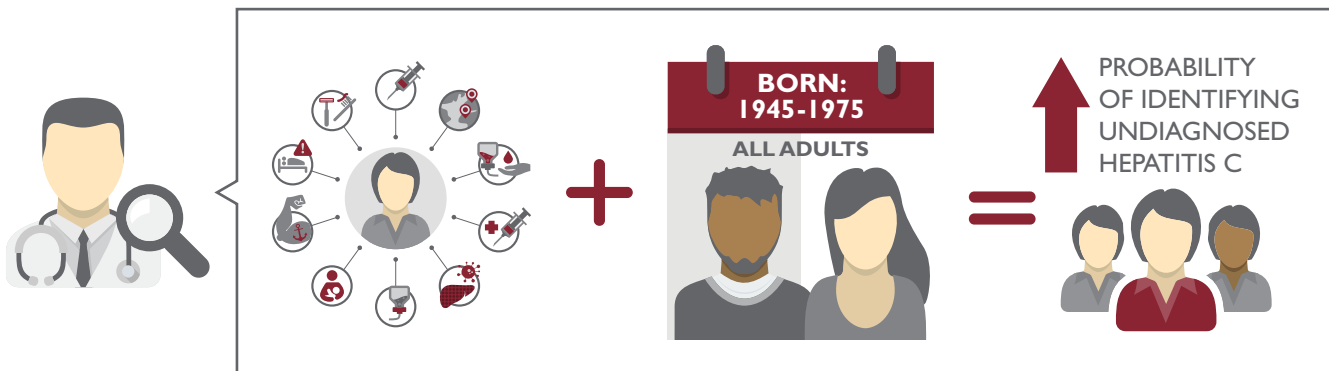
RISK-BASED SCREENING ALONE IS INEFFECTIVE



RISK-BASED SCREENING:

- A) Injection or intranasal drug use or shared drug paraphernalia (past or present)
- B) Born or resident in a region where hepatitis C is more common (i.e.: Central, East and South Asia; Australasia and Oceania; Eastern Europe; Sub-Saharan Africa; and North Africa/Middle East)
- C) Blood, blood products or an organ transplant before July 1992 in Canada
- D) Needle stick involving hepatitis C positive blood
- E) Signs of liver disease (i.e.: abnormal liver enzyme tests) or other infectious diseases (i.e.: hepatitis B, HIV, etc.)
- F) Health care services where there is a lack of infection prevention and control practices, including kidney/hemodialysis treatment
- G) Children born to hepatitis C positive mothers
- H) Tattoos or body piercings
- I) Risky sexual activity (i.e.: multiple partners, traumatic or rough sex, etc.)
- J) Shared personal care items with someone who has hepatitis C (i.e.: razors, toothbrush, etc.)

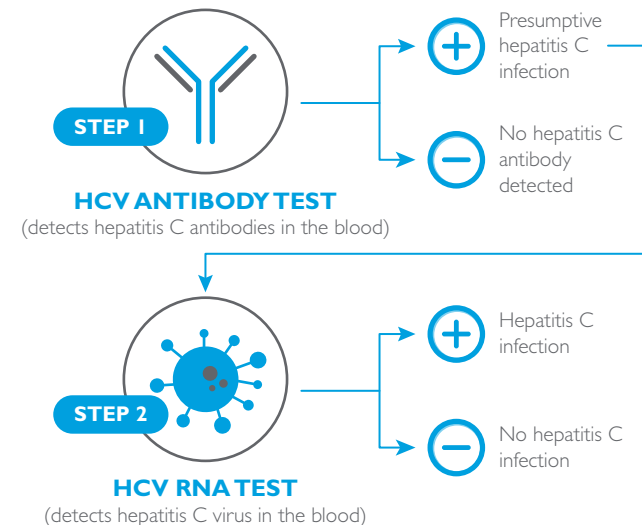
THE CANADIAN LIVER FOUNDATION RECOMMENDS ADDING BIRTH-COHORT SCREENING³



RESPOND

How to test

2



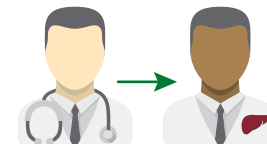
RESOLVE

What to do after testing

3

REFERRAL FOR CARE AND TREATMENT

Refer to your preferred specialist or search for a specialist in your area at www.liver.ca/liverdocs



EVALUATION/MONITORING

Follow-up with additional testing according to test results noted above.

Screen for mental health/substance use disorders, and if present, treat or refer as appropriate. Ongoing mental health or substance use disorders should not exclude patients from being immediately referred for treatment.

