

hepc . bull

Canada's Hepatitis C News Bulletin
www.hepcbc.ca

TRANSMISSION NEWS

WANTED: STUDENTS 2002-2011 First Nations University

The First Nations University of Canada is looking for students in the Northern Health Science Access Program at the Prince Albert campus who attended classes between 2002 and 2011. Some took part in exercises in a biology lab, which used needles hooked onto tubes to draw blood for testing. The school suspects the devices weren't properly cleaned. Even though the needles were not reused, the tubes/holding devices were. They were soaked in alcohol, wiped and air-dried. It is now required that the devices are used on just one person. The risk that the students contracted HIV, Hep B or C is "extremely low." The other campuses of the University are checking their procedures.

Source: <http://ca.news.yahoo.com/first-nations-university-raises-concerns-blood-sampling-devices-203417701.html>

BREAST MILK

Royal Alexandra Hospital, part of Alberta Health Services, is being sued by a couple because it is believed that their newborn was fed milk, stored in the intensive care unit, which came from another mother by mistake. The mother whose milk it was, was tested and resulted HCV+, but the couple did not get the results for 2 ½ months. A year later, the couple's baby was tested and results showed he was HCV negative. The parents are claiming anxiety and stress.

Source: <http://news.nationalpost.com/2013/01/18/edmonton-hospital-fed-newborn-hepatitis-c-tainted-breast-milk-parents-allege/> Jan 18, 2013

INFECTED AT WORK?

Debbie Rowe believes she was infected at Indian Brook Health Centre in 2011. She was a personal care worker for over 20 years, and can't understand why she wasn't told her client, who she cared for in her own home, was Hep C positive. She says everywhere else she has worked, she has been advised about her

(Continued on page 3)

REVIEW OF "THE PARTNERS STUDY"

—CD Mazoff, PhD

[Many thanks to the HCVAdvocate for permission to use this article: www.hcvadvocate.org/news/newsLetter/2013/advocate0113.html#4

In my experience as an HCV advocate the 2 most frequent questions I get concerning HCV are: "Will I die?" and "Can I give it to someone else sexually?" The answer to the first one has always been easy: Probably not. The answer to the second one has not been so easy, for me at least, because I take my advocacy seriously, and I do not want to give out false information that will hurt people.

So, when I saw that this most recent and excellently designed and executed study was available I jumped at the chance to review and share it with our readers—who I know will, hopefully, be just as interested in the answer as I am!

This study investigated the most intimate details of 500 couples in which one partner (the "index person") was known to be HCV-positive. The couples had to be together for at least 3 years, and be monogamous, and not have HIV, HBV, a transplant, or if both partners had a history of IDU. These were the criteria for participation. As it turns out some of the partners of the "index person" turned out to be HCV-positive or to have a history

(Continued on page 5)

ALTERNATIVES

EXERCISE: MAKE IT AEROBIC

Many of us HepC'ers are plagued by fatty liver. We know that we can improve our condition by losing weight. There are only two ways to do that (other than through IFN treatment, of course.) One is to eat less. The other is to exercise. This US study, done at Duke University, says that the best exercise for fat loss is aerobic exercise. Researchers analyzed body composition changes and compared aerobic exercise, weight training, and a combination of both. Aerobic exercise, like running, walking and swimming, increases your metabolism...the way your body uses your food. About 2 out of 3 people weigh too much because of extra body fat. I've heard many of us complain that we just can't seem to lose weight, no matter how much we eat... or don't eat.

In this study, those doing aerobics with weight training did weights 3 times a week and aerobics equal to about 12 miles a week. Aerobics combined with weights was the most effective means of losing weight. Weights increased lean body mass, making those people gain weight. Aerobic exercise was a good way to lose body fat, and it took only 133 minutes per week, compared to 180 minutes of weight training per week, with no weight loss. Combining the two took twice the time, but produced the largest loss of inches around the waist. Balancing time and health, aerobic exercise is the best choice, according to this study. Weights are good, but don't help you lose weight.

Source: Dec, 2012 <http://in.news.yahoo.com/aerobic-exercise-best-weight-fat-loss-082604159.html> 16

BEAT S.A.D. WITH MUSIC

Alexander Vervloet, the author of this article, believes that music, not laughter, is the best medicine, especially in the winter, when many of us suffer from SAD

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- "I want to join a support group. Please call."

(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

SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at 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 12th 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.

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Joan King
(250) 595-3892
(250) 595-3865
info@hepcbc.ca
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.

NEW!! FAQ version 9.0



Peppermint Patti's **FAQ Version 9.0 is NOW AVAILABLE.** Version 8 is available in FRENCH and SPANISH. The ENGLISH version includes treatment information and research from 2012. Place your orders now. It contains 169 pages of information for only \$15 each. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2012, the FAQ V9.0, 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: www.hepcbc.ca/orderform.htm

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 therapy 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 info@hepcbc.ca.

