

# hepc . bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### THE NEW DRUGS

#### NEW DRUGS APPROVED IN CANADA

On August 3<sup>rd</sup>, Merck's protease inhibitor Victrelis (Boceprevir) was approved in Canada for treatment of genotype 1 patients over 18 years old, combined with pegIFN/RBV. It is now available in Canada at the price of \$1050 dollars a week. That approval was followed later in the month by Canadian approval of Vertex's protease inhibitor, Telaprevir, now called Incivek.

Genotype 1 patients make up the majority of those infected with HCV, and have been more difficult to treat. Boceprevir has been shown to triple the response rate in previous non-responders, and double response rates in treatment-naïve patients, and may allow the patient to finish treatment sooner with response-guided therapy (RGT). Merck has pledged to provide support for their new drug to already existing programs, which includes nurses and financial assistance to those in need.

Source: [natap.org/CanadaNewsWire](http://natap.org/CanadaNewsWire)

#### CAN YOU PAY \$4000 MORE A MONTH?

Do you need Pharmacare to pay? Let them know! The Common Drug Review of the new protease inhibitors will be done and patient input to Pharmacare will be requested soon. If you sign up, you will receive two weeks' notice so you can submit your input for Victrelis, and there will be another opportunity soon for Incivek. You can register online to be notified of the four week window when you are allowed to comment:

Info: [www.health.gov.bc.ca/pharmacare/outgoing/drugrevproc2.pdf](http://www.health.gov.bc.ca/pharmacare/outgoing/drugrevproc2.pdf)  
[www.health.gov.bc.ca/pharmacare/decision.html](http://www.health.gov.bc.ca/pharmacare/decision.html)

#### PROTEASE INHIBITORS NOT EASY

When the new drugs were approved in the US in May, patients rushed to their doctors asking, "When can I start?" It's not that easy. You can't just buy them, go home, take them, and report back. You can't take them without the pegIFN/RBV. There is more ane-

mia with Victrelis, and there are more rashes with Incivek. Patients must be educated and monitored. Most specialists will be able to start only 3 patients each week. Health centres may have to hire more staff, who will need training. The companies are offering courses for health care providers, who are urged to sign up. There is a treatment algorithm (flowchart) according to response, and stopping information, but they aren't available quite yet. The new treatments are to be discussed at the 18<sup>th</sup> International Symposium on HCV in Seattle, Sept. 8-12, and in San Francisco in November.

Both of the new drugs come with a long list of drugs that can't be combined with the new drugs due to possible serious consequences (oral midazolam and some cholesterol-lowering drugs, for example.) Herbs like St. John's wort can be a problem, as well. There is now a longer list of side effects.

The AASLD has issued a statement saying that the drugs must not be used without pegIFN/RBV. They are only for genotype 1, and are not for post-transplant patients, children or those co-infected with HIV. It is important that the therapies be stopped if the patient does not respond as recommended.

There have been no head-to-head trials involving both drugs. Patients and their doctors should choose according to preference

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### KELLY O'DELL

July 10, 2011

Our dear friend Kelly O'Dell died in her sleep on July 10. Details haven't been released, but she had been battling Hep C. She was living with her younger son, and her older son arrived the following day. The young men put together a fitting memorial service for Kelly in the Shark Club, downtown Vancouver, which many of us attended.

Kelly marched the 4 kilometres with us at the Victoria Day Parade in May, and looked great. This was a great shock to me. There are photos of her and her dog, Pepper in the last *hepc.bull*. She was in charge of the Vancouver events for World Hepatitis Day in Vancouver in 2009 and 2010. You can see photos of her in past issues for those events. It was now her turn to be remembered in the World Hepatitis Day events this year and her name was among those read at the flower ceremony in Surrey. —J. King

*For Kelly O'Dell*



*Upon a blossoming rosebud,  
you are as precious as the first dewdrop, glinting  
in the morning light.*

*Although the time we shared together was  
only but a fleeting glimpse of a moment in  
time. The minutes, hours, days spent with you  
were a lifetime filled with remarkable benevo-  
lence of kindness and compassion.*

*Your life was not an easy road but with vig-  
our, lust and strength. You were determined to  
find the hidden truths and undeniable beauty  
in every soul you met along your way.*

*You will be sorrowfully missed, but be assured  
your strength to carry on your dreams lives on  
within the hearts and souls of everyone you  
touched.*

*May you find the solace of love, bliss, and  
harmony forever.*

Anita York  
July 2011

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

You may also subscribe or donate on line via PayPal at [www.hepcbc.ca/orderform.htm](http://www.hepcbc.ca/orderform.htm)

**SUBMISSIONS:** The deadline for any contributions to the *hepc.bull*® is the 15<sup>th</sup> of each month. Please contact the editors at [jkling2005@shaw.ca](mailto:jkling2005@shaw.ca), (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

**ADVERTISING:** The deadline for placing advertisements in the *hepc.bull* is the 12<sup>th</sup> of each month. Rates are as follows:

Newsletter Ads: Maximum 4 per issue, if space allows. \$20 for business card size ad, per issue. Payments will be refunded if the ad is not published.

