



Hepatitis C, Hepatitis B, and HIV in High-Risk Immigrant Ethnic Communities

A Training Manual for Healthcare Providers



Produced by

Canadian Ethnocultural Council

in partnership with

Canadian Liver Foundation

Funding for the project is provided by the Public Health Agency of Canada

2014

Acknowledgements

The Canadian Ethnocultural Council (CEC) would like to thank the following individuals and organizations for contributing in various ways in the development of this training manual:

- Members of the Project Advisory Committee for professional advice and guidance and for reviewing and providing input on the resources developed.
- Billie Potkonjak, National Director of Health Promotion and Patient Services, Canadian Liver Foundation, for providing professional guidance, identifying resources, training healthcare providers, giving input on the training package, and disseminating project resources.
- Partner and supportive organizations for professional advice, help in identifying individuals and organizations for participation, and use of their publications.
- Hywel Tuscano, Coordinator, Hepatitis C Ethnocultural Program Development, CATIE, for providing valuable resources, giving input on the resources developed, and disseminating the project results.
- Jack Jedwab, Executive Director, Association for Canadian Studies, for providing demographic and statistical information on the communities in Canada.
- Community researchers for gathering data on the selected diseases in their country of origin and in Canada.
- Lead trainers for participating in the training workshop and facilitating awareness workshops in their own cities for their respective communities.
- Coordinators in each of the five cities for assisting with on-site arrangements for community workshops.
- Note-takers for meticulously recording the proceedings of the workshops and transcribing and translating notes.
- Community workshop participants for their valuable input on the training package and the workshops.
- Wanda Jamieson (JHG Consulting), the project evaluator, for conducting evaluations on the project, process, implementation, and tools and resources developed.
- Tijana Potkonjak, the writer, and Ellen Shenk, the editor, for developing the manual and resources in a simple and easy-to-read format.
- Lynn Bray-Levac (Texte A+), the translator, for her thorough and accurate work.
- CEC executive and membership for their support.
- Kazimiera Adamowski, Program Consultant, PHAC, for advice and support.
- Tamara Museau, Project Officer, PHAC, for guidance, advice, and support.

Disclaimer

This training manual has been developed as a concise resource of currently available information to help healthcare practitioners and service providers. It is for reference only. For details on the diseases, consult a healthcare professional. The views expressed in this manual do not reflect those of the Canadian Ethnocultural Council, the Canadian Liver Foundation, or the Public Health Agency of Canada.

Supportive Organizations

Association for Canadian Studies, Montréal, QC.

Website: www.acs-aec.ca

Canadian AIDS Treatment Information Exchange (CATIE), Toronto, ON.

Website: www.catie.ca

Canadian Liver Foundation (CLF), Partner, Toronto, ON.

Website: www.liver.ca

Centre for Newcomers, Calgary, AB.

Website: www.centrefornewcomers.ca

Chinese Health Support Group, Richmond, BC.

Website: www.MyHealthisWealth.com

Christian Cultural Association of South Asians (CCASA), Kingston, ON.

Website: www.welcometoccasacanada.com

Progressive Intercultural Community Services Society (PICS), Surrey, BC.

Website: www.pics.bc.ca

Yee Hong Centre for Geriatric Care, Scarborough, ON.

Website: www.yeehong.com

Members of the Project Advisory Committee

Ms. Ramani Balendra, Coordinator, South Asian Women's Community Centre, Montréal, QC.

Ms. Anna Ling, Multicultural Health Resource Coordinator, Sexuality Education Resource Centre, Winnipeg, MB.

Mr. K.Y. Liu, Director of Social Services, Yee Hong Centre for Geriatric Care, Toronto, ON.

Ms. Jennifer Nickerson, Public Health Nurse, Sexual Health Unit, Ottawa Public Health, Ottawa, ON.

Mr. Dario Ontolan, Settlement Coordinator, Centre for Newcomers, Calgary, AB.

Ms. Billie Potkonjak, National Director of Health Promotion and Patient Services, Canadian Liver Foundation, Toronto, ON.

Ms. Naglaa Shoukry, Associate Professor, Department of Medicine, University of Montréal, Montréal, QC.

Dr. Fatma Taha, Physician, Egyptian Association, Vancouver, BC.

Ms. Jackie Tran, Vietnamese Outreach Nurse, Somerset West Community Health Centre, Ottawa, ON.

Mr. Hywel Tuscano, Coordinator, Hepatitis C Ethnocultural Program Development, CATIE, Toronto, ON.

From the CEC

Ms. Anna Chiappa, Executive Director and Project Manager, CEC, Ottawa, ON.

Ms. Sucy Eapen, Project Coordinator, CEC, Ottawa, ON.

Mr. Lou Sekulovski, President, CEC, Toronto, ON.

Table of Contents

1.0	Introducing the Training Manual.....	1
1.1	Why was the training manual developed?.....	1
1.2	Who can use this training manual?.....	3
1.3	What is the purpose of the training manual?.....	3
1.4	Design of this training manual.....	3
1.5	Limitations of this training manual.....	4
2.0	Hepatitis C and Other Related Communicable Diseases	5
2.1	Hepatitis C.....	8
2.2	Hepatitis B.....	12
2.3	Human Immunodeficiency Virus (HIV).....	15
3.0	Culture and Health Care.....	19
4.0	Community Profiles	23
4.1	Introduction to Community Profiles.....	23
4.2	Community Profile – Arab Republic of Egypt.....	25
4.3	Community Profile – People’s Republic of China.....	27
4.4	Community Profile – Philippines.....	30
4.5	Community Profile – Republic of India.....	33
4.6	Community Profile – Socialist Republic of Vietnam.....	37
5.0	List of Health Services in Selected Canadian Cities	40
5.1	Calgary.....	40
5.2	Montréal.....	41
5.3	Toronto.....	42
5.4	Vancouver.....	44
5.5	Winnipeg.....	47
5.6	Toll-free Numbers in Canada.....	49
6.0	Useful Contacts in Selected Canadian Cities.....	52
6.1	Canadian Liver Foundation (CLF) Offices.....	52
6.2	Public Health Departments in the Cities.....	53
6.3	Public Health Agency of Canada: Regional Offices.....	54
7.0	Useful Publications and Websites.....	55

1.0 Introducing the Training Manual

1.1 Why was the training manual developed?

People’s health status is determined by their circumstances and environment. Social support networks and culture are a part of these social determinants of health (factors influencing the health of populations). Other determinants are: income and social status, education, employment/working conditions, social and physical environment, personal health practices and coping skills, healthy childhood development, and gender.¹

The World Health Organization (WHO) recognizes that culture – which is made up of the customs, traditions, and beliefs of one’s family and community – is a determinant of health. One’s social support networks (families, friends, and communities) are part of one’s culture and having such networks is linked to better health.²

Health equity is defined as a system that delivers appropriate care and assistance to meet the different and unique needs of all patients. Given that culture is an important determinant of health, providing culturally competent care is an integral element in achieving health equity. This type of care includes an awareness of and sensitivity to the needs of the cultural community. Culturally competent care is “a process occurring on many levels but [which] can be summarized as caring for families and patients in a respectful manner that takes into consideration: 1) the diversity of their social, cultural and linguistic backgrounds and beliefs [; and] 2) how these affect health beliefs, behaviours and outcomes.”³

“Quality of care and patient safety can be compromised when healthcare providers do not respond to linguistic and cultural preferences and differences...[Thus,] cultural competence is a step towards achieving health equity – a system that delivers appropriate care and assistance to meet the different and unique needs of all patients.”⁴

1 World Health Organization. Health Impact Assessment. www.who.int/hia/evidence/doh/en/

2 World Health Organization. Health Impact Assessment. www.who.int/hia/evidence/doh/en/

3 The Hospital for Sick Kids. Cultural Competence and Health Equity. www.sickkids.ca/culturalcompetence/About-NISN/cultural-competence-and-health-equity/cultural-competence-and-health-equity.html

4 The Hospital for Sick Kids. Cultural Competence and Health Equity. www.sickkids.ca/culturalcompetence/About-NISN/cultural-competence-and-health-equity/cultural-competence-and-health-equity.html

It is in this context that this training manual has been developed. The Canadian Ethnocultural Council (CEC) has worked in recent years on projects that address gaps in delivering culturally competent health care to immigrant ethnic communities at risk for certain diseases. The CEC understands that cultural factors play an important role in health care and that healthcare practitioners working in a multicultural environment must be aware of how these factors affect both them and the communities they serve.

From 2005 to 2010, the CEC, in partnership with the Canadian Liver Foundation (CLF), developed culturally appropriate resources, consulted with ethnocultural communities on how they would like to be engaged on important healthcare issues such as hepatitis C, and conducted information and training sessions across Canada for healthcare and community care providers from four high-risk ethnocultural communities.⁵ Through their participation in the CEC's projects, healthcare providers from these four communities (Chinese, Egyptian, Filipino, and Vietnamese) recognized the importance of informing communities and sharing knowledge about hepatitis and related communicable diseases. Project evaluations have indicated the need to develop more resources and provide training to healthcare providers particularly about hepatitis C, hepatitis B, HIV, and any other communicable diseases of significance to these communities. In addition, it was revealed that the South Asian community is at high risk of developing these diseases.

This training manual will build on the culturally appropriate hepatitis C resources developed in the past. It broadens the communities involved to include an appropriate country from South Asia, and it broadens the scope to include other related communicable diseases of significance to these five high-risk, immigrant ethnic communities (hepatitis B and HIV). Although members of these five communities were identified as being at high risk for other communicable diseases (especially sexually-transmitted infections and tuberculosis), including these diseases would have made the scope of this project too broad. The three viruses selected share similar routes of transmission, which has allowed us to keep a similar focus with respect to risk factors and prevention strategies.

From the South Asian population, the East Indian community was selected due to the large number of immigrants from India in Canada and the fact that the population of India is over one billion and, therefore, even small increases in disease prevalence rates signify that large numbers of people have become infected.

5 CEC. Community Awareness Model for Hepatitis C. www.ethnocultural.ca/about-project

1.2 Who can use this training manual?

This training manual is intended for healthcare practitioners and professionals, service providers, health educators, multicultural outreach workers, and settlement counsellors who work in health and social service agencies, hospitals, and community centres. They serve the identified ethnic populations, providing basic information on hepatitis C, hepatitis B, HIV/AIDS, and a wide range of health services.

1.3 What is the purpose of the training manual?

The purpose of this manual is to provide accurate and current baseline information about hepatitis C, hepatitis B, and HIV, and how these diseases can be prevented and treated; it is designed for a wide range of healthcare providers serving ethnocultural communities. This manual not only contains information these providers can share with their peers and colleagues, but, more importantly, information that will help them better serve these high-risk communities. This greater outreach will enhance the health outcomes of people affected by hepatitis C, hepatitis B, and HIV.

1.4 Design of this training manual

This manual has been designed to support understanding of and knowledge about hepatitis C, hepatitis B, and HIV, and to encourage reflection on service delivery and educational practices. It is hoped that it will enhance the contribution of healthcare workers to the prevention of these infections as well as to the education, health maintenance, treatment, counselling, and support of individuals affected by them.

The manual has also been developed as an educational resource for training purposes. It is not, however, intended to replace expert medical advice about hepatitis C, hepatitis B, or HIV. The training package includes, in addition to the manual, the following:

- Fact Sheets of five communities (Chinese, East Indian, Egyptian, Filipino, and Vietnamese) in English and French as well as in Arabic, Chinese (Simplified and Traditional), Punjabi, Tagalog, Tamil, and Vietnamese;

- Selected brochures and handouts published by the CLF and CATIE;
- Other supporting publications;
- A PowerPoint presentation for use in training and community workshops.

