

include universal immunization of all immigrants to Canada, prior to their entry into this country, or a selective immunization program to apply only to immigrants from regions of intermediate and high endemicity.

RECOMMENDATION NO. 7

As an alternative to Recommendation No. 6, the Sub-Committee recommends that the Federal Government study and evaluate the need for, and potential effectiveness of, a program for the screening of immigrants to Canada for hepatitis B infection. The Sub-Committee further recommends that, where an immigrant to Canada tests positive for hepatitis B infection, immunization of all uninfected and susceptible family members against hepatitis B shall be mandatory, prior to their entry into this country.

INCIDENCE AND REPORTING OF HEPATITIS B IN CANADA

We have noted above that there is concern about the effectiveness and the completeness of the reporting of hepatitis B in Canada, and also about the actual incidence of hepatitis B in Canada. The testimony and evidence we have seen suggests that the reporting of the disease is not complete although hepatitis B has been a notifiable disease in Canada since 1969.

The evidence also strongly suggests that the incidence of hepatitis B in this country may be at least an order of magnitude greater than the published statistics indicate. While we accept the testimony of Dr. Losos that all diseases are commonly underreported, we believe that more accurate reporting is desirable and better knowledge about disease incidence would be useful.

RECOMMENDATION NO. 8

The Sub-Committee recommends that Health and Welfare Canada review the effectiveness of the program requiring that all cases of hepatitis B diagnosed in Canada be reported to the Laboratory Centre for Disease Control, to ensure that reporting of this disease will be as complete as possible.

RECOMMENDATION NO. 9

The Sub-Committee recommends that Health and Welfare Canada review the need for a comprehensive epidemiological study of hepatitis B in Canada and, if appropriate, design and implement, in cooperation with the provinces and territories, an epidemiological study to determine the incidence of hepatitis B in this country.

HEPATITIS B AND HEALTH-CARE WORKERS

The question of hepatitis B and health-care workers has been brought into sharp focus in recent months because of the situation at the Halifax Victoria General Hospital involving Dr. Reginald Yabsley, the hospital's head of orthopaedic surgery. Dr. Yabsley learned in the fall of 1986 that he had been infected with the hepatitis B virus, probably by a patient. The infection was detected as a result of blood-screening by the Canadian Red Cross after Dr. Yabsley made a blood donation.