



HEPATITIS C

AND

HEPATITIS B



CAN BE

ELIMINATED

**A SERIOUS
COLOURING BOOK AND
ART CONTEST**

**A PROJECT OF HEPCBC
HEPATITIS C EDUCATION &
PREVENTION SOCIETY
EDITION # 1**

****For CONTEST INFO: See inside back cover****

PUBLISHING INFORMATION

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CONFIDENTIAL CONTACTS

**HepCBC's Viral Hepatitis Prison Outreach Project Hotlines:
1-844-268-2118 (select Option 1) or 1-604-210-2901**

Fax: (1) 604-424-4374

Email address: prisons@hepcbc.ca

Website: www.hepcbc.ca/support/prisons/

**OTHER CONFIDENTIAL PRISONER HELPLINES
(see also useful websites listed on page vi, inside back cover)**

PASAN, 526 Richmond St. East, Toronto, ON M5A 1R3

Prison Hotlines: Tollfree: 1-866-224-9978, Direct: 416-920-9567, Fax: 416-920-4314

POSITIVE LIVING BC, 1101 Seymour St., Vancouver, BC V6B 0R1

(British Columbia's information source re: HIV/AIDS and hepatitis C co-infection)

Tollfree: 1-800-994-2437, Direct: 604-893-2200, Fax: 604-893-2251

Members of PLBC wishing refund for protein powder, send receipts to Wayne at PLBC.

WEST COAST PRISON JUSTICE SOCIETY/PRISONERS' LEGAL SERVICES

302-7818 6th St., Burnaby, BC V3N 4N8. Office: 604-636-0470; Fax: 604-636-0480

West Coast Prison Justice's hotlines below open Mon.-Fri, 9am-11am and 1pm-3pm

Provincial Prisoner Direct: 604-636-0464; Federal Prisoner Tollfree: 1-866-577-5245

With any new legal issue, first call Legal Services Society 1-888-839-8889 for a referral.

HEPATITIS C VIRUS (HCV)

- Hepatitis C is a liver disease caused by the hepatitis C virus, which is **far more infectious than HIV**.

Treatment

- There is NO VACCINE for hepatitis C, but new all-oral medications can CURE it in 8-12 weeks with few if any side effects, are 95% effective, and are able to prevent (in many cases, reverse) liver damage.

Transmission Mode of Hepatitis C

- The virus passes BLOOD to BLOOD through breaks in the skin or through thin nasal, oral, or anal membranes. It can survive outside the body for many days. Even dried blood can pass the virus.

Routes of entry of Hepatitis C Virus

- Unprotected sexual activity, particularly among men who have sex with men (MSM) including oral sexual activity and fisting; any kind of sex that includes contact with blood or exchange of blood with an infected person, particularly during rough sex that might lead to tearing; anal sex; sex in the presence of sores from an STI; sex with an HIV positive person; or shared sex toys.
- Sharing or reusing injection drug or intranasal drug equipment: needles, syringes, filters, cookers, acidifiers, alcohol swabs, tourniquets, pipes for smoking crack or crystal meth, and straws for snorting.
- Tattooing, body piercing, electrolysis or acupuncture using unsterile equipment/techniques.
- Exposure in the workplace by getting pricked by a needle or sharp equipment that has infected blood on it.
- Getting a blood transfusion or organ transplant that was not screened for hepatitis C. In Canada, donated blood has been screened for hepatitis C since 1990.
- Sharing personal care articles such as razors, scissors, nail clippers, or a toothbrush with an infected person. An invisible amount of blood can transmit hepatitis C through a tiny nick in the skin.
- During pregnancy or childbirth from a mother with HCV (5% chance).

HCV is NOT spread by

- Casual contact such as hugging, kissing or shaking hands, or by sharing food or beverages.
- Being around someone who is sneezing or coughing.
- Breastfeeding, unless the nipples are cracked and bleeding.

Symptoms

- Majority of people remain asymptomatic (NO symptoms) until their liver has already been damaged.
- Other people may have any of the following symptoms: Fatigue, appetite loss, fever, nausea, vomiting, dark urine, pale or bloody stools, stomach pain, joint pain, or jaundice (yellowing of skin and eyes).

Potential Complications of Chronic Hepatitis C

- Cirrhosis of liver (liver fills with dense scar tissue), liver failure, liver cancer (HCC), premature death.