Healthcare providers can adapt and build on both this manual and additional resources in the training package to increase their awareness about these infections, educate high-risk ethnic communities, and provide effective strategies for prevention.

1.5 Limitations of this training manual

This training manual was developed specifically to provide baseline information about hepatitis C, hepatitis B, and HIV to the five selected communities and to help meet their immediate needs. Although the manual has been developed from a cross-cultural perspective, it does not examine cultural specifics. Due to time constraints, only resources available to us have been included in the training package. We acknowledge that there are other useful publications and tools that have not been included here. We recognize that no single resource can adequately meet the needs of all ethnic communities.

This training manual is available for download on the CEC website: www.ethnocultural.ca/HepC as well as on the CLF website: www.liver.ca

2.0 Hepatitis C and Other Related Communicable Diseases

The word “hepatitis” means inflammation of the liver. It can be caused by a virus, fat in the liver, alcohol, medications, etc. When hepatitis is caused by a virus, it is called viral hepatitis. To date, six different hepatitis viruses have been identified. They are: A, B, C, D, E, and G. Hepatitis B and C have a greater health burden in terms of illness and death (morbidity and mortality) because they can cause chronic infection, which can lead to liver cirrhosis (scarring of the liver) and cancer.

Hepatitis can be acute or chronic. Acute hepatitis is when patients are infected for a short period of time. Chronic hepatitis is a disease in which patients develop life-long infection. Chronic hepatitis is the leading cause of liver cirrhosis and cancer. Countries from which a large number of immigrants come to Canada have a high prevalence rate of hepatitis C and B. Hence, these diseases are a public health concern in Canada.

Hepatitis C continues to be a major public health concern in immigrant ethnic communities in Canada. People from these communities have also been identified as having a high risk of developing other viral infections that have similar routes of transmission, such as hepatitis B and HIV. Because these viruses are spread through blood-to-blood contact, people can be infected with one virus (called mono-infection) or two or more viruses (called co-infection) at the same time.

A major problem is that these diseases have no symptoms, particularly in their early stages, and can thus remain undetected until they progress to a final stage in which treatment becomes ineffective. Prior to immigration into Canada, it is not mandatory to get tested for viral hepatitis (unlike for HIV). People should, therefore, not assume that they do not have the disease because they took medical tests before coming to Canada.

Lack of awareness about the diseases and their prevention, which is caused by the stigma associated with them, is among the major factors contributing to their increased prevalence in ethnic communities.

The stigma associated with these diseases is severe and prevents many individuals, particularly those from ethnic communities, from seeking diagnosis or treatment. Meanwhile, lack of literacy, along with linguistic and cultural barriers, prevent them from learning about the diseases and taking appropriate preventative action.

Few ethnic organizations in Canada provide disease-specific services to their communities, and individuals may be intimidated by mainstream organizations. This prevents them from accessing services and support.

The high-risk ethnic communities selected for this project are: Chinese, East Indian, Egyptian, Filipino, and Vietnamese. The selection was based on the following criteria: (i) the percentage of immigrants to Canada from these countries; (ii) the high prevalence of hepatitis C, hepatitis B, and HIV in these countries; and (iii) means of transmission (that has occurred or has been reported to occur) involving cultural practices or improperly sterilized equipment in the administration of vaccines or other medications.

Hepatitis C, hepatitis B, and HIV infections – which share similar modes of transmission and are of significance to the five communities – are discussed in this manual.

These diseases are preventable yet have a significant health and social impact on individuals and communities. Although the treatment for each of the above infections is different, strategies for prevention (awareness, early detection, and harm-reduction practices⁶) and community support are similar for all of them.

Immigrant ethnic communities may have limited knowledge about these diseases and the effective screening and treatment options available. Communities need to be informed of the risks and benefits of treatments that are relative to their culture.

It is important, therefore, to create awareness in high-risk ethnic communities about these infections and to educate their healthcare providers to take necessary action to identify those affected. In this way, individuals can benefit from early detection and treatment and prevent others from becoming infected.

Getting tested is the only way to know your status. There are effective treatments, and they work best when started early.

⁶ According to the Centre for Addiction and Mental Health, harm-reduction is “any policy or program designed to reduce drug-related harm without requiring the cessation of drug use. Interventions may be targeted at the individual, the family, community or society”.

For additional information, visit the following websites:

1. Canadian AIDS Treatment Information Exchange (CATIE): www.hepcinfo.ca
2. Canadian Ethnocultural Council (CEC): www.ethnocultural.ca/HepC
3. Canadian Liver Foundation (CLF): www.liver.ca
4. BC Centre for Disease Control (BCCDC): www.bccdc.ca
5. Public Health Agency of Canada: www.phac-aspc.gc.ca/hepc/index-eng.php

2.1 Hepatitis C

What is hepatitis C?

- Hepatitis C is a liver disease caused by the hepatitis C virus (HCV).
- Approximately 25% of people clear the virus after initial infection. However, in 75% of cases, it becomes a chronic infection and treatment is necessary.⁷
- HCV is the most common cause of chronic hepatitis, which can lead to more serious problems including cirrhosis (scarring of liver), liver failure, and liver cancer.
- Worldwide, about 150 million people are chronically infected with HCV, and more than 350,000 people die every year from related liver diseases.⁸
- An estimated 300,000 Canadians are infected with HCV. Many people do not have symptoms and do not know they are infected.⁹

How is the hepatitis C virus spread?

- The virus is spread through direct blood-to-blood contact with an infected person.
- The most common means of infection is needles shared for injection drug use, tattoos, body piercing, etc.
- Before 1990 in Canada, the virus was spread through blood transfusions.
- Sexual and mother-to-child transmission are rare.

Who is at risk of getting hepatitis C?

Those at risk of getting hepatitis C include people who:

- were born between 1945 and 1975 (age group with the highest risk);
- have come into contact with the blood of another person through the use of unsterilized needles for medical or dental procedures, tattoos, or injection drug use;
- share personal articles (razors, toothbrushes, scissors, nail clippers) with an HCV-infected person;

⁷ Canadian Liver Foundation. What is Hepatitis C?

www.liver.ca/liver-disease/types/viral_hepatitis/Hepatitis_C.aspx

⁸ World Health Organization. Fact Sheet on Hepatitis C. www.who.int/mediacentre/factsheets/fs164/en/

⁹ Canadian Liver Foundation. What is Hepatitis C? www.liver.ca/liver-disease/types/viral_hepatitis/Hepatitis_C.aspx

- were born or lived in countries where hepatitis C is common;
- received a blood transfusion before 1990 in Canada;
- are healthcare workers and/or have exposure to blood in the workplace;
- have unprotected sexual activity – if there is blood exchange with an infected person (less than 5% risk in heterosexual, monogamous relations);
- were born to a mother with HCV (less than 5% risk).

What are the symptoms of hepatitis C?

- Symptoms may not appear for years after a person is infected.
- Some patients experience fatigue, itchy skin, and pain in the right upper abdomen.
- As the disease progresses, there is severe liver damage and patients experience swelling of abdomen and feet, jaundice, nausea, bruising, and confusion or disorientation.

Is hepatitis C a preventable disease?

There is currently no vaccine for hepatitis C, but it can be easily prevented. Individuals can reduce their risk of HCV infection by adopting the following practices:

- Not sharing needles or other drug-related equipment;
- Making sure that the equipment used for tattooing, piercing, or acupuncture is sterile (the safest way is to go to a professional);
- Wearing protective medical gloves and handling used needles with care in a healthcare facility where contact with someone else’s blood or needle is possible;
- Not engaging in high-risk behaviour.¹⁰

To prevent the spread of the virus to others, people infected with HCV should not:

- donate blood;
- share razors, scissors, nail clippers, or toothbrushes;
- share needles or other drug-related equipment.

¹⁰ High-risk behaviour is any behaviour that can put someone at risk of contracting a disease (e.g., injection-drug use, unprotected sex, binge drinking, etc.).

If a woman is pregnant and has concerns about spreading HCV to her baby, she should talk to her doctor.

Although sexual transmission is rare, people who are infected should inform their sexual partners that they have hepatitis C and take necessary precautions.

Medication also helps reduce the risk of passing the virus on to others so it is important for people to take it as prescribed.

How is hepatitis C diagnosed?

It is diagnosed through blood tests.

Is there a treatment for hepatitis C?

Hepatitis C is a curable disease.

Approximately 25% of people clear the virus on their own. However, in 75% of cases, it becomes a chronic infection and treatment is necessary. Current therapy is not 100% effective, but, when it works, it is able to clear the virus completely.

What else can people do to live well with hepatitis C?

It is important for people living with hepatitis C to:

- Get vaccinated against hepatitis A and hepatitis B;
- Implement lifestyle changes, such as maintaining a healthy body weight, eating a well-balanced diet, exercising regularly, quitting smoking, and avoiding alcohol and high-risk behaviours;
- Know that no alternative therapies – including herbal remedies, homeopathic medicines, and minerals – have been proven safe and effective for the treatment of hepatitis C;
- Inform their healthcare provider of any medication taken for other conditions because some medication may affect the outcome of hepatitis C treatment (for example, some drugs are harmful to the liver).

Getting tested is the only way to know your status. There are effective treatments, and they work best when started early.

For additional information, please consult the following references:

1. Canadian Liver Foundation. Healthy Living with Viral Hepatitis booklet.
www.liver.ca/files/PDF/Eng_Viral_Hep_WEB.pdf
2. Canadian Liver Foundation. Hepatitis C: Questions and Answers.
www.liver.ca/files/PDF/New_format_info_sheets_-_2011_-_english/CLF_InfoSheet_HepatitisC_E.pdf
3. PHAC. Hepatitis C: Get the Facts. You can have it and not know it.
www.phac-aspc.gc.ca/hepc/pubs/getfacts-informezvous/index-eng.php
4. CATIE. HepC info. www.hepCinfo.ca
5. BC Centre for Disease Control. Viral Hepatitis – online course.
www.bccdc.ca/resourcematerials/trainingandevents/Viral+Hepatitis+On-line+Course.htm
6. World Health Organization. Global Policy Report on the Prevention and Control of Viral Hepatitis 2013. www.who.int/csr/disease/hepatitis/global_report/en/

2.2 Hepatitis B

What is hepatitis B?

- Hepatitis B is a liver disease caused by the hepatitis B virus (HBV) and can be both an acute and chronic disease.
- In 90% of adults, the hepatitis B virus can be cleared on its own. But, if contracted early in childhood, it becomes chronic in 90% of cases and treatment is necessary.
- Two billion people worldwide (or 28% of the population) have been infected with the virus and about 600,000 people die every year due to the consequences of hepatitis B.¹¹
- In Canada, about 300,000 people have chronic hepatitis B; and, between 3,000 and 7,000 new cases are reported annually.

How is the hepatitis B virus spread?

The virus is spread through contact with the blood, semen, or vaginal fluid of an infected person.

Who is at risk of getting hepatitis B?

Those at risk of contracting hepatitis B include people who:

- have multiple sexual partners;
- were born to mothers who have hepatitis B;
- have family members with hepatitis B;
- use injection drugs;
- have an occupation involving increased exposure to blood and body fluids;
- live in or travel to countries that have a high prevalence of hepatitis B (Asia, sub-Saharan Africa, Southern and Eastern Europe, and the Pacific Islands).

