

Alberta

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ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Alberta offered vaccination against HBV?	No universal neonatal HBV vaccination program.	No universal neonatal HBV vaccination program.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Yes.	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Yes.	Yes, for HBV.

Issue	Expectation	Measurement	2014	2012
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Prenatal screening and prophylactic measures to prevent the transmission of hepatitis B are in place (letter) . Target for 2016: Decrease the numbers of babies born to mothers who were not tested prenatally. <i>Alberta Sexually Transmitted Infections and Blood Borne Pathogens Strategy and Action Plan 2011-2016 (Plan), P 48</i>	Infants born to HBV+ women are immunized at birth.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Immunization for hepatitis B is provided to Grade 5 students (letter and AHS website).	Universal vaccination for adolescents or preadolescents.
		Is a catch-up vaccination program in place for people who use drugs?	HBV vaccine is also provided to other groups considered to be at increased risk for hepatitis B (letter). (AHS website doesn't specify who or other details.)	Information not available.
		Is a catch up vaccination program in place for newcomers to Canada?	HBV vaccine is also provided to other groups considered to be at increased risk for hepatitis B (letter). (AHS website doesn't specify who or other details.)	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	HBV vaccine is also provided to other groups considered to be at increased risk for hepatitis B (letter). (AHS website doesn't specify who or other details.)	Information not available.
		Is a catch up vaccination program in place for correctional institutions?	Goal 2.2 Performance Measure: Immunizations rates against HBV among inmates while in provincial correctional facilities. Target by 2016: 95% immunization rates. Plan p.41	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	HBV vaccine is also provided to other groups considered to be at increased risk for hepatitis B (letter). (AHS website doesn't specify who or other details.)	Information not available.

Issue	Expectation	Measurement	2014	2012
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	Goal 1.3: Reduce harm associated with substance use and non-prescription needle use. Performance measure: Establish a baseline for accessibility to and use of harm reduction programming including rural Alberta and prison populations. Plan, P 36. Goal 3.2 Reduce disease transmission by known infected persons. Performance measure: Decrease in number of substance-using individuals unable to access harm reduction or treatment services. Plan p. 48.	Alberta is increasing access to harm reduction in prisons including methadone maintenance, condoms and bleach.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Health care settings: "Guidelines for Standard Practice & Isolation Precautions in Community Based Health Services"(2005) and "Acute Care Infection Prevention & Control (IP&C) Manual" (2005) to promote a standard of infection control across the continuum of care in Alberta.	Health care settings: "Guidelines for Standard Practice & Isolation Precautions in Community Based Health Services"(2005) and "Acute Care Infection Prevention & Control (IP&C) Manual" (2005) to promote a standard of infection control across the continuum of care in Alberta.
		Are they enforced?	Information not available based on our sources.	n/a
		Are up-to-date infection control policies in place and enforced for correctional facilities?	Information not available based on our sources.	
		Are they enforced?	Information not available based on our sources.	n/a

Issue	Expectation	Measurement	2014	2012
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Body art facilities: From 2002.	Body art facilities: From 2002.
		Are they enforced?	Information not available based on our sources.	n/a

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	HBV treatment is more easily accessible in communities including in correctional facilities.	HBV treatment is more easily accessible in communities including in correctional facilities.
		Is HCV treatment available in all communities?	Alberta Health & Wellness runs Hepatitis Clinics and Hepatitis Support Clinics. HCV treatment is available through comprehensive clinics in Calgary, Red Deer, Alberta and Grand Prairie. Generally not available in provincial correctional facilities.	Alberta Health & Wellness runs Hepatitis Clinics and Hepatitis Support Clinics. HCV treatment is available through comprehensive clinics in Calgary, Red Deer, Alberta and Grand Prairie. Generally not available in provincial correctional facilities.
		How many people were treated for hepatitis B in 2013?	Information not available based on our sources.	Information not available.
		How many people were treated for hepatitis C in 2013?	Information not available based on our sources.	Information not available.
		Are liver transplants available to individuals co-infected with HIV?	Information not available based on our sources.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Is access to liver transplantation restricted because of lack of available donor livers?	Information not available based on our sources.	n/a
		What is the average wait time to see a specialist	Information not available based on our sources.	Varies. Wait time is 10 days in Calgary Health Region.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Information not available based on our sources.	Management guidelines updated in January 2011 for HBV and HCV.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Information not available based on our sources.	Management guidelines updated in January 2011 for HBV and HCV.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	HBV drugs are included in the Drug Benefit List meaning they can be covered under Alberta Blue Cross. People who receive Income Support automatically receive health benefits and coverage for prescription drugs.	HBV drugs are included in the Drug Benefit List meaning they can be covered under Alberta Blue Cross. People who receive Income Support automatically receive health benefits and coverage for prescription drugs.

Issue	Expectation	Measurement	2014	2012
		What hepatitis C treatments are covered under the provincial drug plan?	Simeprevir, PegRiba 2a and 2b, telaprevir.	Peg-interferon, ribavirin and epoetin are included in the Drug Benefit List meaning they can be covered under Alberta Blue Cross. People who receive Income Support automatically receive health benefits and coverage for prescription drugs. As of July 2012, neither new hepatitis C drug (boceprevir; telaprevir) has been added to formulary
		What is the criteria for coverage of hepatitis B treatments?	Diagnosis of chronic hepatitis B; according to specific drug protocols.	Information not available.
		What is the criteria for coverage of hepatitis C treatments?	Require special authorization. Information must include the patient's pre-treatment anti-HCV and serum HCV RNA (by PCR) status. Information is also required regarding whether liver enzymes (ALT/AST) are elevated, or the results of liver biopsy.	Require special authorization. Information must include the patient's pre-treatment anti-HCV and serum HCV RNA (by PCR) status. Information is also required regarding whether liver enzymes (ALT/AST) are elevated, or the results of liver biopsy.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Information not available based on our sources.	Staying the same over the past 10 years.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Human Organ Procurement and Exchange coordinates ongoing donations, allocation, recovery, education and promotion campaigns.	Human Organ Procurement and Exchange coordinates ongoing donations, allocation, recovery, education and promotion campaigns.

Issue	Expectation	Measurement	2014	2012
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Information not available based on our sources.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Information not available based on our sources.	Follows Common Drug Review recommendations.
		Does the drug approval process include patient input?	Information not available based on our sources.	Follows Common Drug Review recommendations.
		How is drug safety evaluated?	Information not available based on our sources.	Follows Common Drug Review recommendations.
		What factors determine accessibility to new drugs?	Follows Common Drug Review recommendations.	

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	Goal 5.4 Enhance surveillance of disease, behavioural and socio-demographic risk factors. Performance measure: Establish baseline for accessibility to timely and comprehensive surveillance data on STI and BBP diseases, behavioural and socio-demographic risk factors. Plan p. 60	Surveillance data is available online through reporting.
		How often is surveillance data available to the public updated?	Information not available based on our sources.	Surveillance data is available online through reporting.
		Last date published.	Information not available based on our sources.	Last date: July 2008.

Issue	Expectation	Measurement	2014	2012
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Alberta Cancer Registry	Alberta Cancer Registry
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Information not available based on our sources.	Through Notifiable Disease Reporting System.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Information not available based on our sources.	Yes
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	National acute and chronic definitions are used.	National acute and chronic definitions are used.
		Is the case definition used in surveillance data collection and reporting?	Information not available based on our sources.	
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	Goal 5.2 Strengthen research and evaluation. Performance 3measures: Establish baseline for volume and type of research initiatives being funded. Establish baseline for volume and type of STI and BBP program evaluations being conducted.	No provincial funding for research, however, the government has been very supportive of innovation in hepatitis care delivery models.
		How much funding?	Information not available based on our sources.	
3b) Research funding		Has funding changed recently?	Information not available based on our sources.	

Issue	Expectation	Measurement	2014	2012
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Information not available based on our sources.	No provincial funding for research dissemination.
		What knowledge translation and dissemination activities happen?	Information not available based on our sources.	

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Goal 2.3 Increase testing of high-risk and currently under-reached populations. Action: Increase testing of high-risk and currently under-reached populations. Expected result/s: Marginalized populations can access innovative outreach programs. Plan p. 24. See also Plan p. 44.	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016 to reach high risk and under-reached populations.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for Aboriginal communities?	<p>Goal 2.3 Increase testing of high-risk and currently under-reached populations.</p> <p>Action: Increase testing of high-risk and currently under-reached populations.</p> <p>Expected result/s: Marginalized populations can access innovative outreach programs. Plan p. 24. See also Plan p. 44.</p>	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016 to reach high risk and under-reached populations.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
		Are there testing programs targeted for youth?	<p>Goal 2.3 Increase testing of high-risk and currently under-reached populations.</p> <p>Action: Increase testing of high-risk and currently under-reached populations.</p> <p>Expected result/s: Marginalized populations can access innovative outreach programs. Plan p. 24. See also Plan p. 44.</p>	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016 to reach high risk and under-reached populations.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for people in prison?	Goal 2.3 Increase testing of high-risk and currently under-reached populations. Action: Increase testing of high-risk and currently under-reached populations. Expected result/s: Marginalized populations can access innovative outreach programs. Plan p. 24. See also Plan p. 44.	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016 to reach high risk and under-reached populations.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Information not available based on our sources.	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016.
		Describe the campaign/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	Information not available based on our sources.	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016.
		Describe the program/s.	Information not available based on our sources.	n/a

Issue	Expectation	Measurement	2014	2012
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach underserved, diagnosed individuals?	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016.	Range of activities included in STI and BBP Strategy and Action Plan 2011-2016.
		Describe the program/s and campaigns.	Goal 3.1 Enhance appropriate disease management service for STI and BBP. Range of expected results. Plan p. 25 and 45-47.	
		Describe evaluation results, if available.	Information not available based on our sources.	

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Goal 5.3 Strengthen service provider education and development. Plan p. 27 and p. 59	Included in the STI and BBP Strategy and Action Plan 2011-2016.
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Information not available based on our sources.	No province-wide incentive specifically for hepatologists.
		If yes, how is this being accomplished?	Information not available based on our sources.	n/a
		If no, why hasn't this been made a priority?	Information not available based on our sources.	n/a

Issue	Expectation	Measurement	2014	2012
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Information not available based on our sources.	Numbers have increased over the past decade.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Information not available based on our sources.	Varies. 7 hepatologists in Calgary, 8 in Edmonton.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Information not available based on our sources.	Prevention and education funding opportunities are included in the STI and BBP Strategy and Action Plan 2011-2016; funding is not stable and funding structures have been undergoing change in recent years.
		Is this funding stable?	Information not available based on our sources.	n/a
		How much funding is available?	Information not available based on our sources.	n/a
		Are harm reduction and prevention education programs accessible to at-risk populations?	Information not available based on our sources.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Goal 4 Strengthen support and counselling services for those infected and affected by STI and BBP.	Alberta Health & Wellness runs Hepatitis Clinics, Hepatitis Support Clinics and Hepatitis Support Programs. Provincially-funded opportunities for organizations are also outlined in the STI and BBP Strategy and Action Plan 2011-2016 .

Issue	Expectation	Measurement	2014	2012
		Is this funding stable?	Information not available based on our sources.	n/a
		How much funding is available?	Information not available based on our sources.	n/a
		Are community-based care and support programs accessible to diverse populations?	“...Ministry has provided operational grants to community-based HIV organizations since 1988 to support a number of HIV and hepatitis C prevention, care and support activities throughout the province. <i>This support has helped to increase the capacity of organizations to better serve those who are most at risk</i> “. Letter, Nov.24 2014	n/a

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ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in British Columbia offered vaccination against HBV?	The hepatitis B vaccine is given for free as part of routine immunizations to infants. The infant vaccine is given in conjunction with other vaccines as part of the DTaP-HB-IPV-Hib (Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, Haemophilus influenzae type b), a.k.a. INFANRIX hexa™ at 2, 4 and 6 months. Coverage rates are available at: http://www.bccdc.ca/imm-vac/BCImmunizationCov/2nbbirthday/default.htm	HBV vaccine is given for free as part of routine immunizations to infants and to children who are in Grade 6 who have not been given the vaccine before. In 2008, 82.7% of children in BC were up-to-date for age (2 years old).
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Recommended: See page 9: http://www.perinatalervicesbc.ca/NR/rdonlyres/FE14A0F8-1B67-454E-9B24-68029CDC762A0/GuideAntenatallandII19Nov2012.pdf	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Information not available based on our sources.	Information not available.
Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Infants born to HBV+ women are immunized at birth. Infants born to women who are at-risk for hep B with unknown status are immunized at birth.	Less than 2%, about 325 mothers were HBV carriers. Infants born to HBV+ women are immunized at birth.	
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Yes; children who are in grade six and who have not been immunized as an infant are offered the hepatitis B vaccine.	In general these services are available. Universal hepatitis B vaccine became available in BC for Grade 6 students in 1992 and the infant program was introduced province-wide in 2001 (RD II).
		Is a catch-up vaccination program in place for people who use drugs?	There is no targeted catch-up vaccination program for people who "use drugs", if this means people who use drugs for non-medical purposes. However, there is a program that provides free hep B vaccine to those at high risk of hep B, which does not explicitly note those who use drugs.	The vaccine is also publicly funded for individuals at high risk of infection including persons who use intravenous drugs and men who have sex with men.
		Is a catch up vaccination program in place for newcomers to Canada?	Hep B vaccine is provided to newcomers to Canada that are on the following list: All individuals born on or after January 1, 1980. • All children < 12 years of age who have immigrated to Canada from regions of high hepatitis B prevalence (e.g., Asia and Africa) are eligible for hepatitis B vaccine prior to entering Grade 6. • All children born on or after January 1, 2001. • Other individuals with specific health conditions or risk factors.	See above.
		Is a catch up vaccination program in place for Aboriginal communities?	There is a program that provides free hep B vaccine to those at high risk of hep B, which does not explicitly note the Aboriginal population.	See above.
		Is a catch up vaccination program in place for correctional institutions?	Inmates of provincial correctional institutions are immunized according to the recommended schedule. There is a program that provides free hep B vaccine to those at high risk of hep B, which does not explicitly note the inmate population. Inmates who are hepatitis C positive are offered the hepatitis B vaccine.	See above.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Individuals with incomplete or unknown immunization records are offered certain vaccines, including hep B vaccine.	See above.
		1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?
Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?		Yes. See: http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap3.htm	All have policies.
	Are they enforced?		Yes. Under the Public Health Act. See: http://www.health.gov.bc.ca/phact/	n/a

Issue	Expectation	Measurement	2014	2012
		Are up-to-date infection control policies in place and enforced for correctional facilities facilities?	Infection Control policies are in place along with a monthly newsletter "infection Control Minute" which covers an array of IC topics such as hepatitis C and risks risks of tatooning. The newsletter is meant to be posted on education boards.	Yes.
		Are they enforced?	Contact person was unable to provide the information.	n/a
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) or such as body art and beauty facilities?	See: http://www.health.gov.bc.ca/protect/ehp_pse.html for Guidelines.	Basic PSS regulations are part of BC's (1920%) Public Health Act. PSS guidelines available are: PSEs (2000), Ear and Body Piercing (1999), and Tattooing (1999). The degree to which PSS policies are updated, used and enforced is inconsistent and varies widely among municipalities and between urban and rural settings. Cosmetology industry has voluntarily developed an online course (www.ciabc.net) to update practitioners on best practices.
		Are they enforced?	Contact person was unable to provide the information.	

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	In BC treatment, care and support occurs via collaboration among multiple parts of the health system. Much of this is co-ordinated and delivered through BC's five regional health authorities, the Provincial Health Services Authority (including the BC Centre for Disease Control's Hepatitis Services, and the Harm Reduction Program), contracted community partners, as well as the First Nations Health Authority.	Treatment not available in all communities. In provincial correctional facilities, treatment is only available for those who are on treatment when they enter.
		Is HCV treatment available in all communities?	In BC treatment, care and support occurs via collaboration among multiple parts of the health system. Much of this is co-ordinated and delivered through BC's five regional health authorities, the Provincial Health Services Authority (including the BC Centre for Disease Control's Hepatitis Services, and the Harm Reduction Program), contracted community partners, as well as the First Nations Health Authority.	Treatment not available in all communities. In provincial correctional facilities, treatment is only available for those who are on treatment when they enter.
		How many people were treated for hepatitis B in 2013?	3,557 people submitted claims for hepatitis B medication to the BC PharmaCare program 102013/14	Information not available HBV.
		How many people were treated for hepatitis C in 2013?	1,208 people submitted claims for hepatitis C medication to the BC PharmaCare program 102013/14	Less than 1,000 treated for HCV last year (less than 2%).
		Are liver transplants available to individuals coinfected with HIV?	Yes. For details see Transplant BC: https://www.transplant.bc.ca/index.asp , Clinical Guidelines for Liver Transplantation	Liver transplants are available but numbers are small. Guidelines are emerging
		Is access to liver transplantation restricted because of lack of available donor livers?	This varies based on the specialty (gastroenterology, internal medicine, etc) and where the person is in the province, and changes over time.	n/a
		What is the average wait time to see a specialist	Median wait time for liver transplant in 2012 was 1.5 months.	In Victoria the average wait is 4-6 months if referred by family doctor. In Kelowna the wait time to get in to the HCV Clinic is about 1 year. Priority cases get preference.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Information pending following request.	Last clinical guideline review in 2003. Last diagnostic guideline review in 2011.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Information pending following request.	Last clinical guideline review in 2003. Last diagnostic guideline review in 2011.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	hepatitis B (limited coverage benefits[1] include lamivudine (Heptovir®), adefovir (Hepsera®), entecavir (Baraclude™) and tenofovir (Viread®))	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	hepatitis C (limited coverage benefits include peginterferon alfa/ribavirin (PegIFN/RBV) andtelaprevir (Incivek®) and boceprevir (Victrelis®), which are used in combination with PegIFN/RBV). The Ministry is currently reviewing sofosbuvir (Sovaldi®) and simeprevir (Galaxos™) which are used in combination with PegIFN/RBV for the treatment of hepatitis C.	Information not available.

Issue	Expectation	Measurement	2014	2012
		What is the criteria for coverage of hepatitis B treatments?	Diagnosis of chronic hepatitis B (cirrhotic or non-cirrhotic) and according to established protocols; lab work required, as per the chronic hepatitis B Special Authority request form. (Criteria for all drugs covered by BC PharmaCare can be found: https://pcbl.hlth.gov.bc.ca/pharmacare/benefitslookup/)	Information not available.
		What is the criteria for coverage of hepatitis C treatments?	Depends on genotype, disease progression and previous treatment experience. These apply to all: diagnosis of chronic hepatitis C and detectable viral load, F2 fibrosis and an experienced treater. (Criteria for all drugs covered by BC PharmaCare can be found: https://pcbl.hlth.gov.bc.ca/pharmacare/benefitslookup/)	Require special authorization. ALT 1.5x higher on two consecutive occasions. Pharmacare doesn't cover treatment if liver is decompensated, or if there is active alcohol abuse, illicit IV drug &/or intranasal cocaine use.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	As of August 2014, 35 people were waiting for a liver and 45 liver transplantations had taken place and the wait time for a liver is currently 1.5 months.	Marginal increase.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	General ongoing campaigns, including for living donors.. See: https://www.transplant.bc.ca/index.asp	Information not available.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Information pending following request.	Privately-run clinics regularly offer research trials in Victoria (Percurso) and Vancouver (Liver and Intestinal Research – LAIR Centre). These trials are offered to populations of varied ages and lifestyles.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Information not available. Details and contacts on drug approval in BC at: http://www.health.gov.bc.ca/pharmacare/formulary/	n/a
		Does the drug approval process include patient input?	Yes.	n/a
		How is drug safety evaluated?	Via information from CDR reviewed by provincial Drug Benefit Council	n/a
	What factors determine accessibility to new drugs?	Safety, efficacy, cost-benefit including in comparison with approved drugs treating same condition.	Drug review process takes federal CDR into account, but additional BC considerations include existing coverage of similar drugs in BC, provincial budget, and input from BC citizens. Of DBC's 12 members, 3 are from the public. DBC process includes input from patients, caregivers, and patient groups (since October, 2010).	

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	Published online by the BC Centre for Disease Control under delegated authority from the Provincial Health Officer.
		How often is surveillance data available to the public updated?	Quarterly and annually.
		Last date published.	Q2 2014 and annual for 2013.
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Published online by the BC Cancer Agency at: http://www.bccancer.bc.ca/HPI/CancerStatistics/FF/CaType/default.htm

Issue	Expectation	Measurement	2014
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Routine surveillance, Regional Health Authorities using standardized forms, reporting to the BC Centre for Disease Control, transitioning to (e.g. HBV), population-based studies (e.g. stigma and HCV), See: http://www.bccdc.ca/resources/stats-res/default.htm
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	HCV is a reportable disease under the Public Health Act Communicable Disease regulation
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition? Is the case definition used in surveillance data collection and reporting?	Based on national PHAC case definitions See: http://www.bccdc.ca/dis-cond/a-z/_h/HepatitisB/default.htm and http://www.bccdc.ca/dis-cond/a-z/_h/HepatitisC/default.htm
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	See above links to BCCDC and http://www.vidc.ca/about
		How much funding?	Difficult to estimate, a range of core, competitive and private sector investments in BC, See: http://www.google.ca/url?url=http://www.lifesciencesbc.ca/files/PDF/Asset_Map_Infectious_Disease_final.pdf&rct=j&frm=1&q=&esrc=s&sa=U&ei=xWFmVNutAcyroUe8D-zfrjgSIFpgDs269_NaZA
3b) Research funding		Has funding changed recently?	In 2013, a one time grant of \$1.5 million in 2013 to St Paul's Hospital Foundation to renew our approach for HBV and HCV; at the same time
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	BC Hepatitis Services at BCCDC can likely provide more information.
		What knowledge translation and dissemination activities happen?	Multiple, through BCCDC and academic institutes.