## HOW TO REACH US:

EDITOR: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
WEBSITE: \_\_\_\_\_

Joan King  
(250) 595-3892  
(250) 595-3865  
[info@hepcbc.ca](mailto:info@hepcbc.ca)  
[www.hepcbc.ca](http://www.hepcbc.ca)

HepCBC  
2642 Quadra Street, PO Box 46009  
Victoria, BC V8T-5G7

## LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you *do not* want your letter and/or name to appear in the bulletin.

## FAQ version 8.3

Peppermint Patti's **FAQ Version 8.3** is **NOW AVAILABLE**, Version 8 is available in FRENCH and Version 7.1 is available in SPANISH. The ENGLISH version includes treatment information and research from 2009. Place your orders now. Over 140 pages of information for only \$12 each. Contact HepCBC at (250) 595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

## HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2011; the FAQ V8.3; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10 including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

**DISCLAIMER:** The *hepc.bull*® cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or surgery protocol. The opinions expressed in this newsletter are not necessarily 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.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Samuel's Restaurant, Margison Bros. Printers, Roche Canada, VanCity, Merck Canada, Shoppers Drug Mart, and the Victoria Foundation. Heartfelt thanks to Blackwell Science for a subscription renewal to *gastrohep.com*.

Special thanks to Thrifty Foods for putting our donation tins at their tills in 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.



## ANNUAL GENERAL MEETING

Tues. Sept. 20, 2011 6:00 PM

1947 Cook Street,  
Victoria, BC

(Victoria Health Unit, Activity Room)

6:00-7:30 PM Welcome and Main Speakers

7:30-8:30 PM Annual General Meeting

## AGENDA:

- Approve minutes of AGM 2010
- Set number of directors (We are looking for new directors)
- Election of those directors
- President's Report
- Coordinator and Staff Report
- Financial Report

Public welcome. No charge. Refreshments provided. You must be a member to vote. Hope to see you there.

Presentation "Sharing our Experiences with Body-Mapping Art Therapy" by two local HCV+ women

For more information see:

[www.flickr.com/photos/creitz/sets/72157627549566066/](http://www.flickr.com/photos/creitz/sets/72157627549566066/)

(photos of a recent workshop by CATIE and AVI in Victoria)

[www.catie.ca/bodymaps/gallery.shtml](http://www.catie.ca/bodymaps/gallery.shtml) (about body-mapping with AIDS/HIV patients in Africa and Toronto)

A member is entitled to one vote at a meeting of members, and must become a member at least 30 days prior to the meeting to be able to vote.

## DIAL-A-DIETITIAN

(604) 732-9191 or

1 (800) 667-3438

[www.dialadietitian.org](http://www.dialadietitian.org)

Dietitians of Canada: [www.dietitians.ca](http://www.dietitians.ca)



## NEED A BETTER RESUME?

We need a volunteer Executive Director. Also needed: Board members, summarizing, telephone buddies, translation English to Spanish or French. Please contact us at (250) 595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

## PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

(NEW DRUGS—Continued from page 1)

and risk factors. “Officially” Victrelis declares a 63% SVR, while Incivek has recorded a 79% SVR, but it’s hard to compare them because the rules of the trials, like lead-in times, were different. Good management of rash and anemia are important for high SVR rates. The cost of treatment is similar for both drugs, and does NOT include the price of pegIFN/RBV. It is expected that insurance companies will cover the therapies now that they have been approved.

Doctors are being instructed to treat sicker patients first, then those who have deferred treatment, and then new patients.

Research is now focussing on non-responders to the triple therapy, and is looking at quadruple therapies, therapies without IFN or RBV, or at other drugs such as polymerase or nonstructural protein 5A inhibitors.

Source: (<http://publish.aasld.org/aboutus/publicpolicy/Pages/newhepctreatments.aspx>)

## TREATMENT TIPS

Here are some other tips from people, professionals and patients, about the new treatments:

1. The anal rash can be controlled with good hygiene (baby wipes) and large doses of aciclovir.
2. Avoid constipation and dehydration. (Drink water, not sports drinks.)
3. Stick to your dosage schedule, using alarms!
4. You must eat 20 g. of fat 30 min before the meds to help with absorption and avoid nausea.
5. Get any insulin resistance under control before starting treatment.
6. Anemia can land you in the hospital, and unfortunately the emergency doctors aren’t informed and stop treatment rather than reduce the dose, causing treatment failure. Unfortunately, medication to treat anemia is not covered in BC, and perhaps not in other provinces, either.

These treatments give excellent results to those who follow the regime faithfully. Make sure you are well informed.

