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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

SEXUAL TRANSMISSION

Is HCV transmitted sexually? The answer is not as clear as we would like. Transmission in monogamous, heterosexual couples is considered to be 3% or less. There have been outbreaks of HCV in mostly HIV-infected males who engage in homosexual sex (MSM or Men who have Sex with Men) in Europe, but not in the US.

There was an article in the May 2007 HIV Medicine that reported 352 cases of HCV acquired in the previous 3 years in MSM examined between 2002 and 2006 a 20% increase during that period. Another study in the May 11, 2007 issue of AIDS reported 111 such MSM cases, and investigated to see if the virus strains were related. 7 clusters were identified, all within the HIV population. The HCV was associated with sexual transmission risk factors rather than IVDU. Risk factors were the number of sex partners, risky sexual practices, sharing of drugs nasally or anally, and group sex, which was the best predictor of HCV infection, especially when combined with high-risk practices.

In the US study, the only predictor of HIV/HCV co-infection was IVDU. A report in the June 1, 2007 Journal of Infectious Diseases concluded, "Our results are consistent with prior research indicating that sexual contact plays little role in HCV transmission." (www.hivandhepatitis.com/hiv_hcv_co_inf/2007/050107_a.html)

Practicing safer sex is always a good idea for people with multiple partners. People who engage in high-risk sexual behaviour have a greater risk of contracting STDs which can cause open sores and lesions. Open sores and lesions mean a greater risk of blood to blood contact and a higher risk of contracting hepatitis C. If you have herpes, you are at a greater risk of catching hepatitis C. It might be possible that HCV piggybacks on the genital herpes virus through genital lesions. If you have multiple partners, use condoms. People with acute HCV, or with compromised immune systems, should be more careful as these conditions can raise the

level of virus in the bloodstream, and can mean a greater risk of infection. Sex during the menstrual period should be avoided, because of the blood in menstrual fluid.

A report from Health Canada, "*Hepatitis C Prevention and Control: A Public Health Consensus*," June 1999, p.6, recommends that:

- ◆ People with multiple partners should practice safer sex.
- ◆ Longstanding sexual partners do not need to change sexual practices if one of them is found to be infected with hepatitis C

"Hepatitis C virus is linked with existing hepatitis B virus and HIV infection and oral-genital transmission."

Hepatitis C can be spread through anal or even oral sex rarely, but it is much more common if the person is co-infected with HBV or HIV. (www.medscape.com/viewarticle/580034 Sept. 4, 2008)

[Reprinted from Peppermint Patti's FAQ v.8.3]



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WHERE ARE THE HEP C COCKTAILS?

The pharmaceutical companies are taking part in a race to bring the best Hep C drug to market. According to an article on the Forbes blog last November, Wall Street believes that Vertex has a new product similar to Merck's new drug, but that Vertex's seems to work a bit better and that it should sell better. Both companies presented data at a recent conference, and await FDA approval. Merck's Boceprevir is the only drug that has shown to enable previous non-responders to take a shorter therapy regime. (Both drugs can be effective with short treatment in treatment-naïve patients.) Vertex is convinced that Telaprevir shows the best results, boasting a cure rate of up to 75%. Both companies are trying to cure the most difficult patients: the previous null-responders. Vertex says that Merck's idea of a null-responder doesn't fit the standard definition. Unfortunately, both drugs will still have to be paired with interferon, which has side-effects that many patients can't tolerate.

AIDS patients seem to have better treatments—"cocktails" of drugs that target the virus directly, keeping the HIV under control for long periods of time. There is still no such cocktail for Hep C that doesn't need interferon. Apparently the flatness of the Hep C protease makes it a hard target, and the direct antivirals are just emerging. Another problem is that HCV generates 1 trillion new viruses daily, making a lot of mistakes when it does this, and generating mutations that may be resistant to the new antiviral drugs. A cocktail may work for a while, but the resistant viruses could take over. That's where the interferon can help, and will be needed until there is a strong enough antiviral cocktail to deal with the mutations.

Source: <http://blogs.forbes.com/robertlangreth/2010/11/02/why-arent-there-aids-style-cocktails-for-hepatitis-c/?boxes=businesschannelsections> Nov. 2 2010



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(Note: The *hepc.bull* is mailed with no reference
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The *hepc.bull* welcomes and encourages
letters to the editor. When writing to us,
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FAQ version 8.3

Peppermint Patti's **FAQ Version 8.3**
is **NOW AVAILABLE**, Version 8 is
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available in SPANISH. The ENGLISH
version includes treatment information
and research from 2009. Place your
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the slide presentations developed by Alan
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your health practitioner before considering any therapy or therapy
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those of the editors, of HepCBC or of any other group.