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, Community Living Victoria, Victoria Positive Living Centre, Provincial Employees Community Services Fund, the Victoria Foundation, Dr. C. D. Mazoff, Lorie FitzGerald, Judith Fry, Allison Crowe, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Cheryl, Anamaria, S. J. and L.P.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Roche Canada, Vertex, Gilead, Janssen, VanCity, Shoppers Drug Mart, Market on Yates, Country Grocer, and Safeway.

Special thanks to Thrifty Foods for putting our donation tins at their tills and to Sooke Shoppers Drug Mart, for donating the water for sale at the Christmas concert and for having donated the water for our CASL Forum. Thanks, Allison Crowe and Billie Wood for giving your 110% at the Christmas concert. What a great way to start the most beautiful time of the year. Thanks also to Adrian for his continuous support.

CUPID'S CORNER

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

To place an ad, write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send a cheque payable to HepCBC, and mail to HepCBC, Attn. Joan, 2642 Quadra Street, PO Box 46009, Victoria, BC V8T 5G7 (250) 595-3892. Give us your name, telephone number, and address.

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

Disclaimer: The hepc.bull and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.

AD 30

Youthful, early 50's single Caucasian male. 5'11", 200 lb non-smoker, outdoors, nature walks, camera, musical, science educ. Half life on hold since diagnosed. Time to break-out.

Searching intelligent, young at heart woman to share some time, hobbies, activities, friendship leading to...? Maybe just friends, maybe a family. Life rarely turns out as you wish or imagine.

Tell me about yourself—hobbies, website, photo?

Got Hep C? Single? Visit:

<http://forums.delphiforums.com/hepatitiscen1/chat>
<http://groups.yahoo.com/group/HepCingles2>
www.hcvanonymous.com/singles.html
www.hepc-match.com/

NOTE: Before paying for full service HepC Match, be aware that the site is not kept up-to date. We have been advised that there are members there who are no longer active, and at least one who is no longer alive, and his listing remains, even though the owners have been notified.

TIP OF THE MONTH

**Taking protease inhibitors?
Set the alarm on your phone.
Keep the time you take your
pills the same each day.
It's important!**

(TRANSMISSION NEWS—Continued from page 1)

clients' illnesses. She checked on the client and found she had bled a lot from a cut while in the tub. Ms. Rowe donned gloves, but was wearing sandals and had cracked feet. She says she would have been more careful if she had known about the Hep C. When she told her client's family about the accident, they told her about the Hep C. Rowe's doctor tested her, and found she was infected. Her employer told her it wasn't her business to know about her client's infection, and is no longer offering her work, but Ms. Rowe says she probably wouldn't take it, since she's afraid of passing on the Hep C.

"All Shubenacadie band staff, including the staff at the health centre, are required to respect and abide by federal privacy laws," said Maureen Googoo, spokeswoman, in an email, and said that neither staff nor clients can be asked to disclose their health issues.

A spokesperson for the provincial Health and Wellness Department wrote that health-care providers have been taught universal precautions. Still, Rowe wishes they could have at least told her that her client had a problem with her blood. She says they gave her a CPR course, but no information about universal precautions.

Source January 19, 2013

<http://thechronicleherald.ca/novascotia/470965-care-worker-upset-by-how-she-got-hepatitis-c>

IT SHALL SURVIVE

A recent study reported that over 60% of new Hep C infections are due to IV drug use. Few users share needles anymore, but these researchers proved that the disease can be spread by contaminated IV drug preparation items like filters, water to dilute the drugs, cookers and water containers. Their goal was to find ways to reduce transmission of the disease. They found that Hep C can live for as long as 3 weeks in water in bottles, even if they were washed. The virus was found in used filters. Even in high void volume TB syringes, virus was present as long as 63 days later. Glass bottles showed little virus; plastic bottles showed more, and aluminum cans contained the most virus, even if the water was changed. There are many effective, new treatments, but we must remember that the virus mutates, so the best strategy is to avoid getting infected. DON'T RE-USE WATER. Don't wrap filters in foil. HCV loves a moist environment and foil doesn't let the filters dry out. Each user should use his or her own sterile cooker, filter and syringe.

Source: Jan 15 2013

www.natap.org/2013/HCV/012213_02.htm

THE TIME HAS COME...

You probably don't want to tell just anyone that you have Hep C, but perhaps you have finally found your Prince or Princess Charming. Will your new relationship end when you give your partner the news that you have Hep C? You really don't want to tell after you have sex. How would you feel if someone did that to you? The moment you have been having nightmares about has come. So how do you go about telling?

