NATIONAL HEPATITIS C ADVOCACY WORKING GROUP

Advocacy Toolkit

ACTION HEPATITIS CANADA
ACTION HÉPATITES CANADA

Canadian Association for the Study of the Liver
CASL ACEF
Association Canadienne pour l'étude du foie

liver.ca
Canadian Liver Foundation
Fondation canadienne du foie

CanHepC
Canadian Network on Hepatitis C
Réseau Canadien sur l'Hépatite C

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Advocacy is:

- Acting or speaking in favour of a cause, idea or policy
- The pursuit of influencing outcomes – including public policy and resource allocation decisions
- Telling your story to someone in government so that they are compelled to do (or not to do) something

There is no one way to engage in advocacy, but there are tips and best practices to assist you in being an effective advocate.

Requesting a meeting with an elected government official

Your initial contact with your **MLA/MPP/MNA/MHA/MP** should take the form of an email to his or her constituency office. Be sure to specify what the purpose of the meeting you are requesting is. Below is an example of an appropriate meeting request that you can tailor to fit your circumstances.

Meeting Request Tips:

- **Identify** yourself and your organization
- Be clear on the **purpose** of your meeting (i.e., introductory meeting)
- Use a cordial tone
- Provide contact information (phone number, email address)

Sample Meeting Request by Email:

*Dear **MLA/MPP/MNA/MHA/MP [Name]**,*

*I'm writing to request a meeting with you, to discuss the state of hepatitis C screening in **[Province]** and in Canada as well as the incredible opportunity we have today to eliminate hepatitis C.*

*Specifically, I would appreciate the opportunity to share with you news of **(story about research and treatment advances, promising patient story)**. I would also like to discuss how our goal towards preventing, screening, treating and ultimately eliminating hepatitis C in Canada can be achieved.*

*Would it be possible to schedule this meeting for [insert date/time] or [insert date/time]? I will be accompanied by **(Name of Physician/Patient/Organization board member).***

Best,

(name, title, contact info)

You may not hear back right away, as **MLA/MPP/MNA/MHA/MP** offices receive many requests. If you do not hear back from the office after seven business days, it is appropriate to follow up with a phone call. When you make this phone call, identify yourself and indicate that you're calling to follow up on an email meeting request, and indicate the date that request was sent. During this call, you may be asked to reiterate the purpose for your meeting request.

If they are not able to accommodate a meeting during our identified timeline, please coordinate with the **MLA/MPP/MNA/MHA/MP** office to find a date that will work.

Meeting with your Elected Representative

Before the Meeting

Now that you have secured a meeting time with your **MLA/MPP/MNA/MHA/MP**, it is important to prepare and review what you want to say, so that you can communicate it clearly and effectively.

Use your existing key messages that you would like to raise during the meeting that best communicate your goals. This is your opportunity to tell your story to your **MLA/MPP/MNA/MHA/MP**. Remember to tell the human side of the work you do and the people you touch. Including personal anecdotes or stories can help convey your message in compelling way that may resonate more strongly with your **MLA/MPP/MNA/MHA/MP**.

Make sure that you do your homework – bring all the materials you will need to the meeting, and present whatever materials you want the official to be able to refer to in the future.

During the Meeting

Meetings will typically be 30 minutes long, so ensure you are concise and stick to your messaging. Make sure you listen to what your **MLA/MPP/MNA/MHA/MP** is saying, and take notes during the meeting. Your **MLA/MPP/MNA/MHA/MP** will likely have some questions for you throughout the meeting, so ensure you are prepared. If you do not have an immediate answer to a question, simply indicate that you would be more than happy to follow up with them after the meeting to answer their question(s).