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Actively facilitating testing for HCV is integral to harm reduction services in all Health Authorities.	In 2005, CSC introduced enhanced screening for bloodborne and sexually transmitted infections.
		Describe the program/s.	Specifically, see: http://www.bccdc.ca/prevention/HarmReduction/default.htm . In BC, prevention, testing occurs via collaboration among multiple parts of the health system. Much of this is co-ordinated and delivered through BC's five regional health authorities, the Provincial Health Services Authority (including the BC Centre for Disease Control's Hepatitis Services, and the Harm Reduction Program), contracted community partners, as well as the First Nations Health Authority.	
		Describe evaluation results, if available.	See the July 2014 Indicators Report at the above link.	
		Are there testing programs targeted for Aboriginal communities?	Yes.	
		Describe the program/s.	Aboriginal versions of BCCDCs Attending for Care Resources, including the resource "Tests used for diagnosing hepatitis C". See: http://www.bccdc.ca/dis-cond/az/_h/HepatitisC/overview/AttendanceHepC/FirstNationsHepCResources.htm	
		Describe evaluation results, if available	Contact person was unable to provide the information.	
		Are there testing programs targeted for youth?	Yes,	
		Describe the program/s.	see: http://www.bccdc.ca/dis-cond/az/_h/HepatitisC/overview/HepCYouthEducationProject.htm	
		Describe evaluation results, if available	Contact person was unable to provide the information.	
		Are there testing programs targeted for people in prison?	Information pending following request.	
		Describe the program/s.	Information pending following request.	
		Describe evaluation results, if available	Information pending following request.	
			Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?
Describe the campaign/s.	Information pending following request.			Series of stigma publications on the BC CDC website. Non-profits, university and city govt. co-sponsored several public anti-stigma presentations in Victoria in 2010/2011. Vancouver, Victoria, Surrey, and several Interior towns hold regular WHD Liver/Health fairs and memorials for those who have died.
Describe evaluation results, if available	Information pending following request.			n/a

Issue	Expectation	Measurement	2014	2012
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	n BC, prevention, testing occurs via collaboration among multiple parts of the health system. Much of this is co-ordinated and delivered through BC's five regional health authorities, the Provincial Health Services Authority (including the BC Centre for Disease Control's Hepatitis Services, and the Harm Reduction Program), contracted community partners, as well as the First Nations Health Authority.	There are many ongoing awareness activities by CLF, HIV/AIDS and co-infection focused, and hepatitis-focused organizations.
		Describe the program/s.	Information pending following request.	Information not available.
		Describe evaluation results, if available.	Information pending following request.	Limited evaluation has been done
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach under-served, diagnosed individuals?	In March 2013 then Minister of Health Margaret MacDiarmid announced \$1.9 million in funding to support two projects related to viral hepatitis. \$400,000 was granted to S.U.C.C.E.S.S. to help improve awareness and self-management for those living with or vulnerable to hepatitis B in immigrant communities in the lower mainland.	Yes.
		Describe the program/s and campaigns.	n BC, prevention, testing occurs via collaboration among multiple parts of the health system. Much of this is co-ordinated and delivered through BC's five regional health authorities, the Provincial Health Services Authority (including the BC Centre for Disease Control's Hepatitis Services, and the Harm Reduction Program), contracted community partners, as well as the First Nations Health Authority.	Information not available.
		Describe evaluation results, if available.	Each regional health authority, and the PHSA, could comment.	limited evaluation is available.

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Information pending following request.	Yes, in a variety of formats, including an on-line course (BCCDC)
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	No specific targets or measure for this. Goal 2 of the Ministry of Health strategic policy through Healthy Pathways Forward is to "create and implement strategies to more effectively reach target populations. See page 24 http://www.health.gov.bc.ca/library/publications/year/2007/healthypathwaysforward.pdf	No province-wide incentive specifically for hepatologists.
		If yes, how is this being accomplished?	See above.	n/a
		If no, why hasn't this been made a priority?	Contact person was unable to provide the information.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Information pending following request.	Numbers have remained stable.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Information pending following request.	Few hepatologists, so generally gastroenterologists and hepatology nurses are the specialists for HBV/HCV patients. In remote areas some GPs are becoming experts in treatment.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
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Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	The Provincial Health Services Authority (PHSA) is funded by MoH to provide harm reduction supplies through the BC Harm Reduction Supplies Program (e.g. needle exchange, distribution of sterile injection equipment, etc.)	Funding is not consistent. Types of programs includes: testing, referrals and education for high risk populations.
		Is this funding stable?	Increasing over time.	Funding is slightly more reliable for groups also targeting people who inject drugs and/or people co-infected with HIV/AIDS.
		How much funding is available?	PHSA indicates the budget for Harm Reduction Supplies is \$3.1 million for 2014/15.	Information not available.
		Are harm reduction and prevention education programs accessible to at-risk populations?	In BC, prevention, testing occurs via collaboration among multiple parts of the health system. Much of this is co-ordinated and delivered through BC's five regional health authorities, the Provincial Health Services Authority (including the BC Centre for Disease Control's Hepatitis Services, and the Harm Reduction Program), contracted community partners, as well as the First Nations Health Authority. Each regional health authority could comment on their services	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	MoH funds regional health authorities to provide care to British Columbians. Each regional health authority, and the Provincial Health Services Authority, could comment on their funding for CBOs.	Medical services are publicly reimbursed. There is a trend to integrated HCV, harm reduction and HIV prevention initiatives. There are also programs related to housing, health care, mental health in larger centers, fewer in outlying areas.
		Is this funding stable?	Contact person was unable to provide the information.	Information not available.
		How much funding is available?	Contact person was unable to provide the information.	Information not available.
		Are community-based care and support programs accessible to diverse populations?	Contact person was unable to provide the information.	n/a

Federal Ministry of Health

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ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Canada offered vaccination against HBV?	Publicly funded HBV vaccination programs are available in all provinces and territories. The age at which vaccinations are offered varies from region to region.	Publicly-funded HBV vaccination programs are available in all provinces and territories. The age at which vaccinations are offered varies from region to region.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	YES.	PHAC recommends that all pregnant women be routinely screened for HBV. PHAC does not recommend pregnant women be routinely screened for HCV.
		Are pregnant women counseled on the benefits of prenatal detection?	The HBV QR recommends screening and provides guidance on the need to see a specialist/be treated to prevent mother-to-child transmission.	Nothing noted about counseling.

Issue	Expectation	Measurement	2014	2012
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	The Public Health Agency of Canada recommends infants born to HBV-positive mothers receive the appropriate dose of HBV vaccine within 12 hours of birth and another at one month of age. The third needle is given at six months of age. Immune globulin is also given at birth. If maternal HBsAg status is not available within 12 hours of delivery, consideration should be given to administering HB vaccine and HBIg to the infant while the results are pending, taking into account the mother's risk factors and erring on the side of providing vaccine and HBIg if there is any suspicion that the mother could be infected..	PHAC recommends infants born to HBV positive mothers receive the appropriate dose of HBV vaccine within 12 hours of birth and one at one month of age. The third needle is given at six months of age. Immune globulin is also given at birth
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	HB-containing vaccine should be given for routine immunization of infants or children and for immunization of children and adolescents who have missed HB immunization on the routine schedule. The age at which HB-containing vaccine is offered varies from jurisdiction to jurisdiction. In jurisdictions where children do not receive HB vaccine in infancy, children at increased risk should be given HB-containing vaccine as soon as the risk is identified.	P HAC recommends universal vaccination for HBV; schedule varies from region to region. PHAC recommends HBV specifically for those at risk (e.g. health care workers, people who use drugs, newcomers to Canada). PHAC recommends pre-exposure prophylaxis for individuals at risk of HAV infection or at risk of greater severity of HAV infection. The combined HAV/HBV vaccine is recommended to children scheduled for HBV vaccine who have an indication for HAV and for groups at risk of either hepatitis.
		Is a catch-up vaccination program in place for people who use drugs?	People who use drugs are recommended recipients of hepatitis B vaccine for pre-exposure prevention.	Information not available.
		Is a catch up vaccination program in place for newcomers to Canada?	All adults and children who have immigrated to Canada from areas where there is a high prevalence of HB are recommended recipients of hepatitis B vaccine for pre-exposure prevention.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for Aboriginal communities?	Information pending following request (FNIHB).	Information not available.
		Is a catch up vaccination program in place for correctional institutions?	Information pending following request (CSC).	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Children and adults lacking adequate documentation of immunization should be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors (unless known to be immune based on laboratory testing).	Information not available.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	No prison-based needle exchange programs exist in federal prisons. There are prevention programs around STIs, blood borne pathogens and substance use and materials distributed include bleach, condoms and prevention kits. However, there is no consistency from one institution to the next. Federal facilities also have a special mental health detention unit. Awareness and education programs are in place.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Routine practices as a minimum standard of practice in all health care settings. Recommendations also outline steps to take when/if a health care professional is infected or becomes infected.	Health care settings: Universal precautions as a minimum standard of practice in all health care settings. Recommendations also outline steps to take when / if a health care professional is infected or becomes infected.
		Are they enforced?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services	n/a

Issue	Expectation	Measurement	2014	2012
		Are up-to-date infection control policies in place and enforced for correctional facilities facilities?	Information pending following request (CSC).	Correctional facilities: Provide household bleach but not clean needles.
		Are they enforced?	Information pending following request (CSC).	n/a
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	The guidelines Infection Prevention and Control Guidance for Personal Services is currently under revision.	Body art facilities: 1999 document from Health Canada outlines infection control practices for body art (piercing and tattooing); nothing specific to hepatitis C. Beauty industry facilities: No information found.
		Are they enforced?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Information pending following request (CSC and FNIHB)	CSC reports HBV and HCV treatment is available in correctional institutions but it is based on internal screening. According to figures obtained by CMAJ through a federal freedom of information request, Correctional Service of Canada's (CSC) bill for hepatitis drug treatment has increased almost sevenfold since 2005 to \$4.7 million in 2010, roughly 4% of the agency's health budget for inmates.
		Is HCV treatment available in all communities?	Information pending following request (CSC and FNIHB)	CSC reports HBV and HCV treatment is available in correctional institutions but it is based on internal screening. According to figures obtained by CMAJ through a federal freedom of information request, Correctional Service of Canada's (CSC) bill for hepatitis drug treatment has increased almost sevenfold since 2005 to \$4.7 million in 2010, roughly 4% of the agency's health budget for inmates.

Issue	Expectation	Measurement	2014	2012
		How many people were treated for hepatitis B in 2013?	Information pending following request (CSC and FNIHB)	Information not available.
		How many people were treated for hepatitis C in 2013?	Information pending following request (CSC and FNIHB)	Information not available.
		Are liver transplants available to individuals co-infected with HIV?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	Transplants are a provincial/ territorial responsibility.
		Is access to liver transplantation restricted because of lack of available donor livers?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		What is the average wait time to see a specialist	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	In 2008, Health Canada reported that Canadians wait on average 4.3 weeks to see a specialist for a new illness or condition.

Issue	Expectation	Measurement	2014	2012
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	2012 Canadian Association for the Study of the Liver HCV guidelines appear in Canadian Journal of Gastroenterology and Hepatology, Vol 26, No 6, June 2012, 2002. The Canadian Nurses Association's Hep C: A Nursing Guide (2002 edition) is available on its website at http://www.cna-aiic.ca/en/on-the-issues/better-health/infectious-diseases/hepatitis-c .	2007 Canada Consensus Guidelines (HBV and HCV). 2002 Canadian Nurses Association's Hep C: A Nursing Guide.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	As above.	2007 Canada Consensus Guidelines (HBV and HCV). 2002 Canadian Nurses Association's Hep C: A Nursing Guide.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	Information pending following request (CSC and FNIHB)	n/a
		What hepatitis C treatments are covered under the provincial drug plan?	Information pending following request (CSC and FNIHB)	n/a
		What is the criteria for coverage of hepatitis B treatments?	Information pending following request (CSC and FNIHB)	Require special authorization.

Issue	Expectation	Measurement	2014	2012
		What is the criteria for coverage of hepatitis C treatments?	Information pending following request (CSC and FNIHB)	Require special authorization.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	426 liver transplants in 2010.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Contact person not able to provide information.	Canadian Blood Services is creating a national organ and tissue donation service that aims to increase the number of organ transplants by 50 per cent and double the number of tissue donors. In 2001 and 2002, Health Canada implemented public awareness campaigns but hasn't since.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Contact person not able to provide information.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Contact person not able to provide information.	Drug coverage protocols are reviewed/updated through the drug review process as information becomes available (e.g. new protocols for treatment, or new drugs become available that may change the listing of current drugs). Health Canada assesses safety of new drugs, and issues a Notice of Compliance (NOC). Then, the Common Drug Review (CDR) process takes into consideration both clinical- and cost-effectiveness of the new non-cancer drugs to issue evidence-based recommendations. CDR process includes input from patient groups (since May, 2010)

Issue	Expectation	Measurement	2014	2012
		Does the drug approval process include patient input?	Contact person not able to provide information.	see above
		How is drug safety evaluated?	Contact person not able to provide information.	see above
		What factors determine accessibility to new drugs?	Contact person not able to provide information.	see above

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	The federal government works closely with its provincial and territorial partners to conduct hepatitis surveillance. The Agency collates data on diagnosed hepatitis B and C infections reported by provincial and territorial health authorities to the Canadian Notifiable Disease Surveillance System (CNDSS). Aggregate data at the national level are published annually on the Public Health Agency of Canada's website at http://dsol-smed.phac-aspc.gc.ca/dsol-smed/ndis/index-eng.php . The Agency is establishing a schedule of annual surveillance reports on HBV and HCV, based on CNDSS data with more detailed epidemiological information.	Surveillance data available on the PHAC website.
		How often is surveillance data available to the public updated?	Annually.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Last date published.	March 2014.	Last surveillance report published March 2011.
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	HCC is monitored by PHAC annually, but is not linked to etiology so the proportion of cases attributable to HBV and HCV is unknown. All cancers are monitored by provincial and territorial cancer registries and contributed to Canadian Cancer Statistics. There were 1,850 new cases of HCC in 2010.	1,850 new cases of HCC in 2010, 750 deaths in 2010. Monitored by PHAC annually. All cancers are monitored by provincial/territorial cancer registries and contributed to the Canadian Cancer Statistics
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Routine case-based surveillance monitors newly diagnosed HBV and HCV according to national case definitions, via case notifications and aggregate data from provincial and territorial health authorities. This surveillance does not completely capture the incidence of HBV and HCV as many cases are diagnosed long after being acquired, so that case notifications are a mix of incident and prevalent cases.	Health Canada's National Notifiable Disease Reporting System regularly reports on diseases under national surveillance; in 1998 an enhanced sentinel site surveillance system for acute hepatitis B and C.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Reporting of all notifiable diseases (including HBV and HCV) to the national level by provincial and territorial health authorities is voluntary. Individual provinces and territories have public health acts that govern mandatory reporting within each jurisdiction.	Routine case-by-case notification of confirmed HCV is required to the federal level by the Public Health Act. HBV is not required to be reported by all provinces, but it is recommended that confirmed and suspected cases of HBV be reported to the federal level.

Issue	Expectation	Measurement	2014	2012
	<p>Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.</p>	<p>Is there a case definition?</p>	<p>Yes. A) Confirmed case HCV – acute or recent infection: Detection of hepatitis C virus antibodies (anti-HCV) or hepatitis C virus RNA (HCV RNA) in a person with discrete onset of any symptom or sign of acute viral hepatitis within 6 months preceding the first positive HCV test AND negative anti-HAV IgM, and negative anti-HBc IgM or HBsAg tests AND serum alanine aminotransferase (ALT) greater than 2.5 times the upper normal limit OR detection of hepatitis C virus antibodies (anti-HCV) in a person with a documented anti-HCV negative test within the preceding 12 months OR detection of hepatitis C virus RNA (HCV RNA) in a person with a documented HCV RNA negative test within the preceding 12 months B) Confirmed case Unspecified HCV (including chronic and resolved infections): Detection of hepatitis C virus antibodies (anti-HCV) OR Detection of hepatitis C virus RNA (HCV RNA) C) Confirmed case – Acute HBV: Hepatitis B surface antigen (HBsAg) and immunoglobulin M antibody to hepatitis B core antigen (anti-HBcIgM) positive in the context of a compatible clinical history or probable exposure OR Clearance of HBsAg in a person who was documented to be HBsAg positive within the last six months in the context of a compatible</p>	<p>HCV Confirmed: Detection of anti-hepatitis C antibodies (anti-HCV) and should be confirmed by a second manufacturer's EIA, immunoblot or nucleic acid (e.g., PCR) for HCV-RNA. OR Detection of hepatitis C virus RNA (HCV-RNA). HBV Confirmed Chronic Carrier: Laboratory confirmation of infection: Persistence of confirmed Hepatitis B surface antigen (HBsAg) positivity for more than 6 months in the context of a compatible clinical history of probable exposure OR HBsAg positive and immunoglobulin M antibody to hepatitis B core antigen (anti-HBc IgM) negative or total antibody to Hepatitis B core antigen (anti-HBc total) positive and HBV-DNA positive AND HBsAg negative and antibody to Hepatitis B Surface Antigen (anti-HBs) negative. HBV Probable Chronic Carrier: Laboratory confirmation of infection: HBsAg positive in the context of compatible clinical history and/or appropriate epidemiologic exposure, e.g., self reported past history of Hepatitis B, born in Hepatitis B endemic country .</p>

Issue	Expectation	Measurement	2014 clinical history or probable exposure	2012
		Is the case definition used in surveillance data collection and reporting?	Case definitions are applicable at the national level; provincial and territorial case definitions may vary. Not all jurisdictions are able to report HBV and HCV cases by acute/chronic status and so national data are typically published in aggregate format. More detailed surveillance reports may examine acute and chronic cases separately where possible.	n/a
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	In 2009-2010, the Public Health Agency of Canada and the Canadian Institutes of Health Research (CIHR) developed the Public Health Agency of Canada/CIHR Hepatitis C Joint Research Initiative. This initiative provides \$954,000 annually to support hepatitis C research. The work seeks to better understand hepatitis C through the development, application and use of new knowledge.	Hepatitis C Prevention, Support and Research Program (PHAC): Initiated in 1999 for 5 years, renewed for three more years in 2004, renewed for CIHR funds the National Canadian Research Training Program in Hepatitis C and also supports hepatitis-related research through grants.
		How much funding?	954,000 annually.	Annual funding in 2008 (\$10.65 million annually).
3b) Research funding		Has funding changed recently?	The current agreement with the CIHR, which ends in 2014-2015, has been renewed for a further five years through to 2019-2020.	Information not available.
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	The current agreement with the CIHR includes support for an inter-disciplinary training component, the National CIHR Research Training Program in Hepatitis C.	Funding through the Hepatitis C Prevention, Support and Research program requires a dissemination strategy. A 2009 report on the Hepatitis C program included a focus on knowledge synthesis and exchange.

Issue	Expectation	Measurement	2014	2012
		What knowledge translation and dissemination activities happen?	The National CIHR Research Training Program in Hepatitis C supports continued momentum and enhances the capacity of researchers to combat hepatitis C through education and research programs, as well as collaborative knowledge translation and dissemination activities. More information is available at http://www.ncrtp-hepc.ca .	Some financial support for other organizations (such as CATIE) to disseminate and share research, however funding is not stable.

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	Information not available.
		Describe the program/s.	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		Describe evaluation results, if available.	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		Are there testing programs targeted for Aboriginal communities?	Information pending following request (FNIHB).	Information not available.
		Describe the program/s.	Information pending following request (FNIHB).	n/a
		Describe evaluation results, if available.	Information pending following request (FNIHB).	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for youth?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	Information not available.
		Describe the program/s.	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		Describe evaluation results, if available.	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		Are there testing programs targeted for people in prison?	Information pending following request (CSC).	Hepatitis testing and counseling is available in federal prisons and testing increased by 4% from 2000 to 2001.
		Describe the program/s.	Information pending following request (CSC).	n/a
		Describe evaluation results, if available.	Information pending following request (CSC).	Information not available.
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	The Public Health Agency of Canada provides funding to the Canadian Society for International Health (CSIH) to coordinate World Hepatitis Day awareness-raising activities. In addition, the Agency released an updated resource, entitled Hepatitis B: Get the Facts, in 2014. This resource helps individuals make healthy decisions by providing information on the risk factors for infection, testing, prevention of onward transmission of the virus, and treatment and care.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Describe the campaign/s.	<p>In 2014, under the Know your Status, Get tested campaign activities across Canada aimed to educate participants on hepatitis infection by offering information on transmission and prevention, by offering vaccinations for hepatitis A and B, and testing for hepatitis B and C in collaboration with local public health authorities. A toolkit, available at http://www.whdcanada.org, is available to organizations undertaking local campaigns. The campaign also includes a national poster contest under the same theme and targets priority populations. The Canadian Public Health Association enhances engagement and collaboration among health care and public health providers on approaches to addressing STBBIs and reducing stigma, discrimination and other barriers for those at risk and infected with sexually transmissible and blood-borne infections (STBBI) through the development and distribution of core competencies for HIV and other STBBIs prevention and the development of tools and products to impact attitudes, values and behaviours of health care professionals to decrease stigma and discrimination and to improve HIV, HCV and other STBBI prevention (http://www.cpha.ca). The Canadian Aboriginal AIDS Network partners with Pauktuutit and other organizations to implement national Aboriginal awareness campaigns through the lens of HIV for other communicable diseases. Campaign activities include developing and sharing wise practices with front-line social service providers, policy makers, and regional, national and international communities; and developing, updating and disseminating resources on HIV/AIDS, Hep C, STBBIs, TB, mental health, aging and related co-morbidity issues. (http://www.caan.ca).</p>	n/a
		Describe evaluation results, if available.	<p>Evaluations of activities are undertaken as part of the projects' reporting requirements. Evaluation reports submitted so far have demonstrated that activities undertaken have increased awareness of hepatitis B and C among the general public as well as the medical community and patients.</p>	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	The Agency offers funding to more than 16 community-based organizations through a grants and contributions program to undertake these activities	Information not available.