REPRINTS

Past articles are available at a low cost in hard
copy and on CD ROM. For a list of articles and
prices, write to HepCBC.

THANKS!!

HepCBC thanks the following
institutions and individuals for their
generosity: The late John Crooks, A-
Channel News, The Ocean, JackFM,
Community Living Victoria, Provincial
Employees Community Services Fund, Dr.
C. D. Mazoff, Lorie FitzGerald, Chris
Foster, Judith Fry, United Way, and the
newsletter team: Beverly Atlas, Diana
Ludgate, Alp, Judy Klassen, and S. J.

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Heartfelt thanks to Blackwell Science for a
subscription renewal to gastrohep.com.

Special thanks to Thrifty Foods for
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these stores: Greater Victoria: Quadra,
Cloverdale, Hillside Mall, Tuscany,
Broadmead, Fairfield, James Bay, Admirals
Walk, Colwood, Central Saanich, and
Sidney. Lower Mainland: Tsawwassen,
Coquitlam, Port Moody. Also: Salt Spring
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
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name, telephone number, and address.

To respond to an ad: Place your written
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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
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brought about by this column.*

TIP OF THE MONTH: STARTING TREATMENT?

**SIGN UP WITH FAIR
PHARMACARE:**
[www.healthservices.gov.bc.ca/
pharme/plani/planiinfo.html](http://www.healthservices.gov.bc.ca/pharme/plani/planiinfo.html)

Got Hep C? Single? Visit:

<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/

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

Why does opening my fridge door sometimes feel like “An Inconvenient Truth”? Well, it’s complicated.

Al Gore’s movie *An Inconvenient Truth* summarizes years of technical work by scientists in 100 short minutes. To put it mildly, this can be somewhat overwhelming to a science newbie. Similarly, when I open my fridge door it is easy to feel the tasks necessary to long term survival are burdened with pedantic philosophy. Reading the news on the latest scientific study always seems to contradict the last thing I learned. Add the marketing claims of more organic, less fat, or extra light versions that overwhelm the brain with thoughts of natural consequences. The idea of thinking global and acting local on every issue can overpower a person who has a disease noted to include apathy, anxiety, and depression as symptoms!

But no, when a person is hungry the tasks of cooking require the same degree of forethought and preparation, regardless of how active the side effects of hepatitis C virus (HCV) are. Add the cooking and diet complications into a late day brain fog and what you have is a heaping serving of stress with fatigue as a side dish--or an empty basket when one leaves the food store. But alas! It should not be so! With a bit of informed planning we can prep food that is economical, easy to make, and rich in the nutrients plus the antioxidants that we need--choices that make us better able to function joyfully under the burden of disease.

It has been my experience that a combination of antioxidants with essential fatty acids in the diet will reduce fatigue. Some studies suggest this as well. However, in order for this to be accepted into scientific evidence it takes three independent studies before scientific theory is accepted into practice. In his book *The Trouble with Medical Journals*, Richard Smith discusses many difficulties with publishing scientific research. I would be amiss to not confess I am not entirely qualified to translate most technical science I read, if indeed I can find access to an entire study to read it in full text. Having said this, it is apparent, from reading some discussions with scientists, that a combination of common, easily accessed antioxidants can provide extraordinary benefits that are difficult to document scientifically.

Oxygen Radical Absorption Capacity (ORAC) is a term used for the potential of antioxidants, although the full potential in a food may not be absorbed into the body. One food group that is a powerhouse in ORAC is

beans. They are relatively affordable and a staple in third world diets. However beans can be dangerous when cooked only in a slow cooker as it takes ten minutes at a rapid boil to break down a natural toxin they contain. This toxin is phytohaemagglutinin, a lectin which binds the sugars together in the bean, particularly kidney and cannelloni beans. You should not cook beans in the soaking water for this reason. Change the soaking water a couple of times to help reduce the simple carbohydrates as well. Some cooks boil beans for two minutes and let them sit for an hour before rinsing to cook; others don’t soak. These may be troublesome details perhaps, however home-cooked beans have taste rewards not realized from canned ones.

