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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

STATE OF AFFAIRS IN HEPATITIS C AWARENESS FALL 2009

Written by Marjorie Harris HepCURE peer support 1-888-437-2873

World Hepatitis C Awareness Day was first held in May 2008. The key awareness message was delivered as a question: "Am I number 12?" This means that 1 in 12 persons worldwide has chronic viral hepatitis. This translates into 500 million people internationally and that 600,000 Canadians having either chronic viral hepatitis Hep B or C.

The "Am I number 12?" initiative is promoted by the Global Hepatitis C Network in Canada, managed under the umbrella of the Canadian Society for International Health (CSIH), an agency funded by the Public Health Agency of Canada. All grassroots hepatitis groups are invited to contact the Global Hepatitis C Network and participate in the hepatitis C activities.

Putting liver disease in perspective, life-threatening liver disease from all causes affects 1 in 10 Canadians. The Canadian Medical Association reports that Non-Alcoholic Fatty Liver Disease (NAFLD) affects about 1.4 million Canadians. This represents approximately 25% of clinically obese persons. NAFLD is nicknamed 'Big Mac' disease, says Dr. Levy in *Canadian Health Magazine*, "because it's associated with eating high-fat diets and taking in way too many calories for your body to handle." Persons with hepatitis C need to take extra care in their food choices to reduce stress on their livers.

Acute hepatitis C cases declined through 2006 and then increased again by 2008 to 2.2% per 100,000 population. Rates among aboriginal communities run about 5.5 times greater, and most new acute infections occur due to high risk behaviours associated with drug use. New tainted blood transfusions have become extremely rare with the institution of the improved blood system. Acute hepatitis C data rates are collected by the Canadian Notifiable Disease Surveillance System (CNDSS), which only monitors about 40% of the Canadian population for the statis-

tical reports, so these datum do not reflect the ever increasing number of chronic hepatitis C cases, estimated at 300,000 persons, with a matching number of chronic hepatitis B infections, which together total 600,000 chronic viral hepatitis cases as part of the grand total of 3.3 million, or 1 in 10 Canadians living with life threatening liver disease from all causes.

The USA statistics provide an understanding of the breadth of the gap between acute and chronic case reporting.

www.cdc.gov/hepatitis/Statistics.htm:

Hep B acute/yr 13,000; Chronic 800,000 to 1.4 million persons

Hep C acute/yr 17,000; Chronic 2.7 – 3.9 million persons

In contrast, in 2007 only 480 liver transplants were performed across Canada as reported by CMA. Access to diagnosis and medical treatment are still a struggle for many jumping through the restrictive criteria barriers to the provincial drug formularies across Canada, although access improvements have been significant since the availability of antivirals entering the marketplace. Better and easier treatments are needed and greater access to these are required.

The World Health Organization (WHO)

(Continued on page 4)

H1N1: SHOULD I GET THE VACCINE?

(Editor: Anamaria, the office manager of HepCBC, sent an article my way that I found very timely, and probably of interest to most of us. It was published on the website Hepatitis Central, and is titled, "Should Those with Hepatitis C Get a Swine Flu Shot?" I have taken the liberty to summarize it and add some comments.)

Almost all of you have heard about the swine flu (H1N1 virus), which is thought to have begun in March of this year. There has been some panic and worry that it could become a deadly plague, so pharmaceutical companies have been in a race to develop a vaccine before flu season starts, and in fact, as of September, the US FDA has approved four of them. Distribution should have started around the middle of October. Many people, however, don't know if they should have the vaccine, and that includes those with Hep C. Some people believe that the virus causes relatively mild illness. Strangely, it has created more illness and death in the young, rather than the old. Will there be enough to go around? Probably not. Priorities have been set in the US by the hospitals. At one hospital in Texas, the list is headed by healthcare workers, then those at high risk such as cancer, chronic organ disease (liver, heart, etc.) their caretakers, and people who care for children. Then come pregnant women. So we with Hep C qualify.

Should we take the vaccine? The advantage is that we may not get sick, or will get less sick, and can go out into the public with less fear. The disadvantage is the vaccine is new, and it is not known how effective it will be or what the long-term side effects can be. These drugs were fast-tracked. Many who took a vaccine for swine flu in 1976 came down with Guillain-Barre syndrome, which attacks the nervous system. Most flu shots are developed quickly, according to the flu strain that is expected each year. Jesse Goodman, MD, of the US FDA, says, "The H1N1 vaccines approved today (Sept. 15, 2009)

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(Note: The *hepc.bull* is mailed with no reference
to hepatitis on the envelope.)