¹¹ World Health Organization. Fact Sheet on Hepatitis B. www.who.int/mediacentre/factsheets/fs204/en/

What are the symptoms of hepatitis B?

- Many people who have hepatitis B do not experience any symptoms.
- The symptoms can include jaundice (skin and eyes turn yellow), fatigue, loss of appetite, fever, rash, and acute arthritis.
- Chronic hepatitis B can lead to cirrhosis (scarring of the liver) and liver cancer.

Is hepatitis B a preventable disease?

To prevent getting hepatitis B, it is important to get vaccinated. Two to three injections of the vaccine within a six-month period provide long-lasting protection against the virus. The vaccine can be accessed free of charge with the help of a healthcare provider.

Hepatitis B can also be prevented by:

- Consistent condom use;
- Screening all pregnant women and, if the mother is infected, administering both the first dose of the vaccine and HBIG (protective antibody called immunoglobulin) at birth to the baby;
- Administering HBIG to any person who has had recent exposure (seven to 14 days) with infected blood or body fluids.

To prevent the spread of the virus to others, people with HBV should:

- Use condoms consistently;
- Never share toothbrushes, razors, nail files, or other items that may contain traces of blood;
- Never donate blood or semen;
- Get rid of articles contaminated with blood by placing them in a protective container;
- Cover all cuts and sores with band-aids;
- Clean up spills of their blood with a bleach solution.

If a woman is pregnant or planning to have children, she should know that there is a high risk of passing the virus on to the baby around the time of birth. The baby can be protected through immunization, so he or she should receive the vaccine against HBV right at birth.

Medication also helps reduce the risk of passing the virus on to others so it is important for people to take it as prescribed.

How is hepatitis B diagnosed?

Hepatitis B is diagnosed through blood tests.

Is there a treatment for hepatitis B?

There is no cure for chronic hepatitis B. However, individuals have several treatment options to prevent the development of cirrhosis, liver failure, or liver cancer.

Patients should discuss available treatment options with their physician.

What else can people do to live well with hepatitis B?

- Get vaccinated against hepatitis A;
- Implement lifestyle changes, such as maintaining a healthy body weight, eating a well-balanced diet, exercising regularly, quitting smoking, and avoiding alcohol and high-risk behaviours;
- Know that no alternative therapies – including herbal remedies, homeopathic medicines, and minerals – have been proven safe and effective for the treatment of hepatitis B;
- Inform their healthcare provider of any medication taken for other conditions because some medication may affect the outcome of hepatitis B treatment (for example, some drugs are harmful to the liver).

Getting tested is the only way to know your status. There are effective treatments, and they work best when started early.

For additional information, please consult the following references:

1. Canadian Liver Foundation. Healthy Living with Viral Hepatitis.
www.liver.ca/files/PDF/Eng_Viral_Hep_WEB.pdf
2. Public Health Agency of Canada. Hepatitis B infection in Canada. Epi-Update.
www.phac-aspc.gc.ca/id-mi/pdf/hepB-eng.pdf
3. Canadian Liver Foundation. Hepatitis B: Questions and Answers.
www.liver.ca/files/PDF/New_format_info_sheets_-_2011_-_english/CLF_InfoSheet_HepatitisB_E.pdf

2.3 Human Immunodeficiency Virus (HIV)

What is HIV?

- HIV is a disease caused by the Human Immunodeficiency Virus.
- The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS) but not every person infected with HIV develops AIDS.
- HIV continues to be a major global public health issue, having already claimed more than 36 million lives.¹²
- According to the WHO, there were approximately 34 million people living with HIV in 2011.¹³
- At the end of 2011, an estimated 71,300 Canadians were living with HIV.¹⁴
 - Approximately 25% of them were unaware of their infection.
- In 2011, an estimated 3,175 people became newly infected with HIV in Canada.¹⁵
- In Canada, the estimated new HIV infection rate among people from countries where HIV is endemic is nine times higher than it is among other Canadians.¹⁶

How is HIV spread?

- HIV is spread through contact with the blood, breast milk, semen, or vaginal fluid of an infected person.
- HIV is more easily transmitted in the presence of other sexually transmitted diseases.

12 World Health Organization. Fact Sheet on HIV/AIDS.

www.who.int/mediacentre/factsheets/fs360/en/

13 World Health Organization. Global Health Observatory. HIV/AIDS.

www.who.int/gho/hiv/en/

14 PHAC. Estimates of HIV Prevalence and Incidence in Canada 2011.

www.phac-aspc.gc.ca/aids-sida/publication/survreport/assets/pdf/estimat2011-eng.pdf

15 CATIE. The Epidemiology of HIV in Canada. Fact Sheet.

www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-canada

16 CATIE. The Epidemiology of HIV in Canada. Fact Sheet.

www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-canada

Who is at risk of getting HIV?

Behaviours and conditions that put individuals at greatest risk of contracting HIV include:

- Sharing unsterilized needles for medical or dental procedures (blood transfusions, acupuncture, etc.), tattoos, or injection drug use;
- Having unprotected sexual intercourse (anal or vaginal);
- Having another sexually transmitted infection;
- Occupational blood exposure to HIV in a healthcare setting;
- Having received a blood transfusion or blood products before 1990 in Canada;
- Having a mother who has HIV.

What are the symptoms of HIV infection?

- The symptoms of HIV vary depending on the stage of the infection. Though people living with HIV tend to be most infectious in the first few months, many are unaware of their status until later stages.
- In the first few weeks following initial infection, individuals may experience no symptoms at all or an influenza-like illness that includes fever, headache, rash, or sore throat.
- As the infection progressively weakens the person's immune system, the individual can develop other signs and symptoms such as swollen lymph nodes, weight loss, fever, diarrhea, and coughing.
- Without treatment, they could also experience severe illnesses such as tuberculosis, cancers, etc.

Is HIV a preventable disease?

Currently, there is no vaccine for HIV, but the infection is largely preventable.

Individuals can reduce their risk of HIV infection by adopting the following behaviours:

- Not sharing needles or other drug-related equipment;
- Ensuring that the equipment used for tattooing, piercing, or acupuncture is sterile (the safest way is to go to a professional);
- Wearing protective medical gloves and handling used needles with care in a healthcare facility where contact with someone else's blood or needle is possible;

- Getting tested for other sexually transmitted infections that may increase their susceptibility to HIV infection;
- If a woman is pregnant and has concerns, she should talk to her doctor.
- Not engaging in high-risk behaviour.

To prevent the spread of the virus to others, people with HIV should:

- Use condoms consistently;
- Not share needles or other drug-related equipment;
- Not breastfeed their baby.

Medication also helps reduce the risk of passing the virus on to others so it is important for people to take it as prescribed.

How is HIV diagnosed?

- The only way to determine whether you are infected is to be tested for HIV infection through a blood test that detects the presence or absence of HIV antibodies.
- Medical care and treatment are most effective when the infection is in its early stages.
- There are many testing sites in each province and some specialized sites offer anonymous and rapid testing. People should ask their doctor or consult one of the clinics in the resources section of this manual.

Is there a treatment for HIV infection?

The human body cannot get rid of HIV. So, once you have HIV, you have it for life. And, although there is no cure for HIV, treatment has progressed dramatically. Effective treatment can control the virus so that people with HIV can enjoy healthy and productive lives without opportunistic infections¹⁷ or other serious diseases.

¹⁷ An opportunistic infection is an infection by a bacterium or virus that normally does not cause disease but becomes harmful when the body's immune system is impaired and unable to fight off infection, as in AIDS.

What else can people do to live well with HIV?

- Get vaccinated against hepatitis A and hepatitis B;
- Implement lifestyle changes, such as maintaining a healthy body weight, eating a well-balanced diet, exercising regularly, quitting smoking, and avoiding alcohol and high-risk behaviours;
- Know that no alternative therapies – including herbal remedies, homeopathic medicines, and minerals – have been proven safe and effective for the treatment of HIV;
- Inform their healthcare provider of any medication taken for other conditions because some medication may interfere with HIV treatment.

Getting tested is the only way to know your status. There are effective treatments, and they work best when started early.

For additional information, please consult the following references:

1. PHAC. Population-Specific HIV/AIDS Status Report: People living with HIV/AIDS. www.catie.ca/sites/default/files/SR-People-Living-with-HIV.pdf
2. Centers for Disease Control and Prevention. HIV Prevention. www.cdc.gov/hiv/basics/prevention.html
3. CATIE. The Epidemiology of HIV in Canada. www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-canada
4. PHAC. What is HIV/AIDS? www.phac-aspc.gc.ca/aids-sida/info/

3.0 Culture and Health Care

Organizations that provide information and services to diverse communities must understand the special cultural features of each group they serve. On the basis of this, they can design and manage culturally appropriate programs to address the needs of each group.

Cross-Cultural Characteristics

Every country or region in the world is likely to have certain unique features as well as some characteristics in common with other countries or regions. To understand people of different ethnic backgrounds and countries of origin, it helps to know as much as possible about other cultures. This is all the more important in Canada, which has become a country of choice for many people around the world and has provided refuge for people fleeing conflict and oppression in their own lands.

It would be difficult to enumerate all the characteristics of every ethnic community and country from which people have arrived in Canada. All members of an ethnocultural community do not adhere to the same values, beliefs, and practices. And, in the absence of specific information, it is good policy not to assume anything about anyone.

What follows is a brief summary of some of the information available in published literature and gathered from the CEC's work with the ethnocultural communities that will be useful to healthcare professionals, service providers, and community health workers who work with individuals from diverse cultural backgrounds.

Language

Language is a vital part of culture. It is obvious that verbal or written communication is impossible between people who speak different languages or use different writing systems. In addition, non-verbal communication can be easily misinterpreted between cultures. Individuals from some ethnocultural groups may not express their feelings and intentions as verbally or explicitly as the rest of the Canadian population. Eye contact is important in transmitting information but it is interpreted very differently by different cultures. Similarly, hand gestures vary widely among cultures. Making assumptions in the absence of complete understanding may lead to embarrassment and miscommunication.

Twenty six percent of new immigrants to Canada cite learning English or French as the biggest difficulty they have faced since arrival, second only to finding an adequate job (46%).¹⁸

Perception of time

Differences in time perception and expectations by different people are likely to lead to misunderstanding and frustration. Some cultures are not as time-conscious as others. Punctuality may not be strictly observed because individuals are considered more important than schedules.

Stigma

A major problem is the stigma surrounding diseases typically associated with drug and alcohol abuse and sexual habits. Stigma is especially prevalent in countries in which communicable diseases are endemic. If individuals from these countries test positive, they experience shame, isolation, and hopelessness. They fear being ostracized by their communities and are, therefore, reluctant to get treatment or take precautionary measures.

In Canada, it is illegal to discriminate against an individual who has an illness or disability.¹⁹

Religion

Religious beliefs may influence healthcare beliefs and practices, which can be significantly different in some ethnocultural communities when compared to the average Canadian population. These communities may have different perceptions of health and illness. They may lack preventive practices (such as immunization) and may use non-traditional healthcare providers. Only by understanding the religious and cultural beliefs of an ethnic community can healthcare providers effectively meet its needs.

For more information, please see: Health Care and Religious Beliefs. Alberta Health Services.

www.albertahealthservices.ca/ps-1026227-health-care-religious-beliefs.pdf

¹⁸ Statistics Canada (2007). Longitudinal Survey of Immigrants to Canada.