HCV lives in the gut tissue in some people, so it is little wonder we claim irritable bowel syndrome as a side effect of HCV. A product called Beano may help with flatulence as you introduce beans to your diet. If you still have problems with gas, avoid the pink beans and instead use those with the lowest carbohydrates like garbanzo or black beans. They are a vital source of folic acid, iron, fiber, isoflavones and micronutrients. Cacao beans are the source for cocoa, and can be found in bean or nib form in health food stores They take the mean bean prize for the highest level ORAC count. They add a meaty bitterness to a mole [*pronounced MO-lay*], a Mexican sauce. In a chili I like to add nibs early with onions and oil for a longer cooking time, using a half cup maximum to four cups sauce.

Not well-adopted in western culture, the soya bean outstrips wheat and rice in nourishment with as much as 35% complete protein which is a rare trait for a vegetable to have; complete amino acid balances. The dried soya bean is 20% oil. By cooking the conventional way they are tough, bitter and indigestible unless cooked green and in the pod as edamame. Tempeh, miso, tofu, and soy milk are all derived from beans but soya sauce also uses fermented wheat, unless you choose tamari. Soya contains isoflavones which are believed to moderate allergens, inflammation, viruses, and carcinogens.

In the story *Jack and the Beanstalk*, young Jack is sent off to market to sell the family cow but returns home with mere beans for his barter. The discarded beans turn out to have magic as they grow up to the sky; he climbs the beanstalk to encoun-

ter a sleeping giant who guards the treasures Jack will win. Meanwhile, the phone in the office of HepCBC rings with a call from another person who has unknowingly had indolent hepatitis C progressing for many years and now does not have the resources to feed her family. I am struck in wonder as to how we can sit idle in a rich, resourceful and advanced society while people worry themselves sick in hunger. We need to look and learn from the way England and France have outwitted their sleeping giants. Otherwise all our affluence won’t really mean beans.

Sources:

[The Trouble with Medical Journals. Richard Smith. Royal Society of Medicine, 2006.](http://www.amazon.com/Trouble-Medical-Journals-Richard-Smith/)

http://www.amazon.com/Trouble-Medical-Journals-Richard-Smith/dp/1853156736#reader_1853156736

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1383755/>

[Lipid Replacement and Antioxidant Nutritional Therapy for Restoring Mitochondrial Function and Reducing Fatigue in Chronic Fatigue Syndrome and other Fatiguing Illnesses* Garth L. Nicolson, Ph.D. and Rita Ellithorpe, M.D. Journal of Chronic Fatigue Syndrome 2006; 13\(1\): 57-68.](http://www.immed.org/publications/Nicolson_EllithorpeJCFs_copy.pdf)

http://www.immed.org/publications/Nicolson_EllithorpeJCFs_copy.pdf

*Soak for 8 -12 hours (at room temperature) unless marked with an asterisk **

Boil beans rapidly for 10 minutes minimum

Bean	Approximate cooking time	In pressure cooker
Azuki /sm red beans	45 minutes	15 minutes
Black beans	1 hour	20 minutes
Black-eyed beans	50 minutes	15 minutes
Borlotti/cranberry beans	1½ hours	40 minutes
Broad beans	1½ hours	40 minutes
Butter or Lima beans	1½ hours	20 minutes
Cacao beans*	Available raw	
Cannellini beans	50-75 mins	15 minutes
Chickpeas/garbanzos	1½ hours	30 minutes
Flageolet beans	50 minutes	20 minutes
Haricot beans	50 minutes	20 minutes
Mung beans	30 minutes	15 minutes
Mung dal*	30 minutes	-
Navy beans	30-40 minutes	15 minutes
Pigeon peas/gunga	45 minutes	15 minutes
Toor dal*	30 minutes	-
Pinto beans	50 minutes	15 minutes
Red kidney beans	50-75 mins	5-20 mins
Rosecoco or sugar beans	50 minutes	20 minutes
Soy beans	2½ hours	50 minutes
Whole green peas	1 ½ hours	30 minutes
Split peas*	45 minutes	-
Whole lentils*	45 minutes	15 minutes
Split lentils*	20 minutes	-
Urad dal*	30 minutes	-



(Updated from our Feb. 2007 issue.)

Dear Editor:

"I have had chances to get close to someone of the opposite sex on a personal basis, but I have never gotten involved, as I don't know if I could tell someone about it. I can't imagine not telling someone, if I got involved."