After the Meeting

Thank your **MLA/MPP/MNA/MHA/MP** for their time. Make sure to send them a thank you email which reinforces the key messages you brought up in the meeting. If they had any questions, or required any additional details, sending a follow-up email gives you a chance to provide this information. Below is a sample follow-up email:

*Dear **MLA/MPP/MNA/MHA/MP [Name]**,*

*I'm writing to express my thanks for your time and attention when we met on **(date)**. I look forward to continuing to work with you to ensure that our goal to improve prevention, screening, treating in order to ultimately eliminate hepatitis C in Canada remains top of mind as it is such an incredible and exciting opportunity for us to accomplish together now.*

*Please find a copy of the **(document your requested i.e. age-based/birth-cohort screening effectiveness study; treatment-to-cure study)**, for your reference. I'm particularly hopeful that we can work together to address (specific ask i.e. using both risk-based and birth-cohort screening to prevent future healthcare costs and diagnosis those unaware that they are living with chronic hepatitis C).*

Please don't hesitate to reach out with any follow up questions.

Best,
(name, title, contact info)

The Proper Terms for Your Provincial-Territorial and Federal Government Representatives

Province/Territory	Parliament	Parliamentarian
Ontario	Legislative Assembly	Member of the Provincial Parliament (MPP)
Quebec	National Assembly	Member of the National Assembly (MNA)
Nova Scotia	House of Assembly	Member of the House of Assembly (MHA)
Other Provinces	Legislative Assembly	Member of the Legislative Assembly (MLA)

Federal	Parliament	Parliamentarian
Canada	House of Commons	Member of Parliament (MP)

Key Messages

The following are some sample talking points meant to help guide your discussion. These messages are based on the full key message document, which is referenced and supported by the working group (attached as an appendix). Do not be concerned about using these exact words, but about understanding the points and being able to say them in a way that is natural for you.

Topline Messages

1. Chronic hepatitis C is a significant health challenge, but it can be eliminated in Canada with a national action plan.
2. Failure to prevent, identify and treat hepatitis C patients will result in unnecessary deaths and health care expenditures for individuals and governments.
3. We need to move from solely risk-based hepatitis C screening to include age-based (birth-cohort) screening as current risk-based testing has not been effective in identifying all infected adults in Canada.
4. Elimination of hepatitis C in Canada is possible with access to new curative treatments along with harm reduction strategies towards prevention of hepatitis C transmission.
5. We need to work towards the elimination of hepatitis C in Canada with patients' needs in mind. All patients have the right to treatment.

Materials for Government Meetings

Slide deck

It is common to walk through the information you would like to cover in a government meeting (elected or government official) using a slide deck. Include:

- Information about your organization
- Background or context on the issue
- Supporting facts
- Your ask (what you would like to see from government)
- Next steps

Other materials to provide at a government meeting include a fact sheet or backgrounder on your organization, supporting data or references, or a briefing note.

Briefing note

A briefing note covers many of the same items that appear in your meeting slide deck, but this format can allow you to provide more information or details. In a briefing note, be sure to include:

- Summary of the issue or problem
- Background information and context
- Recommendations or proposed solutions (including rationale)
- Contact information

Awareness or Lobby Day at Legislature

As such events involve inviting as many elected officials as possible, it is best to present information in simple forms and using lay language. Infographics, one pagers and visuals are effective communications tools to use at lobby days.

Sample Letter to Federal Minister of Health

[Letterhead]

[Name]
[Title, Organization Name]
[Address]
[Email]

Hon. Dr. Jane Philpott
Minister of Health
70 Colombine Driveway,
Tunney's Pasture
Postal Location: 0906C
Ottawa, Ontario K1A 0K9
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott,

My name is **[insert Name]**, and I am the **[insert title]** at **[insert organization]**, the **[describe what organization does and membership / mandate it represents]**.

I am writing today on behalf of our membership to urge you, as Federal Minister of Health, to commit to the goal of eliminating hepatitis C in Canada with a national action plan. As you are aware, new treatments approved by Health Canada are highly effective at curing hepatitis C. In fact, hepatitis C is the only virus-caused chronic disease that has a known cure. As a physician, you can appreciate that the ability to a cure to a chronic disease is not something that we see everyday. With these new cures available, we now have the opportunity to eliminate hepatitis C, but our efforts will require your leadership at the federal level.