¹⁹ Canadian Human Rights Act. www.laws-lois.justice.gc.ca/eng/acts/h-6/

Poverty

According to Canada without Poverty, “Poverty is not only detrimental to the health of Canadians but has a huge price tag on the healthcare system.”²⁰

Income is perhaps the most important social determinant of health. Level of income shapes overall living conditions and influences health-related behaviours.²¹

Economic and social factors – such as education, employment, and income – directly influence the health of an individual. Improvement in any of these can produce an improvement in both health behaviours (e.g., quality of diet, extent of physical activity, and tobacco and alcohol use) and outcomes at the individual and community level.

Racial groups (visible minorities) and recent immigrants are more likely to live in poverty, have low paying jobs, or be unemployed as compared to the non-racial Canadian population.²²

Health care

High-quality healthcare services are a social determinant of health as well as a basic human right. Access to health services is important in maintaining and improving health.

Caring for patients in a multicultural, multilingual, multi-faith context can be challenging.

20 Canada without Poverty. The Cost of Poverty. www.cwp-csp.ca/poverty/the-cost-of-poverty/

21 Mikkonen, J., & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management. www.thecanadianfacts.org/The_Canadian_Facts.pdf

22 Canadian Centre for Policy Alternatives. Canada’s Colour Coded Labour Market. www.policyalternatives.ca/publications/reports/canadas-colour-coded-labour-market

Immigrants come from political, social, and economic backgrounds that are different from those of Canada. Being aware of the various backgrounds is helpful for healthcare providers. Things that are taken for granted in Canada may be novel or unfamiliar to immigrants. Access to and cost of health care as well as healthcare practices, including the patient-clinician relationship, may be very different in their countries of origin. For example, in India, there are private as well as public doctors, while, in the Philippines, the cost of health care is based on income. In many countries, healthcare delivery is better in urban than in rural areas. New immigrants may view the healthcare system as intimidating and too hard to understand or navigate. The result is that these individuals may seek health care on a crisis-only basis, and thus may not receive treatment until a problem becomes a real emergency.

New immigrants may rely on family and friends for information on medical matters because of language barriers. As a result, they may receive partial, inaccurate, or unreliable information.

People from many countries depend on alternative medicine to varying degrees. Those practices comprise, among others: Chinese traditional medicine and acupuncture in China, *ayurvedha* and homeopathy in India, faith healers in the Philippines, and herbal and home remedies in almost all five countries discussed in this manual.

Sadly, the current reality is that many healthcare professionals in Canada are ill-equipped and unprepared to break down linguistic and cultural barriers. Special expertise and skills are needed in working with ethnic communities to promote a better understanding of diseases.

4.0 Community Profiles

4.1 Introduction to Community Profiles

Population trends within Canada reveal an increasing diversity of people, languages, and cultures. According to the Statistics Canada 2011 National Household Survey (NHS), 20.6% Canadians are foreign-born – up from 19.8% in 2001.²³

The NHS shows that 1.2 million immigrants arrived between 2006 and 2011. Of these, approximately 684,000 (or 57%) were from Asia and the Middle East. Specifically, about 540,000 (45%) were from China and India while 454,000 (38%) were from the Philippines.

Although most of the immigrant population lives in Toronto, Vancouver, Calgary, Edmonton, and Montréal, immigrants are increasingly settling in medium-sized urban areas such as Saskatoon, Regina, and Winnipeg.²⁴

Found on the following pages are profiles of five immigrant ethnic populations: Chinese, East Indian, Egyptian, Filipino, and Vietnamese. The profiles contain data on the community as well as on rates of hepatitis C, hepatitis B, and HIV infection.

The purpose of the profiles is to help service providers increase their understanding of the cultural and linguistic needs of these five communities. It is hoped that the information contained in the profiles, as well as the information on culture and health care in the preceding section, will enhance their ability to provide culturally appropriate care that is tailored to the specific needs of these high-risk populations.

A person's country of origin may influence his or her socio-economic status, proficiency in English or French, and previous exposure to Western culture. However, even within communities, there are differences. Therefore, making generalizations about any one group (such as those of Chinese descent, for example) is problematic because each group is a heterogeneous group of people who may have widely different life experiences, cultural traditions, dialects,

23 Stats Canada. 2011 National Household Survey. www12.statcan.gc.ca/nhs-enm/index-eng.cfm

24 Environics. Canada's Increasing Cultural Diversity. May 2013. www.environicsanalytics.wordpress.com/2013/05/

education, and economic positions. Their patterns of immigration may be very different – some may have come directly from their home town and others may have lived in other countries before coming to Canada.

Knowing the educational and literacy level, language(s) spoken, and religious affiliation of each individual being served is important in order to be an effective healthcare provider.²⁵ Information about employment status and job qualifications will reveal whether an individual has been educated, worked in a skilled job, and established social and recreational links to other individuals. Being aware of the similarities and differences within and between communities will help healthcare providers find the most effective ways to reach the population and provide health education that is tailored to their specific needs.

25 CEC. Community Awareness Model for Hepatitis C: A Training Guide.
www.ethnocultural.ca/sites/ethnocultural.ca/files/Train-the-trainer%20Guide-%20Community%20Awareness%20Model%20for%20Hepatitis%20C%20-_0.pdf

4.2 Community Profile – Arab Republic of Egypt

In the Statistics Canada 2011 NHS, 73,250 people reported being of Egyptian origin. This figure is up from 54,435 in 2006, for an increase of approximately 38%.

Of this Egyptian population in Canada that was surveyed:

- Nearly 60% reported that they are of single origin.
- 24% are under the age of 15, which is significantly higher than the number in the overall Canadian population.
- 8.5% are older than 65, which is significantly lower than the number in the overall Canadian population.
- 52.2% are male.
- About 56% are Christian and 33% are Muslim.
- About one-third were born in Canada.
- 35% live in Toronto and 29% in Montréal.²⁶

Hepatitis C and related communicable diseases in the Arab Republic of Egypt

Hepatitis C Virus (HCV)

Egypt has the world's highest prevalence rate of hepatitis C.²⁷ According to the WHO, the overall prevalence rate of hepatitis C is 22% (or almost 17.8 million people).²⁸ However, this figure can be up to 41% for individuals who are older than 50.²⁹

The high prevalence of HCV in Egypt is mainly due to the aggressive public health campaign in the 1960s and 1970s that aimed to treat patients for schistosomiasis (known in Egypt as *Bilharzia*, a parasitic disease caused by snails living in the Nile) using medication administered through glass syringes that, due to limited resources, were not properly sterilized. At present, the virus continues to spread through blood transfusions and other medical and dental procedures.³⁰ The highest risk factor for the virus is surgery.

26 www12.statcan.gc.ca/nhs-enm/index-eng.cfm

27 HCV Advocate. Hepatitis C in Egypt. www.hcvadvocate.org/hcsp/articles/Egypt_06.html

28 Hepatitis C Education & Prevention Society. Statistics. www.hepcbc.ca/statistics/

29 Canadian Liver Foundation. Research towards a personalized approach to hepatitis C treatment. www.liver.ca/livewell/research/2012_fall_issue_Research_Naglaa_Shoukry.aspx

30 Sphinx. Hepatitis C in Egypt. www.sphinx-hcv.eu/About-Hepatitis-C/hepatitis-c-in-egypt.html

Approximately 20% of Egyptian blood donors are anti-HCV positive (a screening test indicating that they have been infected with the hepatitis C virus at some point in the past).³¹

Hepatitis B Virus

The prevalence rate of HBsAg (blood marker for infectivity with the hepatitis B virus) in Egypt is high: 10.1% (specifically, 11.7% in Upper Egypt and 8.0% in Lower Egypt). Hepatitis B is more prevalent in young adults (especially in Upper Egypt) and infection rates are higher in males than females in both regions.³²

Human Immunodeficiency Virus (HIV)

Egypt is classified as having a low epidemic level of HIV/AIDS – around 11,000 cases. However, since 1990, there has been a sharp increase of 268% in the number of detected HIV cases. In fact, Egypt belongs to one of the only two regions in the world with a rising HIV epidemic, making intervention to stop the spread of the virus necessary.³³

Approximately 71% of HIV transmission occurs sexually; heterosexual contact accounts for almost half of detected cases and injection drug use for less than 5%.³⁴

HIV-infected individuals in Egypt do not appear to be developing AIDS, but factors that contribute to the spread of HIV continue to exist.³⁵

HCV, HBV, and HIV in the Egyptian population in Canada

In Canada, there is very little information about hepatitis C, hepatitis B, or HIV prevalence in the immigrant populations. However, it is safe to assume that infection rates in the Egyptian population in Canada are similar to those in Egypt.

31 Awadalla, Hala Ibrahim et al. (2011). Risk Factors of Hepatitis C Infection among Egyptian Blood Donors. *Central European Journal of Public Health*, 19 (4).

www.questia.com/library/1P3-2562866341/risk-factors-of-hepatitis-c-infection-among-egyptian-blood_donors

32 Sherif, M. M., Abou-Aita, B. A. S., Abou-Elew, M. H. and El-Kafrawi, A. O. M. M. (1985). Hepatitis B virus infection in upper and lower Egypt. *J. Med. Virol.*, 15: 129–135.

www.onlinelibrary.wiley.com/doi/10.1002/jmv.1890150205/abstract

33 Unicef. Egypt. HIV/AIDS. www.unicef.org/egypt/hiv_aids.html

34 Unicef. Egypt. HIV/AIDS. www.unicef.org/egypt/hiv_aids.html

35 Sex Archive. Egypt. HIV/AIDS. www.sexarchive.info/IES/egypt.html#11

4.3 Community Profile – People’s Republic of China

In the Statistics Canada 2011 NHS, 1,487,580 people reported being of Chinese origin. This figure is up from 1,346,515 in 2006, for an increase of just over 10%.

Of this Chinese population in Canada that was surveyed:

- Approximately 82% are of single ethnic origin.
- 17% are under the age of 15, which is similar to the Canadian population average.
- Approximately 10% are older than 65, which is below the Canadian average.
- 60% report no religious affiliation.
- 28.5% were born in Canada.
- About 40% reside in Toronto and 29% in Vancouver.
- 72.3% speak a Chinese language as a first language. Of these:
 - 71% speak it most often at home while 20% speak English most often.
- Cantonese was the Chinese language more likely to be learned first and spoken most often at home; however, among those under the age of 15, there are more first language Mandarin than Cantonese speakers.³⁶

Hepatitis C and related communicable diseases

In addition to hepatitis C, hepatitis B is a major public health problem.

Although the overall prevalence of HIV in China is low, even relatively minor increases in HIV infection rates in a country of more than one billion people signify that large numbers of people have become newly infected.