Why get tested? Early diagnosis is critical because

- The sooner treatment is started, the better chance of clearing the virus.
- Diagnosis can prevent individuals from unknowingly spreading the virus to others.
- 75% of those Canadians who have hepatitis C were born between 1945 and 1975.
- Symptoms of hepatitis C are often mis-diagnosed as some other condition.

HEPATITIS B VIRUS (HBV)

- Hepatitis B is a liver disease caused by the hepatitis B virus which is **far more infectious than HIV**.

Treatment

- VACCINE for hepatitis B is available (3 doses over 6 months; good for 25 years to life).
- About 95% of adults infected with hepatitis B virus recover within 6 months (Acute Hepatitis B) and as a result develop lifelong protection. The remaining 5% become chronically infected.
- Excellent medications are now available to treat chronic hepatitis B which, though NOT A CURE, help protect the liver from serious damage, and may help prevent the carrier from infecting others.

Transmission Mode of Hepatitis B

- Hepatitis B spreads through contact with BLOOD & BODILY FLUIDS including semen, vaginal, and anal fluids.

Routes of Entry of Hepatitis B Virus

- Injection drug use (past and/or present) and intranasal drug use (snorting) when sharing contaminated drug-use equipment (e.g. needles, straws, pipes, spoons, cookers).
- High risk sexual activities (e.g.- unprotected sex, multiple sexual partners - men who have sex with men [MSM] are at particular risk). But, unlike with hepatitis C, semen can easily transmit hepatitis B.
- Tattooing, body piercing, electrolysis or acupuncture using unsterile equipment/techniques.
- Exposure in the workplace by needle prick or with sharp equipment that has infected blood on it.
- Getting a blood transfusion or organ transplant that was not screened for hepatitis B. In Canada, donated blood and blood products have been screened for hepatitis B since 1970.
- Sharing personal care articles such as razors, scissors, nail clippers, or a toothbrush with an infected person. An invisible amount of blood can transmit hepatitis C through a tiny nick in the skin.
- During pregnancy or childbirth from a mother with hepatitis B.

HBV is NOT spread by

- Casual contact such as hugging, kissing or shaking hands, or by sharing food or beverages.
- Being around someone who is sneezing or coughing.
- Breastfeeding, unless the nipples are cracked and bleeding.

Symptoms

- Majority of people remain asymptomatic until their liver has already been damaged. Symptoms can take 2 to 6 months to appear and only 50% of people develop symptoms. During this entire time (with or without symptoms) they can spread the infection to others.
- Others have some or all of the following symptoms: Fatigue, loss of appetite, fever, nausea, vomiting, dark urine, pale or bloody stools, stomach pain, joint pain and jaundice (yellowing of skin and eyes).

Potential Complications of Chronic Hepatitis B

- Cirrhosis of liver, liver failure, liver cancer (HCC), premature death.

Prevention and Testing

- Early diagnosis is critical because -
 The sooner the treatment is started, the better the chance to prevent damage from the virus.
 Diagnosis can prevent individuals from unknowingly spreading the virus to others.
- Talk to your healthcare provider TODAY about testing for hepatitis B or getting the VACCINE.

CO-INFECTION (infection with at least 2 of HCV, HBV, and/or HIV)

- Human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and Hepatitis C virus (HCV) co-infection has emerged as a leading cause of morbidity due to liver disease throughout the world over the last two decades.

Transmission Mode and Prevention of Co-infection

- Among HIV-infected patients, HBV and/or HCV co-infections are more prevalent due to overlapping transmission routes.
- As a consequence, there has been increasing focus on diagnosis of HBV and HCV in the management of HIV-infected patients.
- Hepatitis C co-infection has increasingly been reported in HIV-positive men having sex with men (MSM) who have NOT used injection drugs, so this is an additional risk for men.
- Although the risk of hepatitis C transmission sexually is very low in monogamous heterosexual relationships, it is not absent. Studies show that having multiple sex partners or engaging in rough sex, and being infected with HIV or another sexually-transmitted infection (STI) may increase the risk of hepatitis C infection even among heterosexual couples.
- The GOOD NEWS is that prevention education and harm-reduction methods/supplies for all three diseases are overlapping as well. In general, successfully preventing one will prevent them all.