## LINK TO A PATIENT VIDEO ABOUT THE NEW DRUGS:



<http://hepatitisnewdrugs.blogspot.com/2011/08/patient-videonew-hepatitis-c-drugs-and.html?spref=fb>

(Thanks, Coralie!)

## RESEARCH

### PSI-938 FAST-TRACKED

Pharmasset’s PSI-938, an oral guanosine nucleotide analog polymerase inhibitor, has been fast-tracked by the US FDA. It showed favourable results from its NU-CLEAR study which treated treatment-naïve GT1 patients for 14 days with either PSI-938 alone or together with PSI-7977. 92% of patients in the combo arms tested undetectable. The next step is the QUANTUM trial, with the same combination of drugs, without interferon, in an attempt to find a more tolerable treatment.

Source:

[www.natap.org/2011/HCV/082011\\_02.htm](http://www.natap.org/2011/HCV/082011_02.htm)

### ITX-5061

ITX-5061 is an HCV entry inhibitor produced by iTherX. It stops the virus from entering liver cells. The Phase I trial is in progress, studying the drug in treatment-naïve patients. The company has begun recruiting about 20 patients for a Phase Ib study in liver transplant patients. Half will not receive the drug—only supportive care—and the other half will receive ITX-5061 for 7 days. The product has also been shown to be a powerful antiviral in preclinical trials, and has a good safety profile.

The researchers believe that this product can prevent re-infection of the new liver—something that transplant patients experience universally.

Source: [www.eatg.org/eatg/Global-HIV-News/Hepatitis/iTherX-initiates-Phase-Ib-study-of-first-in-class-hepatitis-C-virus-entry-inhibitor-ITX-5061](http://www.eatg.org/eatg/Global-HIV-News/Hepatitis/iTherX-initiates-Phase-Ib-study-of-first-in-class-hepatitis-C-virus-entry-inhibitor-ITX-5061)

### IDX375

Idenix has enrolled about 78 genotype 1 (GT1) patients, both healthy and treatment-naïve, to test the effect of different doses of IDX375, a non-nucleoside polymerase inhibitor, as mono-therapy. Dose escalation will be evaluated in healthy subjects. The trial is being carried out in Belgium and Moldova. Dosing is for 3 days, with a 25-day follow-up.

In 2009, a Phase II trial of the drug combined with pegIFN/RBV was administered to treatment-naïve GT1 patients, who were to take pegIFN/RBV + IDX184 or a placebo once daily for 14 days and continue with pegIFN/RBV for another 14 days. The study was done in the US and Argentina.

The company has also done *in vitro* trials combining IDX375 with some of

their other direct-acting antivirals such as IDX184 (a nucleotide prodrug polymerase inhibitor) and an *in vivo* trial with IDX320 (a protease inhibitor which proved toxic). Some trials showed that these combinations can significantly improve suppression of HCV compared to single agents or double combinations.

Sources:

<http://apps.who.int/trialsearch/trial.aspx?trialid=ISRCTN80501908> 7 June 2011

[http://ir.idenix.com/phoenix.zhtml?c=131556&p=irol-](http://ir.idenix.com/phoenix.zhtml?c=131556&p=irol-newsArticle&ID=1373320&highlight)

[newsArticle&ID=1373320&highlight](http://ir.idenix.com/phoenix.zhtml?c=131556&p=irol-newsArticle&ID=1373320&highlight)

[www.kenes.com/easl2010/posters/Abstract657.htm](http://www.kenes.com/easl2010/posters/Abstract657.htm))

### BMS-790052

Bristol-Myers Squibb’s BMS-790052 is an NS5A replication complex inhibitor. NS5A is a protein of HCV used by the virus to replicate, and that protein also regulates the signaling pathways in the cell. The drug was given to 15 of 30 genotype 1 (GT1) patients in ascending doses. The other 15 received a placebo. The average maximum viral load drop was from 2.8 to 4.1 log<sub>10</sub>. There was no change in the placebo group. Most patients’ virus came back around the 7<sup>th</sup> day of treatment with BMS-790052 alone. Results showed that 1-100 mg daily of BMS-790052 were well-tolerated and effective in both GT1a and GT1b, with dosing once a day. “The early suppression of HCV replication with BMS-790052 monotherapy is comparable with, and in some cases exceeds, that observed for other DAA agents.”

The researchers believe that combining the product with pegIFN/RBV will prevent viral rebound. The drug’s antiviral effect is

(Continued on page 4)

## Happy Liver Society presents PICNIC in the Park Fundraiser



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All proceeds going to HLS Storey House a home for transplant patients. 