Hepatitis C Virus (HCV)

It is estimated that 3% of people in China (40 million) are infected with the hepatitis C virus.³⁷

³⁶ www12.statcan.gc.ca/nhs-enm/index-eng.cfm

³⁷ National AIDS Treatment Advocacy Project. www.natap.org/2011/HCV/080211_01.htm

China ranks third among countries with the highest rates of chronic HCV infection.³⁸ (Egypt is first and Pakistan is second.) In 2010, approximately 150,000 new cases of HCV were reported in China, which is almost double from 2006.³⁹

Hepatitis B Virus (HBV)

Of the 350 million individuals chronically infected with HBV worldwide, one-third live in China. Approximately 300,000 people die from hepatitis B-related diseases annually in China.⁴⁰

It is estimated that between 8 to 10% of the adult population, or approximately 93 million people, in China are chronically infected with HBV.⁴¹

According to the WHO, HBV incidence in China was up from 21.9 per 100,000 people in 1990 to 53.3 per 100,000 in 2003.⁴²

Human Immunodeficiency Virus (HIV)

According to the China AIDS Response Progress Report of the Ministry of Health of the People's Republic of China, an estimated 780,000 people were living with HIV in China by the end of 2011, and there were 48,000 new infections in that year.⁴³

Of the 780,000 people living with HIV:

- 63.9% were infected through sexual transmission:
 - 46.5% through heterosexual contact
 - 17.4% through same-sex contact;
- 28.4% were infected through injection drug use;

38 Janssen Pharmaceutica (April 2013). Hepatitis C Virus (HCV): Disease Backgrounder. www.jnj.com/sites/default/files/pdf/Janssen_Hepatitis%20C%20Virus_Disease%20backgrounder.pdf

39 China Daily. China works to prevent hepatitis transmissions. www.chinadaily.com.cn/china/2011-07/29/content_13006398.htm

40 Ma, X.J., Lin, C., and Zhen, W. (2008). Cancer Care in China: A general review. *Biomed Imaging Interv J.*, 4(3): e39. www.ncbi.nlm.nih.gov/pmc/articles/PMC3097739/

41 CEVHAP. Fast facts about Hepatitis B and Hepatitis C. www.cevhap.org/index.php/en/home/fast-facts-about-hepatitis-b-and-hepatitis-c

42 Ma, X.J., Lin, C., and Zhen, W. (2008). Cancer Care in China: A general review. *Biomed Imaging Interv J.*, 4(3): e39. www.ncbi.nlm.nih.gov/pmc/articles/PMC3097739/

43 Ministry of Health of the People's Republic of China. 2012 China AIDS Response Progress Report. www.unaids.org.cn/en/index/page.asp?classname=China%E2%80%99s+Epidemic+%26+Response+&id=197&class=2

- 6.6% were infected through contaminated blood transfusions; and
- 1.1% were infected through mother-to-child transmission.⁴⁴

Of the estimated 780,000 people living with HIV: 28.6% are female; approximately 154,000 have AIDS.⁴⁵

Up to 80% of people with HIV live in these six provinces: Yunnan, Guangxi, Henan, Sichuan, Xingiang, and Guangdong.⁴⁶ This means that the virus is very concentrated, but it can spread to other areas.

Of an estimated 48,000 newly infected individuals in 2011, 81.6% were infected through sexual transmission, 18% through injection drug use, and 0.4% through mother-to-child transmission.⁴⁷

These numbers must be considered in the context of China's extremely large population, which is approximately 1.3 billion.

HCV, HBV, and HIV in the Chinese population in Canada

In Canada, there is very little information about hepatitis C, hepatitis B, or HIV prevalence in the immigrant populations. However, it is safe to assume that infection rates in the Chinese population in Canada are similar to those in China.

44 UN AIDS. HIV in China: Facts and Figures. www.unaids.org.cn/en/index/page.asp?id=197&class=2&classname=China%E2%80%99s+Epidemic+%26+Response+

45 Ministry of Health of the People's Republic of China. 2012 China AIDS Response Progress Report. www.unaids.org.cn/en/index/page.asp?classname=China%E2%80%99s+Epidemic+%26+Response+%26+id=197&class=2

46 Avert. HIV & AIDS in China. <http://www.avert.org/hiv-aids-china.htm#sthash.LkSMaNFa.dpuf>

47 UN AIDS. HIV in China: Facts and Figures. www.unaids.org.cn/en/index/page.asp?id=197&class=2&classname=China%E2%80%99s+Epidemic+%26+Response+

4.4 Community Profile – Philippines

In the Statistics Canada 2011 NHS, 662,600 people reported being of Filipino origin. This figure is up from 436,190 in 2006, for an increase of just over 50%.

Of this Filipino population in Canada that was surveyed:

- About three-quarters are of single ethnic origin.
- Approximately 22% are under the age of 15, which is significantly higher than the number in the overall Canadian population.
- Less than 6% are above the age of 65, which is significantly lower than the number in the overall Canadian population.
- 56% are female. (This figure rose to higher than 60% among those over the age of 25.)
- Nearly all identify as Christian.
- About 25% were born in Canada.
- Approximately 37% live in Toronto, 18% in Vancouver, and 9% in Winnipeg.
- 50% speak Tagalog as a first language. Of these:
 - Over 60% are female.
 - 40% speak it most often at home, while 38% speak English, and about 20% speak both English and Tagalog at home.⁴⁸

Hepatitis C and related communicable diseases in the Philippines

Hepatitis C is a major public health issue in the Philippines. In addition, hepatitis B is considered a “silent infection,” with 16 million Filipinos (or 16.5% of the 96.71 million population⁴⁹) being chronically infected with the hepatitis B virus.⁵⁰ And, based on the 2010 UNAIDS Report on the Global AIDS Epidemic, the Philippines is one of the seven countries in which new cases of HIV increased by more than 25% from 2001 to 2009.⁵¹

48 www12.statcan.gc.ca/nhs-enm/index-eng.cfm

49 <http://data.worldbank.org/indicator/SP.POP.TOTL> (population of the Philippines)

50 Philippine Daily Inquirer. 16 million Filipinos are carriers of Hepatitis B. www.newsinfo.inquirer.net/26363/16-million-filipinos-are-carriers-of-hepatitis-b#ixzz2b7iViM1u

51 UN AIDS Report on the Global AIDS Epidemic (2010). www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf

Hepatitis C Virus (HCV)

According to the WHO, about 3.48 million people in the Philippines (3.6% of the population) are living with hepatitis C.⁵²

Hepatitis B Virus (HBV)

In 2010, the total number of new cases of hepatitis B in the Philippines was 883 per 100,000 population. Of these, 470 were male and 413 were female. The number of reported deaths was 16 per 100,000 (14 male and 2 female).⁵³

As of 2011, approximately 16.5% of the population (or 16 million Filipinos) are chronically infected with the hepatitis B virus.⁵⁴

Human Immunodeficiency Virus (HIV)

Officially, the Philippines has a low prevalence rate of HIV. Less than 0.1% of the adult population is estimated to be HIV positive.⁵⁵ In January 2013, the Philippines Department of Health's AIDS Registry reported that 10,514 people were living with HIV/AIDS. Ninety-five percent of these were male, with the highest number of those infected being in the 20 to 29 age group.⁵⁶

Sexual contact has been reported by the Registry as the leading method of transmission. Out of those infected sexually, 33% (3,147) are infected through heterosexual contact, 41% (3,956) through same-sex contact, and 26% (2,534) through bisexual contact.⁵⁷

52 HCV Advocate. World Health Organization Worldwide Statistics for HCV.

www.hcvadvocate.org/hepatitis/hepC/whostats_99.htm

53 Western Pacific Region Health Databank, 2011 Revision.

www.wpro.who.int/countries/phl/26PHLtab2011_finaldraft.pdf

54 Philippine Daily Inquirer. 16 million Filipinos are carriers of Hepatitis B.

www.newsinfo.inquirer.net/26363/16-million-filipinos-are-carriers-of-hepatitis-b#ixzz2b7iViM1u

55 UN AIDS Report on the Global AIDS Epidemic (2010).

www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf

56 Department of Health of the Philippines. Philippine HIV and AIDS Registry.

www.doh.gov.ph/sites/default/files/NEC_HIV_Aug-AIDSreg2012.pdf

57 Department of Health of the Philippines. Philippine HIV and AIDS Registry.

www.doh.gov.ph/sites/default/files/NEC_HIV_Aug-AIDSreg2012.pdf

In 2011, HIV cases among overseas Filipino workers increased to 271 (from 164 in 2009).⁵⁸

HCV, HBV, and HIV in the Filipino population in Canada

In Canada, there is very little information about hepatitis C, hepatitis B, or HIV prevalence in the immigrant populations. However, it is safe to assume that infection rates in the Filipino population in Canada are similar to those in the Philippines.

58 Philippine National AIDS Council. 2012 Global AIDS Response Progress Report. www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_PH_Narrative_Report.pdf

4.5 Community Profile – Republic of India

In the Statistics Canada 2011 NHS, 1,615,925 people reported being of South Asian origin (this includes India, Pakistan, Bangladesh, Sri Lanka, and Nepal). This figure is up from 1,316,770 in 2006, for an increase of approximately 23%.

Of this South Asian population in Canada that was surveyed:

- More than 80% reported being of single ethnic origin.
- 23% are under the age of 15, which is significantly higher than the number in the overall Canadian population.
- Approximately 8% are above the age of 65, which is significantly lower than the number in the overall Canadian population.
- 50.7% are male. (This percentage increases to 52% for those under the age of 15.)
- There is an even division between Hindu and Sikh, with no majority faith in the group.
- About 31.5% were born in Canada.
- About 55% speak a South Asian language as a first language. Of these:
 - Slightly more men than women speak it as a first language.
 - Boys under the age of 15 account for 52% of those who speak it as a first language.
 - Nearly two in three speak it most often at home while just over 20% speak English most often.⁵⁹

South Asian countries include India, Pakistan, Bangladesh, Sri Lanka, and Nepal. However, the focus of this project is on India (East Indian population), which is the largest country in the region. Most Canadians of East Indian origin refer to themselves as “Indian.”

59 www12.statcan.gc.ca/nhs-enm/index-eng.cfm

According to Citizenship and Immigration Canada:

- 32,747 people emigrated from India in 2012.
- Toronto has the largest East Indian community in Canada. In fact:
 - About 50% of the entire East Indian population in Canada resides in the Greater Toronto Area.
 - Approximately 20% resides in the Vancouver area; and
 - Around 5% lives in Calgary. (However, Calgary has one of the fastest growing Indian Communities in Canada).

Immigrants from India have more diverse religious backgrounds compared to other ethnocultural groups. This is due in part to India's multi-religious population. They also speak a variety of languages, reflecting the cultural and ethnic diversity of the Indian subcontinent. The most widely spoken languages are Punjabi and Tamil.

Hepatitis C and related communicable diseases in the Republic of India

Hepatitis C Virus (HCV)

Approximately 1.5% of people in India were living with hepatitis C in 2012.⁶⁰ Given India's huge population (1.237 billion in 2012), this represents almost 18.6 million people.

Hepatitis B Virus (HBV)

India has an intermediate endemic level of HBV infection with a prevalence rate between 2 and 10%.⁶¹

More than 1 million out of 25 million newborn infants in India annually are at risk of developing chronic HBV (more than 4%).⁶²

60 Armenian Medical Network. All baby boomers should get hepatitis C test - CDC.

www.health.am/ab/more/get-hepatitis-c-test-cdc/#ixzz2oq0RE9Zm

61 NAMAHA: Journal of New Approaches to Medicine and Health. The prevalence of hepatitis B in India and its prevention with Āyurveda – a revisit.

www.namahjournal.com/doc/Actual/Hepatitis-B-vol-19-iss-4.html

62 NAMAHA: Journal of New Approaches to Medicine and Health. The prevalence of hepatitis B in India and its prevention with Āyurveda – a revisit.

www.namahjournal.com/doc/Actual/Hepatitis-B-vol-19-iss-4.html

Human Immunodeficiency Virus (HIV)

The Government of India estimates that about 2.4 million people are living with HIV.⁶³

Children younger than 15 represent 3.5% of all infections, while people 15 to 49 represent 83%.⁶⁴

Although overall prevalence remains low, even relatively minor increases in HIV infection rates in a country of more than one billion people signify that large numbers of people have become newly infected.