—James

Dear James:

There is an excellent Fact Sheet at www.hcvadvocate.org/hepatitis/factsheets_pdf/Disclosure%20Guide%2010.pdf which discusses whom you should tell, what you might say, when and where, and possible outcomes. Here are some good conversation openers:

- ♦ "I have something I'd like to discuss with you. Last year I found out that I have hepatitis C. Can we talk about it now?"
- ♦ "I feel as though we are really starting to get to know each other and I would like to tell you something personal. I have a virus called hepatitis C. Do you know much about it?"
- ♦ "I feel our relationship is strong and that I can tell you anything. I found out recently that I have hepatitis C."

Have HepCBC's pamphlet "Hep C and Sex" on hand, along with other information. www.hepcbc.ca/pamphlets.htm

Dear Editor:

"I don't have Hep C, but my partner does. I am worried about having a baby. Could I get infected? Could our baby be infected?"

—Elena

Dear Elena,

You cannot infect your baby if you are not infected.

I suggest that couples go with the decision of the non-infected party about protection during sex. Sexual transmission is very rare, and only happens if there is contact with blood, as far as we know. Theoretically, it could happen. Sperm, in about 12% of cases, contains HCV, and sperm donors, for example, are not accepted if they are HCV+.

Having said that, I was married the first time for 5 years, and the second, for 20 years. I have been with my boyfriend for 8 years. None of them contracted HCV, nor did my two children, and I unwittingly shared personal items with the first two, such as razors and nail clippers. I have many friends who share this experience, and I have heard of very few cases of mother-to-child transmission.

Studies have been done on artificial insemination and I haven't been able to find any proven case of transmission of HCV by that method. I wish someone would do a serious investigation.

It is possible for you two to have a baby by means of artificial insemination, if you are still worried. The sperm can be "washed". This is done in cases of fathers with HIV. It is also possible for your husband to get treated now, in hopes he will get rid of the virus. Do NOT try to get pregnant until 6 months after finishing treatment!

The truth is that we are all susceptible to hepatitis C, any time we have a break in our skin or tissues. More than a little bit of the virus is probably necessary to cause infection, because a strong immune system should take care of the small amounts of the virus. Our best defense besides avoiding exposure to blood is keeping our immune system strong, and staying as healthy as possible. Make sure you and your partner are monogamous, and have no open sores if you choose to have unprotected sex. My opinion? (It might be different if you were the one infected) Please have your baby! [Note: Transmission from an HCV+ mother to baby is around 5 %, depending on viral load, etc.]

More info:

- <http://humrep.oxfordjournals.org/cgi/content/full/15/5/1083>
- www.nature.com/labinvest/journal/v81/n3/full/3780234a.html
- www.hepatitis-central.com/hcv/hepatitis/consensusstatement99.html
- www.phac-aspc.gc.ca/hepc/hepatitis_c/pdf/careGuideWomen/access.html
- <http://humupd.oxfordjournals.org/cgi/content/abstract/6/5/432>

Dear Editor:

"I took peg-IFN for 6 months, since I am genotype 3, and was undetectable after finishing the meds. It has been almost 4 years now. Am I still contagious? I haven't dated in 4 years, because I cannot get a decent answer about this. Can you tell me?"

—Sandra

Dear Sandra,

If your PCR results are negative 6 months after finishing treatment, you have no virus in your blood and cannot give it to anyone else who comes in contact with it. The doctor will usually test again 1 year after finishing treatment. If you are still negative, the virus rarely re-appears after that. This is essentially a cure. Congratulations!

www.medhelp.org/forums/hepatitis/messages/30236a.html

[From Peppermint Patti's FAQ version 8.4]

Statistics from several studies seem to agree that among genotype 1 patients receiving pegylated interferon and ribavirin or Albuferon and ribavirin, about 40 to 50% will achieve SVR. The numbers are higher for genotype 2 and 3, at over 80% SVR.