**WORLD  
HEPATITIS  
DAY IN  
SURREY BC  
JULY 28, 2011**

HepCBC took part in two events for World Hepatitis Day, in Victoria and Surrey. It was a break for me to head over to the mainland to attend a barbeque at Positive Haven, a short distance away from Kla-how-eya Aboriginal Centre. It was well attended and three brilliant NDP MLA's, Bruce Ralston, Sue Hammell, and Harry Bains spoke after the magical native elder Tom Olman welcomed us. Dr. John Farley talked about the concerns of using ALT levels as a measure for liver health; hepatology nurse Fran Falconer eloquently noted our challenges with encouragement. The speeches were extremely short due to time constraint. With passion and balance, Dr. Bhurji framed Gandhi's quote, "Be the change you want to see in the world," in his address to stigma. Following Dr. Bhurji we were all given carnations for the remembrance ceremony as Joan King read out a long list of people from the communities who have passed away from hepatitis C.

Prior to this ceremony I was ready with a speech of my own. I had a plan for a speech until that moment. I was intending to comment on my life with hepatitis C before announcing a new report card from The Coalition of Organizations Responding to Hepatitis B and C. However I never expected the carnation ceremony would overwhelm me with emotion. It was survivor guilt. Why should I have complaints about Hep C when I still have my life? How could Kelly O'Dell, who organized WHD in previous years, be gone forever? How could my friend Daniel (April 2011) experience such a terrifying, slow death? All I could do was muster through my station by bumbling through a comment on the irony of a new bill before the BC Parliament.

Just before I moved back from Calgary, the Alberta government passed a similar law allowing mandatory testing for hepatitis C. I understand and respect the intent, which is the protection of paramedics and police should they experience a psychotic patient causing them potential infection. If they accidentally have a needle prick accident, they want to know if they could be at risk. However, if there is a positive outcome to the test, the paramedic or police officer would not be able to qualify for immediate treatment because the ALT requirement has

to be 1.5 times the normal level twice in six months. They would be even less likely to qualify on the basis of a liver biopsy since damage, elevated ALT, and death may not occur for twenty years. By then the chances of effective treatment have diminished, even vanished. So everybody loses. Freedom takes another turn as the right to privacy diminishes. Human rights are diminished. Protecting our police and fire fighters is in vain, in a trade where nobody gains. The spread of hepatitis C and B continues.

The federal government has a Health Act that it needs to uphold. The legislation is toothless when the provinces have the power to deny treatment against the advice of health scientists. WCB has not been challenged on outdated policies and practices. Employment insurance limits coverage to fifteen weeks, when treatment takes 44 weeks. Where do we start to be the change we want to see in the world?

As I have documented in editions of the bulletin (*Me, Myself and Hep C*, Jan 2009) should I not be so shamed to have lived through it, I would tell you that the death of my father traumatized me the year I turned a teenager, putting me at risk of acting out. Yet, while HepCBC continues to run out of our pockets, the federal government spent a million dollars on an ad towards their strategy on drug abuse. The ad did not mention alcohol which is a common factor leading to first time use of drugs. It did not 'play' to the matter of youth at risk of harm. It played to the voting public, which is not an unusual tactic. They scare parents to vote for a governance that is conspicuous by its absence. It was a pawn move in a bigger guise of democracy which is nothing short of ethnic cleansing of people who may, just may, be associated with drug use. We are not unlike the Palestinians, looking for peace in a homeland.

Heaven help those at risk who actually experience addiction.

Thank you to Merck, Kla-how-eya Aboriginal Centre, and Positive Haven for making this event and the barbeque a reality.

—Douglas Laird



(RESEARCH -Continued from page 3)  
enhanced by the way NS5A works together with the viral and cellular proteins. The drug interrupts viral replication at several stages, and it has a stronger effect when combined with NS5B, NS3, and non-nucleoside NS5B inhibitors.

Source: [www.natap.org/2011/HCV/081611\\_02.htm](http://www.natap.org/2011/HCV/081611_02.htm)

**PPI-461**

Presidio Pharmaceuticals has produced PPI-461, an HCV NS5A inhibitor effective against all genotypes. Results were announced for its Phase Ib clinical trial in treatment-naïve genotype 1 patients. Dosing was once daily, at one of 3 doses (50, 100 or 200 mg/daily), for 3 days. There were 8 patients in each dosing group. The first two dosing groups have completed treatment. The 200 mg group's treatment is ongoing. Preliminary results show tolerable side effects and no related drop-outs or dose reductions. Blood levels show that enough of the drug stays in the body for the 24 hours between doses to stop replication of the virus. The better results between 50 and 100 mg were seen in the 100 mg arm, producing an average 3.7 log drop. One patient in the 50 mg arm had an unusually poor response, but started the trial with a very resistant virus.

Results support the use of NS5A inhibitors in combination therapies. Final results are expected late in 2011.

Source: [www.natap.org/2011/EASL/EASL\\_03.htm](http://www.natap.org/2011/EASL/EASL_03.htm)

**BIT225**

Biotron produces BIT225, a drug that targets the p7 protein of HCV, which is needed "for production and release of infectious virus from infected cells." Preclinical studies showed that BIT225 worked well combined with IFN/RBV and with the new NS5B-inhibitors. The first stage of Phase II trials are completed. Twelve genotype 1 patients were treated with BIT225 alone. The second stage is underway, adding an additional 12 patients for 4 more weeks, including patients outside Australia, and combining either the drug or a placebo with pegIFN/RBV. Results were expected in June 2011, but news from the company indicated a delay.