In addition, there are places within the country where the prevalence is quite high:

- More than half of HIV cases in India are found in these four southern states: Andhra Pradesh, Maharashtra, Karnataka, and Tamil Nadu.
- About 22% of cases are in the northern states: West Bengal, Gujarat, Bihar, and Uttar Pradesh.⁶⁵

According to India's National AIDS Control Organization (NACO), the bulk of HIV infections in India are caused by unprotected heterosexual intercourse.⁶⁶

Annually, the total deaths from HIV/AIDS are estimated at 170,000.⁶⁷

63 The World Bank. HIV/AIDS in India. www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india

64 The World Bank. HIV/AIDS in India. www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india

65 The World Bank. HIV/AIDS in India. www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india

66 The World Bank. HIV/AIDS in India. www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india

67 Real Clear World. India HIV/AIDS Numbers. www.hiv-stats.realclearworld.com/1/64/India

HCV, HBV, and HIV in the South Asian and East Indian population in Canada

It is estimated that the prevalence of HCV in the South Asian immigrant population in Canada is 1.9%.⁶⁸

In its 2013 “Liver Disease in Canada – A Crisis in the Making” report, the Canadian Liver Foundation estimated that up to 15,751 immigrants of Indian origin in Canada (or about 4 %) may have chronic hepatitis B.⁶⁹

In Canada, in 2011, only 29.3 % of reported cases of HIV included race/ethnicity information; of these, 2.2% were attributed to the South Asian/West Asian/Arab population.⁷⁰

In Canada, there is very little information about hepatitis C, hepatitis B, or HIV prevalence in the East Indian population specifically. However, it is safe to assume that infection rates in the East Indian population in Canada are similar to those in India.

68 PHAC. A Study to Characterize the Epidemiology of Hepatitis C Infection in Canada (2002).
www.publications.gc.ca/collections/collection_2009/aspc-phac/HP40-31-2008E.pdf

69 Canadian Liver Foundation. Liver Disease in Canada: A Crisis in the Making.
www.liver.ca/files/PDF/Liver_Disease_Report_2013/Liver_Disease_in_Canada_-_E.pdf

70 PHAC. HIV and AIDS in Canada: surveillance report to December 31, 2011.
www.catie.ca/sites/default/files/PHAC_HIV-AIDS_2011%20Report_Eng-Fr.pdf

4.6 Community Profile – Socialist Republic of Vietnam

In the Statistics Canada 2011 NHS, 220,425 people reported being of Vietnamese origin, which is an increase of more than 20% from the 180,130 reported in 2006.

Of this Vietnamese population in Canada that was surveyed:

- 75% are of single ethnic origin.
- 22% are under the age of 15, which is significantly higher than the number in the overall Canadian population.
- Approximately 6% are older than 65, which is significantly lower than the number in the overall Canadian population.
- 51.5% are female.
- Most are Buddhist but an important percentage report no religion.
- About 38% were born in Canada.
- 32% live in Toronto, 18% in Montréal, and 14% in Vancouver.
- About two-thirds speak Vietnamese as their first language. Of these:
 - More than 55% are female.
 - 70% speak Vietnamese most often at home, another 20% speak English most often, and about 3.5% speak French.⁷¹

Hepatitis C and related communicable diseases in the Socialist Republic of Vietnam

Hepatitis C Virus (HCV)

It is estimated that 4 to 5% of the population in Vietnam is infected with HCV (between 3.55 and 4.4 million people).⁷²

Approximately 3.5 million people (or 3.9% of the 88.78 million population⁷³) have chronic hepatitis C.⁷⁴

HCV is the most common cause of liver cancer and Vietnamese men have the highest rate of liver cancer in the world.⁷⁵

71 www12.statcan.gc.ca/nhs-enm/index-eng.cfm

72 www.danviet.vn/121625p1c31/viet-nam-co-20-trieu-nguoi-nhiem-virus-viem-gan.htm (in Vietnamese)

73 <http://data.worldbank.org/indicator/SP.POP.TOTL> (population of Vietnam)

74 www.danviet.vn/121625p1c31/viet-nam-co-20-trieu-nguoi-nhiem-virus-viem-gan.htm (in Vietnamese)

75 www.ungthu.org/tailieu/truytam_HepBC.asp (in Vietnamese)

Injection drug users are the group with the highest HCV prevalence in Vietnam.⁷⁶

Vietnam, however, lacks a reliable large-scale survey of persons infected with HCV.

Hepatitis B Virus (HBV)

According to the WHO, Vietnam is among the countries with the highest rates of hepatitis B infection in the world.⁷⁷

In 2013, it was reported that approximately 10 to 20% of Vietnam's population (up to 17.75 million people) is infected with HBV.⁷⁸

Vietnam has about five million people (5.6 %) infected with chronic hepatitis B.⁷⁹

Human Immunodeficiency Virus (HIV)

At the end of 2012, it was reported that there were 208,866 people with HIV and another 59,839 with full-blown AIDS in Vietnam.⁸⁰

In 2012, 31.5% of people infected with HIV were women, which is an increase of 0.5% from 2011.⁸¹

In 2012 in Vietnam, there were 11,102 HIV infections diagnosed, 3,716 HIV infections that progressed to AIDS, and 961 deaths due to AIDS.⁸²

The HIV epidemic in Vietnam is still concentrated in higher-risk populations, with the highest prevalence found among injection drug users, female sex workers, and men who have sex with men. However, the number of young people with HIV is increasing, as is the number of people who acquire the infection through heterosexual contact.⁸³

76 www.dantri.com.vn/suc-khoe/8-trieu-nguoi-viet-bi-nhiem-virut-viem-gan-623946.htm (in Vietnamese)

77 www.ungthu.org/tailieu/truytam_HepBC.asp (in Vietnamese)

78 www.danviet.vn/121625p1c31/viet-nam-co-20-trieu-nguoi-nhiem-virus-viem-gan.htm (in Vietnamese)

79 www.danviet.vn/121625p1c31/viet-nam-co-20-trieu-nguoi-nhiem-virus-viem-gan.htm (in Vietnamese)

80 www.songchungvoih.niemtin.vn/JPLA/spost.aspx?c=vande_hiv&m=hoatdong (in Vietnamese)

81 www.vov.vn/Xa-hoi/So-nguoi-nhiem-HIV-qua-duong-tinh-duc-tang-cao/250641.vov (in Vietnamese)

82 www.vov.vn/Xa-hoi/So-nguoi-nhiem-HIV-qua-duong-tinh-duc-tang-cao/250641.vov (in Vietnamese)

83 www.songchungvoih.niemtin.vn/JPLA/spost.aspx?c=vande_hiv&m=hoatdong (in Vietnamese)

In 2012, for the first time, the number of HIV infections acquired through sexual contact was higher than the number of infections acquired through injection drug use (45.5% compared with 42.1%).⁸⁴

HCV, HBV, and HIV in the Vietnamese population in Canada

In Canada, there is very little information about hepatitis C, hepatitis B, or HIV prevalence in the immigrant populations. However, it is safe to assume that infection rates in the Vietnamese population in Canada are similar to those in Vietnam.

84 www.vov.vn/Xa-hoi/So-nguoi-nhiem-HIV-qua-duong-tinh-duc-tang-cao/250641.vov (in Vietnamese)

5.0 List of Health Services in Selected Canadian Cities

All major hospitals in the following cities treat the diseases in question but may not have special programs for specific ethnic groups. In addition, many community health centres provide education, counselling, and treatment but do not always specify the ethnic groups they serve. However, most of them have staff who speak multiple languages. Public Health Departments also provide health education. They sometimes target specific ethnic groups but may not have a program for every ethnic group.

* Toll-free number (sometimes limited to province)
± Provides services in multiple languages

5.1 Calgary

AIDS/HIV Education and Instruction – The Sharp Foundation (Information and instruction on caring for individuals living with HIV/AIDS)

Tel: (403) 272-2912

Website: www.thesharpfoundation.com

± **Calgary Chinese Community Service Association** (Education on healthy living and disease prevention)

Tel: (403) 265-8446

Website: www.cccsa.ca

Calgary Urban Project Society (Hep C care for low income earners)

Tel: (403) 221-8780

Website: www.cupscalgary.com

* ± **Canadian Liver Foundation** (Provides support for education and research into the causes, diagnosis, prevention, and treatment of all forms of liver disease including viral hepatitis)

Tel: (403) 276-3390

Toll free: 1-800-563-5483

Website: www.liver.ca

* ± **Health Link Alberta** (Provides access to translators in up to 120 languages. Translators quickly become a part of a three-way conversation including the caller and Health Link Alberta staff.)

Mandarin Health Link Calgary: (403) 943-1554

Cantonese Health Link Calgary: (403) 943-1556

Tel: (403) 943-5465 (Calgary)

Toll-free: 1-866-408-5465

Website: www.albertahealthservices.ca/223.asp

* **HIV Community Link** (Co-infections HIV/Hep C education and support, outreach)

Tel: (403) 508-2500

Toll-free: 1-877-440-2437

Websites: www.hivcl.org

www.shificalgary.org (services specific for sex trade workers)

* **Immunization – Adult and Senior Services** (Routine immigrant services for adults and seniors at Community/Public Health Centres across Alberta Health Services)

Toll-free: 1-866-408-5465

Sexually Transmitted Disease (STD) Clinic Calgary (Diagnosis, treatment, counselling. Walk-in patients accepted. Also give advice by phone.)

Tel: (403) 955-6700

Website: www.calgarycoalitiononhiv.org/std.htm

Southern Alberta HIV Clinic (Information, education, treatment, care, and research)

Tel: (403) 955-6399

Website: www.albertahealthservices.ca/services.asp?pid=service&rid=1001306

5.2 Montréal

AIDS Community Care Montréal (Prevention of transmission and promotion of community awareness and action)

Tel: (514) 527-0928

Website: www.accmontreal.org

* ± **Canadian Liver Foundation** (Provides support for education and research into the causes, diagnosis, prevention, and treatment of all forms of liver disease including viral hepatitis)

Tel: (514) 876-4170

Toll-free: 1-800-563-5483

Website: www.liver.ca

* **Centre and Association for People Living with Hepatitis – CAPAHC** (Information, support networks, and referrals)

Tel: (514) 521-0444

Toll-free: 1-866-522-0444

Website: www.capahc.com

Centre for AIDS Services of Montreal (Women) (Focuses on needs of women and children infected and affected by HIV/AIDS)

Tel: (514) 495-0990

Website: www.netrover.com/~casm/

Clinique médicale l'Actuel (HIV, STIs and Hep C testing, treatment, and counselling)

Tel: (514) 524-1001

Website: www.cliniquelactuel.com/

CLSC (Centre local de services communautaires – Local Community Health Centres)

Many CLSCs offer free testing for HIV and other sexually-transmitted infections. For information about location of CLSCs, please call the Info Health Line (Info-Santé) by dialing 811. In addition, many CLSC's offer free health education. For a complete list, please visit:

www.santemontreal.qc.ca/en/support-services/services-by-type/prevention-and-screening/

* **Info-Santé (dial 811)** (Phone lines are open 24/7. Calls are directed to nurses who can provide information and advice on a wide range of health and social problems and the caller is referred to the most appropriate resources, as needed.)