Issue	Expectation	Measurement	2014	2012
		Describe the program/s.	Activities that contribute to the prevention of hepatitis C among vulnerable youth include health promotion activities on hepatitis C (including co-infection) and other STBIs to be undertaken in schools and communities; drop in; training peer educators to deliver education and awareness workshops, activities and resources to promote dialogue with youth and help them gain control over their health; and incorporate a peer to peer model to deliver workshops to increase testing and promote risk reduction and mitigation protocols. Other types of activities support culturally appropriate youth-focused education that responds to local needs and contexts; Please refer to http://www.jersvision.org/ , http://www.ysb.on.ca and http://avi.org/as examples of such projects.	n/a
		Describe evaluation results, if available.	Evaluations of activities are undertaken as part of the projects' reporting requirements. Evaluation reports submitted so far have demonstrated that activities aimed at youth and other priority populations have increased awareness of hepatitis B and C risk factors .	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach	Are there outreach programs and campaigns to reach underserved, diagnosed individuals?	The Agency offers funding to more than 16 community-based organizations through a grants and contributions program to undertake these activities	Information not available.
	individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Describe the program/s and campaigns.	Outreach activities target vulnerable people living with or at risk of Hep B or C, including homeless/under-housed, people who use drugs, and street-involved youth. They include peer-led Hep B or C support groups that cover topics such as HIV and STI co-infection, access to treatment and nutrition counselling; hiring and training peer educators to design and lead Hep C programming; accompanying clients to treatment appointments; and referrals to increase treatment accessibility.(http://www.ctchc.com/) Other funded activities increase awareness about health system factors that affect attendance for care, support community engagement and development, and broaden resource distribution across multiple priority populations along the disease continuum. More information about projects is available at http://www.bccdc.ca/dis-cond/a-z/_h/HepatitisC/overview/AttendanceHepC/default.htm .	n/a
		Describe evaluation results, if available.	Evaluations of activities are undertaken as part of the projects' reporting requirements. Evaluation reports submitted so far have demonstrated that outreach programs are successful in reaching individuals diagnosed with hepatitis B and C and encouraging them to access appropriate care.	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	In 2013, the Public Health Agency of Canada released the publication Primary Care Management of Hepatitis B – Quick Reference, as a companion document to the Primary Care Management of Hepatitis C – Professional Desk Reference 2009. These documents are intended as resource tools for primary care and public health professionals to assist them in their approach to day-to-day clinical decisions related to screening, diagnosis, management and prevention of viral hepatitis. The Agency also provides guidance on hepatitis C screening to reduce the number of undiagnosed infections in Canada. An updated approach to screening for hepatitis C is expected to be released in early 2015. Through the Hepatitis C Prevention, Support and Research Program, the Agency provides funding to the Canadian Public Health Association (CPHA) to develop tools to increase the capacity of public health professionals to address sexually transmissible and blood-borne infections (STBBIs), including viral hepatitis. Resources are available on the CPHA's website at http://www.cpha.ca .	n/a
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		If yes, how is this being accomplished?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		If no, why hasn't this been made a priority?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	This comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a

Issue	Expectation	Measurement	2014	2012
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	IThis comes under the provincial and territorial jurisdiction, since they are responsible for administering and delivering healthcare services.	n/a

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Through the Hepatitis C Prevention, Support and Research Program, the Public Health Agency of Canada provides annual funding through grants and contributions to support community-based projects that address prevention, treatment, care and support of those living with or at risk for viral hepatitis.	PHAC Hepatitis C program provides funding for developing, evaluation and capacity building of community-based programs, organizations and initiatives that serve people living with hepatitis C.
		Is this funding stable?	Yes	Information not available.
		How much funding is available?	\$3.3M annually	\$10.65 million budgeted annually for whole HCV program since 1998 but data on actual expenditures not readily available.
		Are harm reduction and prevention education programs accessible to at-risk populations?	Programs are accessible for at-risk populations.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Through grants and contributions under the Hepatitis C Prevention, Support and Research Program, the Public Health Agency of Canada provides annual funding to support community-based projects that address prevention, treatment, care and support of those living with or at risk for viral hepatitis.	PHAC Hepatitis C program provides funding for developing, evaluation and capacity building of community-based programs, organizations and initiatives that serve people living with hepatitis C.

Issue	Expectation	Measurement	2014	2012
		Is this funding stable?	Yes,	Information not available.
		How much funding is available?	\$3.3M annually.	\$10.65 million budgeted annually for whole HCV program since 1998 but data on actual expenditures not readily available.
		Are community-based care and support programs accessible to diverse populations?	Yes.	n/a

Manitoba

- ASK 1
- ASK 2
- ASK 3
- ASK 4
- ASK 5
- ASK 6

ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Manitoba offered vaccination against HBV?	No.	No universal neonatal HBV vaccination program.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Yes (recommended)	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Information not available based on our sources.	Yes.
Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Yes.	Infants born to HBV+ women are immunized at birth.	
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	All children in Grade 4 (school-based program).	Universal vaccination for adolescents or preadolescents.
		Is a catch-up vaccination program in place for people who use drugs?	Individuals with life-style risks for infection, including people engaging in illicit drug use, men having sex with men (MSM) and those who engage in other risky sexual practices.	High risk individuals are eligible for the HBV vaccine at no cost.
		Is a catch up vaccination program in place for newcomers to Canada?	Individuals with high-risk medical conditions as per the CIG (2006) and NACI statements.	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	All children in Grade 4 (school-based program).Individuals with high-risk medical conditions as per the CIG (2006) and NACI statements.Individuals who missed the vaccine in Grade 4 and are born on or after January 1, 1989.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for correctional institutions?	Individuals with high-risk medical conditions as per the CIG (2006) and NACI statements.	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Individuals who missed the vaccine in Grade 4 and are born on or after January 1, 1989.	n/a.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	Information not available based on our sources.	Primary/secondary/tertiary prevention efforts (including testing) are an integral part of the overall STBBI prevention program targeted at many key populations including corrections. STI Nurses in Corrections provide education on sexually transmitted and blood-borne infections (STBBI). There are STI public health nurses in corrections in 8 of the 9 provincial institutions.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Information not available based on our sources.	Information not available.
		Are they enforced?	Information not available based on our sources.	Information not available.
		Are up-to-date infection control policies in place and enforced for correctional facilities?	Information not available based on our sources.	Information not available.
		Are they enforced?	Information not available based on our sources.	Information not available.
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Information not available based on our sources.	Body art facilities: Winnipeg has a comprehensive 'Body Modification' bylaw specific to tattooing and body piercing services.
		Are they enforced?	Information not available based on our sources.	Information not available.

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Information not available based on our sources.	Information not available.
		Is HCV treatment available in all communities?	Information not available based on our sources.	Information not available.
		How many people were treated for hepatitis B in 2013?	Information not available based on our sources.	Information not available.
		How many people were treated for hepatitis C in 2013?	Information not available based on our sources.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Are liver transplants available to individuals coinfecting with HIV?	Information not available based on our sources.	Information not available.
		Is access to liver transplantation restricted because of lack of available donor livers?	Information not available based on our sources.	Information not available.
		What is the average wait time to see a specialist	Information not available based on our sources.	Information not available.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Information not available based on our sources.	Last guidelines dated 2008 (HBV) and 2009 (HCV).
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Information not available based on our sources.	Last guidelines dated 2008 (HBV) and 2009 (HCV).
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	lamivudine (Heptovir; apo-lamivudine); peginterferon alfa-2a (Pegasys);	n/a
		What hepatitis C treatments are covered under the provincial drug plan?	peginterferon alfa-2a (Pegasys);	n/a
		What is the criteria for coverage of hepatitis B treatments?	Special Authority.	Require approval by EDS Program. Biopsy and ALT scores and viral load required.
		What is the criteria for coverage of hepatitis C treatments?	Special Authority.	Require approval by EDS Program. Biopsy and ALT scores and viral load required.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Information not available based on our sources.	Staying the same over the past few years.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Information not available based on our sources.	Ministry funds a Living Organ Donor Reimbursement Program. Online registry and public awareness campaign in development.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Information not available based on our sources.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Information not available based on our sources.	n/a
		Does the drug approval process include patient input?	Information not available based on our sources.	n/a
		How is drug safety evaluated?	Information not available based on our sources.	n/a
		What factors determine accessibility to new drugs?	Information not available based on our sources.	Follow CDR recommendations

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	EpiSummaries available online and a Communicable Disease Report. http://www.gov.mb.ca/health/publichealth/surveillance/episummary/index.html	The Monthly Communicable Disease Report (posted on Mb Health website) includes Hepatitis B & C case counts.
		How often is surveillance data available to the public updated?	Monthly/annual	Monthly.
		Last date published.	October 2014/2013	April 2011
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Information not available based on our sources.	Cancer Registry.
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Manitoba Public Health Surveillance System.	Routine surveillance based on lab-reported cases and follow-up case investigation form completion with ethnicity & risk info reported.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Yes.	Yes.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Information not available based on our sources.	National acute and chronic definitions are used.
Is the case definition used in surveillance data collection and reporting?		Information not available based on our sources.	n/a	
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	Information not available based on our sources.	Information not available.
		How much funding?	Information not available based on our sources.	Information not available.
3b) Research funding		Has funding changed recently?	Information not available based on our sources.	Information not available.

Issue	Expectation	Measurement	2014	2012
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Information not available based on our sources.	Information not available.
		What knowledge translation and dissemination activities happen?	Information not available based on our sources.	Information not available.

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Case Finding: Testing of individuals at high risk of infection including but not limited to individuals with a history of injection drug use or who have ever shared drug related equipment, incarceration, body piercing, tattooing, blood transfusion in Canada prior to April 1992, persons with persistently abnormal alanine aminotransferase levels, children born to HCV-positive women, or any other high risk exposures and immigrants from endemic regions (15, 34). The hepatitis C testing recommendations are undergoing review; the recommendations in this protocol will be updated if necessary as more information becomes available. Early detection of HCV infection is important so that treatment may be initiated if indicated, appropriate immunizations undertaken, lifestyle changes initiated to reduce other exposures that might increase the risk of liver damage and to reduce the risk of spread to others. Response to treatment may also be enhanced in individuals with a shorter duration of infection,	Information not available.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
		Are there testing programs targeted for Aboriginal communities?	See above.	Information not available.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
		Are there testing programs targeted for youth?	See above.	Information not available.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for people in prison?	See above.	Information not available.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to destigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Manitoba CD mandate includes: To promote healthy behaviours and cultivate effective partnerships with stakeholders. Specifics of any specific campaigns or projects are unknown.	Information not available.
		Describe the campaign/s.	Information not available.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	See above.	Information not available.
		Describe the program/s.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach underserved, diagnosed individuals?	Information not available based on our sources.	Information not available.
		Describe the program/s and campaigns.	Information not available based on our sources.	n/a
		Describe evaluation results, if available.	Information not available based on our sources.	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Information not available based on our sources.	Yes, central focus or component of several programs run through the Continuing Medical Education (CME) Office at the University of Manitoba
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Information not available based on our sources.	No province-wide incentive specifically for hepatologists.
		If yes, how is this being accomplished?	Information not available based on our sources.	n/a
		If no, why hasn't this been made a priority?	Information not available based on our sources.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Information not available based on our sources.	Numbers have remained stable.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Information not available based on our sources.	3 hepatologists, 10 gastroenterologists and 9 infectious disease specialists.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Information not available based on our sources.	Funding to organizations such as the Manitoba Harm Reduction Network/595 Prevention Team, Nine Circles.
		Is this funding stable?	Information not available based on our sources.	Information not available. Information not available.
		How much funding is available?	Information not available based on our sources.	n/a
		Are harm reduction and prevention education programs accessible to at-risk populations?	Information not available based on our sources.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Information not available based on our sources.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Is this funding stable?	Information not available based on our sources.	Information not available.
		How much funding is available?	Information not available based on our sources.	n/a
		Are community-based care and support programs accessible to diverse populations?	Information not available based on our sources.	n/a

New Brunswick

ASK 1

ASK 2

ASK 3

ASK 4

ASK 5

ASK 6

ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in New Brunswick offered vaccination against HBV?	Information pending based on request.	Yes: > 90% of newborns receive the HBV vaccine.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Information pending based on request.	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Information pending based on request.	n/a
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Information pending based on request.	Infants born to HBV+ women are immunized at birth.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Information pending based on request.	Grade 4 catch-up program.
		Is a catch-up vaccination program in place for people who use drugs?	Information pending based on request.	No.
		Is a catch up vaccination program in place for newcomers to Canada?	Information pending based on request.	Yes, publicly funded for children born after 1986;

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for Aboriginal communities?	Information pending based on request.	Yes, publicly funded for children born after 1986;
		Is a catch up vaccination program in place for correctional institutions?	Information pending based on request.	Yes, publicly funded for children born after 1986;
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Information pending based on request.	Yes, publicly funded for children born after 1986;
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	Information pending based on request.	Continuance of methadone maintenance therapy (inmates can not start methadone therapy in prison). Some prisons have addiction and mental health services. Condoms and bleach available
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Information pending based on request.	Information not available.
		Are they enforced?	Information pending based on request.	n/a
		Are up-to-date infection control policies in place and enforced for correctional facilities facilities?	Information pending based on request.	Information not available.
		Are they enforced?	Information pending based on request.	n/a
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Information pending based on request.	Body art facilities: Body art facilities are not regulated so it is left to each facility owner/artists to self-regulate.

Issue	Expectation	Measurement	2014	2012
		Are they enforced?	Information pending based on request.	n/a

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Information pending based on request.	Treatment is not available in all communities, only where there is a specialist. No treatment access in the provincial correctional settings.
		Is HCV treatment available in all communities?	Information pending based on request.	Treatment is not available in all communities, only where there is a specialist. No treatment access in the provincial correctional settings.
		How many people were treated for hepatitis B in 2013?	Information pending based on request.	Information not available.
		How many people were treated for hepatitis C in 2013?	Information pending based on request.	Information not available.
		Are liver transplants available to individuals coinfectd with HIV?	Information pending based on request.	information not available.
		Is access to liver transplantation restricted because of lack of available donor livers?	Information pending based on request.	n/a
		What is the average wait time to see a specialist	Information pending based on request.	6 months – 1 year.

Issue	Expectation	Measurement	2014	2012
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Information pending based on request.	Changes to the questionnaire in 2010.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Information pending based on request.	Changes to the questionnaire in 2010.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	Information pending based on request.	n/a
		What hepatitis C treatments are covered under the provincial drug plan?	Information pending based on request.	n/a
		What is the criteria for coverage of hepatitis B treatments?	Information pending based on request.	Require Special Authorization.
		What is the criteria for coverage of hepatitis C treatments?	Information pending based on request.	Require Special Authorization.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Information pending based on request.	Very low organ donation numbers.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Information pending based on request.	Service NB does some promotion on Medicare cards. There is an organ donor week/day.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Information pending based on request.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Information pending based on request.	n/a
		Does the drug approval process include patient input?	Information pending based on request.	n/a

Issue	Expectation	Measurement	2014	2012
		How is drug safety evaluated?	Information pending based on request.	n/a
		What factors determine accessibility to new drugs?	Information pending based on request.	Follow CDR recommendations.

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	Information pending based on request.	Depending on the issue, "Disease Watch" will give out stats on certain diseases in NB, including viral hepatitis.
		How often is surveillance data available to the public updated?	Information pending based on request.	Information not available.
		Last date published.	Information pending based on request.	Information not available.
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Information pending based on request.	Cancer registry.
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Information pending based on request.	By law, HBV and HCV are reported diseases to Public Health. Follow-up is done on all newly identified cases.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Information pending based on request.	Yes.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Information pending based on request.	National acute and chronic definitions are used.

Issue	Expectation	Measurement	2014	2012
		Is the case definition used in surveillance data collection and reporting?	Information pending based on request.	n/a
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	Information pending based on request.	Information not available.
		How much funding?	Information pending based on request.	n/a
3b) Research funding		Has funding changed recently?	Information pending based on request.	n/a
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Information pending based on request.	Information not available.
		What knowledge translation and dissemination activities happen?	Information pending based on request.	n/a

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Information pending based on request.	Testing is available at some needle exchange programs, methadone clinics and in correctional facilities.
		Describe the program/s.	Information pending based on request.	n/a
		Describe evaluation results, if available.	Information pending based on request.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for Aboriginal communities?	Information pending based on request.	No.
		Describe the program/s.	Information pending based on request.	n/a
		Describe evaluation results, if available.	Information pending based on request.	n/a
		Are there testing programs targeted for youth?	Information pending based on request.	n/a
		Describe the program/s.	Information pending based on request.	n/a
		Describe evaluation results, if available.	Information pending based on request.	n/a
		Are there testing programs targeted for people in prison?	Information pending based on request.	n/a
		Describe the program/s.	Information pending based on request.	n/a
		Describe evaluation results, if available.	Information pending based on request.	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Information pending based on request.	Some campaigns in the past through SIDA/AIDS Moncton and John Howard Society as well as provincial addictions and mental health services.

Issue	Expectation	Measurement	2014	2012
		Describe the campaign/s.	Information pending based on request.	n/a
		Describe evaluation results, if available.	Information pending based on request.	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	Information pending based on request.	Some campaigns in the past through SIDA/AIDS Moncton and John Howard Society as well as provincial addictions and mental health services.
		Describe the program/s.	Information pending based on request.	n/a
		Describe evaluation results, if available.	Information pending based on request.	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach underserved, diagnosed individuals?	Information pending based on request.	Some campaigns in the past through SIDA/AIDS Moncton and John Howard Society as well as provincial addictions and mental health services.
		Describe the program/s and campaigns.	Information pending based on request.	n/a
		Describe evaluation results, if available.	Information pending based on request.	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Information pending based on request.	Some opportunities for continuing education available.
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Information pending based on request.	Information not available.
		If yes, how is this being accomplished?	Information pending based on request.	n/a
		If no, why hasn't this been made a priority?	Information pending based on request.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Information pending based on request.	Information not available.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Information pending based on request.	Approximately 6 – 8 per area.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Information pending based on request.	2011 STI campaign in NB will encourage prevention and education programs through Public Health and with other community partners.
		Is this funding stable?	Information pending based on request.	n/a
		How much funding is available?	Information pending based on request.	n/a

Issue	Expectation	Measurement	2014	2012
		Are harm reduction and prevention education programs accessible to at-risk populations?	Information pending based on request.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Information pending based on request.	There are no specific support or care programs targeting people living with HBV/HCV. The EMH program offers services to anyone that is referred to them by a family doctor or specialist.
		Is this funding stable?	Information pending based on request.	n/a
		How much funding is available?	Information pending based on request.	n/a
		Are community-based care and support programs accessible to diverse populations?	Information pending based on request.	n/a

Newfoundland

- ASK 1
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ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Newfoundland and Labrador offered vaccination against HBV?	No universal neonatal HBV vaccination program.	No universal neonatal HBV vaccination program. Universal vaccination for adolescents or pre-adolescents.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	All women in NL are offered prenatal screening for hepatitis B and if they are positive their babies are offered vaccine at birth.	Information not available.
		Are pregnant women counseled on the benefits of prenatal detection?	Contact person was unable to provide the information.	n/a
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	All babies born to HBV+ women are offered HBV immunization. Information not available regarding immunization of babies born to women with unknown HBsAg status.	Infants born to HBV+ women are immunized at birth.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	NL offered HBV vaccine in grade 6 to all children, coverage rates are 92% for the two dose schedule. http://www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization	Universal vaccination for adolescents or pre-adolescents.
		Is a catch-up vaccination program in place for people who use drugs?	The province recommends and publicly funds immunization for: people who use inhalation or injection drugs, men who have sex with men, those with numerous sexual partners and those who repeatedly seek evaluation and treatment for STIs. There are other high risk groups; see Immunization Manual: http://www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization	Information not available.

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for newcomers to Canada?	Assessment by public health determines need for HBV vaccine on individual basis. See Section 8 of the Immunization Manual: http://www.health.gov.nl.ca/health/publichealth/cdc/health_pro_info.html#immunization	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	Yes.	Information not available.
		Is a catch up vaccination program in place for correctional institutions?	All new admissions are tested for hep B and C and, if not immunized, are offered either Twinrix (if not immunized for hep A) or HBV vaccine.	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Yes.	Information not available.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	Aids Committee of Newfoundland and Labrador (ACNL) has a harm reduction program. They offer education and information sessions on what harm reduction is, have free condoms available, and have a SWAP service. (The SWAP service is a needle exchange service providing a private, confidential area where individuals have access to: a safe place to exchange their used needles for new needles and other injection equipment, safe disposal of used needles, filters, alcohol prep-pads, sterile water, vitamin C, vein care information, information on Hepatitis B and C, and HIV, and support and referrals). There are SWAP programs in EH and WH and a mail service is offered to areas that are out of reach. Contact Gerard Butler	Information not available.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Policies for IPAC are available to all healthcare settings, as per the Disease Control Manual http://www.health.gov.nl.ca/health/publichealth/cdc/infectionpreventionandcontrol.html	Information not available.
		Are they enforced?	Contact person was unable to provide the information.	n/a
		Are up-to-date infection control policies in place and enforced for correctional facilities?	Yes there are policies in place in the correctional facilities.	Information not available.
		Are they enforced?	Yes.	n/a

Issue	Expectation	Measurement	2014	2012
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	NL will only be enforcing standards in tattooing and body piercing establishments. The standards are not yet complete.	Information not available.
		Are they enforced?	They will be.	n/a

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Yes, through Regional Health Authorities (RHAs).	Information not available.
		Is HCV treatment available in all communities?	Yes, through Regional Health Authorities (RHAs). Hep C Clinic in St. John's (GI Consultants).	Information not available.
		How many people were treated for hepatitis B in 2013?	25 in 2013.	Information not available.
		How many people were treated for hepatitis C in 2013?	Unknown at this time. System changes may enable tracking of numbers via NLPCP data.	Information not available.
		Are liver transplants available to individuals coinfected with HIV?	Not in any of the Atlantic Provinces (Multi-Organ Transplant Program).	Information not available.
		Is access to liver transplantation restricted because of lack of available donor livers?	Yes	Information not available.
		What is the average wait time to see a specialist	6 month wait to see a specialist.	Information not available.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Regularly but a common concern is that they are also not up to date.	Information not available.