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Peppermint Patti's **FAQ Version 8.3** is
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HepCBC Resource CD

The CD contains back issues of the
hepc.bull from 1997-2007; the FAQ V8;
the slide presentations developed by Alan
Franciscus; and all of HepCBC's pam-
phlets. The Resource CD costs \$10 includ-
ing S&H. Please send cheque or money
order to the address on the subscription/
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Past articles are available at a low cost in hard
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Judith Fry, Ernie, Bruce Lemer, United Way,
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Walk, Colwood, Central Saanich, and
Sidney. Lower Mainland: Tsawwassen,
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and Mill Bay.



CUPID'S CORNER

This column is a response to requests for a
personal classified section in our news
bulletin. Here is how it works:

To place an ad, write it up! Max. 50 words.
Deadline is the 15th of each month and the ad
will run for two months. We'd like a \$10
donation, if you can afford it. Send a cheque
payable to HepCBC, and mail to HepCBC,
Attn. Joan, #306-620 View Street, Victoria,
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name, tel. number, and address.

To respond to an ad: Place your written
response in a separate, sealed envelope with
nothing on it but the number from the top left
corner of the ad to which you are responding.
Put that envelope inside a second one, along with
your cheque for a donation of \$2, if you can
afford it. Mail to the address above.

Disclaimer: The *hepc.bull* and/or HepCBC cannot
be held responsible for any interaction between parties
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Got Hep C? Single? Visit:

[http://groups.yahoo.com/group/
HepCingles2](http://groups.yahoo.com/group/HepCingles2)

[http://groups.yahoo.com/group/
NewHepSingles/](http://groups.yahoo.com/group/NewHepSingles/)

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: [http://forums.delphiforums.com/
hepatitiscen1/chat](http://forums.delphiforums.com/hepatitiscen1/chat)

TIP OF THE MONTH:

**ASK YOUR PHARMACIST IF
THERE ARE ANY PROBLEMS
WITH YOUR CURRENT MEDS
AND HEP C INFECTION**

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(604) 732-9191 or

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www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca



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595-3892 or info@hepcbc.ca

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to
your local hepatitis C organization.

HEP C WORKSHOPS

Friday, Nov. 20th 2009 HEPATOLOGY NURSE LEADERS WORKSHOP

BC Centre for Disease Control
Holiday Inn Vancouver Center
Vancouver, BC

This workshop is an opportunity for nurses working in the field of viral hepatitis to network and discuss practice issues. This year the workshop will feature learning activities that will address practice issues. Some content examples include:

- Tips for filling out disability forms
- Compensation paperwork for tainted blood
- Coping with mental health issues pre and post treatment
- Preparing for lifestyle adjustments post treatment
- Updates from the hepatology conferences

For more information and registration form:
<http://www.bccdc.ca/resources/educ-evt/default.htm#Events>

December 6-10, 2009 **HEPDART 2009: Frontiers in Viral Hepatitis**

Kohala Coast
Big Island, Hawaii
<http://hepdart.com>



UNABLE TO START TREATMENT FOR HEP C BECAUSE OF LOW PLATELETS?

We are conducting a clinical research trial with a platelet-building investigational medication. Once required levels of platelets are achieved, subjects are started on the pegylated interferon medication of the physician's choice. At that point the subject receives either placebo platelet builder or the active medication. There is no cost to participate and all medications and study visits are provided at no cost. If you are interested please call:

**PerCuro Clinical
Research Ltd.
250-382-6270**

NOTE FROM THE DIRECTOR

Our Annual General Meeting took place on September 23 and we're pleased that it was a success. HepCBC welcomes three new directors to our Board. Douglas, Bruce and Fran will be contributing their knowledge and insights to our organization, and I know we're going to benefit greatly from their input and advice.

There were two other highlights at the AGM: HepCBC President Stephen Farmer's powerful and eloquent report, which we will be publishing in a future *hepc.bull*, and Fran Falconer's amazing presentation on HCV and stigma entitled "Flower Power". Both Stephen and Fran are incredible spokespeople for our community, speaking with such experience and passion. I am looking for opportunities for them to repeat these presentations because everyone should hear their messages. We hope to see more HepCBC members at future events.

Keep watching the *hepc.bull* for event announcements or e-mail us at info@hepcbc.ca for more information on how to get involved!