As you know, as exciting as these new treatments are, more than access to these treatments is needed in order to reach the goal eliminating hepatitis C in Canada. Education, prevention, identification and harm-reduction strategies must go hand-in-hand with access to treatment. Ignoring these components will result in unnecessary deaths and health care expenditures for individuals and governments for years to come. It is for these reasons that Canada needs a national action plan in place for hepatitis C.

A key piece of a national action plan for hepatitis C in Canada is having up-to-date screening guidelines. Currently, there are no national or provincial screening programs in Canada for hepatitis C infection and an estimated 44% of people with chronic hepatitis C in Canada don't know they have it. Hepatitis C is often described as an illness of injection drug users, but the reality is that the greatest number of Canadians with hepatitis C are people born between 1945 and 1975 (>75%). Widespread testing, using both risk-based and birth-cohort screening, has a much higher probability of identifying those who contracted hepatitis C and have been living with it for many years. For this reason, we need to move from solely risk-based hepatitis C screening to include age-based (birth-cohort) screening as current risk-based testing has not been effective in identifying all infected adults

in Canada. Not having up-to-date screening guidelines affects the number of Canadians getting tested, diagnosed and treated for hepatitis C.

Chronic hepatitis C is a significant health challenge, but it can be eliminated in Canada with a national action plan.

We look forward to the opportunity to meet with you and your advisors on how we can work together to eliminate hepatitis C in Canada.

Sincerely,

[Signature]
[Name]
[Title]

Sample Letter to a Provincial Health Minister

[Letterhead]

Name
Title, Organization
Address
Email

Hon. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Minister Dr. Hoskins,

My name is **[insert Name]**, and I am the **[insert title]** at **[insert organization]**, the **[describe what organization does and membership / mandate it represents]**.

I am writing today on behalf of our membership to urge you, as Minister of Health and Long-Term Care, to commit to work towards the goal of better education, prevention, identification, access to treatment and harm-reduction strategies for hepatitis C for Ontarians. As you are aware, new treatments approved by Health Canada are highly effective at curing hepatitis C. In fact, hepatitis C is the only virus-caused chronic disease that has a known cure. As a physician, you can appreciate that the ability to a cure to a chronic disease is not something that we see everyday.

In Ontario, we need to honour the commitment to put patients first. An estimated 44% of people with chronic hepatitis C in Canada don't know they are infected with the virus. We put patient first by

diagnosing hepatitis C for these Ontarians who are unknowing living with the disease today. Currently, there are no national or provincial screening programs in Canada for hepatitis C.

Hepatitis C is often described as an illness of injection drug users, but the reality is that the greatest number of Canadians with hepatitis C are people born between 1945 and 1975 (>75%). Widespread testing, using both risk-based and birth-cohort screening, has a much higher probability of identifying those who contracted hepatitis C and have been living with it for many years. For this reason, we need to move from solely risk-based hepatitis C screening to include age-based (birth-cohort) screening as current risk-based testing has not been effective in identifying all infected adults in Ontario. Not having up-to-date screening guidelines affects the number of Canadians getting tested, diagnosed and treated for hepatitis C.

As you know, hepatitis C effects more than just your liver – comorbidities and mental health issues are associated with hepatitis C such as cancer, diabetes, heart disease, autoimmune conditions, depression, fatigue, and cognitive impairment. By identifying and treating hepatitis C, we can prevent unnecessary deaths and health care expenditures for individuals and governments.

We look forward to the opportunity to meet with you and your advisors on how we can work together to eliminate hepatitis C in Ontario.

Sincerely,

[Signature]
[Name]
[Title]

Social Media for to Support Advocacy Objectives

More and more, issues are brought to broader public attention – and the attention of decision-makers – through social media. They are watched closely by politicians and other decision-makers. As with any other audience, know your key messages and stick to them.

