

# A road map to viral hepatitis elimination in BC by 2030

**H**epatitis B virus (HBV) infection can be prevented with an effective vaccine, and chronic infection can be managed with antiviral medications. While there is no vaccine against hepatitis C virus (HCV), chronic HCV infection can be treated with direct acting antivirals. Treatment with direct acting antivirals cures more than 95% of people with chronic HCV infection and is associated with significant reductions in both liver-related<sup>1</sup> and non-liver-related<sup>2</sup> mortality. Despite the availability of effective prevention and treatment, viral hepatitis remains a persistent public health issue in Canada<sup>3</sup> as well as globally.<sup>4</sup> As a result of social, economic, and migration factors, British Columbia experiences a disproportionate burden from viral hepatitis compared with the rest of Canada.<sup>5</sup>

To reduce the impact of viral hepatitis, the Canadian government, in alignment with global efforts spearheaded by the World Health Organization,<sup>6</sup> aims to eliminate both hepatitis viruses as a public health threat by 2030. To support this goal, the Public Health Agency of Canada set targets<sup>7</sup> for the proportion of people living with chronic HBV or HCV infection in Canada to be diagnosed and treated by 2025 and 2030.

As each province and territory in Canada is responsible for health care planning and delivery, strategies for viral hepatitis elimination are tailored to each region. In July 2023, the BC Ministry of Health announced actions to develop a road map to viral hepatitis elimination in BC.<sup>8</sup> The road map development is being led by the

BCCDC and the BC Hepatitis Network, with funding support from the BC Ministry of Health and the Canadian Network on Hepatitis C. Together, they are conducting a series of province-wide consultations and engagements to help inform the road map.

The BC viral hepatitis elimination road map development aligns with efforts supported by the Canadian Network on Hepatitis C Roadmap Project<sup>9</sup> and is overseen by a multipartner steering committee, with representatives from the government, health care, research, and community sectors.<sup>10</sup> In mid-2023, a project team was formed, including staff from BCCDC Clinical Prevention Services,<sup>11</sup> the BC Hepatitis Network,<sup>12</sup> and independent consultants. In the summer of 2023, five working groups were formed, each including people with lived experience of HBV or HCV infection, along with clinicians, researchers, and other service providers, fostering collaboration and expertise from diverse perspectives.

These working groups helped design and implement the consultations and engagements that launched in November 2023. The objective is to gain comprehensive insights into the status of viral hepatitis and related services in the province. A survey of service providers was conducted, along with interviews and focus groups across the province to engage diverse perspectives and experiences. Data are also being used from published scientific literature, public health surveillance, previous strategies and consultations, and ongoing research studies.

Once the information gathering is completed, working groups will craft recommendations based on the best available evidence and what is learned about the current state of viral hepatitis in BC. Recommendations will be aimed at ensuring the right tools and adequate resources are available to care providers and communities to

support them in eliminating viral hepatitis as a public health threat by 2030. The BC road map tailors recommendations for targets and goals for eliminating viral hepatitis to BC, including a focus on health equity and Indigenous self-determination.

Learn more at <https://hepfreebc.ca>. Clinicians and other parties wishing to provide input into the road map or participate in a working group to help craft recommendations can use the contact form to email the project team (<https://hepfreebc.ca/contact/>). ■

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*This article is the opinion of the BC Centre for Disease Control and has not been peer reviewed by the BCMJ Editorial Board.*

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After completing her residency, she moved to Kamloops, where she spent her entire medical career caring for children and their families. As head of the department of pediatrics, she was instrumental in starting a neonatal intensive care program at Royal Inland Hospital.

In her early years, Judith was a competitive swimmer. She lived for her dogs, and over the years she enjoyed the company of many female black Labrador retrievers. She was always interested in everything to do with her homeland.

She loved the outdoors. In her spare time she enjoyed cross-country skiing, hiking, fishing, and grouse hunting. Her favorite vacation was an annual getaway to the Chilcotin to camp and hunt grouse.

At her request, there will be no service. In lieu of flowers, donations to one of the following organizations in memory of Judith Naylor would be appreciated: BC SPCA, a local food bank, or the Royal Inland Hospital Foundation.

—Susan Endersby  
Kamloops  
—Sharon Frissell  
Kamloops

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Malaysia to Vancouver on her own to visit us, the diaspora. To this day, I still have no idea how she completed her point-of-entry airport card.

“Yes, I know that brand. It is the rooster brand. Sriracha sauce,” I said. I could tell he was smiling.

“It should be here.” But it was not. I gestured for him to wait while I asked. It turned out they had none because of a supply chain issue and spoilage of chili peppers in California. He wanted to know if it would be another few days before the sauce arrived. “No. Many weeks. They cannot make more at the factory!”

I suggested alternatives—garlic chili paste, sweet Thai chili, Jamaican Tabasco sauce? He shook his head at every option.

“I like rooster. It is the only one,” he said, and wandered off with a bag of bananas.

At the till, the cashier was smiling. She had watched the exchange and now joined in on the discussion. “There is no substitute! The others are too sweet. We cannot use that on our food. We are Indians! We need spice. Our mouths need to burn!”

I had come in to get potpies. Instead, I was given a sweet memory of my mother.

In the parking lot, the guy beside me looked over, probably wondering why a middle-aged woman was laughing by herself in her hot car on a super hot Kamloops summer afternoon. I was thinking of my mom in heaven and how she doesn't need to go by the picture of the rooster anymore because she can finally read. ■



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