Sources:

<http://hepatitisnewdrugs.blogspot.com/search?q=BIT225+> March 10, 2011)  
[www.biotron.com.au/ftp/BITNewsJuly2011.pdf](http://www.biotron.com.au/ftp/BITNewsJuly2011.pdf)



# A PROMISING LESSON FROM NEW RESEARCH

by Douglas Laird

*"A nation does not have to be cruel to be tough."*

Franklin Roosevelt had reasons to say that. We have compelling reasons to repeat it. Dr. Mark Hull presented some exciting research on co-infection in Victoria, BC on May 25<sup>th</sup>. Merck sponsored the event in an open format, welcoming the general public. Dr. Chris Fraser and nurse Caroline Showler from the Cool Aid clinic joined him as a panel for questions after a lunch break. They added their experience from the highly successful program that treats a street population in the downtown Victoria, BC Cool Aid clinic. The research concludes that hepatitis C virus (HCV)-infected people who are also infected with AIDS have sustained virological response (SVR), or cure rates, comparable to mono-infected HCV people in spite of the second illness.

Cool Aid director Andrew Benson introduced Mark with a compelling talk that suggested HCV meds were a walk in the park compared to HIV treatment. "These diseases affect us all whether we are infected or not." His example of the history of AIDS was compelling. He noted how Elizabeth Taylor knew Rock Hudson through industry connection. I agree with Andrew. Her choice to support him was a personal one, based on the importance of her relationship with someone she worked with, not on the blaming that suggests scapegoats. Health policy does seem to be evolving around blame rather than prevention, though. History will be the judge. Growing numbers of gravestones give an incomplete picture when weighing the severity (and costs) of loss in quality of life from HCV alone. Nonetheless, the loss of quality of life can be dramatically worse for AIDS patients.

Dr. Hull talked about how decisions are made whether to start with HCV treatment or AIDS antivirals. Basically if dually-infected people have a CD4 count under 500 they could be considered for HCV and HBV treatment. His research confirms promising results for outcome while it also makes important statements for epidemiology. In the co-infected population, 20% of HIV-positive clients have HCV. In this group, infection rates are rising through two main cohorts: intravenous drug users (IDUs), or gay men (MSM or Men who have sex with men) who practice unsafe sex. Fifty percent of clients are diagnosed with HCV before HIV and the average time is three years before acquiring HIV after HCV.

"Change is standard." Succinctly put by Dr. Hull. "However, access to treatment is a

major concern," was not an understatement of epidemiology by Dr. Hull. "We have statistical ratios that suggest a major problem when 845 cases are diagnosed with HCV in the most recent year statistics. On this typical year only 277 of these were referred to specialists. 185 were treated to completion of therapy. Those that dropped out were mostly due to financial and mental health reasons."

HIV increases the inflammatory activity of HCV; it increases the rate of liver damage through fibrosis; and it decreases the time to cirrhosis. Dr. Hull demonstrated that control of the HIV through antivirals decreases mortality dramatically. The question for practitioners was confirmed here: Which do you treat first? If CD4 rates are under 500 cells per millimeter, treat the HIV. If they are over 500, treat the HCV. A lower HCV viral load (e.g., 100,000) is a factor that allows some variance to this rule of thumb (e.g., 400 CD4) at Cool Aid Clinic. His research also clarifies that since 43% of co-infected clients die from liver disease there needs to be increased clinical offers to treat the HCV. This suggests that HCV treatment is critical to advance the fight against AIDS.

Incentives for testing and follow-up have been one of Mark's conclusions through his intense clinical study. At a conference he remarked that for drug users and people with mental illness, incentives would benefit overall treatment strategy. "Contingency management is based on behavioural principles," he said. "Behaviour is shaped by the environment and any behaviour that is reinforced by a reward usually increases in frequency." This could be considered a visionary statement, with the new protease inhibitors becoming available in British Columbia. Imagine a prize that comes with a subscription to Victrelis; a brand new Casio watch with five alarms set to go!

Dr. Mark Hull is, to me, the archetypical folk hero, and his wisdom, although it is not currently adopted, could dramatically downsize the growing burden of HCV costs. For instance, often SSRI's (selective serotonin reuptake inhibitors) are used for depression as needed after starting treatment. I was so happy to hear him say that the 20 to 30% of HCV health care consumers need to consider finding an antidepressant that works before starting treatment, not after, as suggested by some standard of care. Issues of irritability and poor concentration can complicate the chances of successful HCV treatment so it is great advice. He added that citalopram has

few contra-indications, which is good because it is becoming the antidepressant of choice for HCV treatment.

