

Hepatitis B is a sexually transmitted disease (STD): the virus can be transmitted by sexual contact with an infected person. Homosexually active males, promiscuous heterosexuals, and prostitutes are at increased risk. The sharing of needles to inject illicit drugs is another highrisk activity. Other highrisk groups include correctional officers and prisoners in institutions, embalmers and funeral directors, and staff and residents of institutions for the mentally handicapped.

One group at considerable risk of contracting hepatitis B are the many young people who leave home each year to become, for varying periods of time, "street people". Variously referred to as "runaways" or "curb-kicker kids", these young people experiment with sex and drugs, usually in ignorance of the high risks of contracting the infectious diseases that are associated with such behaviour.

With a disease such as hepatitis B, the chain of risk can reach back into the original community when the runaway comes back home. Mrs. Bower's daughter, for example, returned home and re-established a former relationship. Her partner became infected by the hepatitis B virus. Later, when he became involved in a new relationship, he passed the virus on to his new partner.³

HEPATITIS B IN CANADA

Worldwide, hepatitis B affects some 50 million people annually and is reported to cause more than two million deaths each year. An estimated one billion persons are infected by the virus and some 300 million persons are believed to be chronic carriers of the virus. Regions of the world are classified as being of high endemicity, where the carrier rate is 7-20%; of intermediate endemicity, with a carrier rate of 2-7%; and of low endemicity, with a carrier rate of 2% or less. Hepatitis B is present at a very high rate in tropical Africa, in East and Southeast Asia, and in parts of South America.

Canada is a country with a low endemicity of hepatitis B. The virus is present at a low incidence in the general population. Dr. Laurence Blendis, representing the Canadian Liver Foundation, testified that the prevalence of the virus in Canada, as determined through testing of blood some ten years ago by the Canadian Red Cross, was about 0.2-0.3% in most provinces, and about 0.5% in Quebec.⁴ The rates are much higher in some subpopulations in Canada, however, and these include some aboriginal groups living in northern parts of Canada, and in Canadian residents who have emigrated to Canada from areas of the world where hepatitis B is present at high levels of endemicity.

Hepatitis B has been a notifiable disease in Canada since 1969. Physicians are required to report diagnosed cases to local health agencies who then forward the information to provincial or territorial health ministries. The data are combined into specific age and sex groupings and ultimately forwarded to the Laboratory Centre for Disease Control (LCDC) at Health and Welfare Canada. Difficulties associated with the correct diagnosis of the disease have impacts on the treatment and spread of hepatitis B and also on the accuracy of data on trends in disease occurrence and numbers of persons in Canada who may be carriers of the disease.

The available information indicates that hepatitis B is increasing in Canada. The Canada Diseases Weekly Report, a publication of Health and Welfare Canada, states in the 3 August 1991 issue that: "The reported incidence of hepatitis B in Canada has increased by a factor of 2.5 during

³ *Proceedings*, Issue 1, p. 20.

⁴ *Proceedings*, Issue 2, p. 7.