Issue	Expectation	Measurement	2014	2012
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Regularly but a common concern is that they are also not up to date.	Information not available.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	Entecavir (Baraclude 0.5mg tablets)Interferon alfa-2a (Roferon A 3M iu, 9M iu, or 18M iu injection)Interferon alfa-2b (Intron A 3M iu, 5M iu, or 10M iu injection)Peginterferon alfa -2a (Pegasys 180ug injection)Tenofovir (Viread 300mg tablets)Adefovir Dipivixil (Hepsera 10mg tablets)Lamivudine (Heptovir 100mg, lamivudine 150mg)	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	Interferon alfa-2a (Roferon A 3M iu, 9M iu, or 18M iu injection)Interferon alfa-2b (Intron A 3M iu, 5M iu, or 10M iu injection)Peginterferon alfa -2a (Pegasys 180ug injection)Peginterferon alfa -2a + Ribavirin (Pegasys RBV)Peginterferon alfa-2b + Ribavirin (Pegetron and Pegetron Redipen)TELAPREVIR (INCIVEK 375 MG TABLET)	Information not available.
		What is the criteria for coverage of hepatitis B treatments?	<p>By Special Authority Request: A HBV DNA concentration above 2000 IU/ml.Interferon alfa-2a (Roferon A 3M iu, 9M iu, or 18M iu injection)For chronic hepatitis B or C.Interferon alfa-2b (Intron A 3M iu, 5M iu, or 10M iu injection)For chronic Hepatitis B or C.Peginterferon alfa -2a (Pegasys 180ug injection)Hepatitis B:For the treatment of HBeAg negative Chronic Hepatitis B in patients with compensated liver disease, liver inflammation and evidence of viral replication (both cirrhotic and non-cirrhotic) with demonstrated intolerance or failure to lamivudine therapy.Written request of a hepatologist or other specialist in this area.Maximum duration of coverage, 48 weeks.</p> <p>Tenofovir (Viread 300mg tablets)</p> <p>Chronic Hepatitis B:</p> <p>For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds AND</p> <p>A HBV DNA concentration above 200IU/ml.</p> <p>Adefovir Dipivixil (Hepsera 10mg tablets)</p> <p>In combination with lamivudine in patients who:</p> <p>Developed failure to lamivudine, as defined by an increase in HBV DNA of = 1 log₁₀ IU/ml above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, AND</p> <p>When failure to lamivudine is not due to poor adherence to therapy.</p> <p>Coverage is approved for one year.</p> <p>Lamivudine (Heptovir 100mg)</p> <p>For the treatment of Hepatitis B, upon request of a specialist. Therapy is approved for one year with reassessment required at that time.</p> <p>Lamivudine 150mg Open Benefit</p>	Require Special Authority

Issue	Expectation	Measurement	2014	2012
		What is the criteria for coverage of hepatitis C treatments?	By Special Authority Request:Notes: <ul style="list-style-type: none"> • Response-guided therapy should be considered in patients for whom this is appropriate. • Therapy should be discontinued in all patients with HCV RNA levels greater than 1,000 IU/mL at treatment week 4 or 12, or confirmed HCV RNA positive at treatment week 24. • Must not be administered as monotherapy and must only be prescribed with both peginterferon alfa and ribavirin. • One course of treatment only (up to 12 weeks duration). Renewals are not considered. • Patient has not previously been treated with a HCV NS3/4A protease inhibitor • Prescribed by a specialist or other physicians experienced with treating hepatitis C 	Require Special Authority
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Province is working on increasing the number of transplantation available by linking persons who wish to be donors to Health Card as opposed to drivers license.	Information not available.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Yes.	Information not available.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Please contact Memorial University of Newfoundland for information related to research.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Dependent on other processes.	Information not available.
		Does the drug approval process include patient input?	NL does not have a formal patient input process.	n/a
		How is drug safety evaluated?	See below.	n/a
	What factors determine accessibility to new drugs?	NL relies on CDR/pCODR for the majority of listing recommendations, with some recommendations coming from the Atlantic Common Drug Review (ACDR) as well. NL also tends to rely on the cost effectiveness analysis done by the national committees (there is no NL Expert Drug Review Committee).	Follows CDR recommendations.	

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	Posted monthly on the GNL website http://www.health.gov.nl.ca/health/publichealth/cdc/informationandsurveillance.htm	Information not available.

Issue	Expectation	Measurement	2014	2012
		How often is surveillance data available to the public updated?	Posted monthly on the GNL website http://www.health.gov.nl.ca/health/publichealth/cdc/informationandsurveillance.htm	Information not available.
		Last date published.	September 2014	Information not available.
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	If client hospitalized or dies then this information is collected by RHAs on going basis	Information not available.
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Contact person was unable to provide the information.	Information not available.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Contact person was unable to provide the information.	Information not available.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Case Definitions for Communicable Disease under National Surveillance are used in NL	National Acute and Chronic definitions are used.
		Is the case definition used in surveillance data collection and reporting?	Case definitions for HBV reflect acute chronic and resolved and these are used; resolved HBV is not reported. HCV there is no distinction between types when reporting.	Information not available.
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	Various funding sources (i.e. CIHR; university funding; research foundations) depending on the area of research.	Information not available.
		How much funding?	Information not readily available via web search and contacts made.	Information not available.
3b) Research funding		Has funding changed recently?	Information not readily available via web search and contacts made.	Information not available.
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Some funds allow for or require dissemination.	Information not available.
		What knowledge translation and dissemination activities happen?	Dissemination often through websites and conference presentations and abstracts. Also through journals.	Information not available.

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012	
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Not for hep C. SWAP refers clients to the HIV clinic that offers hep C testing.	Information not available.	
		Describe the program/s.	n/a	n/a	
		Describe evaluation results, if available.	n/a	n/a	
		Are there testing programs targeted for Aboriginal communities?	No. Everyone goes to their family physician for hepatitis C testing. Concern expressed about confidentiality and anonymity, especially in smaller communities.	Information not available.	
		Describe the program/s.	n/a	n/a	
		Describe evaluation results, if available.	n/a	n/a	
		Are there testing programs targeted for youth?	No. Everyone goes to their family physician for hepatitis C testing. Concern expressed about confidentiality and anonymity, especially in smaller communities. If connected with ACNL, may be referred to HIV Clinic for testing and offered hep C testing there.	Information not available.	
		Describe the program/s.	n/a	n/a	
		Describe evaluation results, if available,	n/a	n/a	
		Are there testing programs targeted for people in prison?	Yes.	Information not available.	
		Describe the program/s.	All admissions during pre-admission physical are offered testing. It is not mandatory. All new admissions are also offered vaccination for Hep A and B.	n/a	
		Describe evaluation results, if available.	No numbers but most are agreeable to both testing and vaccination.	n/a	
		Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma?	ACNL provides counselling, support and referral services, public education on HIV, hepatitis B & C and other STBIs.	Information not available.
			Describe the campaign/s.	http://www.acnl.net/	n/a

Issue	Expectation	Measurement	2014	2012
		Describe evaluation results, if available.	http://www.acnl.net/	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	ACNL provides counselling, support and referral services, public education on HIV, hepatitis B & C and other STBBIs.	Information not available.
		Describe the program/s.	http://www.acnl.net/	n/a
		Describe evaluation results, if available.	http://www.acnl.net/	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach under-served, diagnosed individuals?	ACNL provides counselling, support and referral services, public education on HIV, hepatitis B & C and other STBBIs.	Information not available.
		Describe the program/s and campaigns.	http://www.acnl.net/	n/a
		Describe evaluation results, if available.	http://www.acnl.net/	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	There is both curriculum information and education sessions on the prevention of BBP transmission in health care settings. As well education through regular PD days.	Information not available.
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Not at this time NL has a high nurse patient ratio (highest in Canada) so increasing nurses would not be a priority)	Information not available.
		If yes, how is this being accomplished?	n/a	Information not available.
		If no, why hasn't this been made a priority?	Contact person was unable to provide the information.	Information not available.
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Hepatologists doubled from one to two.	Information not available.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	There are 3-4 gastroenterologist and 8 - 10 Internal medicine doctors who treat liver disease	Information not available.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	ACNL funded through federal and provincial programs.	Information not available.
		Is this funding stable?	Yes.	n/a
		How much funding is available?	Around \$500,000 (provincially).	n/a
		Are harm reduction and prevention education programs accessible to at-risk populations?	SWAP program begin informally in the 1990's. In 2005 the provincial government begin to fund ACNL to implement a formal needle exchange program. There are sites in EH and WH further SWAP has distributed needles to other areas of the province via Canada Post .SWAP also receives funding from EH and WH as well as the DHCS	Information not available.
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	(ACNL funded through federal and provincial programs – HIV Provincial Support Services is also available to people living with co-infection or hep C mono-infection.)	Information not available.
		Is this funding stable?	Contact person was unable to provide the information.	n/a
		How much funding is available?	Contact person was unable to provide the information.	n/a
		Are community-based care and support programs accessible to diverse populations?	Contact person was unable to provide the information.	n/a

Northwest Territories

ASK 1

ASK 2

ASK 3

ASK 4

ASK 5

ASK 6

ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Northwest Territories offered vaccination against HBV?	HBV vaccines are given to all infants at birth. The rate of HBV immunization in the NWT for children at age 2 was approximately 90% in 2011. Information is not available for 2012 and 2013.	HBV vaccines are given to all infants at birth. The rate of HBV immunization in the NWT for children at age 2 is approximately 89%.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Yes.	Yes.
		Are pregnant women counseled on the benefits of prenatal detection?	Yes.	Information not available.

Issue	Expectation	Measurement	2014	2012
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	The Hep B vaccine has been available to NWT infants since 1995.	0% of babies were born hepatitis B positive in 2010. The Hep B vaccine has been available to NWT infants since 1995.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	A catch-up program for Grade 4 students was in place between the years 1995-2005. Services are provided to school age children who need immunizations to register for school, but who do not have an immunization record.	The Hep B vaccine has been provided to infants since 1995 with a catch-up program for Grade 4 students between the years 1995 – 2005. Services are provided to school-age children who need immunizations to register for school, but who do not have an immunization record.
		Is a catch-up vaccination program in place for people who use drugs?	There is no specific program, however the vaccine is available to people who use drugs.	No. Routine STI screening includes HCV/HBV testing.
		Is a catch up vaccination program in place for newcomers to Canada?	Yes.	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	Yes.	Information not available.
		Is a catch up vaccination program in place for correctional institutions?	Yes.	In 1996, the NWT also began offering hepatitis C testing to all people entering the correctional system.

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for adults with incomplete immunization records?	There is no specific program.	No.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	Yellowknife Public Health Unit has provided a NEP since 1991. A Primary Health Care – Integrated Service Delivery Model that includes nurse practitioners, public health nurses, physicians, mental health workers, community outreach workers, addictions counselors, income support, housing legal aid and justice are all part of harm reduction services in the NWT. Developing a broad based, comprehensive harm reduction strategy for the NWT is a future priority. NWT correctional institutions do not have needle exchange programs.	NWT correctional institutions do not have needle exchange programs. Yellowknife Public Health Unit has provided a NEP since 1991. Primary Health Care – Integrated Service Delivery Model including nurse practitioners, public health nurses physicians, mental health workers, community outreach workers, addictions counselors, income support, housing, legal aid, justice.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Healthcare settings have the 2012 NWT Infection Prevention and Control Manual.	Health care settings and correctional facilities have the NWT Infection Control Manual.
		Are they enforced?	Yes.	Information not available.
		Are up-to-date infection control policies in place and enforced for correctional facilities?	Yes.	Health care settings and correctional facilities have the NWT Infection Control Manual.
	Are they enforced?	Yes.	Information not available.	

Issue	Expectation	Measurement	2014	2012
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	NWT Standards for Personal Service Establishments (2012) are in effect.	Information not available on body art facilities and beauty industry facilities.
		Are they enforced?	Yes.	Information not available.

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Cases identified are referred to Internal Medicine specialists/hepatologists as needed	Data on whether HCV and HBV treatment is accessible is not available. Cases identified are referred to Internal Medicine specialists. Hepatologists are needed.
		Is HCV treatment available in all communities?	Cases identified are referred to Internal Medicine specialists/hepatologists as needed	Information not available.
		How many people were treated for hepatitis B in 2013?	Contact person was unable to provide the information.	Information not available.
		How many people were treated for hepatitis C in 2013?	Contact person was unable to provide the information.	Information not available.
		Are liver transplants available to individuals coinfecting with HIV?	Contact person was unable to provide the information.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Is access to liver transplantation restricted because of lack of available donor livers?	Contact person was unable to provide the information.	Information not available.
		What is the average wait time to see a specialist	Varies, based on medical staff availability.	Information not available.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	NWT Communicable Disease Manual was last reviewed in March 2007 and is pending review in 2015. NWT Hepatitis B Clinician's desk reference released in 2012. All practitioners have been given access to the APHA Control of Communicable Disease Manual.	NWT Communicable Disease Manual was last reviewed in March 2007 and is reviewed every 5 years.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	NWT Communicable Disease Manual was last reviewed in March 2007 and is pending review in 2015. NWT Hepatitis B Clinician's desk reference released in 2012. All practitioners have been given access to the APHA Control of Communicable Disease Manual.	NWT Communicable Disease Manual was last reviewed in March 2007 and is reviewed every 5 years.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	Recognized HBV treatments are covered under territorial drug plans.	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	Recognized HCV treatments are covered under territorial drug plans.	Information not available.
		What is the criteria for coverage of hepatitis B treatments?	Require special authorization based on an individual's prescription drug program	Information not available.
		What is the criteria for coverage of hepatitis C treatments?	Require special authorization based on an individual's prescription drug program	Information not available.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	All transplant services provided through Alberta Health	Information not available.

Issue	Expectation	Measurement	2014	2012
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	All transplant services provided through Alberta Health	Information not available.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Contact person was unable to provide the information.	Information not available.
		How long is the drug approval process?	Contact person was unable to provide the information.	Information not available.
		Does the drug approval process include patient input?	Contact person was unable to provide the information.	Information not available.
		How is drug safety evaluated?	Contact person was unable to provide the information.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	What factors determine accessibility to new drugs?	Contact person was unable to provide the information.	Information not available.

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	1. Surveillance data is available on the PHAC website and 2. EpiNorth, the NWT epidemiological newsletter	Since 2008, Yellowknife NT has been one of ten Enhanced Hepatitis Strain Surveillance System (EHSSS) sentinel sites monitoring the epidemiological and lab trends of viral hepatitis B & C. Results are shared with PHAC and surveillance data is reported through their website.

Issue	Expectation	Measurement	2014	2012
		How often is surveillance data available to the public updated?	The publication of EpiNorth has been dormant due to capacity issues. Next issue will be out in 2015.	Information not available.
		Last date published.	2012	Information not available.
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	No regular monitoring of hepatitis morbidity or mortality.	No regular monitoring of hepatitis morbidity or mortality
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	1.Routine surveillance through lab confirmed case management.2. Funding for Enhanced Surveillance – Enhanced Hepatitis Strain Surveillance System (EHSSS) sunset in 2012. Currently using a manual system.3. National Notifiable Disease Reporting system.	1.Routine surveillance 2.Enhanced Surveillance - Enhanced Hepatitis Strain Surveillance System (EHSSS) 3.NWT Study with National Microbiology Lab studying the benign outcomes and enhanced clearance of Hep B & C in First Nation populations compared with non-aboriginal Canadians in the NWT.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Yes.	Yes. All cases of hepatitis B&C are reported to the NWT Chief Medical Health Officer, Department of Health and Social Services.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	National acute and chronic case definitions are used.	EHSSS PHAC case definition
		Is the case definition used in surveillance data collection and reporting?	Acute and chronic and resolved (hep B).	n/a
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	No territorial funding available	No.

Issue	Expectation	Measurement	2014	2012
		How much funding?	n/a	n/a
3b) Research funding		Has funding changed recently?	n/a	n/a
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	n/a	n/a
		What knowledge translation and dissemination activities happen?	n/a	n/a

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	NWT incorporates hepatitis as part of broader public health efforts that include other sexually transmitted infections and blood-borne pathogens.	NWT incorporates Hepatitis as part of broader public health efforts that include other sexually transmitted infections and blood-borne pathogens.
		Describe the program/s.	NEP in Yellowknife and some designated NWT communities.	n/a
		Describe evaluation results, if available.	No evaluation results available.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for Aboriginal communities?	NWT incorporates hepatitis as part of broader public health efforts that include other sexually transmitted infections and blood-borne pathogens	NWT incorporates Hepatitis as part of broader public health efforts that include other sexually transmitted infections and blood-borne pathogens.
		Describe the program/s.	No designated programs.	n/a
		Describe evaluation results, if available.	n/a	n/a
		Are there testing programs targeted for youth?	Yes.	NWT incorporates Hepatitis as part of broader public health efforts that include other sexually transmitted infections and blood-borne pathogens.
		Describe the program/s.	1.) The NWT Respect Yourself website is a program for NWT youth to help reduce STI rates and bloodborne diseases by empowering NWT youth to make safer sexual and relationship choices.2.) FOXY, (Fostering Open Expression among Youth), a project of the Institute for Circumpolar Health Research (ICHR) introduces a new way of talking with young women in the NWT about sexual health, sexuality, by building greater self-confidence for making healthy life choices	n/a
		Describe evaluation results, if available.	No evaluation results available.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for people in prison?	Yes.	NWT incorporates Hepatitis as part of broader public health efforts that include other sexually transmitted infections and blood-borne pathogens.
		Describe the program/s.	NWT incorporates hepatitis as part of broader public health efforts that include other sexually transmitted infections and blood-borne pathogens. In 1996 the NWT began offering hepatitis C testing to all people entering the correctional system.	n/a
		Describe evaluation results, if available.	No evaluation results available.	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Yes, there are a range of activities included under the Strategic Plan for the NWT Health and Social Services System to improve the health status of the population.	n/a
		Describe the campaign/s.	1.) Participant in World Hepatitis Day2.) Respectyourself website -a website to help reduce STI rates by empowering NWT youth to make safer sexual choices.3.)Scheduled public and professional presentations on hepatitis & HIV	Participant in World Day Hepatitis Respect yourself website -a program to help reduce STI rates by empowering NWT youth to make safer sexual choices. All STI screening includes HCV.
		Describe evaluation results, if available.	No evaluation results available.	n/a

Issue	Expectation	Measurement	2014	2012
	<p>Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.</p>	<p>Are there awareness programs about risk factors aimed at youth and at-risk populations?</p>	<p>Yes.</p>	<p>Yes.</p>
		<p>Describe the program/s.</p>	<p>1. Funding for the NWT HIV & Hepatitis Support Network sunset in 2012. The NWT Respectyourself website is a program for NWT youth to help reduce STI rates and bloodborne diseases by empowering NWT youth to make safer sexual and relationship choices.3. FOXY, (Fostering Open Expression among Youth), a project of the Institute for Circumpolar Health Research (ICHR) introduces a new way of talking with young women in the NWT about sexual health, sexuality, by building greater self-confidence for making healthy life choice</p>	<p>2009 Community HIV/Hepatitis Prevention & Awareness Workshop (Status of Women Council of the NWT) 2009 Harm Reduction Workshop, Ndhilo – Snorting, Poking, Toking</p>
		<p>Describe evaluation results, if available.</p>	<p>No evaluation results available.</p>	<p>n/a</p>
	<p>Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.</p>	<p>Are there outreach programs and campaigns to reach under-served, diagnosed individuals?</p>	<p>1.) Health & Social Services Public Website2.)Funding for the NWT HIV & Hepatitis Support Network sunset in 2012</p>	<p>Yes.</p>

Issue	Expectation	Measurement	2014	2012
		Describe the program/s and campaigns.	http://www.hss.gov.nt.ca/	The NWT HIV & Hepatitis C Support Network was formed in 2008 in recognition of the need for a specific HIV & Hep C organization that would support all HIV & HCV-affected populations in the NWT The NWT-HHSN's main focus includes education and support services such as peer support groups to assist the 32 communities in the NWT. It does this through raising community-based awareness e.g.) World Hepatitis Day, information brochures and pursuing prevention activities. The NWT-HHSN is supported by Health Canada.
		Describe evaluation results, if available.	No evaluation results available.	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Yes. Funding is available for continuing education opportunities for healthcare providers. Many online courses available and accessible.	Information not available.

Issue	Expectation	Measurement	2014	2012
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Unknown at this time.	Information not available.
		If yes, how is this being accomplished?	n/a	n/a
		If no, why hasn't this been made a priority?	n/a	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Staying the same,	Information not available.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	3-4 NWT practitioners plus out of territories specialist referrals.	There are no hepatologists in the NWT. Specialists in Internal Medicine serve the population.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	The NWT has no designated program or budget related to viral hepatitis at this time. Clinical care and preventive services are included in global primary health care.	Information not available.
		Is this funding stable?	n/a	n/a
		How much funding is available?	n/a	n/a
		Are harm reduction and prevention education programs accessible to at-risk populations?	NWT correctional institutions do not have needle exchange programs. Yellowknife Public Health Unit has provided a NEP since 1991.	n/a

Issue	Expectation	Measurement	2014	2012
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Funding for the NWT HIV & Hepatitis Support Network sunset in 2012. The NWT has no designated program or budget related to viral hepatitis at this time.	Information not available.
		Is this funding stable?	n/a	n/a
		How much funding is available?	No funding.	n/a
		Are community-based care and support programs accessible to diverse populations?	Clinical care and preventive services are included in global primary health care.	n/a

Nova Scotia

- ASK 1
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ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Nova Scotia offered vaccination against HBV?	No – offered in grade 7 (see below)	HAV and HBV vaccinations offered to children in Grade 7.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Yes.	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Yes.	n/a
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Infants born to Hepatitis B positive women are immunized at birth. Hepatitis B vaccination for post exposure prophylaxis in infants is provided free of charge. • If HBsAg status is unknown, health care providers then focus on finding the result and immunizing the babies of any mothers who are positive.	Infants born to HBV+ women are immunized at birth.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Nova Scotia has a HBV school based immunization program since 1995 which is currently offered to students in grade seven.	Information not available.
		Is a catch-up vaccination program in place for people who use drugs?	Hepatitis B vaccine is publicly funded for individuals who use illicit drugs.	Information not available.
		Is a catch up vaccination program in place for newcomers to Canada?	No.	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	No.	Information not available.
		Is a catch up vaccination program in place for correctional institutions?	HBV vaccine is publicly funded for incarcerated individuals.	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	No.	Information not available.

Issue	Expectation	Measurement	2014	2012
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	A broad overarching harm reduction strategy is not in place; however, there are two needle exchanges and several non-governmental organizations that use a harm reduction philosophy in the approach to their work.	No needle exchange programs provided in correctional facilities.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	<ul style="list-style-type: none"> Healthcare settings such as hospitals, primary care settings, continuing care and pre-hospital care settings, have the responsibility to develop, revise and enforce infection prevention and control policies. For example there are national guidelines and standards on issues related to hepatitis transmission, such as routine practices, reprocessing of reusable medical equipment and safe sharps handling, which provide direction for policy development within Nova Scotia health care settings. The Nova Scotia Department of Health and Wellness has provincial occupational management guidelines for communicable disease exposure and illness in healthcare workers that addresses hepatitis exposures and infection. 	—
		Are they enforced?	• It is the responsibility of healthcare settings to monitor, enforce and audit the policies of their respective organizations.	Information not available.
		Are up-to-date infection control policies in place and enforced for correctional facilities facilities?	Infection control policy and practices of the Capital District Health Authority are in place and enforced for all five correctional facilities in Nova Scotia. Additionally there is access to an infection control nurse for consultative purposes.	Information not available.
		Are they enforced?	Yes.	Information not available.
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	The Safe Body Art Act is pending proclamation in Nova Scotia and therefore is not yet in force. A comprehensive set of technical standards for the body art industry have been developed, as has a regulation to support the Act. Work to implement the Act, regulations and standards is underway in Nova Scotia.	Body art facilities: From 2002.
		Are they enforced?	Enforcement of the Safe Body Art Act is anticipated to begin in early 2015. This Act only applied to establishments meeting the definition of a body art facility. This excludes other personal services like acupuncture, hair, nail and other aesthetic services.	Information not available.