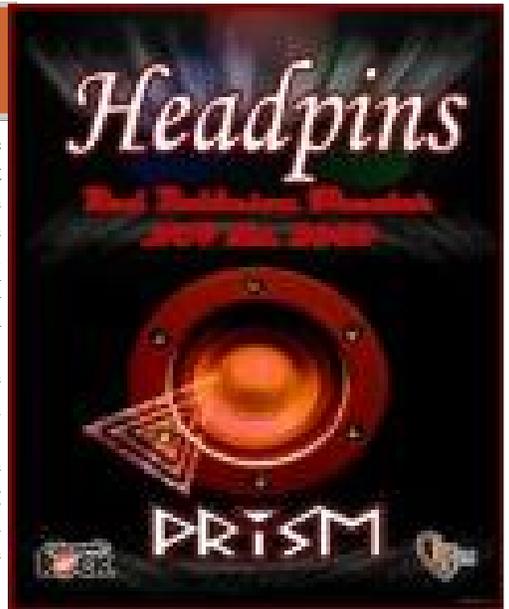
Mary Lucas, MA
Executive Director



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www.adobe.com/products/acrobat/readstep2.html

Just send your email address to info@hepcbc.ca and say, "Send me the email version, please," and you, too, can enjoy this newsletter in glorious colour, free of charge.



Classic Rock 101 and the Happy Liver Society are proud to present: **The Headpins and Prism** A night of amazing Rock 'N Roll at the Red!

WHERE: Red Robinson Show Theatre, Coquitlam, BC

WHEN: Thursday, November 5 @ 8:00 PM

AGE: 19 and over

PRICE: \$34.50 and \$39.50 (+SC)

ABOUT THE EVENT

The Society's goal is to provide temporary accommodation for liver transplant patients and their family members who must travel to Vancouver for a life-saving liver transplant. Liver transplant patients must stay in Vancouver as out-patients for up to three months following their transplant, for post-transplant care.

The Happy Liver Society is raising funds to support Stacey House and promoting awareness of liver disease.



Happy Liver Society



(STATE OF AFFAIRS—Cont'd from p 1)

has focused largely on hepatitis B vaccination programs in the 88 countries that signed onto a viral hepatitis plan. Currently 27% of children worldwide have been vaccinated for hepatitis B. There are no vaccines yet developed for hepatitis C. The World Health Assembly, operated by the WHO, was to consider viral hepatitis at its meeting in May 2009, but the swine flu bumped hepatitis from the agenda, postponing its consideration until the WHO Executive Board meets spring 2010 to hopefully pass a new comprehensive plan for hepatitis B & C. Between 500,000 and 700,000 persons worldwide die annually from viral hepatitis, which is touted as the primary cause of liver cancer.

Joan King has provided a list of Key Advocacy Awareness Messages:

Dispel the myths. The truth:

- ◆ There is no vaccine for hepatitis C.
- ◆ There is no cure for hepatitis C.
- ◆ Hepatitis C does not affect just the liver.
- ◆ Hepatitis C can kill.
- ◆ Hepatitis C affects people from all walks of life; stigma needs to be replaced with empathy and caring

Hepatitis C Medical issues:

- ◆ Support and Protect Canada's public health-care system.
- ◆ Ensure consistent, accessible, affordable, standardized treatment throughout Canada.
- ◆ Search for a cure, not just Band-Aid solutions.
- ◆ Emphasize therapies for Hep C that do not adversely effect mental health and vision.
- ◆ Co-administer Epoetin and Neupogen during Hep C treatment to support the patient's hematology through the full term of therapy.
- ◆ Provide continuing education for doctors.
- ◆ Consult with patients and renowned specialists world-wide
- ◆ Provide universal testing.
- ◆ Increase awareness for implementation of universal precautions (Medical, Dental, Beauticians, Needle Exchange...)
- ◆ Recognize Hep C as an Official Cause of Death.
- ◆ Implement Best Medicines Practices to prevent the spread of Hep C.

Improve Quality of Life:

- ◆ Address how to cope with hepatitis C. (Healthy Choices, Avoiding Toxins...)
- ◆ Provide resources for alternative treatments.
- ◆ Provide economic assistance for dental, vision, home care, drug costs.
- ◆ Provide assistance with disability issues.