Effects of Co-infection

- In co-infection, the presence of one virus affects the action of the other virus. HIV accelerates the natural course of HBV and HCV infection and facilitates faster progression of liver disease to cirrhosis and liver cancer (HCC).
- Disease progression to cirrhosis in HIV positive patients is almost three-times faster as compared to HBV or HCV patients without HIV.
- Overall survival of HIV positive patients is not affected by the presence of HCV.
- However, patients co-infected with HIV and HCV have greater risk of dying from liver failure compared to patients who have only HIV.

Facts at a glance

- Internationally, the prevalence of HBV co-infection among people with HIV varies from 5%-20%, depending on whether HBV is endemic in the geographic area; likewise, the prevalence of HCV co-infection varies from 9-16 % depending on geographic area.
- In Canada, it is estimated that a large proportion (18%) of people with HIV are co-infected with HCV.
- The strongest predictor or risk factor of co-infection is a history of intravenous drug use (IDU), with co-infection rates estimated to range from 50–92% among HIV+ members of IDU populations. As a result, the populations affected most severely by co-infection are those in which IDU is most prevalent, such as among current and former prisoners and aboriginal populations.
- Two separate studies in Ontario and Québec prisons found that the prevalence of hepatitis C among HIV-positive inmates was 68% and 65% respectively.
- Although antiretroviral (ARV) therapy has significantly extended the life expectancy of persons with HIV infection, liver disease—much of which is related to hepatitis C and B infection—has become the leading cause of non-AIDS-related deaths among this population.
- While we applaud the development of “U=U” (UNdetectable for HIV = UNtransmittable for HIV) due to highly effective ARVs, we note that the danger of HCV or HBV transmission remains.
- Get vaccinated for HBV and HAV! Use harm reduction during IDU and sex! Get tested regularly!

VIRAL HEPATITIS TREATMENT and CARE IN BC PRISONS

- Below is general information only. Each situation is unique. The law can also change. If you have a **LEGAL PROBLEM**, contact West Coast Prison Justice Society. HepCBC can arrange **TRANSLATION support into multiple languages** if required (for contact info, see page i).

Why Viral Hepatitis in Prisons is Important

- The prevalence of hepatitis C in Canadian correctional facilities is estimated to be between 20% and 40% (even higher in British Columbia). Prevalence of hepatitis B is unknown.
BAD NEWS: Lots of people catch viral hepatitis in prison!
GOOD NEWS: Prisons are potentially a great place to prevent and treat viral hepatitis.

International Situation

- The World Health Organization has set targets which would virtually eliminate viral hepatitis from the world by 2030, and Canada has signed on. HepCBC knows one of the most effective ways to achieve this goal is to start in our prisons.

Federal vs. Provincial vs. Aboriginal

- **Federal prisons**, run by Correctional Services Canada (CSC) are responsible for prisoners with sentences of two years or more. Inmates serving less than two years serve their sentences at **Provincial prisons**. Aboriginal prisoners in both federal and provincial prisons may have additional options (contact www.caan.ca or for women, www.nwac.ca).

New Drugs!

- In recent years, an effective cure for hepatitis C (DAAs) has become available. Several treatment alternatives are available for hepatitis B, though a true cure is still not in sight.

