

Hepatitis B and Canada's Immigration Policy- A Discussion Paper

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Reports by the Chinese language media about possible implementation of mandatory Hepatitis B testing for all immigrant applicants by the Federal government have stirred considerable attention in the Chinese-Canadian community. There is the concern that those people who test positive for Hepatitis B will be permanently barred from immigrating to Canada. Such a policy change, if adopted, will affect many people and their families, as well as having important longterm implications including family reunification. People who come from areas which have the highest prevalence of Hepatitis B, such as China, Taiwan, and Hong Kong, and Southeast Asia will become disproportionately affected by such policy.

Is there a need to test all immigrant applicants for Hepatitis B and what are the reasons? Are they backed by valid scientific and ethical arguments? How will the testing be conducted and what will be done with the information? Hepatitis B is preventable by vaccination. Also, most people who test positive are healthy "Hepatitis B carriers" and of those, the majority will never develop any liver disease. Is it ethically defensible to disallow these people the opportunity to live in Canada and participate as citizens of this country? Who determines this policy and what process of public consultation has there been on this issue? These are all legitimate questions and require careful consideration by the Federal government in designing Canada's immigration policy.

It is interesting to note that while mandatory Hepatitis B testing is being considered for immigrant applicants, there is no such policy of mandatory testing of Canadians for Hepatitis B within Canada.

What is the health concern for Hepatitis B with respect to Canada's immigration policy? There are two potential concerns: (1) transmission to others, and (2) cost to the health care system from possible future disease burden to society.

Risk of transmission of Hepatitis B

Hepatitis B is a virus that can attack the liver, and is spread by blood-to-blood transmission or through contact with infected body fluids. The most common modes of transmission are from mother to infant during birth ("vertical transmission"), sexual intercourse, use of infected needles by intravenous drug abusers, tattoos, accidental needle stick of health care workers, and sharing of personal items such as contaminated razors and toothbrushes. Hepatitis B is not spread by casual contact and is not highly contagious like colds and flu.

Of the people who become infected by the virus, many people have no symptoms and their immune system produces "antibodies" which work to eliminate the virus from the body, but some may develop symptoms of acute hepatitis (liver inflammation). A smaller number of individuals, once infected, are unable to eradicate the virus and become "carriers". There is currently no effective treatment to cure the carrier state, and no treatment is given in the absence of liver disease. Although there are newer drugs that can successfully treat active liver inflammation caused by the virus, the existing treatments are not always effective.

There is now a safe and effective vaccine that provides susceptible individuals with lifetime protection from Hepatitis B. Although this vaccine is now being offered free of charge to those considered at highest risk of contracting Hepatitis B, Canada does not yet have a policy of universal vaccination of Hepatitis B for its citizens. The BC government has just announced the extension of its Hepatitis B vaccination program to all infants at birth, as well as groups of children who are at higher risk. Since Hepatitis B is a preventable disease through vaccination, why is the Federal government not directing its efforts towards protecting its citizens through universal Hepatitis B vaccination?

exists within Canada. It will also have no impact on the potential for contracting the virus through international travel and certain lifestyles and behaviours. The groups with the highest rates of Hepatitis B in Canada are IV drug abusers (27%), prison population (28-45%), sexually promiscuous (24%), Asian immigrants (15%), gay men (11%), compared to about 0.1% of the regular population. It is clear that such a policy of mandatory Hepatitis B testing for immigrant applicants will not prevent spread of Hepatitis B in Canadians. Moreover, if it is important for potential Canadians to know their hepatitis status, why is it not a mandatory test for all Canadians?

If mandatory testing of immigrant applicants for Hepatitis B will result in the permanent banning of those who test positive, such a policy may create the stigmatization of people with Hepatitis B in their own countries and also in Canada. Possible discrimination against people with Hepatitis B, when it is singled out as a disease entity, is not that far-fetched a scenario, as well as the spread of fear and distortion about the risks of the disease that would further discourage people from getting tested and receiving appropriate treatment. The potential for such tragic, unintended consequences is real and must be recognized.

Cost and disease burden to society

The majority of people who carry the Hepatitis B virus are healthy and may never develop liver disease. However Hepatitis B carriers have a higher risk of developing chronic hepatitis (inflammation of the liver), cirrhosis (end-stage liver scarring) or liver cancer (hepatocellular carcinoma) in their lifetime, conditions which are potentially fatal. Although there are new drugs and treatments that can successfully treat chronic hepatitis and early liver cancers, such medical treatments incur added cost to society. The drugs most commonly used are Interferon, given by injection daily for 4 to 6 months, and the newer drug Lamivudine which is an oral medication and may be taken up to 12 months or longer.