Sample tactics:

Disseminate messages through your organization's twitter handle

- Engage thought leaders on Twitter by @ tweeting with a request to RT (re-tweet)
- Use hashtags to flag content type in tweets
- Engage thought leaders on Twitter by @ tweeting with a request to RT
- Create bit.ly link for collateral (i.e. infographics) to track social media traffic and analytics
- Pre-load tweets via Tweetdeck or Hootsuite to ensure regular promotion of content and messaging

At events, engage politicians and partners to tweet about your event

- Include chosen hashtag as part of visual collateral at event, and as part of speaker remarks
- Ask politicians to tweet out photos through their accounts using your hashtag
- Tweet "thank you for attending" messages after the event with politicians Twitter handles, event hashtag, and ideally a photo of them at the event

Hashtag: #HepC
Additional hashtags: #cdnpoli**,** #cdnhealth, #onpoli, #bcpoli
Sample Tweets:

1. Now that there is a cure for #HepC a National Action Plan is needed (insert link to infographic) #HepC
2. First step, #HepC cure. Done. Second step, eliminate #HepC in Canada. (insert link to infographic)
3. Are you one of 44% of Cdns who don't know they have #HepC? Hep C screening saves lives #HepC
4. If you were born between 1945 -1975, get screened for #HepC says @CdnLiverFdtn (link to website)
5. Eliminating #Hep C in Canada is a reachable goal say CDN and international experts (insert link to infographic)

Sample Tweet to influencer:

@picardhealth please RT: Now that there is a cure for #HepC a National Action Plan is needed #EliminateHepC (insert link to infographic)

Key media
André Picard: @Picardonhealth
Theresa Boyle: @TheresaBoyle
Sharon Kirkey: @Sharon_Kirkey
Dr. Brian Goldman: @NightShiftMD
Julia Belluz: @juliaoftoronto

Ashley Csanady: @AshleyCsanady
Jeremy Petch: @JeremyPetch
Avis Favaro: @CTV_AvisFavaro
Medical Post: @MedicalPost
Healthy Debate: @HealthyDebate
Carly Weeks: @carlyweeks
Kelly Grant: @kellygrant1
Tom Blackwell: @TomBlackwellNP
Mike Crawley: @CBCQueensPark
Diana Zlomislic: @dzlo
Pamela Fayerman @MedicineMatters
ErinEllis: @ErinEllis
Carolyn Dunn: @carolyndunncbc
Elizabeth Payne: @egpayne

Political – Federal

Justin Trudeau: @JustinTrudeau
Jane Philpott: @janephilpott
Rona Ambrose: @RonaAmbrose
Dr. Colin Carrie: @ColinCarrie
Tom Mulcair: @ThomasMulcair
Don Davies: @DonDavies
Elizabeth May: @ElizabethMay
Carolyn Bennett: @Carolyn_Bennett

Political – Provincial

Ministers of Health:
ON - Eric Hoskins: @DrEricHoskins
BC - Terry Lake: @TerryLakeMLA
QC - Gaétan Barrette: @drgbarrette
AB - Sarah Hoffman: @shoffmanAB
SK - Dustin Duncan: n/a
MB - Sharon Blady: @sharonblady
NB - Victor Boudreau: @VictorBoudreau
PE - Doug W.Currie: @DougCurrie
NS - Leo A. Glavine: n/a
NL - Steve Kent: @stephenkent
NT - Glen Abernethy: @GlenAbernethy
YT - Mike Nixon: @nixon_mike

Premiers:
ON - Kathleen Wynne: @Kathleen_Wynne
QC - Philippe Couillard: @phcouillard
NS - Stephen McNeil: @StephenMcNeil
NB - Brian Gallant: @BrianGallantNB
MB - Brian Pallister: @Brian_Pallister
BC - Christy Clark: @christyclarkbc
PE - Wade MacLauchlan: @WadeMacLauchlan
SK - Brad Wall: @PremierBradWall

AB - Rachel Notley: @RachelNotley
NL - Dwight Ball: @DwightBallMHA
YT- Darrell Pasloski: @YukonPremier
NU - Peter Taptuna: @PeterTaptuna

Health Organizations
CMA: @CMA_Docs
CPHA: @CPHA_ACSP
PHAC: @PHAC_GC

Other
Dr. Gregory Taylor: @CPHO_Canada
Hep C BC: @hepcbc
CATIE: @CATIEinfo
Canadian Aboriginal AIDS Network: @CAAN_says
Canadian AIDS Society: @CDNAIDS
Canadian Treatment Action Council: @CTAC_CAN
Centre associatifpolyvalent d'aidehépatiteC: @CAPAHC
Hep NS: @HepNSca
Pacific Hepatitis C Network: @PacificHepC

Engaging Different Advocacy Voices – Patient and Clinician Voices

Engagement with policy makers can vary from government meetings, to letter writing and traditional and social media campaigns. In all of these strategies, it is important to use your established key messages to create consistency and in order to help best communicate your objectives. Multiple voices saying the same thing are more likely to be heard.