Website: www.santemontreal.qc.ca/en/support-services/

Maison Plein Coeur (Prevention, promotion of health, and provision of housing for people living with HIV/AIDS)

Tel: (514) 597-0554

Website: www.maisonpleincoeur.org

Old Brewery Mission – Centre for Homeless Patients with Hep C (Treatment/housing)

Tel: (514) 866-6591

Website: www.oldbrewerymission.ca

5.3 Toronto

± **Alliance for South Asia AIDS Prevention** – Support service for people whose ethnic origin is from India, Pakistan, Sri Lanka, Bangladesh, Nepal, Caribbean, and other South Asian countries (Advocacy, bereavement and loss services, community-based research, support, education, prevention, and social programs)

Tel: (416) 599-2727

Website: www.asaap.ca

± **Asian Community AIDS Service** (HIV/AIDS education, prevention, treatment, information, and support in multiple East and Southeast Asian languages)

Tel: (416) 963-4300

Website: www.acas.org

Canada HIV/AIDS Legal Network (Promotes the human rights of people living with or vulnerable to HIV/AIDS through research, analysis, information, education, mobilization, and advocacy)

Tel: (416) 595-1666

Website: www.aidslaw.ca/EN/contact_us.htm

* ± **Canadian Liver Foundation** (Provides support for education and research into the causes, diagnosis, prevention, and treatment of all forms of liver disease including viral hepatitis)

Tel: (416) 491-3353

Toll-free: 1-800-563-5483

Website: www.liver.ca

Casey House Hospice (Specialty HIV/AIDS hospital with community programming, including home care and outreach programs)

Tel: (416) 962-7600

Website: www.caseyhouse.com

* ± **CATIE – Community AIDS Treatment Information Exchange** (HIV/Hep C prevention, care, treatment, and support)

Tel: (416) 203-7122

Toll-free: 1-800-263-1638

Website: www.catie.ca

Central Toronto Community Health Centre (Pro-choice, pro-gay organization that provides education, counselling, harm-reduction, community development, and advocacy)

Tel: (416) 703-8482

Website: www.ctchc.com

* ± **Counselling services for HIV, Hep C, and STDs with referral to clinics.** Services offered in: Hindi, Punjabi, Tagalog, Mandarin, Cantonese, and other languages

Tel: (416) 338-7600

Toll-free in Ontario: 1-800-668-2437

Websites: www.toronto.ca/health/contactus/
<http://yourlanguage.hepcinfo.ca/en/speak-to-someone>

East Toronto Hepatitis C Program: Sherbourne Health Centre (Education, support, and treatment)

Tel: (416) 324-4180

Website: www.sherbourne.on.ca

± **Regent Park Community Health Centre** (HIV/AIDS and Hep C outreach, support, and harm-reduction – interpreters available)

Tel: (416) 364-2261

Website: www.regentparkchc.org/health-services

Rexdale Community Health Centre (Health/counselling services for HIV/AIDS and sexual health)

Tel: (416) 744-0066

Website: www.rexdalechc.com

± **South Riverdale Community Health Care** (Counselling for Hep C; services offered in Mandarin – interpreters for other languages available)

Tel: (416) 461-1925

Website: www.srchc.ca

The Toronto Hospital Immunodeficiency Clinic (HIV/AIDS information, treatment; programs available to help pay for treatment)

Tel: (416) 340-5077

Website: www.toronto.opendi.ca/571573.html

* **York Region Hepatitis C Education Group** (Education)

Tel: (905) 940-1333

Toll-free: 1-800-361-5653

Website: www.catie.ca/en/hepatitis-c/services/york-region-hepatitis-c-education-group

5.4 Vancouver

A Loving Spoonful – Vancouver Meals Society (Provides free, nutritious meals to people living with HIV/AIDS in Greater Vancouver)

Tel: (604) 682-6325

Website: www.alovingspoonful.org/

Abbotsford Public Health Unit (Hep C testing, individual support, and counselling)

Tel: (604) 864-3400

Website: www.fraserhealth.ca/find_us/services/?program_id=9138

AIDS Vancouver (HIV/AIDS outreach, and support)

Tel: (604) 893-2201

Website: www.aidsvancouver.org/

AIDS Vancouver – HIV/AIDS Helpline

Tel: (604) 696-4666

Website: www.aidsvancouver.org/what-we-do/helpline

± **Asian Outreach Project** (Outreach, education, support, and linkages to health and social services for Asian people struggling with addiction and/or living with HIV)

Tel: (778) 938-5116

Website: www.aidsvancouver.org/what-we-do/asian-outreach

* **BC Centre for Disease Control – Hepatitis Services** (Prevention and care services for individuals and populations with or at risk of contracting viral hepatitis)

Tel: (604) 707-2423

Toll-free: 1-866-660-1676

Website: www.bccdc.ca/resourcematerials/clinicsandprograms/programs/HepatitisServices.htm

BC Centre for Excellence in HIV/AIDS (Treatment, prevention, education, training, and research)

Tel: (604) 806-8477

Website: www.cfenet.ubc.ca/

BC Centre for Excellence in HIV/AIDS – HIV/AIDS Treatment Program Information Line

Tel: (604) 806-8515

± **BC Multicultural Health Services Society (BCMHS)** (Provides refugees and immigrant groups preventative health services on an equitable basis; includes Hep C and HIV)

Tel: (604) 709-6475 / (604) 553-0633

Website: www.umbrellacoop.ca/bcmhs

* ± **Canadian Liver Foundation** (Provides support for research and education into the causes, diagnosis, prevention, and treatment of all forms of liver disease including viral hepatitis)

Tel: (604) 707-6430

Toll-free: 1-800-563-5483

Website: www.liver.ca

Downtown Community Health Clinic (Hep C testing, needle exchange programs, and harm-reduction services)

Tel: (604) 255-3151

Evergreen Community Health Centre (Hep C testing, needle exchange programs, and harm-reduction services)

Tel: (604) 872-2511

Website: www.vch.ca/402/7678/?site_id=59

Gilwest Clinic – The Richmond Hospital (HIV/AIDS and Hep C assessment, treatment, prevention, needle exchange program, and harm-reduction services)

Tel: (604) 233-3135

Website: www.vch.ca/403/7676/?program_id=378

* **± HealthLink BC 811** (Provides health information by telephone in more than 130 languages upon request)

Toll-free from anywhere in BC

Website: www.healthlinkbc.ca

* **List of Hepatitis C Support Services in British Columbia** (Education, support, advocacy, outreach, and complementary therapies)

Tel: (604) 587-7900

Toll-free: 1-800-616-2437

Website: www.drugwarsurvivors.org/documents/HepatitisCSupportServicesinBC.pdf

* **List of Hepatitis C Testing Sites in British Columbia** (Hep C testing, treatment, individual support, and counselling)

Tel: (604) 587-7900

Toll-free: 1-800-616-2437

Website: www.drugwarsurvivors.org/documents/HepatitisCSupportServicesinBC.pdf

Needle Exchange Programs and Harm-Reduction Services Positive Haven – Surrey HIV/AIDS Centre (Hep C education and outreach, support groups, individual support, and counselling)

Tel: (604) 588-9004

Pacific Hepatitis C Network (Hep C education and outreach, resources and directories; formerly known as the Hepatitis C Council of BC)

Website: www.pacifichepc.org/resources/directory

Pender Community Health Centre (Adult addiction counselling, harm-reduction, needle exchange, and home support)

Tel: (604) 669-9181

Website: www.vch.ca/402/7678/?site_id=125

Richmond Health Services (Needle exchange programs and harm-reduction services)

Tel: (604) 233-3150

Website: www.vch.ca/402/7678/?site_id=134

Surrey North Community Health Centre (Hep C testing, treatment, needle exchange programs, and harm-reduction)

Tel: (604) 583-5666

Website: www.weblocal.ca/surrey-north-community-health-centre-surrey-bc.html

Surrey – Positive Health Services (Assessment, education, immunizations, treatment, monitoring, and follow-up of those infected by hepatitis B or C as well as their families or support persons)

Tel: (604) 582-4581

Website: www.fraserhealth.ca/find_us/services/?program_id=8858

5.5 Winnipeg

* **± Canadian Liver Foundation** (Provides support for education and research into the causes, diagnosis, prevention, and treatment of all forms of liver disease including viral hepatitis)

Tel: (204) 831-6231

Toll-free: 1-800-563-5483

Website: www.liver.ca

* **Health Links – Info Santé** (24/7 service; provides answers to healthcare questions)

Tel: (204) 788-8200

Toll-free provincial line: 1-888-315-9257

Website: www.wrha.mb.ca/healthinfo/healthlinks/

Manitoba Hepatitis C Support Community (Education, empowerment, prevention, and support)

Tel: (204) 779-6464

Website: www.mbhepc.org

Mount Carmel Clinic (Hep C education, testing, treatment, and support services)

Tel: (204) 589-9428 / (204) 582-2311

Website: www.mountcarmel.ca/

Nine Circles Community Health Centre (HIV/STD testing, education, outreach, and counselling)

Tel: (204) 940-6001

Website: www.ninecircles.ca

* **Sexual Health Info Line** (Free and confidential support for many diverse communities)

Toll-free: 1-800-782-2437

Website www.ninecircles.ca/services/aids-sti-info-line.html

Sexuality Education Resource Centre (SERC) (Resource provision and research)

Tel: (204) 982-7800

Website: www.serc.mb.ca/

Viral Hepatitis Investigation Unit: University of Manitoba Health Sciences Centre (Hep C education, outreach, treatment, individual support, and counselling)

Tel: (204) 787-3630

Website:

www.catie.ca/en/hepatitis-c/services/viral-hepatitis-investigation-unit-vhiu-university-manitoba-health-sciences-c-0

Women's Health Clinic (HIV counselling)

Tel: (204) 947-1517

Toll-free: 1-866-947-1517

Website: womenshealthclinic.org/

WRHA Hepatitis C Counselor (Testing, counselling, treatment, harm-reduction, and follow-up)

Tel: (204) 940-2210

5.6 Toll-free Numbers in Canada

± Provides services in multiple languages

± **Canadian Liver Foundation** (Provides support for education and research into the causes, diagnosis, prevention, and treatment of all forms of liver disease including viral hepatitis)

Toll-free: 1-800-563-5483

Website: www.liver.ca

± **CATIE – Community AIDS Treatment Information Exchange** (HIV/Hep C prevention, care, treatment, and support)

Toll-free: 1-800-263-1638

Website: www.catie.ca

Within Alberta only

± **Health Link Alberta** (Provides access to translators in up to 120 languages. Translators quickly become a part of a three-way conversation including the caller and Health Link Alberta staff.)

