RECOMMENDATION NO. 10

The Sub-Committee recommends that the Federal Government, through Health and Welfare Canada, take the lead in initiating discussions with provincial and territorial governments, and with associations of health-care professionals, toward the development and implementation of a national policy on the mandatory testing and immunization of health-care professionals for hepatitis B.

HEPATITIS B AND ABORIGINAL POPULATIONS

Several witnesses referred to the fact that some aboriginal populations in Northern Canada have a much higher level of endemicity of hepatitis B than the Canadian average. Evidence was provided by Health and Welfare Canada, principally from studies of population groups in the Northwest Territories and in Northern Labrador. The studies involved the prevalence of HBV serologic markers within the populations, that is, the presence in blood samples of hepatitis B surface antigen (HbsAg) or the antibody to the surface antigen (anti-HBs). A positive test for the surface antigen indicates that the person is infected with the virus and is a carrier; the presence of the antibody (anti-HBs) indicates that the person has had hepatitis B but is no longer infected.

The Inuit and Dene populations tested had significantly higher prevalence of both serologic markers than did non-natives (predominantly Caucasians). In the Northwest Territories study, the Caucasian population had a seroprevalence rate of 0.3% for HBsAg and 8.5% for anti-HBs. For the Inuit population studied, the rate for HBsAg was 3.9% and for anti-HBs, 24.5%. Comparable, but not identical, results were obtained in the study in Northern Labrador.

These seroprevalence rates among the aboriginal populations in the study indicate that hepatitis B virus is probably endemic in these groups. The Sub-Committee did not receive evidence on the epidemiology of hepatitis B in such populations. However, the seroprevalence rates are somewhat similar to those observed in some regions of Asia which have an intermediate or high endemicity of HBV. A suggestion was made to the Sub-Committee by Dr. Laurence Blendis, representing the Canadian Liver Foundation, that the hepatitis B virus became established among aboriginal groups in these communities "thousands of years ago with the immigration (over the North Polar regions) of peoples from Southeast Asia".[23]

Whatever the source of the high incidence of serological markers among these specific groups, or other groups of aboriginal peoples, it is clear that this is an area of significant concern. The Sub-Committee does not make any recommendations specific to aboriginal communities. All of the recommendations in this report, including those for a universal neonate and "catch-up" immunization program, the screening of pregnant women for hepatitis B, and information and education programs, are meant to apply equally to all Canadians, wherever they live and whatever their racial or ethnic origins.

CHRONIC FATIGUE SYNDROME

The question of the possible relationship between Chronic Fatigue Syndrome (CFS) and hepatitis B vaccine was raised during the Sub-Committee's hearings because of the publication of a number of newspaper stories suggesting that immunization of individuals with hepatitis B vaccine

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23 *Proceedings,* Issue 2, p. 14.