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Yes.	Treatment is not available in all communities. It is mainly available in Halifax and Sydney. Treatment is offered in correctional facilities.

Issue	Expectation	Measurement	2014	2012
		Is HCV treatment available in all communities?	Yes.	Treatment is not available in all communities. It is mainly available in Halifax and Sydney. Treatment is offered in correctional facilities.
		How many people were treated for hepatitis B in 2013?	30 new patients were initiated on HBV therapy	People with HBV who meet the criteria are treated.
		How many people were treated for hepatitis C in 2013?	75 patients were initiated on various HCV treatment regimens	About 20% of people with HCV are treated.
		Are liver transplants available to individuals co-infected with HIV?	Yes.	Generally yes if people meet cardiovascular and respiratory health requirements.
		Is access to liver transplantation restricted because of lack of available donor livers?	Yes.	n/a
		What is the average wait time to see a specialist	10 weeks.	3 – 5 months.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Capital District Health Authority Divisions of Gastroenterology and Infectious Diseases collaborate to maintain and update integrated treatment guidelines for viral hepatitis which is widely distributed to all treaters across the province. Last updated 2009.	Updated annually at a conference attended by hepatologists, nurses and healthcare stakeholders.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Capital District Health Authority Divisions of Gastroenterology and Infectious Diseases collaborate to maintain and update integrated treatment guidelines for viral hepatitis which is widely distributed to all treaters across the province. Last updated 2009.	Updated annually at a conference attended by hepatologists, nurses and healthcare stakeholders
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	ENTECAVIR (Baraclude 0.5mg Tablet)INTERFERON ALPHA-2B (Intron-A Injection and Multidose Pen)LAMIVUDINE (Heptovir 100mg Tablet and generic brands)PEGINTERFERON ALFA-2A (Pegasys 180mcg Injection)TENOFIVIR DISOPROXIL (Viread 300mg Tablet)ADEFOVIR DIPIVOXIL (Hepsera 10mg Tablet)	HBV and HCV drugs are covered under provincial Pharmacare. Colony stimulating factors and erythropoietin are only available through third party payers.
		What hepatitis C treatments are covered under the provincial drug plan?	TELAPREVIR (Incivek 375mg Tablet)BOCEPREVIR/RIBAVIRIN PEGINTERFERON ALFA-2B (Victrelis Triple Injection/Capsule)PEGINTERFERON ALFA-2A (Pegasys 180mcg Injection)PEGINTERFERON ALFA-2A AND RIBAVIRIN (Pegasys RBV Injection/Tablet) PEGINTERFERON ALFA-2B AND RIBAVIRIN (Pegetron and Pegetron Redipen Injection/Capsule)	See above.
		What is the criteria for coverage of hepatitis B treatments?	Chronic hepatitis B diagnosis and following established protocol for each drug. Pegasys requires written request of a hepatologist or prescriber with a specialty in hepatitis (SA equivalent).	Require special authorization.

Issue	Expectation	Measurement	2014	2012
		What is the criteria for coverage of hepatitis C treatments?	In general, detectable levels of hepatitis C virus (HCV) RNA prior to treatment <ul style="list-style-type: none"> • fibrosis stage of F2, F3, or F4 as determined by a biopsy/fibroscan where available OR – recommendation of a hepatologist or a prescriber with a specialty in hepatitis (SA equivalent). Type and duration of treatment dependent on HCV genotype, disease progression and treatment experience. 	Require special authorization.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	The number of organs available for transplant has been steadily rising over the past 10 years. Nova Scotia's rate as of 2013 is 20.2 donors per million population (dmpm) with a national average of 15.6 dmpm in Canada.	Staying the same.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	There has not been a specific campaign to promote live organ donation; however, a living organ donor reimbursement policy is in place to assist live organ donors with out of pocket expenses related to their donation.	Active and ongoing organ donor awareness campaigns.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Approval and criteria for clinical trials falls under the jurisdiction of the Federal government.	n/a
		Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	The Common Drug Review is used; in this process approval time varies.
		Does the drug approval process include patient input?	The Common Drug Review is used for the review of new agents, and patient input is incorporated into this process.	n/a
		How is drug safety evaluated?	Recommendations from independent expert advisory committees such as the Canadian Drug Expert Committee and funding availability.	n/a
		What factors determine accessibility to new drugs?	Recommendations from independent expert advisory committees such as the Canadian Drug Expert Committee and funding availability.	n/a

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	The Notifiable Diseases in Nova Scotia 2013 Surveillance Report is available on the Nova Scotia Department of Health and Wellness website. <ul style="list-style-type: none"> • The provincial cancer registry collects clinical and demographic data on newly diagnosed cancer cases for people in Nova Scotia. Data is reported annually to Statistics Canada and added to the Canadian Cancer Registry. • Public Health Agency of Canada, Canada Communicable Disease Report, Volume 40-13, July 10, 2014 provides a recent summary of Acute and Chronic Hepatitis B Surveillance in Canada. http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-13/dr-rm40-13-surv-eng.php 	Available online. Last published" 2009
		How often is surveillance data available to the public updated?	The next update is anticipated to be published before the end of 2014. Surveillance guidelines for Hepatitis B and C were last updated in July 2014.	Information unavailable.

Issue	Expectation	Measurement	2014	2012
		Last date published.	The last Notifiable Disease report was published in September 2013.	Information unavailable.
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	The provincial Cancer Care Nova Scotia, Nova Scotia Cancer Registry collects clinical and demographic data on newly diagnosed cancer cases for people in Nova Scotia. Data is reported annually to Statistics Canada and added to the Canadian Cancer Registry. • The Provincial registrar of vital statistics collects demographic and cause-of-death information for people who die in Nova Scotia. These data are reported annually to Statistics Canada.	NS Cancer Registry
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Hepatitis B and Hepatitis C are, by law, reportable diseases in Nova Scotia and are reported to public health. Trends are published in the notifiable disease annual report.	Through Public Health
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Yes.	Yes
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Yes.	National acute and chronic definitions are used.
		Is the case definition used in surveillance data collection and reporting?	Yes, Hepatitis C surveillance guidelines: http://novascotia.ca/dhw/populationhealth/surveillanceguidelines/hepc.pdf	n/a
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	Yes. Limited funding is available through Nova Scotia Health Research Foundation	AIRN (Atlantic Interdisciplinary Research Network) and Capital District Health Authority both have limited research funds.
		How much funding?	Information unavailable.	Information unavailable.
3b) Research funding		Has funding changed recently?	No.	Information unavailable.

Issue	Expectation	Measurement	2014	2012
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Yes.	AIRN (Atlantic Interdisciplinary Research Network) and Capital District Health Authority both have limited funds.
		What knowledge translation and dissemination activities happen?	Limited knowledge exchange and dissemination of HCV research is funding is available through CIHR-funded Halifax-based Atlantic Interdisciplinary Research Network for Social and Behavioral Issues in Hepatitis C and HIV/AIDS. http://www.med.mun.ca/airn2012/home.aspx	n/a

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	This work is conducted at the local level. Testing is available through seven sexual health centres across Nova Scotia, two Anonymous Testing sites, as well as through primary care physicians and nurse practitioners. Within the province of Nova Scotia there are several nongovernmental organizations that embrace a harm reduction approach in the programs they provide related to education, awareness, support, peer counselling, referral, toll-free lines, navigation, and outreach to diverse populations. These organizations also strive to reduce the stigma associated with blood borne pathogens and reduce the spread of these diseases through needle exchange programs.	Routine testing in addiction services, correctional facilities, community-based programs and immigration services.
		Describe the program/s.	Further information may be obtained from the organizations websites.	n/a
		Describe evaluation results, if available.	Information unavailable.	n/a
		Are there testing programs targeted for Aboriginal communities?	There are a number of community based programs which provide outreach to diverse populations. One example targeting the Aboriginal community includes Healing Our Nations – Atlantic First Nation AIDS Network.	Routine testing in addiction services, correctional facilities, community-based programs and immigration services.
		Describe the program/s.	See website for more information on this program. http://www.hon93.ca/	n/a
		Describe evaluation results, if available.	Information not available.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for youth?	At-risk youth may access services provided by sexual health centres throughout the province in Yarmouth, Sheet Harbour, Pictou County, Lunenburg, Cumberland County, Cape Breton and Halifax (see http://www.nssexualhealth.ca/index.html for information on centres). The Direction 180 mobile methadone Bailey Bus (http://www.direction180.ca/) and the Mobile Outreach Street Health also serve street involved youth. (http://mosshalifax.ca/) • At-risk youth may access services provided by sexual health centres throughout the province in Yarmouth, Sheet Harbour, Pictou County, Lunenburg, Cumberland County, Cape Breton and Halifax.	Routine testing in addiction services, correctional facilities, community-based programs and immigration services.
		Describe the program/s.	Further information may be provided on the corresponding website or available from the program. Sexual health centres provide sexual health promotion, education, services through programming, direct services public awareness events, advocacy and community collaboration.	n/a
		Describe evaluation results, if available.	Information unavailable.	n/a
		Are there testing programs targeted for people in prison?	Testing is available through Anonymous Testing, and primary care providers	Routine testing in addiction services, correctional facilities, community-based programs and immigration services.
		Describe the program/s.	See above.	n/a
		Describe evaluation results, if available.	Information unavailable.	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	See above, many organizations and services are raising awareness and working to decrease stigma. Communities in Nova Scotia celebrate World Hepatitis Day, Liver Care Month, Hepatitis Awareness Month. Liver Care Month evaluations show positive responses.	Communities in Nova Scotia celebrate World Hepatitis Day, Liver Care Month, Hepatitis Awareness Month. Liver Care Month evaluations show positive responses.
		Describe the campaign/s.	See above.	n/a
		Describe evaluation results, if available.	Information unavailable.	n/a

Issue	Expectation	Measurement	2014	2012
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	See above, several organizations promote awareness to youth and at-risk populations. • Programs are available for people living with Hepatic C and/or HIV; youth; people who use drugs; street-involved/homeless; currently or previously incarcerated; men-who-have sex with men, and newcomers to NS. Programs such as Phoenix House also target youth. • Two needle exchange programs (Cape Breton and Halifax Region) are also available to youth and at-risk populations.	Through organizations like Public Health and Phoenix Youth.
		Describe the program/s.	See websites for further information. In particular, Needle exchange programs are working to reduce the harms associated with drug using behaviours, including the sharing of needles, syringes, and other drug using supplies by: providing needles, syringes, proper disposal of needles, education on harm reduction, providing assistance with treatment options, housing, and other services which may include counselling and referral to other services.	n/a
		Describe evaluation results, if available.	Information unavailable.	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach underserved, diagnosed individuals?	Several organizations may address these needs. Further information specific to Hepatitis B and C may be obtained from the Nova Scotia Hepatitis Outreach Society.	Through organizations like HepNS and the Canadian Liver Foundation.
		Describe the program/s and campaigns.	Further information may be obtained from the Hepatitis Outreach Society http://www.hepns.ca/Contact_Us.htm	n/a
		Describe evaluation results, if available.	Further information may be obtained from the Hepatitis Outreach Society http://www.hepns.ca/Contact_Us.htm	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Yes. Dalhousie Faculty of Medicine includes HBV and HCV in its curriculum and the Continuing Professional Development office often organizes CME activities focusing on liver disease and viral Hepatitis. Entry level curriculum for the health care providers also includes HBV/HCV in a variety of health care provider disciplines in Nova Scotia. These include in the School of Nursing, education on the underlying pathophysiology associated with Hepatitis and the sequelae of liver disease that may arise with chronic infection for HBV/HCV. The care related to individuals and health education related to prevention of transmission is also taught. The College of Pharmacy and School of Health Sciences (Cytology, Ultrasound, Nuclear Medicine, Radiological Technology, Respiratory Therapy and MRI) have varying degrees of education on HBV/HCV in their individual programs. Hepatitis is used in a basic overview in pathophysiology.	Range of opportunities available through nursing programs.

Issue	Expectation	Measurement	2014	2012
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Resources will be developed in keeping with the provincial physician resource and clinical service planning.	No province-wide incentive specifically for hepatologists.
		If yes, how is this being accomplished?	See above.	n/a
		If no, why hasn't this been made a priority?	See above.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Staying the same.	Information not available.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Two hepatologists provide care in a collaborative practice with three nurses, including two specialized hepatology nurse practitioners.	2 hepatologists and 3 nurse practitioners.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Public Health provides annual grants to a number of organizations which deliver harm reduction prevention and education programs.	Annual funding made available through Ministry of Health and Wellness for a range of programs.
		Is this funding stable?	Funding is provided through an annual grant approval process.	No increase in funding within past 6 years.

Issue	Expectation	Measurement	2014	2012
		How much funding is available?	Budget for funding of grants is determined by an annual business planning process and budget approval by government. In Nova Scotia, the Hepatitis Outreach Society receives \$45,000 in Fiscal Year 2013/14. Information on proportion funds used by other organizations to address Hepatitis B and C is not available.	Information not available.
		Are harm reduction and prevention education programs accessible to at-risk populations?	<p>Programs are available for people living with Hep C and/or HIV; youth; people who use drugs; street-involved/homeless; currently or previously incarcerated; men-who-have sex with men, and newcomers to NS.</p> <ul style="list-style-type: none"> • Two needle exchange programs (Cape Breton and Halifax Region) are working to reduce the harms associated with drug using behaviours, including the sharing of needles, syringes, and other drug using supplies by: providing needles, syringes, proper disposal of needles, education on harm reduction, providing assistance with treatment options, housing, and other services which may include counselling and referral to other services. • An Anonymous Testing program provides anonymous HIV, hepatitis and syphilis testing, education and counselling as well as referrals to sexual health and other services. • At-risk youth may access services provided by sexual health centres throughout the province in Yarmouth, Sheet Harbour, Pictou County, Lunenburg, Cumberland County, Cape Breton and Halifax. These centres provide sexual health promotion, education, services through programming, direct services public awareness events, advocacy and community collaboration. 	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	<p>Services for individuals with HBV and HCV, such as peer counselling, referral, toll-free line, and navigation, are supported by annual funding from the Public Health division, Department of Health and Wellness. Examples include: Anonymous Testing, Hepatitis Outreach Society of Nova Scotia, Halifax Sexual Health Centre, Mainline Needle Exchange, Sharp Advice Needle Exchange, , Nova Scotia Association for Sexual Health, and Direction 180 low threshold methadone program. Some of these may receive additional time-limited, project-specific funding from the federal government and other sources such as a local community health board.</p> <ul style="list-style-type: none"> • Public Health provides annual grants to organizations related to care and support of individuals with HBV and HCV such as: • Publicly funded health services include Direction 180, Mobile Outreach Street Health (MoSH), and Addiction Prevention and Treatment Services. • There are a number of community based programs which provide outreach to diverse populations. Examples include Healing Our Nations – Atlantic First Nation AIDS Network, Northern AIDS Connection Society (Hepatitis C Aware Project), Hepatitis Outreach Society. Publicly funded health services include Direction 180, MoSH, and Addiction Prevention and Treatment Services. 	Funding is not consistent.
		Is this funding stable?	Funding is dependent on an annual grant approval process.	Information not available.
		How much funding is available?	Budget for funding of grants is determined by an annual business planning process and budget approval by government. In Nova Scotia, the Hepatitis Outreach Society receives \$45,000 in Fiscal Year 2013/14. Information on proportion funds used by other organization to address Hepatitis B and C is not available.	Information not available.
		Are community-based care and support programs accessible to diverse populations?	<ul style="list-style-type: none"> • Programs are available for people living with Hep C and/or HIV; people who use drugs; street-involved/homeless; currently or previously incarcerated; men-who-have sex with men, and newcomers to NS. • Ongoing care is provided by primary care providers in communities across Nova Scotia. 	Information not available.

Nunavut

- ASK 1
- ASK 2
- ASK 3
- ASK 4
- ASK 5
- ASK 6

ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Nunavut offered vaccination against HBV?	All Nunavut infants are offered free Hepatitis B vaccination as per Canadian guidelines.	Information not available.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	All pregnant women are routinely screened for HBV.	Information not available.
		Are pregnant women counseled on the benefits of prenatal detection?	Yes.	Information not available.
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Yes.	Information not available.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	No.	Information not available.
		Is a catch-up vaccination program in place for people who use drugs?	No.	Information not available.
		Is a catch up vaccination program in place for newcomers to Canada?	No.	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	No.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for correctional institutions?	No.	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Yes.	Information not available.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectiious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectiious disease in drug using populations around the province is in place and activated?	No We have very very little injection drug use.	Information not available.
		Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	They are in place but not formally enforced.
	Are they enforced?	Not formally.	Information not available.	
	Are up-to-date infection control policies in place and enforced for correctional facilities facilities?	Contact person was unable to provide the information.	Information not available.	
	Are they enforced?	Contact person was unable to provide the information.	Information not available.	
	Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Contact person was unable to provide the information.	Information not available.	
	Are they enforced?	Contact person was unable to provide the information.	Information not available.	

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
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Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	By referral to other centers.	Information not available.
		Is HCV treatment available in all communities?	By referral to other centers.	Information not available.
		How many people were treated for hepatitis B in 2013?	Information not available.	Information not available.
		How many people were treated for hepatitis C in 2013?	Information not available.	Information not available.
		Are liver transplants available to individuals coinfecting with HIV?	Based on policies of southern jurisdictions where patients are referred.	Information not available.
		Is access to liver transplantation restricted because of lack of available donor livers?	As above.	Information not available.
		What is the average wait time to see a specialist	Contact person was unable to provide the information.	Information not available.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	n/a	Information not available.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	n/a	Information not available.

Issue	Expectation	Measurement	2014	2012
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	Not covered under territorial plan. Covered by NIHB: ENTECAVIR (Baraclude 0.5mg Tablet)INTERFERON ALPHA-2B (Intron-A Injection and Multidose Pen)LAMIVUDINE (Heptovir 100mg Tablet and generic brands)PEGINTERFERON ALFA-2A (Pegasys 180mcg Injection)TENOFIVIR DISOPROXIL (Viread 300mg Tablet)ADEFOVIR DIPIVOXIL (Hepsera 10mg Tablet)	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	Not covered under territorial plan. Covered by NIHB: – TELAPREVIR (Incivek 375mg Tablet)BOCEPREVIR/RIBAVIRIN PEGINTERFERON ALFA-2B (Victrelis Triple Injection/Capsule)PEGINTERFERON ALFA-2A (Pegasys 180mcg Injection)PEGINTERFERON ALFA-2AAND RIBAVIRIN (Pegasys RBV Injection/Tablet) PEGINTERFERON ALFA-2B AND RIBAVIRIN (Pegetron and Pegetron Redipen Injection/Capsule)	Information not available.
		What is the criteria for coverage of hepatitis B treatments?	Chronic hepatitis B diagnosis. Follow established protocols for treatments.	Information not available.
		What is the criteria for coverage of hepatitis C treatments?	Chronic hepatitis C diagnosis. Follow established protocols for treatment.	Information not available.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Contact person was unable to provide the information.	Information not available.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Contact person was unable to provide the information.	Information not available.

Issue	Expectation	Measurement	2014	2012
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Contact person was unable to provide the information.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Contact person was unable to provide the information.	Information not available.
		Does the drug approval process include patient input?	Contact person was unable to provide the information.	Information not available.
		How is drug safety evaluated?	Contact person was unable to provide the information.	Information not available.
		What factors determine accessibility to new drugs?	Contact person was unable to provide the information.	Information not available.

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	Published periodically through PHAC.	Information not available.
		How often is surveillance data available to the public updated?	Varies.	Information not available.
		Last date published.	Contact person was unable to provide the information.	Information not available.
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	No.	Information not available.

Issue	Expectation	Measurement	2014	2012
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Contact person was unable to provide the information.	Information not available.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	n/a	Information not available.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	HBV- Acute and chronic. HCV – not defined.	Information not available.
		Is the case definition used in surveillance data collection and reporting?	Contact person was unable to provide the information.	Information not available.
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	No.	Information not available.
		How much funding?	n/a	Information not available.
3b) Research funding		Has funding changed recently?	n/a	Information not available.
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	n/a	Information not available.
		What knowledge translation and dissemination activities happen?	n/a	Information not available.

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	No.	Information not available.
		Describe the program/s.	n/a	Information not available.

Issue	Expectation	Measurement	2014	2012
		Describe evaluation results, if available.	n/a	Information not available.
		Are there testing programs targeted for Aboriginal communities?	Not specifically. 85 % of the Nunavut population is Inuit.	Information not available.
		Describe the program/s.	n/a	Information not available.
		Describe evaluation results, if available.	n/a	Information not available.
		Are there testing programs targeted for youth?	No.	Information not available.
		Describe the program/s.	n/a	Information not available.
		Describe evaluation results, if available.	n/a	Information not available.
		Are there testing programs targeted for people in prison?	No.	Information not available.
		Describe the program/s.	n/a	Information not available.
		Describe evaluation results, if available.	n/a	Information not available.
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	No.	Information not available.
		Describe the campaign/s.	n/a	Information not available.
		Describe evaluation results, if available.	n/a	Information not available.

Issue	Expectation	Measurement	2014	2012
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	No	Information not available.
		Describe the program/s.	n/a	Information not available.
		Describe evaluation results, if available.	n/a	Information not available.
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach underserved, diagnosed individuals?	No	Information not available.
		Describe the program/s and campaigns.	n/a	Information not available.
		Describe evaluation results, if available.	n/a	Information not available.

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	No.	Information not available.
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	No.	Information not available.
		If yes, how is this being accomplished?	n/a	Information not available.
		If no, why hasn't this been made a priority?	n/a	Information not available.

Issue	Expectation	Measurement	2014	2012
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Not applicable.	Information not available.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	None. Patients are referred out of territory.	Information not available.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	No.	Information not available.
		Is this funding stable?	n/a	Information not available.
		How much funding is available?	n/a	Information not available.
		Are harm reduction and prevention education programs accessible to at-risk populations?	n/a	Information not available.
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	No.	Information not available.
		Is this funding stable?	n/a	Information not available.
		How much funding is available?	n/a	Information not available.
		Are community-based care and support programs accessible to diverse populations?	n/a	Information not available.