Mandarin Health Link Calgary: (403) 943-1554

Cantonese Health Link Calgary: (403) 943-1556

Tel: (403) 943-5465 (Calgary)

Toll-free: 1-866-408-5465

Website: www.albertahealthservices.ca/223.asp

HIV Community Link (Co-infections HIV/Hep C education, support, and outreach)

Tel: (403) 508-2500

Toll-free: 1-877-440-2437

Websites: www.hivcl.org

www.shiftcalgary.org (services specific for sex trade workers)

Immunization – Adult and Senior Services (Routine immigrant services for adults and seniors at Community/Public Health Centres across Alberta Health Services)

Toll-free: 1-866-408-5465

Within British Columbia only

BC Centre for Disease Control – Hepatitis Services (Prevention and care services for individuals and populations with or at risk of viral hepatitis)

Tel: (604) 707-2423

Toll-free: 1-866-660-1676

Website: www.bccdc.ca/resourcematerials/clinicsandprograms/programs/HepatitisServices.htm

± **HealthLink BC 811** (Provides health information by telephone in more than 130 languages upon request)

Toll-free from anywhere in BC: dial 811

Website: www.healthlinkbc.ca

List of Hepatitis C Support Services in British Columbia (Education, support, advocacy, outreach, and complimentary therapies)

Tel: (604) 587-7900

Toll-free: 1-800-616-2437

Website: www.drugwarsurvivors.org/documents/HepatitisCSupportServicesinBC.pdf

List of Hepatitis C Testing Sites in British Columbia (Hep C testing, Hep C treatment, individual support, and counselling)

Tel: (604) 587-7900

Toll-free: 1-800-308-3318

Website: www.drugwarsurvivors.org/documents/HepatitisCSupportServicesinBC.pdf

Within Manitoba only

Health Links – Info Santé (24/7 telephone information service to provide answers over the phone to healthcare questions and guide callers to the care needed)

Toll-free: 1-888-315-9257

Website: www.wrha.mb.ca/healthinfo/healthlinks/

Sexual Health Info Line (Free and confidential support for many diverse communities)

Toll-free: 1-800-782-2437

Website: www.ninecircles.ca/services/aids-sti-info-line.html

Women’s Health Clinic (HIV counselling)

Tel: (204) 947-1517

Toll-free: 1-866-947-1517

Website: www.womenshealthclinic.org/

Within Ontario only

± **Counselling services for HIV, Hep C, and STDs with referral to clinics.** (Services offered in: Hindi, Punjabi, Tagalog, Mandarin, Cantonese and other languages).

Tel: (416) 338-7600

Toll-free: 1-800-668-2437

Websites: www.toronto.ca/health/contactus/
www.yourlanguage.hepcinfo.ca/en/speak-to-someone

York Region Hepatitis C Education Group (Education)

Tel: (905) 940-1333

Toll-free: 1-800-361-5653

Website: www.hepcyorkregion.org

Within Quebec only

Centre and Association for People Living with Hepatitis – CAPAHC (Information, support networks, and referrals)

Tel: (514) 521-0444

Toll-free: 1-866-522-0444

Website: www.capaqc.com

Info-Santé (dial 811) (Phone lines are open 24/7. Calls are directed to nurses who can provide information and advice on a wide range of health and social problems and the caller is referred to the most appropriate resources, as needed.)

Website: www.santemontreal.qc.ca/en/support-services/

6.0 Useful Contacts in Selected Canadian Cities

6.1 Canadian Liver Foundation (CLF) Offices

Calgary

Todd Hebert, Regional Director
1010-1 Avenue NE, Suite 309
Calgary, AB T2E 7W7
Tel: (403) 276-3390
Email: thebert@liver.ca

Montréal

Betty Esperanza, Regional Director, Fondation canadienne du foie
1000 de la Guichetière West, Suite 1430
Montréal, QC H3B 4W5
Tel: (514) 876-4170
Email: besperanza@liver.ca

Toronto

Billie Potkonjak, National Director of Health Promotion and Patient Services
3100 Steeles Avenue East, Suite 801
Markham, ON L3R 8T3
Tel: (416) 491-3353, ext. 4932
Toll-free: 1-800-563-5483, ext. 4932
Email: bpotkonjak@liver.ca

Vancouver

Elena Murgoci, Regional Director
828 West 8th Avenue, Suite 109
Vancouver, BC V5Z 1E2
Tel: (604) 707-6430
Email: emurgoci@liver.ca

Winnipeg

Ruth Magnuson, Regional Manager
210-375 York Avenue
Winnipeg, MB R3C 3J3
Tel: (204) 831-6231
Email: rmagnuson@liver.ca

6.2 Public Health Departments in the Cities

Calgary

Calgary Public Health
10101 Southport Road SW
Calgary, AB T2W 3N2
Tel: (403) 541-3670
Toll-free: 1-866-943-1111
Website: www.albertahealthservices.ca

Montréal

Montreal Public Health
1301 Sherbrooke East
Montréal, QC H2L 1M3
Tel: (514) 528-2400
Website: www.dsp.santemontreal.qc.ca/english_version.html?L=1

Toronto

Toronto Public Health
277 Victoria Street, 4th floor
Toronto, ON M5B 1W2
Tel: (416) 392-7401
Website: www.toronto.ca/health/index.htm

Vancouver

Vancouver Coastal Health
601 West Broadway, 11th floor
Vancouver, BC V5Z 4C2
Tel: (604) 736-2033
Website: www.vch.ca

Winnipeg

Winnipeg Regional Health Authority, Population and Public Health
Healthy Sexuality and Harm-Reduction
496 Hargrave Street, main floor
Winnipeg, MB R3G 0X7
Tel: (204) 940-2006
Website: www.wrha.mb.ca/community/publichealth/services-healthy-sexuality.php

6.3 Public Health Agency of Canada: Regional Offices

Alberta/NWT

Suite 815, Canada Place
9700 Jasper Avenue
Edmonton, AB T5J 4C3
Tel: (780) 495-2754
Fax: (780) 495-7842

British Columbia/Yukon

Suite 405, Winch Building
757 West Hastings Street
Vancouver, BC V6C 1A1
Tel: (604) 666-2083
Fax: (604) 666-2258

Manitoba/Saskatchewan

7th floor - 275 Portage Avenue Winnipeg, Manitoba
Mailing address:
1015 Arlington Street
Winnipeg, MB R3E 3R2
Tel: (204) 789-2000
Fax: (204) 789-7878

Ontario/Nunavut

180 Queen Street West, 11th floor
Toronto, ON M5V 3L7
Tel: (416) 973-0003
Fax: (416) 954-8211

Québec

Guy-Favreau Complex, East Tower
200 René Lévesque Blvd. West
Montréal, QC H2Z 1X4
Tel: (514) 283-2858
Fax: (514) 496-7012

7.0 Useful Publications and Websites

A Guide to HIV/HCV Coinfection. HCV Advocate 2012.

Website: www.hcvadvocate.org/hepatitis/easyfacts/Easy%20Coinfec%20GD.pdf

A Systematic Review of Hepatitis C Virus Epidemiology in Asia, Australia and Egypt.
Liver International 2011 (ISSN 1478-3223)

Website: [www.onlinelibrary.wiley.com/doi/10.1111/j.1478-3231.2011.02540.x/
abstract;jsessionid=5249D9167F507EBB6EC619F2543824D0.f01t02](http://www.onlinelibrary.wiley.com/doi/10.1111/j.1478-3231.2011.02540.x/abstract;jsessionid=5249D9167F507EBB6EC619F2543824D0.f01t02)

CATIE Resources – Print

Website: www.orders.catie.ca

CATIE Resources – Web

Website: <http://yourlanguage.hepcinfo.ca>

Chief Public Health Officer’s Report on the State of Public Health in Canada 2013. PHAC.

Website: www.publichealth.gc.ca/CPHOREport

Community-Based Research Centre for Gay Men’s Health

Website: www.cbrc.net

Evidence-Based Clinical Guidelines for Immigrants and Refugees, July 27, 2011.

Pottie K, Greenaway C, Feightner J., et al. CMAJ.

Website: www.cmaj.ca/content/early/2011/07/27/cmaj.090313.full.pdf

Healthy Living with Viral Hepatitis

Website: www.liver.ca/files/PDF/Eng_Viral_Hep_WEB.pdf

Hepatitis B – A Liver Disease (English and Traditional and Simplified Chinese)

Website: www.liver.ca/liver-education-liver-research/publications/

Hepatitis B: Questions and Answers

Website: www.liver.ca/files/PDF/New_format_info_sheets_-_2011_-_english/CLF_InfoSheet_HepatitisB_E.pdf

Hepatitis C – A Liver Disease (English and Traditional Chinese)

Website: www.liver.ca/liver-education-liver-research/publications/

Hepatitis C Education Resource for Patients and Providers

Website: www.orders.catie.ca/product_info.php?products_id=26072

Hepatitis C: Questions and Answers

Website: www.liver.ca/files/PDF/New_format_info_sheets_-_2011_-_english/CLF_InfoSheet_HepatitisC_E.pdf

HCV Advocate, Resource library

Website: www.hcvadvocate.org/library/library.asp

HIV and AIDS: Basic Facts

Website: www.orders.catie.ca/product_info.php?products_id=25660

HIV Prevention Guidelines and Manual: A Tool for Service Providers Serving African and African Caribbean Communities Living in Canada (2006)

Website: www.orders.catie.ca/product_info.php?products_id=25507

HIV Transmission. Center for Disease Control (US)

Website: www.cdc.gov/hiv/basics/transmission.html

Legal and Clinical implications of HIV Non-Disclosure: A Practical Guide for HIV Nurses in Canada

Website: www.orders.catie.ca/product_info.php?products_id=26049

Liver Disease in Canada: A Crisis in the Making 2013

Website: www.liver.ca/files/PDF/Liver_Disease_Report_2013/Liver_Disease_in_Canada_-_E.pdf

Living Healthy: What You Need to Know about Hepatitis C in Canada

Website: www.orders.catie.ca/product_info.php?products_id=26018

Living with HIV and Hepatitis C Co-infection 2012 – Booklet

Website: www.orders.catie.ca/product_info.php?products_id=25936

Piecing it Together: Comparing Hepatitis A, B and C: A Puzzle (Educational Tool in English, Punjabi, Simplified Chinese, Tagalog and Urdu)

Website: www.orders.catie.ca/advanced_search_result.php?search_in_description=1&keywords=piecing+it+together&osCsid=

Population-Specific HIV/AIDS Status Report. Public Health Agency of Canada, 2013

Website: www.catie.ca/en/resources/population-specific-hivaids-status-report-people-living-hivaids

Screening for Hepatitis C Infection: Evidence Review for Newly Arriving Immigrants and Refugees. Pottie K, Greenaway C, Feightner J., et al. CMAJ 2011.

Website: www.cmaj.ca/content/suppl/2010/06/07/cmaj.090313.DC1/imm-hepc-7-at.pdf

Seroprevalence of Hepatitis B and C Virus Infections: Results from the 2007 to 2009 and 2009 to 2011 Canadian Health Measures Survey – Statistics Canada Report, November 2013

Website: www.statcan.gc.ca/pub/82-003-x/2013011/article/11876-eng.htm

Stigma and Hepatitis C: A Resource for People Living with Hepatitis C

Website: www.bccdc.ca/dis-cond/a-z/_h/Hepatitis-/educmat/StigmaHepatitisC.htm

Viral Hepatitis A, B, C

Website: www.liver.ca/liver-disease/types/viral-hepatitis-a-b-c.aspx

World Bank – HIV and AIDS Global Information

Website: www.worldbank.org/en/topic/hivandaids

World Health Organization – Disease Information and Fact Sheets

Website: www.who.int/mediacentre/factsheets/en/

World Health Organization – Global Policy Report on Prevention and Control of Viral Hepatitis

Website: www.who.int/csr/disease/hepatitis/global_report/en/

World Health Organization – Implementation of the WHO Global Hepatitis Framework

Website: www.globalhepc.files.wordpress.com/2012/11/stefan-wiktor_who.pdf