Cirrhotic patients as a group do not usually achieve the same percentage of SVR as non-cirrhotic patients, although if the patient is cirrhotic and a rapid viral responder, then chances of SVR are improved

According to interim results from a Japanese study, those who achieve a sustained response to IFN can maintain it for 12 years or longer. Most, however, still have inflammation, and 11% developed liver cancer. (Tsuda N, et al., *J Med Virol* 2004 Nov;74(3):406-13)

"In our 215 patients with chronic hepatitis C and SVR, evaluated up to 10 years after treatment cessation, none demonstrated late relapse. HCV-RNA was detectable, by a very sensitive assay (TMA), in PBMCs (peripheral blood mononuclear cells), in 1 patient. HCV antibody titers showed a marked decrease. These results demonstrate a durable response to IFN alfa 2b or PEG-IFN alfa-2b + ribavirin and indicate that SVR is associated with HCV eradication." (58th Annual Meeting of the American Association for the Study of Liver Diseases (AASLD) Abstract 238 Nov 2007)

The word "cure" is still controversial. A study was done in France, and the results were presented at the EASL conference in Italy in April of this year. 278 patients who had an SVR (Sustained Viral Response) were followed from 6 months to 17 years. They were tested for HCV-RNA in their blood serum yearly, and all remained undetectable (1050 samples). None of the 71 patients tested showed HCV in PBMCs and none of the 38 patients who provided liver samples showed the presence of virus, either. Antibodies were tested in 142 of the patients, and they decreased from an average of 93+21 IU per ml before treatment to 45+21 IU per ml in the last sample given. The stage of fibrosis noticed in the 92 patients with before-and-after-treatment biopsies showed 57% improving, 32% remaining stable, and 11% getting worse. Cirrhosis regression was seen in 70% of the patients. The study indicates that "SVR is associated with HCV eradication and progressive decrease of anti-HCV." (www.natap.org/2008/EASL/EASL_77.htm)

Some researchers at Memorial University, Newfoundland, reported, in a study published in the May 2009 issue of *Hepatology*, that even though patients have an SVR (Sustained Viral Response) to treatment—no

(Continued on page 6)



WARNINGS

PEGASYS ALCOHOL PADS RECALLED

On January 13, 2011 Genentech recalled its alcohol prep pads, alcohol swabs, and alcohol swabsticks made by Triad in the US. This may affect those taking Pegasys, since the prep pads are included in the package. There are worries about possible contamination with the bacteria *Bacillus cereus*, in pads labelled either sterile or non-sterile. The contaminated products could lead to infections especially dangerous in immunocompromised patients. The Pegasys and other medicines involved are NOT contaminated, but another prep pad, or sterile gauze and isopropyl alcohol should be used for injection site disinfection.

Further information about the recall can be found at www.fda.gov/Safety/Recalls/ucm239219.htm

www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm239319.htm.

Patients: Consult your healthcare provider for further information.

Healthcare workers: Questions? Call 1-877-436-3683 between 6 AM and 5 PM, PST.

Canadian Info:

<http://calgary.ctv.ca/servlet/an/local/>

CTVNews/20110111/

[CGY_alcohol_swabs_110111/20110111/?](http://CGY_alcohol_swabs_110111/20110111/?hub=CalgaryHome)

hub=CalgaryHome

PRESCRIPTION TYLENOL DOSE LIMITED

The US FDA has asked pharmaceutical companies to limit the amount of Acetaminophen (Tylenol) in their prescription products to 325 mg per dose. They find especially worrisome the products combined with opioids because there is a higher risk of liver damage. A warning will be added to the labels of these products, mentioning symptoms of allergic reactions such as swelling of the throat, face or mouth, breathing problems, rash or itching. The changes will take place over the next 3 years. The FDA is asking healthcare workers to warn their clients to limit their daily dose to 4 grams a day and not drink alcohol with acetaminophen. There is no immediate danger for patients taking these combined medications, and they should be taken as directed by their doctors. (13 January, 2011)

More info:

www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm239955.htm

HEP C AND ME: THE INCREDIBLE JOURNEY!

by Petra Hoffmann



I AM CURED, I AM CURED, I AM CURED!!!

That is right, ladies and gentlemen, boys and girls! I wish I could share this news with my family, but my family, it turns out, are my friends, and you, my audience. For those of you who have been following me, I thank you for all of your praise and support. I could not do it without each and every one of you.

I realize and feel so very blessed to be the rare person who can say the words: I AM CURED. And yes, guys, that is indeed the word they use these days. Both my specialist and my general practitioner used the word "CURED." The first time I heard reference to it, was about a year ago at one of our support group meetings, when Dr. Frank Anderson used the term. Many of you, I realize now, have not heard it used before. Rest assured, then, that it can happen to you as well. I am grateful; I am so very grateful. The overall success rate from all the materials I have been able to pull together shows that only 45-50% of all people with hepatitis C who opt for treatment end up getting "cured." It is so low in fact that in a strange sense I almost feel guilty that it is me, and not, say, Janet, who was lucky enough to end up with these results.