Ontario

- ASK 1
- ASK 2
- ASK 3
- ASK 4
- ASK 5
- ASK 6

ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Ontario offered vaccination against HBV?	Hepatitis B is a publicly-funded immunization for children in Grade 7 and for people who meet the high risk eligibility criteria.	No universal neonatal HBV vaccination program. Universal vaccination for adolescents or preadolescents.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Yes, for HBV.	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Yes.	Information not available.
Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Infants born to HBV+ women are immunized at birth.	Infants born to HBV+ women are immunized at birth.	
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Any Grade 7 student who missed 1 or both doses of HB vaccine is eligible to complete the series by the end of Grade 8.	Information not available.
		Is a catch-up vaccination program in place for people who use drugs?	HBV vaccine is available for people who meet the high risk eligibility criteria. For details please see current Immunization Schedule for Ontario on p. 3, available at http://www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf	HBV vaccine is a publicly funded immunization for people who meet the high risk eligibility criteria.
		Is a catch up vaccination program in place for newcomers to Canada?	HBV vaccine is available for people who meet the high risk eligibility criteria. For details please see current Immunization Schedule for Ontario on p. 3, available at http://www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf	HBV vaccine is a publicly funded immunization for people who meet the high risk eligibility criteria.

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for Aboriginal communities?	HBV vaccine is available for people who meet the high risk eligibility criteria. For details please see current Immunization Schedule for Ontario on p. 3, available at http://www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf	HBV vaccine is a publicly funded immunization for people who meet the high risk eligibility criteria.
		Is a catch up vaccination program in place for correctional institutions?	HBV vaccine is available for people who meet the high risk eligibility criteria. For details please see current Immunization Schedule for Ontario on p. 3, available at http://www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf	HBV vaccine is a publicly funded immunization for people who meet the high risk eligibility criteria.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	HBV vaccine is available for people who meet the high risk eligibility criteria. For details please see current Immunization Schedule for Ontario on p. 3, available at http://www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf	HBV vaccine is a publicly funded immunization for people who meet the high risk eligibility criteria.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	Harm Reduction strategies/activities are mentioned on p.5 of the Sexual Health and STI Prevention and Control protocol, available at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/sexual_health_sti.pdf	Methadone maintenance is continued for those who initiate outside of a correctional institution but it is difficult to begin treatment in a correctional institution. Condoms and bleach are available.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Health care settings: "Routine Practices and Additional Precautions for all Health Care Settings" 2010	Health care settings: "Routine Practices and Additional Precautions for all Health Care Settings" 2010
		Are they enforced?	Contact person not able to provide information.	n/a
		Are up-to-date infection control policies in place and enforced for correctional facilities?	Information pending following request.	Information not available.
		Are they enforced?	Information pending following request.	n/a

Issue	Expectation	Measurement	2014	2012
		Are up-to-date infection control policies in place and enforced for Personal Service Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Personal Service Settings: Provincial regulations via "Infection Prevention and Control Best Practices for Personal Service Settings" 2009. Health boards are mandated to inspect at least once/year (more if there are complaints).	Personal Service Settings: Provincial regulations via "Infection Prevention and Control Best Practices for Personal Service Settings" 2009. Health boards are mandated to inspect at least once/year (more if there are complaints).
		Are they enforced?	Information pending following request.	

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Contact person was unable to provide the information.	Treatment is available in many but not all communities. The Ontario Hepatitis Nursing Program trains and hires nurses and other members of multidisciplinary team to provide support to people across Ontario in following treatment plans.
		Is HCV treatment available in all communities?	Treatment is available in many but not all communities. The Hepatitis C Teams hires and trains nurses, social workers/counsellors, outreach workers, peers and community coordinators as part of a multidisciplinary team to provide care, treatment and support to people living with, at-risk of or affected by hepatitis C who identify with priority populations (people who use drugs, people who are homeless or under-house; including street-involved youth, Aboriginal people, people involved in the correctional system and people who have received tattoos/piercings in unregulated facilities) across Ontario.	Treatment is available in many but not all communities. The Ontario Hepatitis Nursing Program trains and hires nurses and other members of multidisciplinary team to provide support to people across Ontario in following treatment plans.
		How many people were treated for hepatitis B in 2013?	Contact person was unable to provide the information.	Information not available.
		How many people were treated for hepatitis C in 2013?	2013-14 689 for HCV	Information not available.
		Are liver transplants available to individuals coinfecting with HIV?	Yes.	Yes, but only recently. A model for donation and transplant services is being explored.
		Is access to liver transplantation restricted because of lack of available donor livers?	Contact person was unable to provide the information.	Information not available.
		What is the average wait time to see a specialist	Contact person was unable to provide the information.	Wait times not tracked for this specialty.

Issue	Expectation	Measurement	2014	2012
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Updated in 2012 http://hepatology.ca/	2007 Canadian Consensus Guidelines.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Updated in 2012 http://hepatology.ca/	2007 Canadian Consensus Guidelines.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	Entecavir, lamavudine, tenofovir, adefovir, Interferon alpha	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	Peg/interferon, ribavirin, simeprevir, boceprevir	Information not available.
		What is the criteria for coverage of hepatitis B treatments?	Require special authorization. Diagnosis of hepatitis B and protocols according to drug maker/s.	Information not available.
		What is the criteria for coverage of hepatitis C treatments?	Require special authorization. Criteria can include biopsy scores, viral load and/or ALT scores (depending on the treatment). NOTE: Not sure if this applies to HBV as well.	Require special authorization. Criteria can include biopsy scores, viral load and/or ALT scores (depending on the treatment). NOTE: Not sure if this applies to HBV as well.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Increasing over the past 10 years.	Increasing over the past 10 years.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Trillium Gift of Life Network is very active in promoting donations. The 2011 campaign is called Life 1500 and there are many community events including religious and cultural perspectives.	Trillium Gift of Life Network is very active in promoting donations. The 2011 campaign is called Life 1500 and there are many community events including religious and cultural perspectives.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Contact person was unable to provide the information.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Contact person was unable to provide the information.	n/a
		Does the drug approval process include patient input?	Yes.	n/a
		How is drug safety evaluated?	See below.	See below.

Issue	Expectation	Measurement	2014	2012
		What factors determine accessibility to new drugs?	Drug review process takes federal CDR into account, but additional Ontario considerations include provincial budget and input from its citizens. Two of CED's members are Patient Representatives. CED process includes input from registered patient groups (since April, 2010).	Drug review process takes federal CDR into account, but additional Ontario considerations include provincial budget and input from its citizens. Two of CED's members are Patient Representatives. CED process includes input from registered patient groups (since April, 2010).

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	Surveillance data is available online.	Surveillance data is available online.
		How often is surveillance data available to the public updated?	Contact person was unable to provide the information.	n/a
		Last date published.	2014	2008
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Ontario Cancer Registry.	Ontario Cancer Registry.
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Cases are collected through reporting.	Cases are collected through reporting.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Yes.	Yes.
Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Case definitions are being updated.	National acute and chronic definitions are used.	
	Is the case definition used in surveillance data collection and reporting?	Information not available.	n/a	
Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	MOHLTC (ON) funds some research via the Ontario HIV Treatment Network (OHTN), but there is no similar research funding body for hepatitis.	MOHLTC (ON) funds some research via the Ontario HIV Treatment Network (OHTN), but there is no similar research funding body for hepatitis.	
	How much funding?	Contact person was unable to provide the information.	n/a	
3b) Research funding		Has funding changed recently?	Contact person was unable to provide the information.	n/a
Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Provincial funding for CATIE to act as a central information dissemination and sharing mechanism for Hep C.	Provincial funding for CATIE to act as a central information dissemination and sharing mechanism for Hep C.	
	What knowledge translation and dissemination activities happen?	See above and CATIE at www.catie.ca	See above.	

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.
		Describe the program/s.	Contact person was unable to provide the information.	Information not available.
		Describe evaluation results, if available.	Contact person was unable to provide the information.	Information not available.
		Are there testing programs targeted for Aboriginal communities?	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.
		Describe the program/s.	Contact person was unable to provide the information.	Information not available.
		Describe evaluation results, if available.	Contact person was unable to provide the information.	Information not available.
		Are there testing programs targeted for youth?	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.
		Describe the program/s.	Contact person was unable to provide the information.	Information not available.
		Describe evaluation results, if available.	Contact person was unable to provide the information.	Information not available.
		Are there testing programs targeted for people in prison?	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.	The Ontario Hepatitis Nursing Program is mandated to work to increase testing among vulnerable and at-risk populations.
		Describe the program/s.	Contact person was unable to provide the information..	Information not available.
		Describe evaluation results, if available.	Contact person was unable to provide the information.	Information not available.
		Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.		Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?
Describe the campaign/s.	In 2007 the Ministry launched a province-wide public awareness campaign encouraging individuals at risk to talk to their doctors and get tested for hepatitis C. Included TV spots, posters, website, and self-assessment tools. Ministry also publishes a series of promotional campaign materials that includes the HBV vaccine. MOHLTC provides funding to other organizations to engage in Hep C work.			In 2007 the Ministry launched a province-wide public awareness campaign encouraging individuals at risk to talk to their doctors and get tested for hepatitis C. Included TV spots, posters, website, and self-assessment tools. Ministry also publishes a series of promotional campaign materials that includes the HBV vaccine. MOHLTC provides funding to other organizations to engage in Hep C work.

Issue	Expectation	Measurement	2014	2012
		Describe evaluation results, if available.	Contact person was unable to provide the information.	Information not available.
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	Yes.	Yes.
		Describe the program/s.	In 2007 the Ministry launched a province-wide public awareness campaign encouraging individuals at risk to talk to their doctors and get tested for hepatitis C. Included TV spots, posters, website, and self-assessment tools. Ministry also publishes a series of promotional campaign materials that includes the HBV vaccine. MOHLTC provides funding to other organizations to engage in Hep C work.	In 2007 the Ministry launched a province-wide public awareness campaign encouraging individuals at risk to talk to their doctors and get tested for hepatitis C. Included TV spots, posters, website, and self-assessment tools. Ministry also publishes a series of promotional campaign materials that includes the HBV vaccine. MOHLTC provides funding to other organizations to engage in Hep C work.
		Describe evaluation results, if available.	Contact person was unable to provide the information.	Information not available.
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach under-served, diagnosed individuals?	Yes.	Yes.
		Describe the program/s and campaigns.	In 2007 the Ministry launched a province-wide public awareness campaign encouraging individuals at risk to talk to their doctors and get tested for hepatitis C. Included TV spots, posters, website, and self-assessment tools. Ministry also publishes a series of promotional campaign materials that includes the HBV vaccine. MOHLTC provides funding to other organizations to engage in Hep C work.	In 2007 the Ministry launched a province-wide public awareness campaign encouraging individuals at risk to talk to their doctors and get tested for hepatitis C. Included TV spots, posters, website, and self-assessment tools. Ministry also publishes a series of promotional campaign materials that includes the HBV vaccine. MOHLTC provides funding to other organizations to engage in Hep C work.
		Describe evaluation results, if available.	Contact person was unable to provide the information.	Information not available.

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Yes, in a variety of formats. In 2007-2008 the Ontario Hepatitis Nursing Program developed training and recruitment components of a publicly-funded hepatitis nursing program.	Yes, in a variety of formats. In 2007-2008 the Ontario Hepatitis Nursing Program developed training and recruitment components of a publicly-funded hepatitis nursing program.
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	No province-wide incentive specifically for hepatologists.	No province-wide incentive specifically for hepatologists.
		If yes, how is this being accomplished?	n/a	n/a
		If no, why hasn't this been made a priority?	Contact person was unable to provide the information.	Information not available.
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Contact person was unable to provide the information.	Numbers have increased.

Issue	Expectation	Measurement	2014	2012
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Contact person was unable to provide the information.	Information not available.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Provincial Naloxone Distribution Program	OHRDP, IDU Outreach Program, Ottawa Safer Inh Program
		Is this funding stable?	Yes.	Yes.
		How much funding is available?	\$7.61M	\$7.41M
		Are harm reduction and prevention education programs accessible to at-risk populations?	Yes.	Yes.
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Funding is available from the MOHLTC Hepatitis C Secretariat for a range of programs and organizations. The Hepatitis C Secretariat forms and supports Hepatitis C Treatment and Support Teams across the province—multidisciplinary teams including a nurse, a psycho-social support worker, an outreach worker and a community coordinator.	Funding is available from the MOHLTC Hepatitis C Secretariat for a range of programs and organizations. The Hepatitis C Secretariat forms and supports Hepatitis C Treatment and Support Teams across the province—multidisciplinary teams including a nurse, a psycho-social support worker, an outreach worker and a community coordinator.
		Is this funding stable?	Yes.	Yes.
		How much funding is available?	\$8M	\$8M
		Are community-based care and support programs accessible to diverse populations?	Community-based care and support programs are accessible to Ontario's Priority Populations.	Community-based care and support programs are accessible to Ontario's Priority Populations.

Prince Edward Island

- ASK 1
- ASK 2
- ASK 3
- ASK 4
- ASK 5
- ASK 6

ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Prince Edward Island offered vaccination against HBV?	No. See Childhood immunization schedule; http://www.gov.pe.ca/health/immunizationschedule (See 2012).	There is no universal HAV immunization program on PEI. HBV vaccine is offered at 2, 4 and 18 months and all residents up to 24 years of age have been offered the vaccine through regular or catch up programs. By 2 years of age, about 88% of children eligible for the vaccine have received 3 doses.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	All pregnant women are offered screening for HBV at the time of their first prenatal visit. None are offered screening for HCV. Counseling is provided by the doctor and/or staff at the time the blood is taken.	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Yes – this would be done by the obstetricians or family physician providing antenatal care.	n/a

Issue	Expectation	Measurement	2014	2012
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Known – Yes. Unknown – Infants born to HBV unknown status women are not immunized without ascertaining if they were HBV+ or not .	Infants born to HBV+ women are immunized at birth.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Catch up vaccination programs for all school aged children for all vaccines on provincial schedule including HBV (HAV not on schedule). No catch up for (b) to (e) except all HCV+ cases offered HAV and HBV vaccines. Aboriginal children offered HBV vaccine as are all residents of PEI.	Catch up vaccination programs for all school aged children for all vaccines on provincial schedule including HBV (HAV not on schedule). No catch up for (b) to (e) except all HCV+ cases offered HAV and HBV vaccines. Aboriginal children offered HBV vaccine as are all residents of PEI.
		Is a catch-up vaccination program in place for people who use drugs?	Yes through the Needle Exchange program and on referral	See above.
		Is a catch up vaccination program in place for newcomers to Canada?	Yes through Public Health Nursing Newcomers Clinic.	See above.

Issue	Expectation	Measurement	2014	2012
		Is a catch up vaccination program in place for Aboriginal communities?	First Nations band nurses work from the same schedule as Public Health Nursing from the province and they enter data into the same database; anyone who is not immunized in a timely fashion are flagged by PHN.	See above.
		Is a catch up vaccination program in place for correctional institutions?	On referral basis if they are diagnosed with HCV. However they are not screened through serology on admission to corrections and offered immunization against HBV.	See above.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	For certain high risk populations such as those diagnosed with HCV, high risk occupations such as health care workers and waste management workers. This will be assessed as part of our current strategic priority of developing an adult immunization policy.	See above.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	There is a needle exchange program across PEI and methadone programs in both Summerside and Charlottetown.	Needle exchange program (NEP) offered across province. Addiction treatment and methadone program available for all of province. HAV and HBV vaccines offered for those attending NEP programs. Correctional facilities – medical services, methadone for those already on methadone, addiction and mental health services available for all facilities. No NEP.

Issue	Expectation	Measurement	2014	2012
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	HPEI has a policy for health care workers regarding immunization including HBV, provincial policies for Routine Practices and Hand Hygiene, and various facility based policies regarding Infection Control and Prevention. There are dedicated ICP's in each facility within HPEI.	All health care settings have infection control guidelines.
		Are they enforced?	Contact person was unable to provide the information.	n/a
		Are up-to-date infection control policies in place and enforced for correctional facilities?	Correctional programs follow routine infection control practices.	Correctional programs follow routine infection control practices.
		Are they enforced?	Contact person was unable to provide the information.	n/a
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	We use the Government of Ontario inspection form for tattoo parlours. We inspect annually. For other personal services we inspect on complaint. We have available the National Collaborating Centre on Environmental Health Cleaning, Disinfection and Sterilization at Personal Service Establishments document. We have also developed our own Nail Salon Guideline document.	Tattooing facilities all have guidelines re infection control and are inspected annually by an Environmental Health Officer for inspection. Beauty industry facilities are not included in regulations for infection control.
	Are they enforced?	Tattoo parlours inspected annually.	Tattoo parlours inspected annually.	

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
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Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Contact person was unable to provide the information.	HCV and HBV treatment is available across PEI and access is equal and equitable. HCV and HBV treatment is available in correctional facilities as well as any other facility on PEI or in the community.
		Is HCV treatment available in all communities?	Contact person was unable to provide the information.	HCV and HBV treatment is available across PEI and access is equal and equitable. HCV and HBV treatment is available in correctional facilities as well as any other facility on PEI or in the community.
		How many people were treated for hepatitis B in 2013?	Contact person was unable to provide the information.	No people were treated for HBV and no requests from physicians to treat.
		How many people were treated for hepatitis C in 2013?	Contact person was unable to provide the information.	17 people were treated in PEI last year (there are 725 cases of Hepatitis C diagnosed since 1990)
		Are liver transplants available to individuals coinfectd with HIV?	Contact person was unable to provide the information.	Liver transplants not done on PEI. Patients referred to specialists out of province. No PEI data without review by Medical Services Division.
		Is access to liver transplantation restricted because of lack of available donor livers?	Contact person was unable to provide the information.	n/a

Issue	Expectation	Measurement	2014	2012
		What is the average wait time to see a specialist	Contact person was unable to provide the information.	It is hard to get a record of wait times because many people go to New Brunswick or other provinces to see specialists.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Contact person was unable to provide the information.	2007 Canadian Consensus Guidelines.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Contact person was unable to provide the information.	2007 Canadian Consensus Guidelines.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	Adefovir Dipivoxil , tablet, 10mg (Hepsera) – For the treatment of Hepatitis B when used in combination with lamivudine, in patients who have failed lamivudine, Entecavir , tablet, 0.5mg (Baraclude) – For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2,000 IU/mL.	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	Boceprevir , capsule, 200mg (Victrelis) Boceprevir/Ribavirin/P-Alfa-2B , pen injection kit, 200mg/80mcg, 200mg/100mcg, 200mg/120mcg, 200mg/150mcg (Victrelis Triple) Peginterferon Alfa-2A , vial, 180ug/mL; pre-filled syringe, 180ug/mL (Pegasys) Peginterferon Alfa-2A & Ribavirin , vial, 180ug/mL & capsule, 200mg; pre-filled syringe, 180ug/mL & capsule 200mg (Pegasys RBV) For the treatment of Hepatitis C. Peginterferon Alfa-2B & Ribavirin , pen, 80ug/0.5mL & capsule, 200mg; pen, 100ug/mL & capsule, 200mg; pen, 120ug/mL & capsule, 200mg; pen, 150ug/mL & capsule, 200mg (Pegatron Redipen) Telaprevir , tablet, 375mg (Incivek) INTERFERON ALFA-2B	Rivaviron, Pegatron and Pegasys have been fully covered for many years on PEI.

Issue	Expectation	Measurement	2014	2012
		What is the criteria for coverage of hepatitis B treatments?	See above.	Information not available.
		What is the criteria for coverage of hepatitis C treatments?	<ul style="list-style-type: none"> • detectable levels of hepatitis C virus (HCV) RNA prior to treatment • fibrosis stage of F2, F3, or F4 as determined by a biopsy/fibroscan where available OR recommendation of a hepatologist or a prescriber with a specialty in hepatitis. The request for coverage must be made to the Chief Health Officer. 	Any HCV positive patient with a request from a Specialist for antiviral medication is approved (the two recently licensed antivirals are presently under review).
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	No organ transplants done in PEI. No data available.	No organ transplants done in PEI. No data available.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Not aware of any specific programs.	Not aware of any specific programs.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	No clinical trials.	No clinical trials.

Issue	Expectation	Measurement	2014	2012
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	The majority of Provinces face challenges with approving new drugs due to the significant number of new medications coming into the Canadian market in the last few years. A Provincial Drugs and Therapeutics Committee has been formed with the hope of helping to expedite the drug approval process.	Drugs are approved whenever national and provincial review new medications. The PEI criteria are set up in accordance with coordinated drug review of Atlantic and Canadian drug programs. What is meant by "All"? See explanation for antivirals above.
		Does the drug approval process include patient input?	Requests for public funding of new drugs are reviewed by the Provincial Drugs and Therapeutics Committee, a group of health care professionals, who makes clinical recommendations regarding public drug coverage required to address the greatest healthcare needs of PEI residents.	See above.
		How is drug safety evaluated?	The coverage of new pharmaceutical products, new dosage forms and new strengths of existing products, and new uses for existing products must be approved on the authority of the Minister of Health and Wellness. The approval is based, in part, upon review by and recommendations received from either the Canadian Expert Drug Advisory Committee (CEDAC), the Atlantic Expert Advisory Committee (AEAC) or the Pan Canadian Oncology Drug Review (P-CODR). The membership of these committees includes practicing physicians, pharmacists, and experts in drug evaluation. They review and evaluate scientific and economic information on new pharmaceutical products and make a recommendation to participating federal, provincial, and territorial government drug programs on whether a drug should be listed as a program benefit, including any conditions and/or criteria for coverage.	See above.
		What factors determine accessibility to new drugs?	Clinical criteria and funding are two of the main factors determining accessibility to new drugs.	See above.

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	CPHO report biannually; http://www.gov.pe.ca/health/index.php3?number=1051656&lang=E	Surveillance data on any reportable disease on PEI are available upon request and a copy can be mailed or faxed to anyone at any time.
		How often is surveillance data available to the public updated?	Every 2 years.	n/a
		Last date published.	Spring 2014.	n/a
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	No.	If notified of a death, the data is filed in the patient's chart. No morbidity data collected other than approval for antiviral medications when requested by physician.
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	HBV and HCV are notifiable diseases under the Public Health Act and Regulations. The provincial microbiology lab is required to report all lab confirmed cases to the CPHO once lab confirmation	HBV and HCV are passively reported as required under the regulations pursuant to the Public Health Act. There are no enhanced or population based surveys carried out.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Yes.	Yes.