When Eleanor Roosevelt visited an American medical clinic in Hiroshima the year after they dropped the atomic bomb, she was the perfect model of the conscientious objector. While her complaints did nothing to change the policies that led to the absence of treatment of the survivors of the blast (for 30 years it was hidden from public information that radiation killed just as many as the heat of the blast) it does demonstrate the indifference and ignorance that may occur in governance. Franklin Roosevelt lifted the public from the depression of the 1930's by social spending, not by cutting government spending and not through the military flowering.

While Dr. Hull's work is in a different time, his work demonstrates the best of our concurrent societies through the years. Dr. Mark Hull is doing the work of a revolutionary, yet he does not recognize it. It is a successful revolution of public response by the AIDS team that those in the mono-infected hepatitis C epidemic need to emulate. We have choices to make now, to determine success beyond the bubbles of ages. Allowing people who go through the difficulties of treatment to collect Air Miles points from the pharmacy once again might be a good place to start.

## TOP TEN THINGS YOU DON'T WANT TO HEAR IN SURGERY

1. Don't worry. I think it is sharp enough.
2. Nurse, did this patient sign the organ donation card?
3. Damn! Page 84 of the manual is missing!
4. Everybody stand back! I lost a contact lens!
5. Hand me that...uh...that uh.....thingy.
6. Better save that. We'll need it for the autopsy.
7. Accept this sacrifice, O Great Lord of Darkness!
8. Whoa, wait a minute. If this is his spleen, then what's that?
9. Ya know, there's big money in kidneys. Hell, he's got two of 'em.
10. What do you mean you want a divorce?

Source:  
<http://www.comedy-zone.net/jokes/laugh/doctor/doctor10.htm>



# Hep C Sites on facebook



## Hep C, the Silent Killer

<http://www.facebook.com/pages/Victoria-BC/HepCBC/274985724940>



## FIGHT Against Hepatitis C

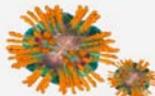
Open Group — [fightagainsthepatitisc@groups.facebook.com](mailto:fightagainsthepatitisc@groups.facebook.com)



## 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>

## Stop hepatitis C



Intended for audiences from Europe and Latin America

[www.facebook.com/?ref=home#!/stop.hepatitisc.info](http://www.facebook.com/?ref=home#!/stop.hepatitisc.info) 4,429 people like this



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](http://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!

## 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>

## COMPETITION!

HepCBC needs writers for the *hepc.bull*, 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 15<sup>th</sup> 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](mailto:info@hepcbc.ca)

## PHYSICIANS FOR PATIENTS



An online physician-mediated support group for patients, families, and friends of those with hepatitis C.

<http://hepatitisc.physiciansforpatients.com/>

If you are receiving this newsletter by snail mail but have internet access, please consider switching to our pdf version. All you need is Adobe Acrobat Reader, free at this site:

[www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

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

## The Combo Survival Guide from A to Z

<http://www.hepcsurvivalguide.org/comboguide.htm>

## my ehealth

Are you in British Columbia? Are you 16 years old or older? Do you have a BC Care Card? If so, you can now get your lab test results online at a secure internet site at [www.myehealth.ca](http://www.myehealth.ca)

You must have had a lab test within the last 10 days at a LifeLabs or BC Biomedical laboratory centre in order to register. Have your Care Card number ready. You must use the mailing address that your lab has. Tel. 1-888-522-7758

## 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](http://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm)

## CONFERENCES

**5th Annual Conference of the International Liver Cancer Association**  
September 2, 2011  
Hong Kong  
<http://www.ilca2011.org/>

**HCV 2011**  
**18<sup>th</sup> 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/](http://www.hcv2011.org/)

**2nd International Symposium on Hepatitis care in substance users**  
September 15-16, 2011  
Brussels, Belgium  
<http://www.easl.eu/events/>

**21st Brazilian Congress of Hepatology**  
September 27 - October 1, 2011  
Pestana Bahia Hotel  
Salvador, Bahia, Brazil  
[www.easl.eu/events](http://www.easl.eu/events)

**AASLD 2011**  
**The Liver Meeting**  
November 4 - 8, 2011  
Moscone West Convention Center  
San Francisco, CA  
[www.aasld.org/lm/Pages/default.aspx](http://www.aasld.org/lm/Pages/default.aspx)

**United European Gastroenterology Week**  
**UEGW 2011**  
November 15, 2011  
Somerset, United Kingdom  
<http://uegw11.uegf.org/aboutuegw2011.html>

## HEP C TELECONFERENCES

Join us every Tuesday 7- 9 PM CST.  
Speakers. Q&A session. Chat.  
Free and confidential.  
More info: <http://www.hepcmo.org>

## EPREX ASSISTANCE PROGRAM

Janssen-Ortho Inc, Canada has a program that may provide assistance in obtaining epoetin. 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>

## 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.

A 24/7 Nursing Hotline and bilingual assistance is available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Ask your doctor 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 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 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 reimbursement assessment is conducted by a specialist who will help you navigate through your personal or provincial coverage 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 compassionate basis **as long as it is prescribed and dosed in accordance with the approved product monograph**. This service is accessed through the Victory Program: 1-888-706-4717.