What I have learned, and what I instinctively know, is that it is important when on treatment to take it everyday at the same times. Personally, what I did, is set myself alarm clocks on my cell phone, so that I would never forget to take my medications on time. It is also said, and I have heard this over and over again, that the people who get the sickest on treatment, have a better chance of clearing the virus.

Having this horrible disease has been the best thing that could happen to me, and I know that may sound strange. To me, it makes sense though, because I now have a greater respect and love for life, and greater respect and love for my fellow man, a gentler, more forgiving spirit and soul. And let's not forget, being sick slowed me down enough to find my true passion in art. I had gone through my prior existence, saying to people, "I do not have an artistic bone in my body," and that is what I have always truly believed. Prior to taking ill, I would

not have even taken the time to pick up supplies to do the "work," before. I therefore am beginning to believe with all of my heart and soul that there really is a reason for everything.

The only thing that still continues to leave my heart heavy is that fact that I have had to make a very difficult decision to let go of my immediate family members (other than my own daughter), for they still blame me for telling all of you "our family secret." I tried desperately to explain that I meant them no harm, and that it was not their secret to hold, but my own. It is I who bears the scars of stigma, and that I did not intend, by coming forward, to impact their personal or professional lives. For that I am sorry, but hold hope everyday that one day they, too, will understand, and one day they will not be so terribly ashamed of me, so much so as to try to sweep me under the rug. All things in their own time, I suppose. I think that 2011 is going to be Heaven, and with that thought in mind, I will say, "See you next month!"

Please come and follow my journey on:

<http://www.youtube.com/petrabilities>

and visit

<http://www.mirrormirroronyourwall.com/>

ICED CHOCOLATE MOUSSE

4 eggs
1/2 C. sugar
4 squares sweet chocolate (4 oz.)
4 T. water
1/4 C. heavy cream



Whip cream
& grated chocolate

Separate eggs. Beat yolks with sugar until thick and creamy.

In saucepan, melt choc. in 4 T. water.

Stir into egg mixture.

Whip cream & fold into mixture.

Beat egg whites & fold into mixture.

Pour into individual goblets & freeze for 4 hours.

Before serving, top with whip cream & grated chocolate.

Makes four servings



Hep C Sites on facebook



FIGHT Against Hepatitis C

<http://www.facebook.com/pages/Victoria-BC/>



<http://bit.ly/9Nvlw3>



Transplant Support Group of British Columbia

You can join the Facebook group by putting "Transplant Support Group of British Columbia" in your browser or by using this URL: <http://www.facebook.com/group.php?gid=311699175404&ref=share>

twitter

Hey there! **hepcbc** is using Twitter.
Twitter is a free service that lets you keep in touch with people through the exchange of quick, frequent answers to one simple question: What's happening? Join today to start receiving **hepcbc's** tweets.

<http://twitter.com/hepcbc>



I have been working on my peer support Wendy's Wellness Website and wanted to offer everyone a safe place to get together.

This is the link to my post, offering a secure place to blog about Hep C health. I hope to connect with anyone interested in sharing how we cope and manage our health challenges.

Please pass this along to anyone out there who would like a safe place to blog.

<http://wendyswellness.ca/>

HEPCBC LIVER WARRIORS HALF-MARATHON WALKING TEAM

On Sunday, October 9, 2011 in Victoria, BC, join the HepCBC "Liver Warriors" and participate in the Victoria Marathon. We will walk 21.1 km in 6 hours (or less) to publicize the benefits of exercise such as walking, particularly to those with liver disease.

If you are interested in training with this team or participating in this walk, go to www.runvictoriamarathon.com/events/register.php. Be sure to select "Half-Marathon" and "Open" and "Hep C BC Liver Warriors" as your team. You must pay a \$64.86 registration fee with a credit card. You don't have to pledge anything else—only that you'll WALK with a SMILE!



Phone Cheryl at 250-360-4068 if you need help with registration or require lodging in Victoria.

If you want to join the full (42.2 km) running marathon, please phone Rachel at 250-853-3424.

See you there!

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Shawna Farmer
BA, MPA, MA (ALS)

2031 Olympic Place, Sooke, BC V9Z 1E1 | 250-642-6778
www.farmernotary.com | farmernotary@shaw.ca | 250-995-0070

Office & Mobile Appointments
Wills • Powers of Attorney • Real Estate Transfers • Mortgages • Contracts

COMPETITION!