New Treatment Directive, Federal prisons only

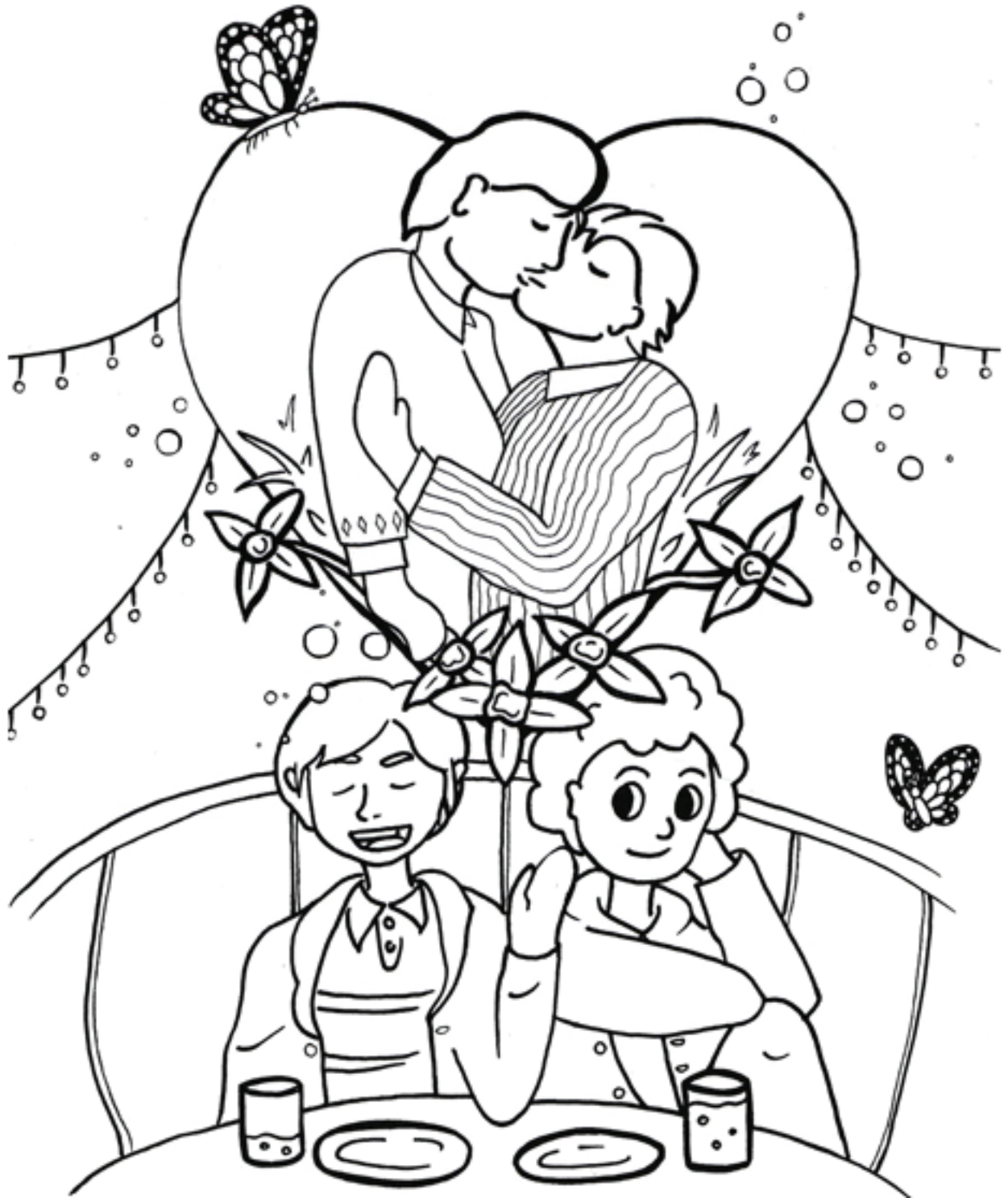
- In late 2016, CSC informed its Infectious Disease Specialists that hepatitis C treatment may be considered for all prisoners infected with HCV, regardless of their degree of liver damage.
- The new directive states that all incarcerated patients with HCV have the option to be treated, as long as CSC has the resources and personnel to provide this treatment. So they can consider treating anyone with hepatitis C (source: Canadian Treatment Action Council).
- In 2017 there were 2700 Federal prisoners with hepatitis C. Between 2015 and early 2017 727 were treated (source: West Coast Prison Justice Society). We hope this trend continues!

New Healthcare Provider, Provincial prisons

- On October 1, 2017, BC Corrections transferred responsibility for provincial inmate care from its Public Safety Portfolio to its Health Ministry. Now prisoners get the same hepatitis B and C care as the rest of BC's population under the Provincial Health Services Authority. Everyone in BC is covered regardless of the degree of liver damage (fibrosis score 0 - 4).