Target Special Groups:

- ◆ Provide information for athletes. (Olympics) (steroid and performance enhancers)

Excellent Online Web Resources:

- ◆ Hepatitis C Education & Prevention Society <http://www.hepcbc.ca/>
- ◆ HCV Advocate, for Living Positively, Being Well <http://www.hcvadvocate.org/>
- ◆ World Hepatitis Day, Am I #12? <http://whdcanada.ca/>
- ◆ Public Health Canada <http://www.phac-aspc.gc.ca/hepc/index-eng.php>

Written by: Marjorie Harris HepCURE peer support 1-888-437-2873

(H1N1 VACCINE—Continued from page 1)

undergo the same rigorous FDA manufacturing oversight, product quality testing and lot release procedures that apply to seasonal influenza vaccines."

A world-wide survey done earlier this year showed that more than half of the deaths from swine flu have been those with underlying diseases, mostly in the 20-49 year old group. The most common of these were diabetes and obesity. Hep C wasn't mentioned specifically, but some of the deaths involved those with suppressed immune systems due to conditions such as autoimmune disease, cancer, and organ transplants. Other factors that can cause complications if you get the flu are your age and any other chronic disease.

All medications have benefits and side effects. Hepatitis C is one motive for getting the vaccination. If you have Hep C, but are otherwise healthy, you may just choose to modify your lifestyle (wash your hands often, avoid crowds, etc.) Discuss your situation with your doctor.

Hep C Patients' Point of View

Cheryl R.: As a person going through treatment, I was wondering about whether or not to get an H1N1 vaccine. I've never had a flu shot before, and now, with tons of weird new stuff going through my body, I'm a little reluctant to add one more! Besides, I have a feeling all this powerful interferon I'm taking should kill even the worst swine flu virus. And the potential vaccine side-effects are definitely a consideration. I'm not a healthcare worker nor 'officially' elderly. I don't have heart disease, obesity, or cancer. I don't go out in public to a job every day. When I weigh it all together, I'm inclined to decline the shot and try to avoid H1N1 in other ways (via lifestyle, avoiding crowds [or wearing a mask], and avoiding body/mind stressors such as inclement weather or negative situations/people).

Being on treatment is a special case; those not yet on treatment (healthy or not), on alternative therapies, or are post-treatment and/or post-transplant might approach this from different perspectives. Now I'm feeling even less sure which way to go about an H1N1

shot. Since I'm in the middle of this treatment, I don't want to do something stupid to interfere with my treatment. Dealing with all the side effects seems to take up almost every minute of my day, so I have no time for the flu!

Steve F.: If you are on IFN treatment, check your WBC level, which will tell you if you are immune-suppressed. It is recommended that transplant patients have a flu shot every year. They are free for transplant recipients and for those with Hep C.

Douglas L.: Don't get the flu shot the same day you take your IFN shot! Take a look at this information about the flu prophylactic nutritional supplement "Acetylcysteine" and consult your doctor:

<http://en.wikipedia.org/wiki/Acetylcysteine>

Joan K.: My specialist told me it's usually not dangerous to have a low neutrophil count on treatment. During the 4 times I took treatment, I never got a cold or the flu, but I had the flu shot each year.

Comments from Dr. Frank Anderson's LAIR Clinic

I spoke with Dr. Anderson and his thoughts are not much different from the article you are using. He spoke with Dr. Mel Krajden from BCCDC and was told that anyone over the age of 65 does not require the H1N1 vaccine as they have been exposed to a similar virus in the past. They just need the regular flu shot if they want it. Those who choose to take the H1N1 and the regular flu shot should have the H1N1 first and the regular one a couple of months later. Some think having the regular flu shot makes one more susceptible to the H1N1 virus. Those with hepatitis C are not at an increased risk for the flu, as the immune systems in these patients is turned up, but like your article mentions, there is no harm in taking it. It is really up to the patient as to whether they want the vaccines or not. It is not required, but not contraindicated either. --Lori Lee Walston, RN

Late breaking news (Oct. 21, 2009)

Health Canada approved GSK's H1N1 vaccine today. They recommend that all Canadians over 10 receive one dose of the adjuvanted (boosted) vaccine. Those 6 months to age 10 should receive two ½ doses at least 21 days apart. Vaccines are not approved for babies less than 6 months of age. Pregnant women should get one dose of the adjuvanted vaccine. Preference is given to those more than 20 weeks into pregnancy if the flu rates are high in that area.