Bringing together different but important perspectives – that of patient and clinician – is an effective strategy to drive forward health policy change. Incorporating patient and clinician experiences along with research data can be an effective way to advocate for change.

Patients

Patients are not restricted to simply advocating for themselves within the healthcare system, but also can play a role in helping to shat government policy.

A patient's voice adds a human touch when meeting with government and speaks to the core of what the healthcare system is all about. As well, when a patient is able to tell their story in a compelling way, it can make the meeting more memorable to the government official.

Clinicians

Clinicians advocate for patients in many ways in their daily work – for example, doctors often advocate for individual patients by requesting timely diagnostic tests or referral to a specialist. At another level, physicians can also advocate for quality of care issues and be engaged in health system improvements.

When advocating, a physician's voice can provide the following:

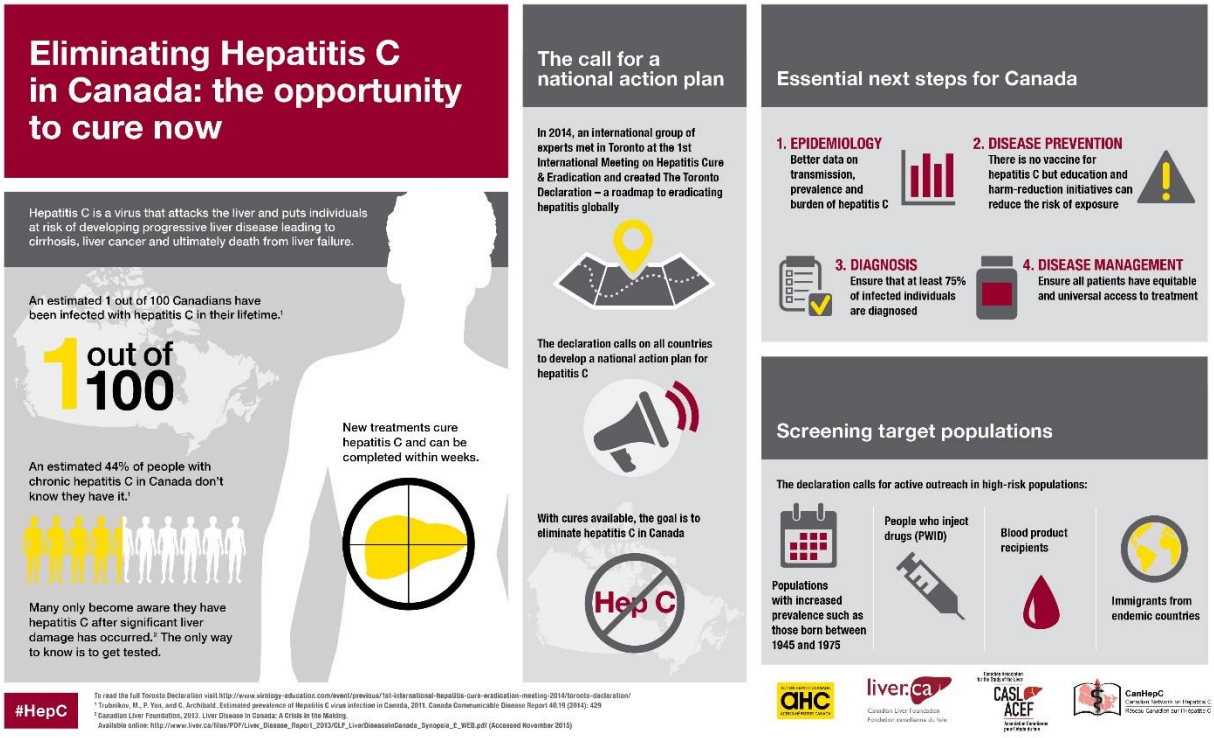
- Bring the perspective on treating patients
- An informed perspective on improvements based on evidence where possible
- Where the government official has a background in medicine, a mutual understanding and collegial connection can be cultivated