Plate 1 >>

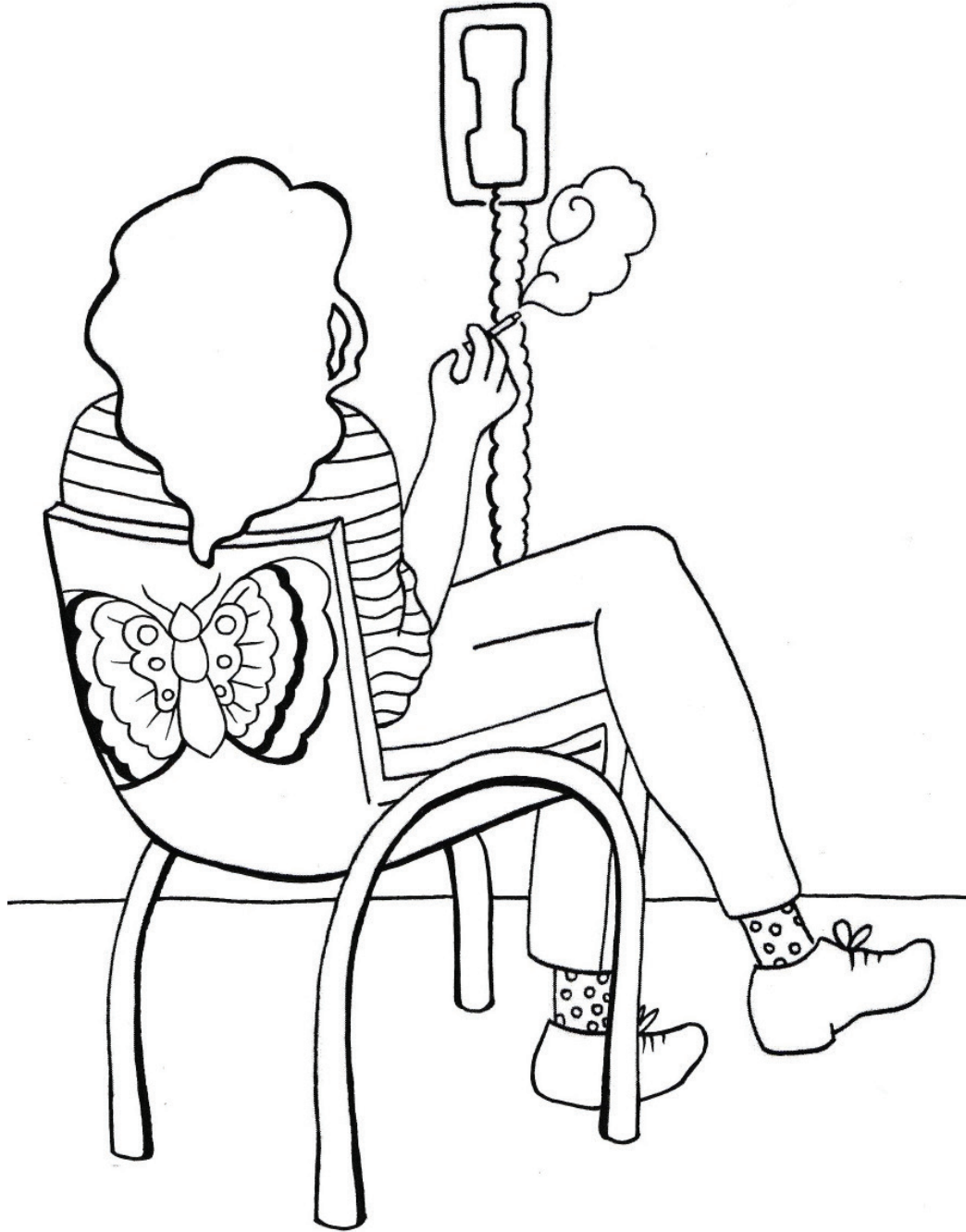
You can't get hepatitis C or hepatitis B by hugging, kissing, sneezing, coughing, eating, drinking, or sharing food.



Relax and enjoy affection and socializing!

Plate 2 >>

Need confidential hepatitis C / hepatitis B support or information?



Contact HepCBC's volunteer peers and advocates at

TOLL-FREE: 1-844-268-2118

DIRECT: 1-604-210-2901 FAX: 1-604-424-4374

EMAIL: prisons@hepcbc.ca

WEB: www.hepcbc.ca/support/prisons/

Plate 3 >>

If treated early enough, damage to the liver and the rest of the body can be prevented or, in many cases, even reversed!



GET TESTED! If you test positive, let HepCBC know if you have difficulty accessing treatment or care.

Plate 4 >>

Shared or unsterile body art equipment (tools, ink, templates, needles, etc.) are ideal ways to transmit viral hepatitis.



Have your artist make you your own needle, machine, and ink. Do not share a machine, ink, or ink pot with others.

Plate 5 >>

Hepatitis B is easily spread through semen, vaginal, or anal fluids. Hepatitis C can be spread sexually through anal sex or rough sex, particularly in the presence of sores from STI's or among people already positive for HIV.



To protect yourself and be considerate of your partner, use condoms or dental dams, and avoid sharing sex toys.