Sources: www.hepatitis-central.com/mt/archives/2009/09/should_those_wi.html#
<http://www.canadianmedicineneews.com/2009/10/canada-approves-h1n1-flu-vaccine.html>

IV LINE SYRINGES REUSED TESTING NOT NECESSARY

A Regina, SK safety review found that the risk of infection with a blood-borne disease by reusing syringes in intravenous lines is “statistically negligible.” The assessment was led by Moira McKinnon, Chief Medical Officer, together with experts, who decided it wasn’t necessary to follow up with testing of patients whom they say could not have been infected. The reuse of syringes in IV lines was common before 1997, when Health Canada issued a warning against it. Syringe reuse was reported in the Health Regions of Sun Country, Cypress, Prince Albert, Parkland, Sunrise and Prairie North. In a case in Sun Country, OR anesthetists at Weyburn’s General Hospital injected part of a syringe into an IV line connected to a patient, and then the rest into another IV line.

The report says that the risk of infection from syringe re-use is at most 1 in 1 million. Provincial surveillance is still in place.

See report: [www.health.gov.sk.ca/Concerns?ContactHealthLine: 1-877-800-0002](http://www.health.gov.sk.ca/Concerns?ContactHealthLine:1-877-800-0002)
Source: www.leaderpost.com/news/risk+blood+borne+virus+through+syringes+line/s/2113098/story.html October 15, 2009

FLORIDA: 1851 EXPOSED

1851 cardiac stress patients tested between January 2004 and September 2009 have been warned that they may have been exposed to hepatitis B or C or HIV when it was discovered that a nurse reused saline bags and tubing for IV fluids given during the tests. A patient noticed and phoned the hospital anonymously to report the problem. The nurse admitted she knew that she wasn’t supposed to do that, and was suspended and reported to the Board of Nursing. The patients have been notified to report for testing even if they have no symptoms, and counselling is being offered.

Source: www.thebody.com/content/art53962.html October 06, 2009

HEPATITIS OUTBREAKS: HEALTHCARE FACILITIES

The US Center for Disease Control (CDC) is reviewing healthcare-associated transmission of HCV and HBV between 1998 and 2008, and is finding evidence of neglect of basic infection-control practices at non-hospital settings like outpatient clinics, endoscopy units, long-term care facilities, and dialysis centres. They have found 33 outbreaks during that period. 448 patients were infected. The spread was confirmed by genetic testing. Infection was caused by reuse of syringes and lancing devices, contamination of medication vials by using them for

more than one patient, and lack of hand washing. 60,000 patients were at risk and all of the outbreaks were preventable. More outbreaks are suspected, and because of the financial situation, it is feared that more reuse will take place, costing more in the long run.

Source: http://infectious-diseases.iwatch.org/cgi/content/full/2009/114/1?q=topic_hepatitis January 14, 2009

BRAVO! TATTOO SHOPS CHAMPION TIGHTER CONTROL

A Mississauga tattoo shop chain called Life Ink Tattoos has sent out a health advisory telling people to get blood tests, in hopes that officials will start enforcing stricter regulations. The owner of the chain, Pete St. Marseille, says that some health inspections are actually scheduled with the parlours, and that they should be random.

A Peel Region health official reported that Mississauga’s Moonshin Tattoo clients who got a tattoo or piercing there between March 2005 and last month should get tested, since as many as 3000 people may be at risk of infection due to poor record keeping and little vigilance by public health officials. There is supposed to be a log book of all sterilization performed and every parlour is supposed to do a spore test.

Mr. St. Marseille says he sends his reports in monthly, mops the floors in between clients, and has inspections at least three times a year, as does Snapdragon Tattoo on Christina Street.

Dr. Eileen de Villa, health official of the Peel Region says that the infection risk is low and that the advisory is just a precaution, but admits that Moonshin Tattoo was only inspected twice in the last four years, rather than yearly.

Source: <http://theobserver.ca/ArticleDisplay.aspx?e=1471538>

OTHER NEWS

BEACH BOYS ‘GET TESTED’ CAMPAIGN

David Marks, guitarist of the Beach Boys (a famous 60s rock band, for those of you too young to remember), discovered he had Hep C in 1999, when he received medical attention for a broken rib. Thanks to treatment, he has been undetectable for five years. He had multiple risk factors and admits to experimenting with drugs. He has just begun a campaign in the US called “Get Tested”, to raise awareness of hepatitis C.