Physicians should be clear when their comments are made in a personal capacity or on behalf of a third party. Hospitals, institutions, and health authorities may have policies or guidelines on the role of physicians in advocacy activities, including media or social media campaigns.

Academic physicians and other researchers can also provide important data to guide evidence-informed policy making.

APPENDIX

Infographic



Key Messages + Proof Points

Chronic hepatitis C is a significant health challenge, but it can be eliminated in Canada with a national action plan.

- Hepatitis C is a virus that attacks the liver and puts individuals at risk of developing progressive liver disease leading to cirrhosis, liver cancer and ultimately death from liver failure.
- There are approximately 250,000 to 400,000 Canadians infected with hepatitis C.[i]
- An estimated 1 out of 100 Canadians have been infected with hepatitis C in their lifetime.[ii]
- An estimated 44% of people with chronic hepatitis C in Canada don't know they have it.[iii]
- Chronic hepatitis C is known as a silent killer because symptoms often don't appear until the liver is severely damaged.[iv]
- Hepatitis C effects more than just your liver – comorbidities and mental health issues are associated with hepatitis C. Chronic hepatitis C patients have increased rates of diabetes, heart disease, autoimmune conditions, depression, fatigue, and cognitive impairment.[v] Consequential of some of these conditions, Hepatitis C infection is associated with a substantially decreased quality of life.[vi]
- Hepatitis C is an enormous public health burden both globally and here in Canada – but it is largely **preventable** and can now be **cured** with new treatments.

- With cures available, eliminating hepatitis C in Canada has the possibility of becoming a realistic goal.[vii]
- Elimination of hepatitis C will also reduce the risk of new transmission and reduce the incidence of the associated comorbidities.[viii]
- Other countries have adopted national hepatitis c elimination strategies. The successful implementation of Scotland's Hepatitis C Action Plan has contributed to a significant decline in hepatitis C virus incidence, sharp increases in the numbers of people accessing treatment and achieving sustained viral response, and an overall decrease in population prevalence of hepatitis C. The success of the Scottish Action Plan may provide a working model for other countries to follow.[ix]

Failure to prevent, identify and treat hepatitis C patients will result in unnecessary deaths and health care expenditures for individuals and governments.

- The burden of hepatitis C in Canada is increasing.[x]
- The prevalence of hepatitis C in Canada is decreasing; however, cases of advanced liver disease and health care costs continue to rise.[xi]
    - This phenomenon is due to aging of the infected population and consequential liver fibrosis progression.[xii]
    - Total health care costs associated with hepatitis C (excluding treatment) are expected to increase by 60% from 2013 until the peak in 2032, with the majority attributable to cirrhosis and its complications (81% in 2032 versus 56% in 2013).[xiii]
    - Fortunately, due to the development of new treatments, these costs with improve. However, these estimates reflect the costs that will incur if we do nothing to improve prevention, screening, diagnosis and treatment.
- For a hypothetical male 35 to 39 years of age with hepatitis C infection in 2013, the estimated lifetime cost is $64,694 in 2013 Canadian dollars. However, the estimated lifetime costs of hepatitis C vary according to disease state.[xiv]
    - Lifetime future costs range from $51,946 for a patient with no fibrosis (F0) in 2013 up to $327,608 for a patient requiring liver transplantation in 2013.[xv]
    - Hepatitis C is the No. 1 reason people need liver transplants, and they cost roughly $300,000 each, when organs are available. A sound use of a drug treatment could actually be cost-effective.[xvi]

We need to move from solely risk-based hepatitis C screening to include age-based (birth-cohort) screening as current risk-based testing has not been effective in identifying all infected adults in Canada.

