

PROJECT FACT SHEET

Linking to a Better Understanding: The NSHelpLink Project

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Hepatitis C is an infectious virus that attacks the liver, the body's natural filter for chemicals and toxins. Although some people carrying the virus do not experience symptoms, many will develop chronic Hepatitis C, a serious condition that can lead to cirrhosis and liver cancer.

Hepatitis C is estimated to have affected up to three percent of the world's population and is increasing rapidly in Canada and other countries around the world. Over 2000 Nova Scotians have been diagnosed with the condition, and it is estimated that 5500 more are infected with the virus but are undiagnosed.

Despite the numbers of people infected with the virus in Nova Scotia, few research studies existed about this group. Now thanks to the collaborative efforts of a team of researchers, medical experts, and administrators, members of the general public and health care providers can access information about Hepatitis C more easily.

The NSHepLink project began in 2001 with the goal of building capacity for hepatitis C research in Nova Scotia. The NSHepLink research team includes experts from a wide range of disciplines and institutions including the Departments of Medicine, Pharmacology, and Community Health and Epidemiology at Dalhousie University; the Nova Scotia Department of Health; the QEII Liver Clinic; and the Hepatitis Outreach Society.

The team realized its initial research goal in 2004 by completing the first major phase of the Nova Scotia Hepatitis C Database Linkage Project. The project laid the statistical groundwork for further research by developing a comprehensive list of Nova Scotians diagnosed with Hepatitis C. "By drawing upon and linking existing administrative, public health, and clinical databases, we were able to explore such important issues as risk factors for contracting the virus, as well as the health status of people living with hepatitis C, and the kinds of health services they access for support," explains Dr. Kirkland.

Among their many findings, the team discovered that the majority of individuals infected with the virus are between the ages of 30-50, most are male, and many live in an urban area. The most commonly reported risk factors for hepatitis C are blood transfusions and injection drug use. Important information about health service utilization was also

discovered through the project. The team learned that use of physician services peaks around the time of diagnosis, that Hepatitis C-positive individuals visit a doctor an average of 16 times a year and that individuals living in urban settings access more health care services than those living in rural areas.

“Understanding overall patterns in the way Hepatitis C-positive Nova Scotians access health care services is particularly important for future health care planning,” says Dr. Kirkland. “Infected individuals are at risk of developing serious, long-term complications as a result of progressive liver disease such as fibrosis, cirrhosis, and liver cancer.”

The NSHepLink project also examines health service utilization and cost in the years surrounding an initial diagnosis of Hepatitis C. “Given the natural history of the disease, it is expected that over the longer term, the costs of Hepatitis C will increase,” says Dr. Kirkland. “Prevention and harm-reduction programs among vulnerable populations are of paramount importance in decreasing the spread of Hepatitis C,” she adds.

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