<http://www.eveningstar.co.uk/content/eveningstar/news/story.aspx?brand=ESTOnline&category=News&tBrand=ESTOnline&tCategory=xDefault&itemid=IPED19%20Oct%202009%2013%3A08%3A48%3A640> (via Natap)

PROGRESSION

The Canadian government, faced with the class action suits from the tainted blood scandal (’86-’90 victims), needed data to predict progression of the disease and the harm it could cause, so they did a study. The claimants were divided into groups according to their clinical data. The scale of fibrosis was recorded for each patient, and the efficacy of treatment was taken from previous clinical studies. The results at 20 years after the first transfusion showed 10% of all claimants still alive had cirrhosis and 0.5% had liver cancer. For patients without hemophilia the risk of cirrhosis at 20 years is predicted to be 23%, liver cancer, 7%, and liver-related death, 11%. Hemophiliac patients, usually younger and co-infected with HIV, have a higher risk of cirrhosis, liver cancer and liver related death (37%, 12%, and 19%, respectively). Progression rates were lower than what was previously thought. The results of this study are a wonderful resource.

Source: <http://www.ncbi.nlm.nih.gov/pubmed> Apr 27 2009 PMID: 19413692

IS IT WORTH IT TO TREAT?

This long-term follow-up study enrolled 150 patients with a sustained virologic response (SVR). The study lasted 5 years, to note any evidence of relapse. Those with fibrosis state 2 or more on their pre-treatment biopsy were urged to have another biopsy after 4 years of follow-up, and of 128 patients who were still involved, biopsy reports were submitted by 60 of them. 49 of them had their pre-treatment and long-term biopsies rescored blindly. 82% had an improved fibrosis score, and 92% had decreased inflammation. 20% had little damage on their follow-up biopsy. Unfortunately two patients who had cirrhosis before treatment developed liver cancer and one of those died, while all of the others with pre-treatment cirrhosis had improved biopsy scores. None showed conclusive evidence of relapse. Three patients had elevated ALTs, and two of them had new liver disease.

“Patients with cirrhosis pre-treatment are at a low but real risk of HCC after SVR”

Source: www.ncbi.nlm.nih.gov/pubmed/19072828?ordinal_pos=83&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum Hepatology. 2009 Mar;49(3):729-38 PMID: 19072828

MOVING THROUGH THE PITFALLS OF PROCRASTINATION WITH EFT TAPPING

by © Karen Hodson, BA, EFT-ADV EFT Practitioner

This is a regular segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

It is amazing how much energy procrastination can take. If I could just move into quick action rather than avoidance, my life would be so much simpler, and I would get a lot more accomplished. The often unconscious excuses can be elusive, elaborate, straightforward, and of course there is the standard line of “there’s always tomorrow...”

Sitting on the fence takes up enormous amounts of energy, with the constant tug of potential yes/no always pulling. If I add in the guilt and beating myself up for not taking action, I can’t even enjoy the avoidance space I created. The pitfalls of procrastination ends in a lose/lose situation.

I can understand if I procrastinate doing an “undesirable” task, like cleaning out something smelly, even if the end result is positive. However the guilt that comes up is even worse if it’s a positive thing like getting up off my duff and going for a walk in the beautiful sunshine. I know the experience would be wonderfully refreshing, yet I still do not move. Why?

There is some sabotaging emotional belief that keeps me from taking action. With EFT tapping I can dig under the surface to understand what emotion is being triggered, release it and come to a place of truth and understanding. I still have a choice, and I may not go on that walk, but I will have a better understanding why I am not moving, and I can stop beating myself up.

The real truth may not be what I expected. I might just need to rest because I am too exhausted to move. I may go for that walk, but not at this moment, and I can set a more appropriate time that works. If I am overwhelmed with too many things to do, I can choose to complete only three from my list and let go of the rest. If more items are ticked off, it’s a bonus. I can negotiate with myself without the pressure of guilt. I can make peace with my procrastination and use it as a tool for awareness and understanding, rather than a club to beat with.

Here is what an EFT tapping session on moving out the pitfalls of procrastination would look like:

(See www.pivotpoint4u.com for tapping points and a full description of EFT)

Tap the Karate Chop (side of the hand) the Set-up Phrase (repeated up to 3 times), then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm, liver point) and repeat for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

Karate Chop Set-up:

“Even though I am a procrastinator, I deeply and completely love and accept myself.”

Tapping a phrase on each point:

I keep procrastinating; I am not getting anything done; I am so lazy; Everyone else completes their tasks; All this avoidance; I feel so bad that I am just sitting here; I don’t have what it takes; It will never get finished; I don’t deserve to relax.

Karate Chop Set-up:

“Even though I have all this procrastination guilt, I deeply and profoundly love and accept that avoiding part of me anyway.”