- The Canadian Liver Foundation recommends that all adults born between 1945 and 1975 undergo a test for hepatitis C.[xvii]
    - Hepatitis C is often described as an illness of injection drug users, but the reality is that the greatest number of Canadians with hepatitis C are people born between 1945 and 1975 (>75%).[xviii,xix]
    - When risk-based testing has been adopted, risk factor recognition by patients or doctors is poor and as a result the diagnosis is only made when symptoms of advanced liver injury begin to appear.[xx]

- Widespread testing, using both risk-based and birth-cohort screening, has a much higher probability of identifying those who contracted hepatitis C and have been living with it for many years.[xxi]
- The hepatitis C antibody test is inexpensive and is covered by all provincial health care plans.[xxii]
- Most individuals with hepatitis C (>75%) at any given point in time have non-cirrhotic disease (i.e. stage 0 to 3 fibrosis). This represents an ideal opportunity to intervene with antiviral therapy to prevent progression to more advanced stages where the treatment costs are much higher, emphasizing the need for early diagnosis and treatment.[xxiii]
- Currently, there are no national or provincial screening programs in Canada for hepatitis C infection.[xxiv]

Elimination of hepatitis C in Canada is possible with access to new curative treatments along with harm reduction strategies towards prevention of hepatitis C transmission.

- There are transformational new treatments that can cure hepatitis C.[xxv]
- A recent study published in the *New England Journal of Medicine* found patients who received treatment with one of these treatments cured up to 99 per cent of hepatitis C patients.[xxvi]
- Previous treatments had such serious side effects that not all patients with hepatitis C were able to take the year-long therapy, and only half of those who opted for the injectable treatment were successful.[xxvii]
- There is need for research to assess the impact of new treatments so that we can gather evidence-based data in order to implement more effective treatment models.
- Individuals living with undiagnosed hepatitis C infection remain infectious and can potentially transmit the virus to others through blood-to-blood contact.[xxviii]
- There is no vaccine against hepatitis C.
  - In order to prevent transmission among people who inject drugs (PWID), access to harm-reduction initiatives including needle-syringe programs (NSPs) and opioid substitution therapy (OST) is needed.[xxix]
  - Highly effective new treatments make “treatment as prevention” feasible. This strategy focuses on delivering hepatitis C treatment effectively to those at highest risk of transmitting the infection, thereby significantly reducing future cases.[xxx]

We need to work towards the elimination of hepatitis C in Canada with patients’ needs in mind. All patients have the right to treatment.[xxxi]

- The staging of liver fibrosis is the single most important factor impacting the prognosis of patients with chronic liver diseases and it has a major role in management decisions.[xxxii]
  - Liver biopsy (LB) is the treatment used most often to determine liver fibrosis in a patient; however, LB is largely being replaced by non-invasive liver assessment testing.
  - Liver biopsy (LB) is considered to be an invasive, resource-intensive and painful procedure that carries the risk of mild to severe complications.[xxxiii]
  - Both patients and physicians want equitable access to non-invasive liver assessment testing (i.e. Transient elastography, Fibroscan) – currently there is a lack of access and uniformity in practice.[xxxiv, xxxv]

- In 2015, the Canadian Association for the Study of Liver (CASL) published guidelines regarding non-invasive liver fibrosis assessment.[xxxvi]
- CADTH Canadian Drug Expert Committee and Institut national d'excellence en santé et en services sociaux (INESSS) in Quebec recognize the need to prioritize treatment for patients with more severe disease first, while embracing the right for all patients access to a cure.
    - INESSS put forward a model for access to hepatitis C therapies that incorporates a progressive approach to hepatitis C elimination – the model takes into account the expense of the new curative therapies and government's ability to pay by laying out a phased approach to treatment.
        - This phased approach offers a roadmap, with a timeline for which clinicians can plan and patients can expect to receive treatment, thus eliminating the stress of uncertainty for the patient.
    - CADTH Canadian Drug Expert Committee recommends that all patients with chronic hepatitis C infection should be considered for treatment, regardless of fibrosis score. Given the potential impact on health system sustainability of treating all patients with chronic hepatitis C infection on a first-come basis, priority for treatment should be given to patients with more severe disease.[xxxvii]
- The increasing numbers of patients suffering the consequences of severe liver disease coupled with the availability of new and more effective treatment options makes it imperative for all levels of government to find workable strategies to tackle this disease.[xxxviii,xxxix]