The rate that Hepatitis B carriers develop hepatitis, cirrhosis, and liver cancer varies widely and depends on many factors, including age at which the person contracted the virus, his/her immune response, and genetic factors. Those who contracted the virus during infancy have a significantly higher risk of developing chronic hepatitis later in life, compared to those who contracted the virus as adults. The health care costs of treating hepatitis B have not been determined.

Consideration of the potential cost burden of treating diseases associated with Hepatitis B should be viewed in context of a number of related questions, including:

There are other chronic viral diseases which may have as great if not greater impact on health care, such as chronic Hepatitis C, HIV, and herpes. Are these conditions excluded from the proposed policy and, if so, why?

What are the health care costs of treating other diseases common in North America, including cardiovascular diseases, cancers other than liver cancer, diabetes, Alzheimer's disease, and how do they compare with the costs of treating hepatitis and liver cancer?

Should immigrant applicants be screened for other diseases (including silent diseases, and risk of developing certain diseases due to genetic factors) which may increase future health care costs? Will genetic testing of immigrant applicants be the next step?

Do the costs exceed the value of that immigrant to Canada, particularly when he/she has contributed through paying taxes for many years but developed illness later in life?
How would Hepatitis B testing of immigrant applicants be conducted?

Testing for Hepatitis B is not a simple matter, since there are a number of different blood tests which can detect the

presence of the Hepatitis B virus in the blood, provide information about the degree of viral activity and immune response of the individual, as well as the presence of abnormal liver function and/or inflammation. What test methods are to be used? Careful consideration should be paid to the methodology of testing, as different tests generate different end points and implications. Since testing of immigrant applicants are performed in their home countries, there are additional problems with the lack of standardization of the test methods, question of validity of the tests, and some newer ultrasensitive tests which are more costly and are not available in certain countries.

Conclusion

There are many medical and ethical questions surrounding the issue of mandatory Hepatitis B testing of immigrants that require careful consideration. Canada already has a significant reservoir of the Hepatitis B virus that may be spread within this country as well as through international travel. Therefore, banning those people who test positive for Hepatitis B from immigrating to Canada will not be effective in preventing the spread of Hepatitis B amongst Canadians. Of greater concern is that such a policy could produce undesirable consequences including the stigmatization of those people who test positive for Hepatitis B in their country of origin as well as those living in Canada, and create unnecessary fear and discrimination. The best way to prevent the spread of Hepatitis B is by vaccination, which is safe and effective.

If the intent of mandatory testing were not to ban those applicants who test positive, what would be the purpose of such testing? Unlike TB cases which can be treated and will not result in the denial of immigration, testing for Hepatitis B will not result in treatment since there is currently no effective "cure" to eradicate the carrier state. How can it be determined that a positive test result will have no effect on the outcome of applications, and whether it will be fairly and uniformly applied?

Any examination of the cost and disease burden of treating Hepatitis B should include a similar cost analysis of treating other chronic diseases including other chronic viral diseases. There are many ethical implications for screening of silent diseases or the determination of future risk for disease. Another ethical consideration is whether the costs exceed the value of that immigrant to the country. Canada should be careful not to adopt policies without good reason that may be discriminatory to people with a certain disease or condition, such as Hepatitis B, or even perceived as racist because certain ethnic groups are disproportionately affected. Such policies would not be consistent with Canada's traditional humanitarian stance. Finally, Canadians need to consider this Hepatitis B issue within the larger context of what are its objectives of immigration and how its policies are determined.

Recommendations:

1. Hepatitis B should not be considered a medically inadmissible disease that results in the denial of immigration.
2. If the Federal government considers mandatory Hepatitis B testing of immigrant applicants, the rationale of such testing should be thoroughly examined and any such proposal must be presented to the public for consultation and input.
3. In determining policy all chronic viral diseases should be evaluated, and the unfair singling out of a certain disease entity such as Hepatitis B must be avoided.
4. Canada should direct its efforts towards prevention of the spread of Hepatitis B including increasing public education and awareness, and supporting a universal Hepatitis B vaccination program for all Canadians.

ACCP gratefully acknowledges the contributions of the following individuals towards this discussion paper: Dr. Caroline Wang, Dr. Hsiao-Ming Jung, Dr. Edmond Wong, Dr. Yita Lee, Dr. Frances Wong, Ms. Bonnie Teng, and special consultant Dr. Frank Anderson.