Tapping a phrase on each point:

I just can’t move; What if I can get it right?; I am not supposed to sit around; What if it is OK just to be?; I am not worthy; All these old beliefs keep me stuck; I allow new beliefs to support me; I feel trapped; I choose to have inner peace.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present, the following positive phrases can be introduced until it feels complete.

Tapping a Positive Phrase on each point:

I choose to trust; I release those old fears; I feel so peaceful; I love this feeling of freedom; I am compassionate to me; I allow my truth to set me free; It is safe to just be; I embrace the silence; I allow it to be OK to rest.

There are many pitfalls to procrastination and we have all experienced some of the unpleasant results from not taking appropriate action. Sometimes I even need to tap that I am procrastinating doing my tapping. It is also a fine balance between avoiding doing something and avoiding the need for stillness.

If guilt comes up for feeling that you are wasting time, then tap until you get to a neutral space. It may be that action needs to take place, and understanding and releasing

the sabotaging emotional issues being triggered will help get you moving. It may also mean that it is OK to give yourself permission to just be. It is the silence that allows the mind and body to replenish. Sometimes rest and relaxation is what the soul needs before going out again into the world. EFT tapping can help to release the old beliefs that “doing nothing” is wrong. The trick is to know the difference and allow the truth to lead you in the right direction you need to go, which is the path of inner peace.

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information:

(604) 913-3060 pivotpoint4u@gmail.com

ROASTED AUTUMN VEGETABLE SOUP

- 1 large onion, in large chunks
- 4 large carrots cut into chunks
- 6 medium parsnips cut into chunks
- 4 C winter squash, cubed
- 2 sprays cooking spray
- 3 C fat-free chicken broth
- 1/2 C fat-free evaporated milk
- 1/8 tsp. table salt, or to taste
- 1/8 tsp. black pepper, or to taste



Instructions:

Preheat oven to 400 F.

In a large roasting pan combine onion, carrots, parsnips and squash; coat with cooking spray. (Spray outside and hold your breath.)

Roast for 15 minutes.

Place vegetables in a large pot; add broth and milk.

Cook for 10 minutes to combine flavours.

Blend until smooth.

(Note: Add more water or broth to achieve desired thickness.)

Yields about 1 1/2 cups per serving.

Source:

www.weightwatchers.ca/food/rcp/index.aspx?recipeid=91691



DEAR EDITOR

Just a refresher of who I am, as I know you are probably in contact with a lot of people as we haven't chatted for quite sometime now. I was planning to start the treatment in January 2008 and got in contact with Gordon from the Liver Foundation. He referred me to you for support. I spoke with you back in December of 2007, to gain some sort of understanding and knowledge about what I was about to endure while on the one-year treatment.

It was the most difficult year I have ever endured and embraced. I had some complications as bronchial infections, extreme fatigue, insomnia, etc., etc. I made it through the entire year with a lot of prayer, love, and faith. I waited patiently for my 6-month post-treatment results due in July of 2009. I found out that I was hepatitis C free, as in cured.

That was an day of celebration and freedom for me. I have been in the celebration mode since I heard the amazing news, "**You are cured from the hepatitis C virus.**" I wanted to share my wonderful news with you and many others that need words of hope and encouragement. I wanted to say thank you to you for all your good support and encouragement to help others fight the good fight against hepatitis C. Great job!

If you like, you have my permission to post my good news regards to my cure for the upcoming newsletter, as I want others to be encouraged and hopeful. Thanks again! I wish you all the best in all your future endeavours and health!

Take Care! God Bless You.

-- DSC

METHADONE ANONYMOUS Support Group

Every Thursday

Starting Oct 1st

1:30-2:30

421 ST PAUL STREET

CORNER OF 4TH AND ST PAUL ST
DOWN TOWN KAMLOOPS, BC



COME DOWN AND SUPPORT EACH OTHER
ON THE ROAD TO RECOVERY

PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment they might have, whether through their provincial coverage (i.e., Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.