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[i] http://www.cbc.ca/news/health/hepatitis-c-feld-1.3322442

[ii] Trubnikov, M., P. Yan, and C. Archibald. Estimated prevalence of Hepatitis C virus infection in Canada, 2011. Canada Communicable Disease Report 40.19 (2014): 429

[iii] Trubnikov, M., P. Yan, and C. Archibald. Estimated prevalence of Hepatitis C virus infection in Canada, 2011. Canada Communicable Disease Report 40.19 (2014): 429

[iv] http://www.cbc.ca/news/health/hepatitis-c-feld-1.3322442

[v] Negro, Francesco et al. Extrahepatic Morbidity and Mortality of Chronic Hepatitis C Gastroenterology , Volume 149 , Issue 6 , 1345 - 1360

[vi] Spiegel BM, Younossi ZM, Hays RD, et al. Impact of hepatitis C on health related quality of life: a systematic review and quantitative assessment. Hepatology 2005; 41:790–800.

[vii] http://www.cbc.ca/news/health/hepatitis-c-feld-1.3322442

[viii] Negro, Francesco et al. Extrahepatic Morbidity and Mortality of Chronic Hepatitis C Gastroenterology , Volume 149 , Issue 6 , 1345 - 1360

[ix] Wylie, L., Hutchinson, S., Liddell, D., & Rowan, N. (2014). The successful implementation of Scotland's Hepatitis C Action Plan: What can other European stakeholders learn from the experience? A Scottish voluntary sector perspective. BMC Infectious Diseases, 14(Suppl. 6)

[x] Myers RP, Krajden M, Bilodeau M, et al. Burden of disease and cost of chronic hepatitis C infection in Canada. Can J Gastroenterol Hepatol. 2014;28:243–50.

[xi] Myers RP, Krajden M, Bilodeau M, et al. Burden of disease and cost of chronic hepatitis C infection in Canada. Can J Gastroenterol Hepatol. 2014;28:243–50.

[xii] Myers RP, Krajden M, Bilodeau M, et al. Burden of disease and cost of chronic hepatitis C infection in Canada. Can J Gastroenterol Hepatol. 2014;28:243–50.
[xiii] Myers RP, Krajden M, Bilodeau M, et al. Burden of disease and cost of chronic hepatitis C infection in Canada. Can J Gastroenterol Hepatol. 2014;28:243–50.
[xiv] Myers RP, Krajden M, Bilodeau M, et al. Burden of disease and cost of chronic hepatitis C infection in Canada. Can J Gastroenterol Hepatol. 2014;28:243–50.
[xv] Myers RP, Krajden M, Bilodeau M, et al. Burden of disease and cost of chronic hepatitis C infection in Canada. Can J Gastroenterol Hepatol. 2014;28:243–50.
[xvi] http://www.theglobeandmail.com/globe-debate/with-hep-c-no-province-is-an-island/article23160541/
[xvii] http://www.liver.ca/support-liver-foundation/advocate/clf-position-statements/hepatitis_C_testing.aspx
[xviii] http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/14vol40/dr-rm40-19/surveillance-b-eng.php
[xix] Remis RS. Modelling the incidence and prevalence of hepatitis C infection and its sequelae in Canada, 2007. Ottawa (ON): Public Health Agency of Canada; 2007
[xx] http://www.liver.ca/support-liver-foundation/advocate/clf-position-statements/hepatitis_C_testing.aspx
[xxi] http://www.liver.ca/support-liver-foundation/advocate/clf-position-statements/hepatitis_C_testing.aspx
[xxii] http://www.liver.ca/support-liver-foundation/advocate/clf-position-statements/hepatitis_C_testing.aspx
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