## 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/](http://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](http://www.lauzonbelanger.qc.ca/cms/index.php?page=108)

Roy Elliott  
Roy Elliott Kim O'Connor LLP.  
[hepc@reko.ca](mailto:hepc@reko.ca) [www.reko.ca/html/hepatitisc.html](http://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](mailto: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](mailto: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](mailto: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](http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html)

### CLAIMS ADMINISTRATOR

#### 1986-1990

Administrator 1-877- 434-0944  
[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)  
[www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf](http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf)

#### Pre-86/Post-90

Administrator 1-866-334-3361  
[preposthepc@crawco.ca](mailto:preposthepc@crawco.ca)  
[www.pre86post90settlement.ca](http://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** Phone support 1-888-437-2873

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

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

♦ **Comox Valley** Harm reduction, counseling, advocacy. 355 6<sup>th</sup> St. Courtenay. Contact Sarah

[sarah.sullivan@avi.org](mailto:sarah.sullivan@avi.org) 250-338-7400

♦ **Nanaimo** Hep C Meetings twice monthly: Contact Anita 250-753-2437

[anita.rosewall@avi.org](mailto:anita.rosewall@avi.org) for details.

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

♦ **Victoria** Access Health Centre, drop in, disability applications, peer training. Support group Tues 12:30 PM, 713 Johnson St., 3rd floor, 250-384-2366 [Hermione.jeffers@avi.org](mailto:Hermione.jeffers@avi.org)

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

[ksthomson@direct.ca](mailto:ksthomson@direct.ca)

**Burnaby HCV Support** Contact Beverly 604-435-3717 [batlas@telus.net](mailto:batlas@telus.net)

**Castlegar** Contact Robin 250-365-6137 [eor@shaw.ca](mailto:eor@shaw.ca)

**Comox Valley NILS Treatment/Pre & Post-treatment Support Group** 2<sup>nd</sup> & 4<sup>th</sup> Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl [Cheryl.taylor@viha.ca](mailto:Cheryl.taylor@viha.ca) 250-331-8524.

**Courtenay HCV Peer Support and Education.** Contact Del 250-703-0231

[dgrimstad@shaw.ca](mailto:dgrimstad@shaw.ca)

**Cowichan Valley HCV Support** Contact Leah 250-748-3432 [r-lattig@shaw.ca](mailto:r-lattig@shaw.ca)

**HepCBC** [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://www.hepcbc.ca)

♦ **Victoria Peer Support:** 4<sup>th</sup> Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Contact 250-595-3892 Phone support 9AM-10PM. 250-595-3891

♦ **Fraser Valley Support/Info:** 604-576-2022

**Kamloops ASK Wellness Centre.** Chronic illness health navigation/support. [info@askwellness.ca](mailto:info@askwellness.ca) 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing and counseling 250-315-0098. [www.askwellness.ca](http://www.askwellness.ca)

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

**Kelowna Hepkop:** Phone support and meeting info. Contact Elaine 250-768-3573, [eriseley@shaw.ca](mailto:eriseley@shaw.ca), Lisa 1-866-637-5144 [ljmortell@shaw.ca](mailto:ljmortell@shaw.ca)

**Mid Island Hepatitis C Society** 2<sup>nd</sup> Thurs. monthly, 7 PM (Location to be arranged.) Contact [midislandhepc@hotmail.com](mailto:midislandhepc@hotmail.com)

**Nanaimo Hepatitis C Treatment Support Group** 1<sup>st</sup> & 3<sup>rd</sup> Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd. Contact Fran 250-740-6942. [hepcxpeersupport@hotmail.com](mailto:hepcxpeersupport@hotmail.com)

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

Karen 1-800-421-2437, 250-505-5506, [information@ankors.bc.ca](mailto:information@ankors.bc.ca) [alex@ankors.bc.ca](mailto:alex@ankors.bc.ca) [www.ankors.bc.ca/](http://www.ankors.bc.ca/)

**New Westminster "HepC"** Support Group each Fri 10 AM May 13<sup>th</sup> till August 26<sup>th</sup>. Nurse. Acupuncture. Refreshments. Contact: Michelle 604-526-2522., [mail@purposesociety.org](mailto:mail@purposesociety.org)

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

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

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

**Powell River Hepatology Service** Powell River Community Health, 3<sup>rd</sup> Floor—5000 Joyce Ave. Contact Melinda [Melinda.herceg@vch.ca](mailto:Melinda.herceg@vch.ca) 604-485-3310

**Prince George Hep C Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Ilse 250-565-7387

[ilse.kuepper@northernhealth.ca](mailto:ilse.kuepper@northernhealth.ca)

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

[hepcprincerupert@citytel.net](mailto: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](mailto:wendy@wendyswellness.ca) [www.wendyswellness.ca](http://www.wendyswellness.ca)

**Slocan Valley Support Group** Contact Ken 250-355-2732, [ken.forsythe@gmail.com](mailto:ken.forsythe@gmail.com)

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

**Surrey Positive Haven** Info, harm reduction, support, drop in, clinic. 10697 135A St. Contact Monika 604-589-9004.

**VANDU** The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061 [vandu@vandu.org](mailto:vandu@vandu.org) [www.vandu.org](http://www.vandu.org)

**Vancouver Pre/post liver transplant support** Contact Gordon Kerr [sd.gk@shaw.ca](mailto: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](mailto: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](mailto:cshowler@coolaid.org)

**YouthCO** HIV + Hep C Community Outreach. Drop-in T&W 12-3, Fri. 9-12. Call to schedule appts M-F 10-6. 205-568 Seymour St, Vancouver 604-688-1441, 1-855-YOUTHCO Support Staff: Lulu [lulug@youthco.org](mailto:lulug@youthco.org), Briony [brionym@youthco.org](mailto:brionym@youthco.org) [www.youthco.org](http://www.youthco.org)

**Whitehorse, Yukon—Blood Ties Four Directions** Contact 867-633-2437 [bloodyties@klondiker.com](mailto:bloodyties@klondiker.com)

## OTHER PROVINCES:

### ONTARIO:

**Barrie Hepatitis Support** Contact Jeanie for info/appointment [jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

**Sandi's Crusade Against Hepatitis C/ Durham Hepatitis C Support Group** Contact Sandi: [smking@rogers.com](mailto:smking@rogers.com) [www.creativeintensity.com/smking/](http://www.creativeintensity.com/smking/)

**Hamilton Hepatitis C Support Group** 1<sup>st</sup> 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](mailto:mkowalski@hucchc.com)

**Hep C Team, AIDS Committee** of North Bay & Area. Education, outreach, treatment, individual & group support, harm reduction, needle exchange. 269 Main St. W, Suite 201, North Bay. Contact 705-497-3560, 1-800-387-3701 or [hepccommcoord@gmail.com](mailto:hepccommcoord@gmail.com), [www.aidsnorthbay.com](http://www.aidsnorthbay.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. Contact Andrea Monkman 519-967-0490 or [hepcnetwork@gmail.com](mailto: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](mailto:hars@kingston.net), [www.hars.ca](http://www.hars.ca)

**Kitchener Area Support** 3<sup>rd</sup> 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](mailto:waterlooregionhepcsupport@gmail.com)

**London Hepatitis Hep C Support** 186 King St, London. For those infected as well as affected by Hep C. Contact: 519-434-1601, 1-866-920-1601, [hivaidconnection.com](http://hivaidconnection.com)

**Owen Sound** Info, support. Contact Debby Minielly [dminielly@publichealthgreybruce.on.ca](mailto:dminielly@publichealthgreybruce.on.ca) 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, [www.publichealthgreybruce.on.ca/](http://www.publichealthgreybruce.on.ca/)

**Peel Region** (Brampton, Mississauga, Caledon) 905-799-7700 [healthlinepeel@peelregion.ca](mailto:healthlinepeel@peelregion.ca)

**St. Catharines** Contact Joe 905-682-6194 [jcolangelo3@cogeco.ca](mailto:jcolangelo3@cogeco.ca)

**Sudbury Circle C Support Group** 1<sup>st</sup> Tues. monthly. Contact Ernie 705-522-5156,

[hepc.support@persona.ca](mailto: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](http://www.liver.ca). Contact Billie 416-491-3353, [bpotkonjak@liver.ca](mailto: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](http://undun@sympatico.ca)

**York Region Hepatitis C Education Group** 3<sup>rd</sup> 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](mailto:info@hepcyorkregion.org) [www.hepcyorkregion.org](http://www.hepcyorkregion.org)

### QUEBEC:

**Quebec City Region** Contact Renée Daurio 418-836-2307 [reneedaudio@hotmail.com](mailto:reneedaudio@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](mailto:info@hepatitisoutreach.com). [www.hepatitisoutreach.com](http://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](mailto:wbhas@telus.net) [www.wbhas.ca](http://www.wbhas.ca)

**Manitoba Hepatitis C Support** Community Inc. 1<sup>st</sup> Tues. monthly, 7 PM, 595 Broadway Ave. Everyone welcome. Contact Kirk 204-772-8925 [info@mbhepc.org](mailto:info@mbhepc.org) [www.mbhepc.org](http://www.mbhepc.org)

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



If you have a Canadian HCV support group to list here, please send details to [info@hepcbc.ca](mailto:info@hepcbc.ca) by the 15<sup>th</sup> of the month. It's free!