COMPENSATION

LAW FIRMS

1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688

Pre-1986/ Post-1990

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/class/settled/hepc/

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca/cms/index.php?page=108

Roy Elliott
Roy Elliott Kim O'Connor LLP.
hepc@reko.ca www.reko.ca/html/hepatitisc.html

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 - 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

Canadian Blood Services Lookback/Traceback & Info Line: 1-888-462-4056

Lookback Programs, Canada: 1-800-668-2866

Canadian Blood Services, Vancouver, BC

1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:

1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

1-800-701-7803 ext 4480 (Irene)

Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline

1-888-530-1111 or 1-905-953-7388

Mon-Fri 7 AM-10 PM EST

345 Harry Walker Parkway, South Newmarket, ON L3Y

8P6 Fax: 1-905-953-7747

CLASS ACTION/ COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296

Health Canada Compensation Line: 1-888-780-1111

Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764 HepatitisC@kpmg.ca

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944

www.hepc8690.com info@hepc8690.com

www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361

preposthepc@crawco.ca

www.pre86post90settlement.ca

Settlement Agreement: http://www.reko.ca/html/hepc_settlement.pdf

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact 1-888-437-2873 Phone support.

AIDS Vancouver Island The following groups provide HCV info, harm reduction, support, education and more:

♦ **Campbell River:** Drop in, 1371 C - Cedar St. Contact 250-830-0787 leanne.cunningham@avi.org

♦ **Comox Valley** Drop in, needle exchange. 355 6th St. Courtenay. Contact Sarah 250-338-7400 sarah.sullivan@avi.org

♦ **Nanaimo** Contact Anita 250-753-2437 anita.rosewall@avi.org

♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shorncliffe Rd. Contact Tom, 250-949-0432 tom.fenton@avi.org.

♦ **Victoria** Drop in, disability applications. 1601 Blanshard St., 250-384-2366 info@avi.org

Boundary HCV Support and Education Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Burnaby HCV Support Contact Beverly at 604-435-3717 batlas@telus.net

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-l-attig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca

♦ **Victoria** Peer Support: 4th Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Drop-in/Office/Library, 306-620 View St. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-3891

♦ **Fraser Valley** Support/info 604-576-2022

Kamloops AIDS Society of Kamloops (ASK Wellness Centre) HIV/HEPC Peer Support Group each Thurs. 11-2 PM, 433 Tranquille Rd. Support/Referral. info@askwellness.ca 250-376-7558 1-800-661-7541 www.askwellness.ca

Kamloops Hep C support group, 2nd and 4th Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cherri 250-376-1296 Fax 250-376-2275

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriselev@shaw.ca, Lisa 1-866-637-5144. ljmortell@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM (Location to be arranged.) Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Peer Support Group 1st & 3rd Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. hepcxpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Diane Morrissette, 604-525-3790 before 9 PM. dmorrissette@excite.com

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Rosemary rosemary.moran@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Ilse 250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) 250-295-4442

Prince Rupert Hep C Support Contact: Dolly 250-627-7942 hepcprince-rupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

Smithers: Positive Living North West Contact the Prince George group, please.

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061 vandu.org www.vandu.org

Vancouver Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support Group Contact 604-454-1347 or 778-898-7211, or call 604-522-1714 (Shelley), 604-454-1347 (Terry), to talk or meet for coffee.

Vernon telephone buddy, M-F 10-6 Call Peter, Tel. 250-308-7756

YouthCO AIDS Society HepCATS 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com www.creativeintensity.com/smking/ <http://health.groups.yahoo.com/group/CANHepC/>

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St. Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman 519-967-0490 or hepcnetwork@gmail.com. <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Waterloo Menonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support. Contact Debby Minielly dminielly@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, www.publichealthgreybruce.on.ca/

Peel Region (Brampton, Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194 jcolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie 705-522-5156, hepc.support@persona.ca or Monique 705-691-4507.

Toronto CLF First Mon. monthly Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@liver.ca

Thunder Bay Hep C support. Contact Sarah Tycholiz 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users Nationally

undun@sympatico.ca

York Region Hepatitis C Education Group 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 info@hepcyorkregion.org www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307 reneeaurio@hotmail.com

ATLANTIC PROVINCES:

Halifax, NS Hepatitis Outreach Society Support. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 program@hepatitisoutreach.com. www.hepatitisoutreach.com

PRAIRIE PROVINCES:

Edmonton Contact Jackie Neufeld 780-939-3379.

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 wbhas@telus.net www.wbhas.ca

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone is welcome. Contact Kirk 204-772-8925 info@mbhepc.org www.mbhepc.org

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

STAYING HEALTHY

- ♦ Control your weight
- ♦ Exercise—even a little
- ♦ Eat your veggies
- ♦ Avoid toxins

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month. It's free!

ADVERSE EVENTS

Report problems with medical products, product use errors, quality problems and serious adverse events. www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm