really applicable to hepatitis B because of the significant percentage of persons, particularly children, who go on to become chronic carriers of the virus. The act itself is regarded as rather obsolete in the modern era of transcontinental air travel.

The Immigration Act gives the federal government the power to govern the entry into Canada of both immigrants and visitors. There is authority in the act, under Section 19(1)(a) to refuse admission to a person who is suffering from a disease (or other form of health impairment) if that person is "likely to be a danger to public health or public safety" or who might reasonably "cause excessive demands on health or social services".

While the existence of a disease is relatively easy to prove or disprove, questions of public health and safety, and the assessment of demands on health or social services, are matters of informed opinion required to be rendered by at least two medical officers. Thus, there is a judgement component.

Section 11 of the act requires that every would-be immigrant (and visitors of a prescribed class) shall undergo a medical examination. These examinations, for practical reasons, are almost always conducted in the country of origin of the immigrant. In theory, at least, persons with contagious diseases are denied admission to Canada. Such diseases include active tuberculosis, syphilis, some cases of active leprosy, and active typhoid carriers. However, for disease conditions that are treatable, exclusion need not be permanent: once the disease has been successfully treated the individual could be reconsidered for admission into Canada.

For hepatitis B, persons who do not display symptoms of acute hepatitis B are not generally screened out for immigration because routine testing for the disease, or the presence of the virus, is not carried out. If the person were from a country of high endemicity of HBV, liver function tests might be required, and a person with a damaged liver might be screened out on the basis of concern about possible costs of future medical care.

There is apparently much less concern about the HBV carrier status of a prospective immigrant. HBV carriers who do not have demonstrable liver damage or other symptoms of the disease are not considered to be a problem in terms of the probable future cost to Canadian health services. There appears not to be significant concern, on the part of immigration authorities, that an HBV carrier could spread the disease after arrival in Canada.

There is also no requirement that immigrants to Canada be immunized against any infectious disease. Once in Canada, however, provincial authorities may advise that children who attend school should be vaccinated against certain diseases. However, vaccination is not mandatory.

The Sub-Committee has concerns about these aspects of immigration, specifically as they relate to hepatitis B. While we do not wish to see prospective immigrants refused entry to Canada on the basis of their having hepatitis B, or because they have had the disease, we believe that positive actions should be taken by the federal government to minimize the health risks to the families of such persons and to the Canadian community at large.

RECOMMENDATION NO. 6

The Sub-Committee recommends that the Federal Government develop a program to deal with the possibility that hepatitis B might be spread within Canada by immigrants from regions of the world where the disease is endemic and occurs at intermediate or high incidence among the population. Such a program could