

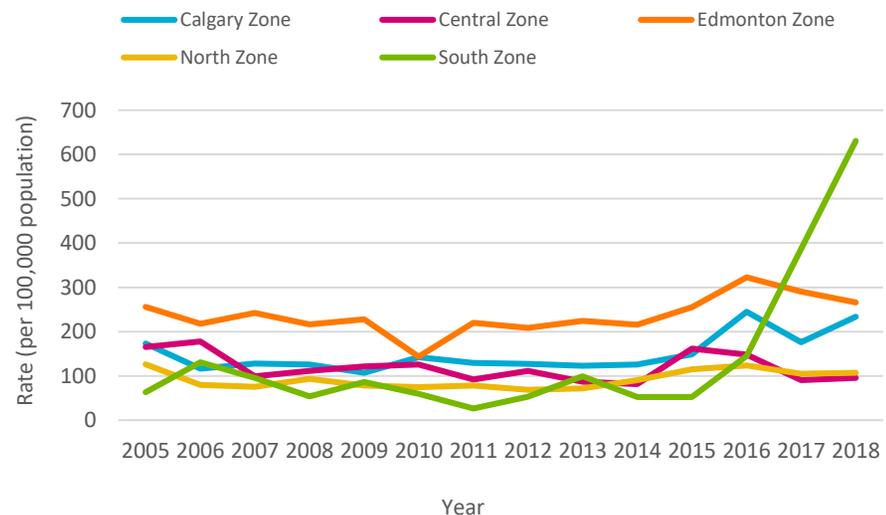
Rates of hepatitis C diagnoses for First Nations in Alberta

Rates of hepatitis C diagnoses among First Nations people by Zone, both sexes, Alberta, 2005 to 2018

Hepatitis C is a virus that infects the liver and is spread through small amounts of blood (for example, sharing needles and equipment to inject drugs). People who are unaware of their infection, or do not receive treatment, may develop chronic infection which can lead to liver damage (cirrhosis), liver failure, liver cancer, and death. New treatments can cure infection in over 95 per cent of people providing the opportunity to eliminate hepatitis C from the population.¹ The treatments have been available in Alberta and paid for by Alberta Health since 2017. In today’s *First Nations – Health Trends Alberta*,² we present rates for hepatitis C diagnoses during 2005 to 2018 in First Nations people, by Alberta Health Zone. Hepatitis C diagnoses are notifiable to Alberta Health, and rates are presented for both sexes combined.

Since 2015, rates of hepatitis C diagnoses have increased over 1000 per cent in First Nations people living in the South Zone

During 2005 to 2016, rates of hepatitis C diagnoses in Edmonton Zone were consistently higher than other Zones. In 2018, Edmonton Zone had the highest number of diagnoses (n=121) and second highest rate of diagnoses (266 per 100,000 population) in First Nations people. The rate of hepatitis C diagnoses in First Nations people in most Zones remained relatively stable over time. However, for First Nations people living in the South Zone, the rate of diagnoses per 100,000 population increased 12 times from 53 in 2015 to 631 in 2018. In 2018, the South Zone was the only Zone where the number of diagnoses among First Nations people (n=96) exceeded non-First Nations people (n=63). The increase in diagnoses was among both men (n=50) and women (n=46). More screening can lead to increased rates if more chronic infections are identified in people previously unaware of their infection. However, the increase in 2018 was for diagnoses of both acute (recent infection; n=39) and chronic (n=57) infections.



Effective hepatitis C prevention, screening, and treatment strategies exist and need to be better utilized; this could be facilitated by improving access to primary care and harm reduction mechanisms such as needle exchange and safe injection sites, and would contribute to the reduction of stigma surrounding hepatitis C.

1 World Health Organization. Combating hepatitis B and C to reach elimination by 2030 (<https://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/>)

2 This is the 35th in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC (communications@afnigc.ca; 403-539-5775).