Plate 6 >>

Sharing razors, scissors, clippers, or toothbrushes can spread viral hepatitis through even tiny nicks. It lives outside the body much longer than the HIV virus! Sometimes these items are shared inside a living unit.



People should NEVER share personal care equipment, but if unavoidable, make sure you check out hygiene products that you know have been treated with Barbicide. Make sure Barbicide is changed regularly.

Plate 7 >>

New medicines (ARVs) can make HIV+ people almost HIV virus-free (this is called 'UNdetectable').
GOOD NEWS! UNdetectable for HIV **equals**
UNtransmittable for **HIV** (HIV cannot infect others)
BAD NEWS! UNdetectable for HIV **does NOT equal**
UNtransmittable for **hepatitis B or C**.



Know your current viral hepatitis status! Get tested, get vaccinated for hepatitis B, and be smart; use protection EVERY time.

Plate 8 >>

Bleach, alcohol, boiling — even freezing — won't completely kill viral hepatitis. Only NEW or AUTOCLAVED needles, straws, pipes, syringes, etc. can guarantee safety.



If you feel the need to talk to someone about safety of equipment, see Contact information on page i.

Plate 9 >>

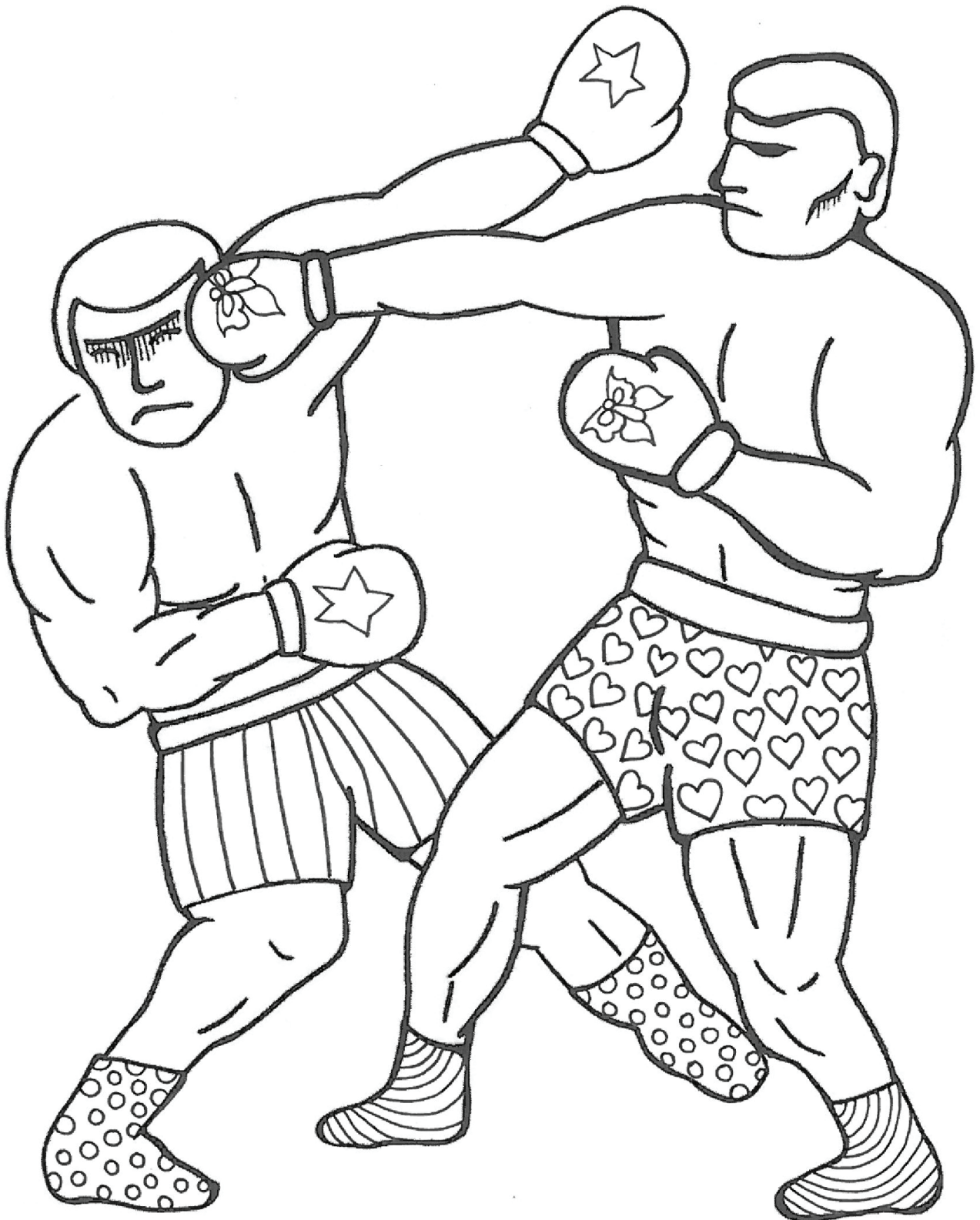
Typically viral hepatitis has NO symptoms until liver damage is very advanced. It can take up to 3 months after transmission to test positive, so recent transmission may not be detected on a test.



