

HEPATITIS B IN CANADA

INTRODUCTION

The struggle against infectious disease is an integral part of human civilization. Enormous strides have been made against disease in the twentieth century, especially through the development of vaccines and antibiotics. The immunization of populations, or particular target groups, has brought many once-devastating diseases under control. Some diseases, notably smallpox, have been all but eradicated through the use of vaccines.

Prevention of disease is the first line of defense in health care. In a world made continually smaller by modern transportation technologies, geographic boundaries have become almost meaningless as barriers to infectious disease. Many Canadians travel extensively throughout the world, on business, for government, and for recreation. Also, Canada is a destination of choice for immigrants from many countries. One consequence of a shrinking and crowded world is the spread of infectious diseases which normally would be largely confined to their regions of origin. One such disease is hepatitis B.

Hepatitis B is a devastating disease in many parts of the world. The incidence of hepatitis B is increasing in Canada and the disease has the potential to become a major problem in this country. In this report, we discuss the various aspects of hepatitis B, and we propose a number of recommendations to reduce the spread of this disease in Canada. Appropriately, our approach to this disease is objective and, in some cases, rather technical. It is important, however, to bear in mind the enormous cost exacted by hepatitis B in terms of human suffering and personal tragedies.

The first witness the Sub-Committee heard on this issue was Mrs. Bobbi Bower, a private citizen from British Columbia. Mrs. Bower presented eloquent and moving testimony to the Sub-Committee about the death of her 16-year old daughter, who was a promising young model, from hepatitis B in December 1989. Mrs. Bower's daughter left home in the autumn of 1989 and spent five weeks associating with street people. During this period, she contracted hepatitis B. Unfortunately, she developed the very rare fulminant type of hepatitis that leads to rapid destruction of the liver and is often fatal. Mrs. Bower's daughter died six days after her hepatitis B was diagnosed.¹

Although this very tragic case is not typical of the usual course of hepatitis B infection, the Sub-Committee believes that hepatitis B presents a serious potential threat to Canadian society. It also presents a major challenge to governments in terms of policy development in the health-care field. The threat of hepatitis B to health-care workers, and their patients, has recently been dramatized in the case of a surgeon in Nova Scotia who was infected by a patient and who subsequently may have infected two other patients while performing surgery.²

¹ *Minutes of Proceedings and Evidence of the Sub-Committee on Health Issues of the House of Commons Standing Committee on Health and Welfare, Seniors and the Status of Women (hereafter, Proceedings), Issue 1, 3 October 1991, p. 14.*

² Deborah Jones, "Hepatitis leaves Halifax surgeon an operating room outcast", *Canadian Medical Association Journal*, 15 November 1991, p. 1345-1348.