HepCBC needs writers for the *hepcbull*, and will pay \$50.00 for a featured article. The article should be original, 500 to 800 words, and be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of Hep C, or a call for action. Submissions must be in by the 15th of next month, **stating interest in receiving the bonus**. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

(IS IT WORTH IT?—Continued from page 4)

detectable virus in their blood—more sensitive tests are finding that some of them still have tiny amounts of virus. No one knows if they are still contagious. The researchers studied 9 patients with SVR and detected HCV only with the most sensitive tests. Then they took T cells from 12 healthy volunteers and exposed the cells to the HCV samples taken from the patients declared to have SVR. 11 of the samples became HCV+. Replication of the virus was caused by samples from 3 of the 9 patients with SVR. The researchers concluded, "These findings provide in vitro evidence that trace quantities of HCV persisting in the circulation for a long time after therapeutically induced resolution of CHC can remain infectious," and concluded, "This can be interpreted as a strong indication of potential virus infectivity in vivo." The good news is that the replication of HCV in the T cells was neutralized with IFN treatment. (www.physorg.com/news/160656818.html May 4th, 2009)

Researchers in France studied 96 Hep C patients with early cirrhosis (stage Child's A), proven by biopsies. They all received treatment, and 36.4% achieved an SVR. A 2nd biopsy and further follow up showed that getting rid of the virus "provides enormous benefit in terms of survival and prevention of liver-related events." Even so, liver-related events, (ascites, encephalopathy, variceal bleeds, peritonitis, liver cancer or death from liver origin) did occur in about 10% of cases, even in responders, and in about 40% among the non-responders. Three of the sustained responders did not get rid of their cirrhosis, and developed liver cancer. There were no deaths among patients whose cirrhosis was reversed during the 10 years of follow up.

(www.natap.org/2008/EASL/EASL_78.htm)

Studies have also shown that the sooner one is treated after infection (with pegylated IFN and ribavirin) the higher the chance of SVR, even with genotype 1. This is especially true if treatment starts within a few months of infection.

Patients over 50 have treatment results similar to those of younger patients, if they don't have advanced fibrosis or high viral loads, and if they can stick to the treatment. Ribavirin dose reductions are more common in this age group, but these patients can still be effectively treated.

(www.hcvadvocate.org/news/reports/AASLD_2007/Abstracts/Saturday%20Posters.htm Topic 321)

HCV is usually not a life-threatening infection. It can take several years or even a decade or more before any signs of the disease become apparent. People infected may not even know they are ill. Of course different people will react differently. Some do not fare so well as others, therefore HCV infection should ALWAYS be monitored regardless of when it was contracted.

CONFERENCES 2011

Enlightening The Future 21st Conference of the APASL

(Asian Pacific Association for
the Study of the Liver)

February 17-20, 2011

Queen Sirikit National Convention Center

Bangkok, Thailand

Registration now open.

[www2.kenes.com/apasl/conference/Pages/
General_Information.aspx](http://www2.kenes.com/apasl/conference/Pages/General_Information.aspx)

International Conference on Viral Hepatitis 2011

April 11-12, 2011

Baltimore, MD, USA

www.confmanager.com/main.cfm?cid=2288

1st World Congress on Controversies in the Management of Viral Hepatitis (C-Hep)

May 19-22, 2011

Barcelona, Spain

<http://comtecmed.com/chep/2011/>

6th International Workshop on Hepatitis C, Resistance and New Compounds.

June 22-23, 2011

Boston MA, USA

<http://www.virology-education.com/>

HCV 2011

18th International Symposium on Hepatitis C Virus and Related Viruses

September 8-12, 2011

Sheraton Seattle Hotel & Towers
Seattle, WA

Registration: Opens 1 February, 2011

www.hcv2011.org/

J. Lemmon

hcvresearch@rogers.com

Experienced in medical and legal research
Assistance with HCV compensation claims
and appeals

High success rate / Low payment rate

References are available

EPREX ASSISTANCE PROGRAM

Janssen-Ortho Inc, Canada has a program
that may provide assistance in obtaining epo-
etin. It is the Eprex Assistance Program
(EPO) 1-877-793-7739

For more info, provincial coverage and
forms: [http://profiles.drugcoverage.ca/en/
default.asp?DrugID=25](http://profiles.drugcoverage.ca/en/default.asp?DrugID=25)

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 insur-
ance. 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% reimburse-
ment. 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.