Issue	Expectation	Measurement	2014	2012
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	We follow the National Case Definition (PHAC's modified case definition 2012).	A case of HBV is defined as a person with a confirmatory test for HBV and the same for HCV. A positive viral level or load for either virus is also counted as a case.
		Is the case definition used in surveillance data collection and reporting?	See above, however we cannot differentiate acute, chronic or resolved for HCV so they are reported as unspecified.	n/a
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	There is no specific fund for HBV and HCV. These two diseases are included in blood borne pathogen education and prevention programs.	No funding available.
		How much funding?	Contact person was unable to provide the information.	n/a
3b) Research funding		Has funding changed recently?	No.	n/a
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Contact person was unable to provide the information.	There is no specific fund for HBV and HCV. These two diseases are included in blood borne pathogen education and prevention programs.
		What knowledge translation and dissemination activities happen?	Contact person was unable to provide the information.	n/a

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Contact person was unable to provide the information.	Most admissions to addiction facilities are tested for HCV. None of the others are specifically targeted. Hep B total tests: 2009-3822, 2010-3844, 2011-3526 Hep C total tests: 2009-2124, 2010-2279, 2012-2434
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
		Are there testing programs targeted for Aboriginal communities?	Contact person was unable to provide the information.	As a part of programs for all blood borne pathogen diseases. Note that risk factors overlap with diseases other than HBV and HCV
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
		Are there testing programs targeted for youth?	Contact person was unable to provide the information.	As a part of programs for all blood borne pathogen diseases. Note that risk factors overlap with diseases other than HBV and HCV
		Describe the program/s.	Contact person was unable to provide the information.	n/a

Issue	Expectation	Measurement	2014	2012
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
		Are there testing programs targeted for people in prison?	Contact person was unable to provide the information.	As a part of programs for all blood borne pathogen diseases. Note that risk factors overlap with diseases other than HBV and HCV
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Through NEP; This is currently being explored as part of work with Hep C guidelines and evaluation.	As for all blood borne pathogen diseases.
		Describe the campaign/s.	See above.	n/a
		Describe evaluation results, if available.	See above.	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	Contact person was unable to provide the information.	None specifically.

Issue	Expectation	Measurement	2014	2012
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach underserved, diagnosed individuals?	Contact person was unable to provide the information.	None specifically.
		Describe the program/s and campaigns.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Training is conducted through inservices periodically to public health nursing as new guidelines/information become available. Public health nursing conducts surveillance, immunization and education follow up with HCV and HBV clients.	No programs specific to HBV and HCV but may be provided to those working in addiction services.

Issue	Expectation	Measurement	2014	2012
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	PEI is a small province and capacity is limited in this area. An investment has also been made in the addictions area that supports methadone treatment and IV drug users. Internal Medicine Specialist – Gastroenterologists-provide support in this area.	There is no medical school on PEI so no programs for specialists in any specialty.
		If yes, how is this being accomplished?	n/a	n/a
		If no, why hasn't this been made a priority?	Being a small jurisdiction, some patients are also served out of province in Halifax, NS.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	The number of Internal Medical Specialists in gastroenterology is staying the same. These are the specialists who provide support to these patients or the patients in some cases are referred off Island.	There are no specialists in the fields mentioned and the number remains at zero due to small population of province. All referrals are to out of province specialists.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Three Internal Medicine Specialists – Gastroenterologists-provide support.	The average wait time to see a specialist depends upon the specialty and would not be available here.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	NEP program is operated through Public Health Nursing with HPEI	There are no outreach programs.
		Is this funding stable?	Contact person was unable to provide the information.	n/a

Issue	Expectation	Measurement	2014	2012
		How much funding is available?	Contact person was unable to provide the information.	n/a
		Are harm reduction and prevention education programs accessible to at-risk populations?	Yes through NEP which includes education, referral, immunization, counseling and clinical care such as wound care.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Contact person was unable to provide the information.	AIDS PEI and the Native Youth Organization exist. However, these organizations are small and do not focus on Hepatitis B & C. All programs are a part of the provincial care and support programs. The needle exchange program is available for the injection drug using population. Individual NGC would acquire funding for their programs and would have to be requested from them.
		Is this funding stable?	Contact person was unable to provide the information.	n/a
		How much funding is available?	Contact person was unable to provide the information.	n/a
		Are community-based care and support programs accessible to diverse populations?	Contact person was unable to provide the information.	n/a

Quebec

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ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Quebec offered vaccination against HBV?	Oui.	Hepatitis A and B vaccines are offered to children in Grade 4. This includes youth in Aboriginal communities.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Oui.	Women can request screening / screening is done if the mother is at risk.
		Are pregnant women counseled on the benefits of prenatal detection?	Oui.	See above.
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Oui.	Infants born to HBV+ women are immunized at birth.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Oui.	Catch-up programs available for children in Grade 4 and for free at local community service centers

Issue	Expectation	Measurement	2014	2012
		Is a catch-up vaccination program in place for people who use drugs?	Oui.	Information not available.
		Is a catch up vaccination program in place for newcomers to Canada?	Personnes qui font partie de communautés où l'hépatite B est endémique.	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	Non.	Information not available.
		Is a catch up vaccination program in place for correctional institutions?	Oui.	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Oui.	Information not available.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2009/09-360-02F.pdf http://www.inspq.qc.ca/pdf/publications/1860_Statistiques_Prevention_VIH.pdf http://www.inspq.qc.ca/pdf/publications/1883_Surveillance_Maladies_UDI_2012.pdf	No needle exchanges in prisons. HBV vaccine and continuation of methadone maintenance therapy initiated prior to prison are available. In light of the InSite court ruling, QC has indicated it will open safe injection sites in big urban centres.

Issue	Expectation	Measurement	2014	2012	
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Pas de politique de contrôle et d'inspection. Document pour les tatoueurs et perceurs disponibles : en français : http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2002/02-310-02.pdf en anglais : http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2002/02-310-02A.pdf Documents pour la population disponibles : http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2003/03-310-1AF.pdf http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2003/03-310-1BF.pdf http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2003/03-310-03.pdf http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2003/03-310-03A.pdf	Health care settings: Have up-to-date and enforced infection control policies.	
		Are they enforced?	Oui.	n/a	
		Are up-to-date infection control policies in place and enforced for correctional facilities facilities?	Oui.		Correctional facilities: Same as health care settings.
		Are they enforced?	Oui.		n/a
		Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Non.		Body art facilities: There is no standard infection control policy. Body art facilities: From 2002.
		Are they enforced?	n/a		n/a

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Oui.	Treatment is available in provincial correctional institutions. It is difficult for prisoners to continue treatment when they leave prison.
		Is HCV treatment available in all communities?	Oui.	Treatment is available in provincial correctional institutions. It is difficult for prisoners to continue treatment when they leave prison.
		How many people were treated for hepatitis B in 2013?	Contact person was unable to provide the information.	Information not available.
		How many people were treated for hepatitis C in 2013?	Environ 1300 personnes	Information not available.
		Are liver transplants available to individuals co-infected with HIV?	Ne sais pas	Yes but only recently.
		Is access to liver transplantation restricted because of lack of available donor livers?	Contact person was unable to provide the information.	n/a

Issue	Expectation	Measurement	2014	2012
		What is the average wait time to see a specialist	Contact person was unable to provide the information.	Wait times vary between regions. In Montreal, it is between 2 weeks and a year. In other regions it is longer.
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Contact person was unable to provide the information.	5 regions of Quebec have management guidelines for people living with HCV or HBV. Most recent: 2009.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	? Un Guide sur la prise en charge de l'hépatite C est en élaboration et sera publié avant l'été 2015.	
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	INF-alfa, Interféron péglilé, Lamivudine, adéfovir, entecavir, tenofovir, emtricitabine (TRUVADA)	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	PEG-IFN/RBV, Telaprevir, Boceprevir, Siméprevir, Sofosbuvir, Ribaverin	Information not available.
		What is the criteria for coverage of hepatitis B treatments?	Contact person was unable to provide the information.	Require special authorization.
		What is the criteria for coverage of hepatitis C treatments?	Contact person was unable to provide the information.	Require special authorization.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Contact person was unable to provide the information.	Information not available.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Oui.	There are at least two campaigns every year to promote organ donation.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Non.	Of those infected, some are involved in research trials.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Contact person was unable to provide the information.	Quebec has its own drug review process.
		Does the drug approval process include patient input?	Oui.	See above.
		How is drug safety evaluated?	Comme pour tout autre médicament soumis pour l'approbation.	See above.
		What factors determine accessibility to new drugs?	Valeur thérapeutique d'abord et fardeau financier si d'autres options moins dispendieuses sont disponibles	See above.

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
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Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	L'Institut national de santé publique du Québec a produit le Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec –Voici le lien http://www.inspq.qc.ca/pdf/publications/1920_Portrait_ITSS_2013_Projections_2014.pdf	Surveillance data is accessible online however it's not very recent (2-3 years old).
		How often is surveillance data available to the public updated?	Annuellement.	See above.
		Last date published.	Novembre 2014	
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Contact person was unable to provide the information.	Cancer registry.
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Les cas sont déclarés au Registre des maladies à déclaration obligatoire (MADO)	Based on reporting from physicians.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Oui.	Yes.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Oui.	Yes.
		Is the case definition used in surveillance data collection and reporting?	Aigu, chronique et sans précision	National acute and chronic definitions are used.
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	OUI, mais seulement pour l'hépatite C	The Ministry of Health Program was renewed for another five years. They fund organizations to do Hep C work.
		How much funding?	Contact person was unable to provide the information.	n/a

Issue	Expectation	Measurement	2014	2012
3b) Research funding		Has funding changed recently?	Contact person was unable to provide the information.	n/a
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	Oui.	Roundtables are held.
		What knowledge translation and dissemination activities happen?	Symposium sur les hépatites virales. Symposium sur les aspects psycho-sociaux des hépatites. Retours sur les nouveautés.	n/a

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Oui.	There are testing programs in correctional facilities and drug treatment centres. Testing is free in aboriginal health centres.
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
		Are there testing programs targeted for Aboriginal communities?	Contact person was unable to provide the information.	There are testing programs in correctional facilities and drug treatment centres. Testing is free in aboriginal health centres.
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for youth?	Contact person was unable to provide the information.	There are testing programs in correctional facilities and drug treatment centres. Testing is free in aboriginal health centres.
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
		Are there testing programs targeted for people in prison?	Contact person was unable to provide the information.	There are testing programs in correctional facilities and drug treatment centres. Testing is free in aboriginal health centres.
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Contact person was unable to provide the information.	Through organizations like Hépatites Ressources that provide information to this effect in schools, conferences for healthcare providers and through support programs for people living with HBV/HCV.
		Describe the campaign/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a

Issue	Expectation	Measurement	2014	2012
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	Seulement du matériel imprimé. http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2009/09-332-01F.pdf http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2009/09-332-01A.pdf http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2011/11-304-01F.pdf Campagnes menées par partenaires communautaires : Association des intervenants en toxicomanie du Québec (http://reductiondesmefaits.aitq.com/) et l'Association pour la promotion de la santé des personnes qui font usage de drogues (http://injecteur.ca/)	Through organizations like Hépatites Resources that go into schools, treatment centers, prisons and work with street-outreach workers.
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach under-served, diagnosed individuals?	Oui.	Awareness is growing among physicians and their patients but support for these programs is limited.
		Describe the program/s and campaigns.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	Oui.	Yes.
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Oui.	An incentive structure is in place in certain regions.
		If yes, how is this being accomplished?	Contact person was unable to provide the information.	n/a
		If no, why hasn't this been made a priority?	Contact person was unable to provide the information.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Contact person was unable to provide the information.	Information not available.

Issue	Expectation	Measurement	2014	2012
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Contact person was unable to provide the information.	Information not available.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Oui.	Government has renewed a 5-year funding program that provides funds to external organizations to engage in Hep C work.
		Is this funding stable?	Contact person was unable to provide the information.	n/a
		How much funding is available?	Chaque agence régionale identifie les budgets pour le soutien aux projets régionaux.	n/a
		Are harm reduction and prevention education programs accessible to at-risk populations?	Oui.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Oui.	Organizations struggle to have the funds necessary to meet the growing support needs of people infected and affected.
		Is this funding stable?	Oui.	n/a
		How much funding is available?	Contact person was unable to provide the information.	n/a
		Are community-based care and support programs accessible to diverse populations?	Oui.	n/a

Saskatchewan

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- ASK 6

ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Saskatchewan offered vaccination against HBV?	Yes in addition to HBIG at birth. Babies over 2000g get a 3-dose schedule (birth, 1 and 6 months of age). Babies less than 200g get a 4-dose series at birth, 1, 2 and 6 months of age.	Hepatitis B vaccine is a publicly-funded immunization for children in Grade 6.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Yes.	Yes, for HBV.
		Are pregnant women counseled on the benefits of prenatal detection?	Unsure, may depend on physician practice.	Yes.
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Infants born to HBV+ women are immunized at birth with HB vaccine and also given HBIG prophylactically. Hepatitis B is at low prevalence in SK and there are only sporadic births to Hep B positive mothers.	Infants born to HBV+ women are immunized at birth. Hepatitis B is at low prevalence in SK and there are only sporadic births to Hep B positive mothers.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	HB is part of the routine grade 6 schedule.	Hepatitis B vaccine is a publicly-funded immunization for children in Grade 6.

Issue	Expectation	Measurement	2014	2012
		Is a catch-up vaccination program in place for people who use drugs?	It is not a catch up program. This population is eligible because they are considered at risk of transmission.	HBV vaccine is offered to individuals at increased risk through targeted immunization programs. This includes: Children in a grade lower than Grade 6 whose families have immigrated to Canada from regions of intermediate and high HBV prevalence, people who inject drugs and their contacts, and transplant recipients.
		Is a catch up vaccination program in place for newcomers to Canada?	People born since Jan. 1/84 are eligible to receive the vaccine. Passive and opportunistic presentations to Public Health are the most common ways that newcomers, including their children are offered the vaccine.	See above.
		Is a catch up vaccination program in place for Aboriginal communities?	Persons in Aboriginal communities are offered the vaccine according to risk factors or if they have not been immunized and born since Jan. 1/84.	See above.
		Is a catch up vaccination program in place for correctional institutions?	The vaccine is funded for inmates, but the MoH does not know how inmates are identified as needing immunization.	See above.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	They are not actively identified, just as opportunites present, e.g., needing a copy of the childhood immunization record for post-secondary education, etc.	See above.
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	Yes.	Methadone, condoms (on request), dental dams and addiction and mental health services available in all prisons. Regina Correction Centre has an in-house 28 day addiction treatment unit located within the facility. Youth facilities have sessions on reducing risk. Healthcare orientation sessions have commenced at Pine Grove Correctional Center as part of the HIV strategy and these will be phased into other centres.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	For settings such as dental clinics or physician offices, infection control policies and their enforcement would depend on the professional regulatory body. For settings operated or contracted by regional health authorities (e.g. hospitals, special care homes, mental health clinics), the policies of each region would apply. All regions have policies that cover a core set of infection control topics (e.g. hand hygiene). In some cases, the province will develop a policy template as a starting point, but regions are always free to customize to their own circumstances.	Information not available.
		Are they enforced?	Enforcement is the responsibility of the regional health authority.	

Issue	Expectation	Measurement	2014	2012
		Are up-to-date infection control policies in place and enforced for correctional facilities?	Correctional facilities: Responsible for providing inmates with information about awareness and prevention of communicable diseases and have policies outlining these, although these are quite dated.	Correctional facilities: Responsible for providing inmates with information about awareness and prevention of communicable diseases and have policies outlining these.
		Are they enforced?	Contact person was unable to provide the information.	n/a
		Are up-to-date infection control policies in place and enforced for Personal Service Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Personal Service Settings: Health Hazard Regulations require personal service facilities to operate in a sanitary manner and in a manner that will not facilitate the transmission of communicable disease.	Personal Service Settings: Health Hazard Regulations require personal service facilities to operate in a sanitary manner and in a manner that will not facilitate the transmission of communicable disease.
		Are they enforced?	Guidelines are in place to support the regulations; Public Health Inspectors refer to the guidelines to determine regulatory compliance.	n/a

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Medications indicated for HCV and HBV are available for Saskatchewan residents with a valid health card. Access to pharmacists, physicians and other support systems varies by community	Information not available.
		Is HCV treatment available in all communities?	Medications indicated for HCV and HBV are available for Saskatchewan residents with a valid health card. Access to pharmacists, physicians and other support systems varies by community	Regina Correctional Centre has implemented an HCV screening and treatment program that has seen over 30 offenders during incarceration over the past year and followed up with them upon release through an HCV community clinic nurse. This experience will be used to develop policy and clinical practice guidelines for all adult facilities.
		How many people were treated for hepatitis B in 2013?	Drug Plan doing analysis.	Information not available.
		How many people were treated for hepatitis C in 2013?	Drug Plan doing analysis.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Are liver transplants available to individuals coinfecting with HIV?	Currently our patients awaiting liver transplantation are placed on the waitlist in Edmonton. For this reason, Edmonton's policies regarding this are followed by the Saskatchewan Transplant Program. To our knowledge as a program, this issue has not occurred.	Information not available.
		Is access to liver transplantation restricted because of lack of available donor livers?	Saskatchewan patients awaiting liver transplantation in Edmonton receive liver transplants according to their allocation policy.	Information not available.
		What is the average wait time to see a specialist	Contact person was unable to provide the information.	Wait times not tracked for this specialty
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	The Communicable Disease Control Manual, which focuses on Public Health guidelines, includes a chapter on HBV. The chapter specific to HBV in the manual was last updated in June 2014.	Information not available.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	The Communicable Disease Control Manual, which focuses on Public Health guidelines, includes a chapter on HCV. The chapter specific to HCV in the manual was last updated in June 2014.	Information not available.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	adefovir dipivoxil (Hepsera; apo-adeфовir); entecavir (Baraclude; apo-entacavir; pms-entacavir); Interferon alfa-2b (Intron-A); lamivudine (Heptovir; apo-lamivudine); peginterferon alfa-2a (Pegasys); tenofovir disoproxil fumarate (Viread).	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	Protease Inhibitors: simeprevir (Galexos); telaprevir (Incivek); boceprevir (Victrelis); boceprevir/ribavirin +peginterferon alfa-2b combination kit (Victrelis triple). Interferons: peginterferon alfa-2a (Pegasys); peginterferon alfa-2a/ribavirin (Pegasys-RBV); peginterferon alfa-2b/ribavirin (Pegetron; Pegatron Redipen); Interferon alfa-2b (Intron-A).	Information not available.
		What is the criteria for coverage of hepatitis B treatments?	Require special authority via specialist/experienced treater. Chronic hepatitis B diagnosis and according to drug protocols by manufacturer. For the most up-to-date listing of criteria for coverage of HBV treatments, please refer to Appendix A on the online Formulary website, available at http://formulary.drugplan.health.gov.sk.ca/PDFs/APPENDIXA.pdf	Special authority authorization required.
		What is the criteria for coverage of hepatitis C treatments?	Require special authority via specialist/experienced treater. Chronic hepatitis C diagnosis, F2 or greater. For the most up-to-date listing of criteria for coverage of HCV treatments, please refer to Appendix A on the online Formulary website, available at http://formulary.drugplan.health.gov.sk.ca/PDFs/APPENDIXA.pdf	Special authority authorization required.

Issue	Expectation	Measurement	2014	2012
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	The number of multi organ donors in Saskatchewan has decreased in recent years.	Staying the same.
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	There has been promotion regarding organ donation in general, but not specifically to liver donation.	In 2011, April was declared organ and tissue donation awareness month. A public awareness campaign was also launched (www.isanorgandonor.com). Ministry funds a Living Organ Donor Expense Reimbursement Program to reduce potential barrier to making a living organ donation.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	No. However, review process does take into account special populations (e.g., co-infected patients) and evaluates available evidence for special populations.	Information not available.
	Drug approval process is timely and efficient and ensures the drug safety and accessibility.	How long is the drug approval process?	Timelines for drug review are variable depending on the product.	Follows Common Drug Review recommendations.
		Does the drug approval process include patient input?	Yes. Both national and provincial review process include patient input.	See above.
		How is drug safety evaluated?	Health Canada determines which drugs are safe to be marketed in Canada. This is based on available trials, usually sponsored by the manufacturer. Drug safety is considered as part of the national and provincial drug review processes. Once a product is marketed, Health Canada monitors safety of health products marketed in Canada through the Marketed Health Products Directorate, which relies primarily on voluntary reports of adverse drug reactions. Innovator pharmaceutical companies also conduct post-marketing surveillance for drug products to ensure safety.	See above.
What factors determine accessibility to new drugs?	New therapies are added to the Saskatchewan Formulary based on the advice of the national drug review committee and the provincial Drug Advisory Committee of Saskatchewan (DACS). The decision on whether to provide coverage is evidence based, and is based on the cost-effectiveness and the medical-effectiveness of the drug.	See above.		

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	It is not available to the public except if cited in a press release or media scrum.	Aggregate data is available to the public upon request but has not been formally published for public.
		How often is surveillance data available to the public updated?	Not publicly available.	n/a
		Last date published.	Not publicly available.	n/a
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Contact Saskatchewan Cancer Agency	Monitoring is annual. HBV and HCV-related HCC is monitored by the Saskatchewan Cancer Agency.
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Reporting to local medical health officer within 48 hours of detection. Reported to Ministry of Health within 14 days from the medical health officer. Monthly and annual epidemiological analysis	Passive surveillance system based on cases reported under the Public Health Act.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Yes.	Yes.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Yes, the revised, but not published, national case definition is used by Saskatchewan	National acute and chronic definitions are used.
Is the case definition used in surveillance data collection and reporting?		Yes.	n/a	
Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	No targeted research funding identified by the Ministry of Health at this time.	No targeted research funding identified by the Ministry of Health at this time.	
	How much funding?	n/a	n/a	
3b) Research funding	Has funding changed recently?	n/a	n/a	
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	n/a	Information not available.
	What knowledge translation and dissemination activities happen?	n/a	n/a	

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
(4a) Awareness about HBV and HCV diagnosis, stigma and risk.	Establish testing programs aimed at high-risk populations.	Are there testing programs targeted for people who use drugs?	Yes.	Information not available.
		Describe the program/s.	Offered by Public Health in collaboration with prevention and risk reduction/outreach programming.	n/an/a
		Describe evaluation results, if available.	n/a	n/a
		Are there testing programs targeted for Aboriginal communities?	Yes.	Information not available.
		Describe the program/s.	Nurses provide testing in First Nations communities for all STBBIs	n/a
		Describe evaluation results, if available.	n/a	n/a
		Are there testing programs targeted for youth?	Contact person was unable to provide the information.	Information not available.
		Describe the program/s.	Contact person was unable to provide the information.	n/a
		Describe evaluation results, if available.	Contact person was unable to provide the information.	n/a
		Are there testing programs targeted for people in prison?	Yes	Information not available.
		Describe the program/s.	All clients entering an adult custody facility have a health assessment completed by a nurse. Part of that assessment is to identify options available for testing for HIV and other STBBIs.	n/a
		Describe evaluation results, if available.	n/a	n/a

Issue	Expectation	Measurement	2014	2012
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Public Health Agency of Canada funds CBOs to do this type of work. I have been advised they are also filling out this form and submitting directly to you.	Information not available.
		Describe the campaign/s.	n/a	n/a
		Describe evaluation results, if available.	n/a	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	Public Health Agency of Canada funds CBOs to do this type of work. I have been advised they are also filling out this form and submitting directly to you.	Information not available.
		Describe the program/s.	n/a	n/a
		Describe evaluation results, if available.	n/a	n/a
	Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.	Are there outreach programs and campaigns to reach under-served, diagnosed individuals?	See below.	Information not available.
		Describe the program/s and campaigns.	Regional Health Authorities receive outreach funding through the HIV Strategy. Individuals diagnosed with Hepatitis B and C would access these supports and services. Also, Justice is working with Infectious Disease physicians and community-based organizations to include clinics and information sessions in a number of SK correctional facilities. All facilities in SK have public health nurses come in to the correctional facilities for testing and counselling on a regular basis	n/a
		Describe evaluation results, if available.	n/a	n/a

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
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Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	In October 2014 a needs assessment was distributed to health care and allied professionals to identify training and education needs specific to HIV and/or HCV	Yes, FNIHB provides training and continuing education once a year to health care providers (nurses with the Saskatchewan Registered Nurses Association and nurses working in First Nations communities).
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Currently there are no targeted initiatives within the Ministry however there are activities within program areas such as HIV within the Ministry and regional health authorities to provide educational and mentorship opportunities to a range of providers.	No province-wide incentive specifically for hepatologists.
		If yes, how is this being accomplished?	See above.	n/a
		If no, why hasn't this been made a priority?	Contact person was unable to provide the information.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Staying the same.	Number of ID specialists has stayed the same. Number of GI specialists has increased from an average of 9 (2005-2009) to 11 (2010).
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	28.	11 gastroenterologists and 8 infectious disease specialists.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Yes, Ministry of Health funds health regions to provide harm reduction/prevention.	Ongoing annualized provincial funding is provided to regional health authorities (RHAs) and community-based organizations specific to outreach for individuals with HIV/AIDS. There will also be new funding available to CBOs through an RFP process. Outreach programming is available in Regina, Saskatoon and Prince Albert and additional FTEs will be expanded to more communities.
		Is this funding stable?	It is ongoing, annualized funding.	n/a
		How much funding is available?	\$562K annually.	n/a

Issue	Expectation	Measurement	2014	2012
		Are harm reduction and prevention education programs accessible to at-risk populations?	Yes, available in Public Health offices, community-based organizations and 3 cities offer mobile services. FNIHB also funds HIV funding to communities which can be applied to the development and implementation of harm reduction programs. 8 First Nations communities have established programming.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Yes, for HIV.	Ongoing annual funding is provided to Regional Health Authorities and community-based organizations specific to care and support for individuals with HIV/AIDS. Included in this is the provision of care for clients with Hep B and C. There will also be new funding available to community-based organizations through a Request for Proposal process.
		Is this funding stable?	It is ongoing, annualized funding.	n/a
		How much funding is available?	Ministry of Health funded CBOs \$422K in 2014-15. Also, an additional \$300K annualized is provided to six health regions to fund local CBOs.	n/a
		Are community-based care and support programs accessible to diverse populations?	Yes.	n/a

Yukon

- ASK 1
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ASK 1: Prevention of hepatitis B and C through expanded education, immunization and harm reduction programs

Issue	Expectation	Measurement	2014	2012
1a) Universal neonatal HBV vaccination	Every infant born in Canada is offered free vaccination against HBV. (Canadian guidelines recommend that children receive the vaccine at birth, one month and six months.)	Is every infant born in Yukon offered vaccination against HBV?	Publicly funded Hep B program in Yukon for infants, offered at 2, 4, 6 months of age as part of primary schedule.	No universal neonatal HBV vaccination program.
	All pregnant women are offered screening for HBV and counseled on the benefits of prenatal detection, especially for HBV.	Are pregnant women routinely screened for HBV?	Screening for HBV is publicly funded and available in Yukon, prenatal panel includes screening for HBV	Information not available.
		Are pregnant women counseled on the benefits of prenatal detection?	Screening for HBV is publicly funded and available in Yukon, prenatal panel includes screening for HBV	Information not available.

Issue	Expectation	Measurement	2014	2012
	Babies born to HBV+ mothers and mothers with unknown HBsAg status offered HBV immunization to prevent vertical transmission.	Are infants born to HBV+ women and mothers with unknown HBsAg status immunized at birth?	Infants born to mothers identified as high risk (IVDU, Sex trade worker) and her status is unknown or negative (possible window period exists) or mother is HBsAG+ receive HBIG at birth and Hep B immunization at 0-1-6 month of age. Infant born to mother who has risk factors (other than IDU, Sex Trade Worker) for Hep B and her infectious state at delivery is unknown or negative (potential for window period) is given Hep B immunization at birth. An infant whose father or primary care giver or household contact has chronic Hep B infection is given Hepatitis B vaccine at birth.	Infants born to HBV+ women are immunized at birth.
1b) Catch-up vaccination programs	Program is in place which identifies, notifies, and offers vaccinations to individuals not previously vaccinated.	Is a catch up vaccination program in place for school aged children?	Universal vaccination for adolescents or pre-adolescents.	Universal vaccination for adolescents or pre-adolescents.
		Is a catch-up vaccination program in place for people who use drugs?	Publicly funded vaccine is available to persons who use drugs, some at risk persons will be followed if they are connected to outreach programming or to community health centre	Information not available.
		Is a catch up vaccination program in place for newcomers to Canada?	Yes, if they meet high risk criteria	Information not available.
		Is a catch up vaccination program in place for Aboriginal communities?	Access to immunizations in available in all Yukon communities	Information not available.
		Is a catch up vaccination program in place for correctional institutions?	Inmates are offered testing and are offered publicly funded vaccine for HBV if they meet high risk criteria.	Information not available.
		Is a catch up vaccination programs in place for adults with incomplete immunization records?	Only done if client presents for service	Information not available.

Issue	Expectation	Measurement	2014	2012
1c) Prevention of HCV and HBV infections among at-risk populations	A Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated.	Is a Harm Reduction Strategy to reduce the incidence of infectious disease in drug using populations around the province is in place and activated?	No.	Information not available.
	Up-to-date infection control policies are in place and enforced in all healthcare provider settings, body art and beauty industry facilities, and at all correctional facilities.	Are up-to-date infection control policies in place and enforced for healthcare settings?	Contact person was unable to provide the information.	Information not available.
		Are they enforced?	Contact person was unable to provide the information.	
		Are up-to-date infection control policies in place and enforced for correctional facilities facilities?	Contact person was unable to provide the information.	Information not available.
	Are they enforced?	Contact person was unable to provide the information.		
	Are up-to-date infection control policies in place and enforced for Personal Services Settings (PSS) or Establishments (PSE) such as body art and beauty facilities?	Policy for PSS under development with national support.	Information not available.	
	Are they enforced?	Contact person was unable to provide the information.		

ASK 2: Improve access to treatment, care and prevention programs

Issue	Expectation	Measurement	2014	2012
2a) Access to healthcare	All HBV+ and HCV+ individuals have equitable access to treatments, specialty care and liver transplants.	is HBV treatment available in all communities?	Infectious Disease Physician holds clinic in Whitehorse approx 4 times per year, clients in need of treatment for HBV and/or HCV are assessed in Whitehorse. Care can be managed in community, some testing (ultrasounds, certain serology tests) require care in Whitehorse. Once assessment has occurred, if treatment is recommended treatment can occur in all communities	Information not available.
		Is HCV treatment available in all communities?	Infectious Disease Physician holds clinic in Whitehorse approx 4 times per year, clients in need of treatment for HBV and/or HCV are assessed in Whitehorse. Care can be managed in community, some testing (ultrasounds, certain serology tests) require care in Whitehorse. Once assessment has occurred, if treatment is recommended treatment can occur in all communities	Continuation of HCV treatment is available at Whitehorse Correctional Centre but not starting of treatment.
		How many people were treated for hepatitis B in 2013?	Contact person was unable to provide the information.	Information not available.
		How many people were treated for hepatitis C in 2013?	Contact person was unable to provide the information.	Information not available.
		Are liver transplants available to individuals coinfectd with HIV?	Liver transplants if needed are completed out of territory	Yukoners access transplant-related services outside of Yukon.
		Is access to liver transplantation restricted because of lack of available donor livers?	Contact person was unable to provide the information.	Information not available.
		What is the average wait time to see a specialist	12-18 months for a stable uncomplicated client. Unstable or based on MD & specialist's clinical assessment will be fast tracked and may be seen in 2months, depending on clinical need	Wait times unknown. Specialist comes to Yukon every 10 weeks.

Issue	Expectation	Measurement	2014	2012
	HBV and HCV management guidelines are reviewed regularly to ensure they conform to medical standards, best practices and advances.	How often are hepatitis B management guidelines reviewed and what is the date of the latest guidelines?	Annually or sooner if new research or recommendations are made nationally. Latest guideline is 2014	Wait times unknown. Specialist comes to Yukon every 10 weeks.
		How often are hepatitis C management guidelines reviewed and what is the date of the latest guidelines?	Annually or sooner if new research or recommendations are made nationally. Guideline currently under development/revision with planned release for Spring 2015	Information not available.
2b) Drug coverage	HBV and HCV treatments are covered under provincial drug plans or programs.	What hepatitis B treatments are covered under the provincial drug plan?	apo-adefovir; entaciver; peg-interferon alpha 2a; viread	Information not available.
		What hepatitis C treatments are covered under the provincial drug plan?	Boceprevir; PegRiba; peg-interferon alpha-2a; peg-interferon alpha-2b.	Information not available.
		What is the criteria for coverage of hepatitis B treatments?	Chronic hepatitis B; specialist consult required. Some drugs required special authority request.	Special authority request required.
		What is the criteria for coverage of hepatitis C treatments?	Chronic hepatitis C diagnosis; F2 or greater fibrosis score; elevated ALTs. Specialist consult required and special authority request.	Special authority request required.
2c) Organ Donation	Increase the number of available organs from cadaveric and live donors	Is the number of available organs for transplantation increasing, decreasing or staying the same?	Contact person was unable to provide the information.	Information not available.

Issue	Expectation	Measurement	2014	2012
		Have there been any campaigns undertaken to promote liver organ donation in the past 2-3 years?	Contact person was unable to provide the information.	Information not available.
2d) Drug research and approvals	Government approval processes for clinical trials take into account different groups of populations affected by HCV and HBV	Does the government approval process specifically request that different populations affected by hepatitis B and hepatitis C are included in clinical trials?	Contact person was unable to provide the information.	Follow Common Drug Review recommendations.
		How long is the drug approval process?	Contact person was unable to provide the information.	Information not available.
		Does the drug approval process include patient input?	Contact person was unable to provide the information.	Information not available.
		How is drug safety evaluated?	Contact person was unable to provide the information.	Information not available.
		What factors determine accessibility to new drugs?	Contact person was unable to provide the information.	Information not available.

ASK 3: Increase knowledge and innovation through interdisciplinary research and surveillance to reduce the burden of HBV and HCV on Canadian population and services

Issue	Expectation	Measurement	2014	2012
3a) Surveillance	Surveillance data and updates are published in a timely and accessible manner.	How/in what way is surveillance data available to the public?	Through national reports (Public Health Agency of Canada)	Surveillance data published from Yukon CDC. Accessible upon request.
		How often is surveillance data available to the public updated?	As per PHAC reporting guidelines	n/a

Issue	Expectation	Measurement	2014	2012
		Last date published.	Hepatitis C in Canada: 2005-2010 Surveillance Report, PHAC, 2012	n/a
	HBV and HCV-related hepatocellular carcinoma (HCC) morbidity and mortality data are captured on an ongoing basis.	Are hepatitis B and C-related HCC morbidity and mortality data captured on an ongoing basis?	Contact person was unable to provide the information.	Cancer Registry
	Incidence of HBV and HCV is monitored through routine surveillance, enhanced surveillance and population-based surveys.	How is the incidence of HBV and HCV monitored?	Territorial surveillance activities	Information not available.
	Compulsory reporting is required from all health authorities.	Is HCV reporting required from all health authorities?	Yes.	Yes.
	Surveillance data describes HBV and HCV in terms of a case definition which reflects acute, chronic and resolved infections.	Is there a case definition?	Yes.	Yes.
		Is the case definition used in surveillance data collection and reporting?	Acute/Chronic are reported nationally	National acute and chronic definitions are used.
	Increase funding for HBV and HCV research.	Is there funding available for HBV and HCV research?	Not at Territorial level.	No research funding available.
		How much funding?	n/a	n/a
3b) Research funding		Has funding changed recently?	n/a	n/a
	Enhance knowledge exchange and dissemination of HBV and HCV research.	Are there knowledge exchange and dissemination funds available for HBV and HCV research?	n/a	No knowledge exchange and dissemination funds available.
		What knowledge translation and dissemination activities happen?	n/a	na/

ASK 4: Create awareness about risk factors, stigma and the need for testing and treatment among the general population and at-risk populations

Issue	Expectation	Measurement	2014	2012
<p>(4a) Awareness about HBV and HCV diagnosis, stigma and risk.</p>	<p>Establish testing programs aimed at high-risk populations.</p>	<p>Are there testing programs targeted for people who use drugs?</p>	<p>Yes.</p>	<p>Organizations like Blood Ties receive territorial and federal funding specifically to address HCV in at-risk populations. They promote education, prevention and decreasing stigma. Blood Ties works in all Yukon communities.</p>
		<p>Describe the program/s.</p>	<p>BT (Blood Ties Four Directions) works through partnership with YCDC (Yukon Communicable Disease Control) to reduce barriers to testing for people who use drugs and other vulnerable street involved populations by providing testing and nursing services through their drop-in centre. BT provides education programs to vulnerable populations such as illicit drug users and people who are incarcerated including information about testing. Testing is available for at risk populations through outreach programming in Whitehorse and through Community Health Centres in Rural Yukon.</p>	
		<p>Describe evaluation results, if available.</p>	<p>n/a</p>	

Issue	Expectation	Measurement	2014	2012
		Are there testing programs targeted for Aboriginal communities?	BT provides education and prevention programs regarding HCV in rural Yukon First Nation communities; curricula typically includes HIV/HCV transmission, prevention, and testing.	Organizations like Blood Ties receive territorial and federal funding specifically to address HCV in at-risk populations. They promote education, prevention and decreasing stigma. Blood Ties works in all Yukon communities.
		Describe the program/s.	Yukon does not have a reserve system as is found in other jurisdictions in Canada. Testing for infectious disease such as HBV/HCV is available through Community Health Centres, physician offices and Yukon Communicable Disease Control programming in Whitehorse for all people in need.	n/a
		Describe evaluation results, if available.	n/a	n/a
		Are there testing programs targeted for youth?	BT provides prevention and education programs to youth in schools throughout Yukon, as well as at-risk street involved youth; curricula typically includes HIV/HCV transmission, prevention, and testing.	Organizations like Blood Ties receive territorial and federal funding specifically to address HCV in at-risk populations. They promote education, prevention and decreasing stigma. Blood Ties works in all Yukon communities.
		Describe the program/s.	See above.	n/a

Issue	Expectation	Measurement	2014	2012
		Describe evaluation results, if available.	n/a	n/a
		Are there testing programs targeted for people in prison?	yes	yes
		Describe the program/s.	<p>BT provides education programs to vulnerable populations such as illicit drug users and people who are incarcerated including information about testing.</p> <p>People who are incarcerated have access to testing. When they first enter the jail, they are informed that they can see a public health nurse every Tuesday and they are asked if they would like to be tested.</p>	<p>Organizations like Blood Ties receive territorial and federal funding specifically to address HCV in at-risk populations. They promote education, prevention and decreasing stigma. Blood Ties works in all Yukon communities.</p>
		Describe evaluation results, if available.	n/a	n/a
	Create ongoing education campaigns aimed at the general public, medical community, and patients to de-stigmatize both diseases.	Are there education campaigns for raising awareness and decreasing stigma? What are they? Are there evaluations?	Yes.	Yes.

Issue	Expectation	Measurement	2014	2012
		Describe the campaign/s.	Yukon provides funding to Blood Ties 4 Direction for the purpose of community education and support for those persons living with Hepatitis C. BT works in all Yukon communities to raise awareness about HCV, prevention and to decrease stigma associated with HCV and HIV. Education awareness campaigns include but not limited to: distribution of posters and pamphlets, education sessions to targeted populations (people who use drugs, people with addictions, people who are incarcerated, First Nations people, youth), community conversations about HCV and disclosure and annual events to the general public such as World Hepatitis Day.	Organizations like Blood Ties receive territorial and federal funding specifically to address HCV in at-risk populations. They promote education, prevention and decreasing stigma. Blood Ties works in all Yukon communities.
		Describe evaluation results, if available.	n/a	n/a
	Awareness programs about HBV and HCV risk factors aimed at youth and at-risk populations are developed and promoted.	Are there awareness programs about risk factors aimed at youth and at-risk populations?	No. Education on infectious diseases such as HCV/HBV is part of school based programming, programming includes a number of health related learning outcomes.	Organizations like Blood Ties receive territorial and federal funding specifically to address HCV in at-risk populations. They promote education, prevention and decreasing stigma. Blood Ties works in all Yukon communities.
		Describe the program/s.	n/a	n/a
		Describe evaluation results, if available.	n/a	n/a

Issue	Expectation	Measurement	2014	2012
	<p>Outreach programs and campaigns encouraging monitoring and treatment are regularly undertaken to reach individuals diagnosed with hepatitis B or hepatitis C who are asymptomatic, untreated or non-responders, including those in correctional facilities.</p>	<p>Are there outreach programs and campaigns to reach underserved, diagnosed individuals?</p>	<p>Yes.</p>	<p>Organizations like Blood Ties receive territorial and federal funding specifically to address HCV in at-risk populations. They promote education, prevention and decreasing stigma. Blood Ties works in all Yukon communities.</p>
		<p>Describe the program/s and campaigns.</p>	<p>Person undergoing treatment for HCV are monitored by the HCV treatment program in conjunction with health care providers. Persons being monitored by Yukon's Infectious Disease Specialist but who are not undergoing treatment are monitored by their family physician and or community health nurse. Yukon Communicable Disease Control works with Yukon's Health Care Providers ensuring they are aware of the services offered by Yukon's Infectious Disease Specialist. When a case of HBV or HCV is identified in Yukon, Yukon Communicable Disease Control makes contact with the diagnosing health care provider to inform them of available services. This extends to clients who may be incarcerated at time of diagnosis. BT supports marginalized street involved persons living with HCV to access health services including the HCV Specialist by providing transportation assistance, appointment reminders, and accompaniments.</p>	<p>n/a</p>
		<p>Describe evaluation results, if available.</p>	<p>n/a</p>	<p>n/a</p>

ASK 5: Build capacity through training and recruitment of qualified healthcare professionals

Issue	Expectation	Measurement	2014	2012
5a) Education and training for healthcare providers	Curriculum in HBV and HCV healthcare provider training is established and related continuing education programs are provided.	Are there HBV and HCV training and continuing education opportunities available for healthcare providers?	CD policy and guidance documents are made available to Yukon Health Care Practitioners, educational sessions on specific guidance documents is available to Health Care Practitioners. HCP Continuing education is provided upon request. BT provides training and resources on HCV transmission, prevention, stigma and support to community health representatives in rural First Nation Yukon communities.	Blood Ties offers yearly HIV/HCV training to Aboriginal community health representatives with funding from PHAC.
5b) Recruitment and retention of skilled healthcare providers	Prioritize increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV.	Is increasing the numbers of doctors, nurses and allied healthcare professionals that specialize in areas related to HBV and HCV a priority?	Providing timely access to quality healthcare is a priority for Yukon	No province-wide incentive specifically for hepatologists.
		If yes, how is this being accomplished?	Contact person didn't know.	n/a
		If no, why hasn't this been made a priority?	Contact person was unable to provide the information.	n/a
		Are the numbers of health care providers specializing in hepatology, gastroenterology and infectious diseases increasing, decreasing or staying the same?	Staying the same. The hepatology specialist visit the Yukon every 8 – 10 weeks.	N/A – specialists visit Yukon.
		How many specialists currently serve the population of individuals diagnosed with hepatitis B and hepatitis C?	Yukon has one visiting Infectious Disease Specialist, 4 visits to the territory per annum (approx 4 days of clinic time per visit)	Specialist comes to Yukon every 10 weeks.

ASK 6: Support communities and community-based groups in developing, delivering and evaluating peer-driven/peer-focused initiatives

Issue	Expectation	Measurement	2014	2012
6a) Prevention and Education Programs	Stable funding ensures harm reduction and prevention education programs are accessible to at-risk communities through local frontline organizations.	Is funding available for harm reduction and prevention education programs?	Funding is provided by Territorial Government to BT to provide direct services in harm reduction (needle exchange) through a 'fixed site' delivery. Funding is provided by Territorial Government to Many Rivers to provide harm reduction services (needle exchange) through a 'mobile van' delivery service. 'Needle exchange' means: both distribution and collection along with provision of other supplies (water, swabs, etc.)	Funding for needle exchange programs is stable. Funding for prevention /awareness programs for HCV is stable from the territorial government. Federal Hep C Strategy funding has been steadily decreasing over the past 5 years.
		Is this funding stable?	Funding for both programs is stable.	Information not available.
		How much funding is available?	Sufficient to meet demands.	n/a
		Are harm reduction and prevention education programs accessible to at-risk populations?	Yes.	n/a
6b) Care and Support Programs	Stable funding ensures care and support programs to all individuals infected with and affected by hepatitis B and C are accessible through suitable community-based organizations.	Is funding available for community-based care and support programs?	Funding to BT for providing care and support services to HCV positive people is stable from both Territorial and Federal governments.	Yes.
		Is this funding stable?	Yes.	Funding for providing care and support services to HCV positive people is stable from territorial government. Federal Hep C Strategy funding has been steadily decreasing over the past 5 years.
		How much funding is available?	Sufficient (for HCV; no community-based funding for HBV).	Information not available.

Issue	Expectation	Measurement	2014	2012
		Are community-based care and support programs accessible to diverse populations?	YES. HCV programs offered through BT target a number of populations including people who are incarcerated, people with addictions, youth and First Nations people.	Information not available.

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