

RECOMMENDATION NO. 1

The Sub-Committee recommends that the Federal Government, in cooperation with the provinces and territories, develop and implement a universal immunization program for neonates against hepatitis B. The Sub-Committee further recommends that the Federal Government fund at least 50% of the costs of this immunization program and that appropriate cost-sharing agreements be made with the provinces and territories.

A universal immunization program for neonates will protect the new generation of Canadians against hepatitis B, but there is a generation of children that will not benefit from this program. Testimony presented to the Sub-Committee noted that when children reach adolescence, they are at a higher risk of contracting sexually transmitted diseases (STDs) if and when they become sexually active. It is important, therefore, to extend the hepatitis B immunization program to these children prior to their entering high school.

The Sub-Committee believes, based partly on the New Zealand experience (see Appendix A), that a "catch-up" program is necessary to protect this group of children. We feel that, concurrent with a universal program to immunize neonates, a catch-up program should be adopted to immunize 10-year olds. The program could run for ten years, at the end of which period the neonate program will have reached that age group. Funding for this immunization program should be the same as that described above for the neonate program.

RECOMMENDATION NO. 2

The Committee recommends that the Federal Government, in cooperation with the provinces and territories, develop a "catch-up" program to immunize children at 10 years of age, the purpose being to effect immunization prior to the children's reaching high school age. The Sub-Committee further recommends that the Federal Government fund at least 50% of the costs of this catch-up immunization program and that appropriate cost-sharing agreements be made with the provinces and territories.

In cases where a child is born to an infected mother, it is necessary to immunize the child immediately and also administer hepatitis B immune globulin which contains a high antibody titer against HBV. The Sub-Committee received testimony that some jurisdictions in Canada routinely test pregnant women for hepatitis B in order that their babies can be vaccinated at birth.

Murray Krahn and Allan S. Detsky, in a study of the cost-effectiveness of hepatitis B vaccination, state that an estimated 70% of Canadian women are screened at present (1989) and that Alberta screens all prenatal patients through the blood-banking system.¹⁰ Elsewhere in Canada, the screening is dependent upon the initiative of the individual physician. Dr. Noni MacDonald, subsequent to her appearance before the Sub-Committee on behalf of the Canadian Paediatric Society, suggested that the 70% estimate is much too high.

The Sub-Committee believes that screening of pregnant women for hepatitis B should be a standard procedure across Canada. The basis of our concern is that if a child is infected at birth, he/she has about a 90% chance of becoming a chronic carrier. The problem here is twofold: the chronic carrier may pass the virus on to other people, and will be at increased risk of liver damage in later life, including an increased risk of liver cancer.

¹⁰ Murray Krahn and Allan S. Detsky, *Universal Vaccination Against Hepatitis B in Canada: A Cost-Effectiveness Analysis*, (Unpublished), 3 October 1990, p. 15.