A 24/7 Nursing Hotline and bilingual
assistance is available, at no charge. Other
services are access to live translation ser-
vices (150 languages) and injection assis-
tance from registered nurses. Ask your doc-
tor or nurse to enroll you 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 Assis-
tance 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.

NEUPOGEN VICTORY PROGRAM

Amgen has a program for patients who
have been prescribed Neupogen. A reim-
bursement assessment is conducted by a
specialist who will help you navigate
through your personal or provincial cover-
age options. Dependant on specific criteria,
some patients may be able to obtain
Neupogen on a compassionate basis free of
charge. Please note that Amgen will only
provide Neupogen to patients on a compas-
sionate basis as long as it is prescribed and
dosed in accordance with the approved
product monograph. This service is ac-
cessed through the Victory Program: 1-888-
706-4717.

COMPENSATION

LAW FIRMS

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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/

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 Registra-

tion: 1-888-840-5764 HepatitisC@kpmg.ca

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

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@crowco.ca

www.pre86post90settlement.ca

Settlement Agreement: [http://www.reko.ca/html/
hepc_settlement.pdf](http://www.reko.ca/html/hepc_settlement.pdf)



SUPPORT BC/YUKON:

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

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

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

♦ **Comox Valley** Drop in, needle exchange, HCV Support group each Thu 1:15 PM, 355 6th St. Courtenay. Contact Sarah rah.sullivan@avi.org 250-338-7400

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

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

♦ **Victoria** Access Health Centre, drop in, disability applications, peer training. Support group each Mon, 1:15 PM, 713 Johnson St., 3rd floor, 250-384-2366

Hermione.jeffers@avi.org

Boundary HCV Support and Education Contact Ken 250-442-1280

ksthompson@direct.ca

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

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

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

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-lattig@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 Peer Support:** 3rd Wed monthly 7PM, N. Surrey Rec Centre Meeting room 10275-135th St Info: 604-576-2022, petrabilities@aol.com

Kamloops ASK Wellness Centre. Chronic illness health navigation/support. info@askwellness.ca 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing and counseling 250-315-0098. 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, eriseley@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. hepcpxpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS, 101 Baker St. Library M-Th 9-4:30. Contact Alex or

Karen 1-800-421-2437, 250-505-5506, info@ankors.bc.ca, alex@ankors.bc.ca, www.ankors.bc.ca/

New Westminster "C" Support Group Each Fri 10 AM. Nurse. Refreshments. Contact: Daniel 604-562-5170., mail@purposesociety.org

North Island Liver Service Info, support, treatment. Doctor or self-referral. 1-877-215-7005 250-850-2605.

♦ **Courtenay:** 2nd Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)

♦ **Campbell River:** 2nd Tues monthly 1PM Drop-in, Salvation Army Lighthouse. (nurse)

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

Powell River Hepatology Service Powell River Community Health, 3rd Floor—5000 Joyce Ave. Contact Melinda Melinda.herceg@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

Prince Rupert Hep C Support Contact: Dolly 250-627-7942

hepcprincerupert@citytel.net

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

wendy@wendyswellness.ca

www.wendyswellness.ca

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

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

Surrey Positive Haven Hep C group 2nd & 4th Thurs monthly 1 PM. 10697 135A St. Contact Sam 604-589-8678.

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

vandu@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 Contact Peter, pvanbo@gmail.com Tel. 250-309-1358.

Victoria CoolAid Peer Support each Wed 10-11:30 AM, 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Carolyn cshowler@coolaid.org

YouthCO AIDS Society 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Sasha Bennett

sashab@youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437

bloodyties@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, NEW: Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact Bob 519-886-5706, Mavis 519-743-1922 or

waterlooregionhepcsupport@gmail.com

London Hepatitis Peer Support Group 1st Tues monthly 7PM, 186 King St, London, ON. For those infected as well as affected by Hep C. Contact: Nicole NEL-liott@aidslondon.com, (519) 434-1601 ext. 260, Toll Free: 1.866.920.1601, aidslondon.com

Niagara Falls Hep C Support 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) 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, bpoikonjak@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:

Hepatitis Outreach Society of NS. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767

info@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 wbatas@telus.net www.wbatas.ca

Manitoba Hepatitis C Support Community Inc. 1st Tues. monthly, 7 PM, 595 Broadway Ave. Everyone 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

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