If you engage in risky activities, the best way to know your partner's or your viral hepatitis status is to get tested regularly.

Plate 10 >>

Though it is an extremely rare transmission route for viral hepatitis, infection can result when blood is shared through wounds during sports or fights.



Protect yourself and others from trauma and injury.

Plate 11 >>

Deaths in Canada due to hepatitis C have exceeded those due to HIV/AIDS since 2007. Hepatitis C kills more slowly but can be deadly if untreated.



If positive, get treatment as soon as possible! It is now QUICK (8-12 weeks), EASY (no needles, has few if any side-effects), and can SAVE your LIFE (about 95% cure rate)!

Plate 12 >>

Hepatitis B and C are the major causes of cirrhosis, liver cancer, and liver failure; and the major reason for liver transplant. Hepatitis B can be prevented by VACCINE and hepatitis C can be CURED!



Why not eliminate viral hepatitis from our world?
Let's KILL this DRAGON!

CONTEST INFORMATION

Up to \$100 in art supplies available EVERY MONTH!

Are you an ARTIST? Show us your work! Send your best pages once they are coloured, or send new line drawings for our next edition!

EVERY MONTH starting **July 15, 2018** HepCBC has offered:

- \$50 worth of art supplies for the **BEST COLOURED PAGE** from this colouring book edition. We may use this in a poster...AND...
- \$50 worth of art supplies for the **BEST NEW BLACK/WHITE DRAWING:**
 - For B/W drawings, use **uniform, thick black lines**.
 - **Leave lots of white space** for people to colour in.
 - **Do not draw a frame** around the picture.
 - Include a suggested **caption** for your picture (words from this book, or new words from you) **on a separate page**.
 - We will use the best black/white drawings in our next edition. If your drawing is included, we will acknowledge you as the artist if you grant permission.

Please send your work and your contact information to HepCBC by:

MAIL TO: Dr. Anuradha Dhavan and Cheryl Reitz

#206, 5472 11th Avenue Delta, BC V4M 1Z3

OR FAX (Black/White only) TO: 1-604-424-4374

OR EMAIL (Colour or Black/White) TO: prisons@hepcbc.ca

WEBSITES and ORGANIZATIONS THAT CAN HELP B.C. PRISONERS

www.prisonjustice.org www.pasan.org www.nwac.ca www.catie.ca
www.positivelivingbc.org/services/prison-outreach/ www.hepcbc.ca
www.liver.ca www.ctac.ca www.hepctip.ca www.help4hepc.ca
www.pacifichepc.org www.caan.ca www.hepatitiseducation.ca

Some of the doctors and nurses who will treat anyone in BC, no matter who they are, where they live, or what they do: they are B.C.'s
"Viral Hepatitis HEROES"!



Dr. John Farley



Dr. Brian Conway



Dr. Alexandra King



Dr. John Pawlovich



Retired Nurse
 Fran Falconer



Dr. Edward Tam



Dr. Phillip Malpass



Nurse Lesley
 Gallagher



Dr. A. A. Harmour



Nurse Rozalyn Milne



Dr. Alnoor Ramji



Dr. Jolien Steyl

**HepCBC's Board and Provincial Prison
 Outreach Team Members**

Susan Malloch, RN
 Douglas Laird
 Cheryl Reitz, M.A.

Dr. Anuradha Dhavan
 Dr. Sofia Bartlett
 Rosemary Plummer, RN

In Memoriam: Phillip Wilkin, Founder of Prison Outreach Team



Hepatitis C Education and Prevention Society

*Confronting Viral Hepatitis in Canada
with Education, Advocacy, and Support
since 1996*

Founded and run by those affected by Hepatitis C & B