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."

Caution: If you have other diseases such as herpes, which cause open sores, or if you have multiple partners or rough sex, you should use protection. Ideally you and your partner will get tests done for STD's.



Have HCV Advocate's pamphlet "Sexual Transmission of Hepatitis C" on hand (www.hcvadvocate.org/hepatitis/Basics/sextrans.pdf), along with other basic information.

Source: www.hcvadvocate.org/_2002_site%5COldsite/200005/page5.htm

(MUSIC—Continued from page 1)

(Seasonal Affective Disorder). He cites the American Music Therapy Association when he says that music has been used for healing and as a therapy since the days of the illustrious ancient Greek scholars. The good thing about music as a mood-enhancer is that it's free, natural and easy to access. It can't hurt your liver!! The author was diagnosed with ADHD (Attention Deficit Hyperactive Disorder) and found it hard to concentrate. As a teen, he found a song that allowed him to center himself, and played it over and over for three months. He was able to stop taking his pills. But music is not just for ADHD. Everyone can enjoy it—even the deaf, who can access music through vibration of speakers or even a stage. While music may not be able to cure Hep C, it can improve your health by lowering blood pressure and relieving anxiety, depression, and even pain by releasing endorphins and helping your body to make more proteins that improve healing. And of course, it can help you relax. The type of music that can help you...and of course this is individual preference...can be anything from rap to opera. As long as you like it and it makes you feel good, it should improve your mood. Our author quotes Maya Angelou: "Music was my refuge. I could crawl into the space between the notes and curl my back to loneliness."

Source: November 29, 2012

www.dailybarometer.com/medical-music-brightens-winter-spirits-1.2960490#.UNxvHuTBHw8



SUPER FOODS

1. Rhubarb relieves hot flashes. It's rich in potassium, vitamin C and fibre, but may cause stomach cramps, mineral and electrolyte imbalances, and is not for children or pregnant women.

2. Pumpkin seeds contain phytosterols, omega-3 and omega-6 fatty acids, phosphorus, magnesium, zinc and iron. They are high in fibre and calories. One cup (250 millilitres) contains 750 calories.

3. Goji berries are used for diabetes, hypertension, malaria, fever, cancer, and are very high in vitamin C and beta-carotene. There is no evidence yet of their benefits-- only testimonials and animal studies. Goji berries and juice are expensive.

4. Cinnamon may lower blood sugar in people with type 2 diabetes. It contains polyphenols. Taking 4 tablespoons of cinnamon oil has caused serious side-effects.

5. Quinoa is a very high-protein super-grain seed which contains all eight of the essential amino acids we need for tissue development. It is high in minerals, low in sodium,

gluten free, and low in saturated fat.

6. Psyllium is known as a laxative. It lowers LDL, or "bad," cholesterol, controls diabetes and controls appetite and weight. Add it into your diet slowly to avoid bloating and pain, and lots of water to avoid constipation.

7. Shallots contain a prebiotic that may let "good bacteria" grow in our intestines. They contain flavonoids (antioxidants) that may prevent cancer and heart disease.

8. Milk thistle is a liver tonic containing silymarin, and has antioxidant and anti-inflammatory properties.

9. Turmeric contains curcumin, found in curries. It is used in India to treat arthritis.

10. Borage oil contains gamma-linolenic acid—an omega-6 essential fatty acid. It has been used in critical care units to reduce lung inflammation in hospital patients, but it can be toxic to the liver. It should not be used in pregnant or nursing mothers.

Source: www.canadianliving.com/health/nutrition/cinnamon_turmeric_and_more.php

(PARTNERS—Continued from page 1)

of IDU, which to my mind was a good thing because all of these things needed to be taken into account.

Other interesting things investigated in the study were the number of lifetime sexual partners, frequency of sex, type of sex (vaginal, anal), whether sex occurred during menses (a woman's period), and whether condoms or barriers were used. As it turns out in the beginning of the relationships more protection was used, but eventually this became much more infrequent as did the sex. Many couples reported sex during menses or unprotected anal sex.

After all of the above was taken into account, including people dropping out because they wouldn't answer all of the questions—and by-the-way, if there were conflicting answers in a couple (like did you ever have an affair?) then the researchers went with the answer that was the most damaging, i.e., they assumed someone was lying—20 partners tested positive for HCV antibodies, and 13 of these were HCV RNA positive. Yikes!!!

Unlike previous studies, which would basically stop at this point, and which of course produced rather high rates of sexual transmission, this study decided to put everything under the microscope, which in this case was not only the minute details of a couple's sexual behavior but the actual virus itself.

Using serotyping and phylogenetic analysis (precisely identifying the genetic variations in the sample and running algorithms to map the divergence over time of a mutating virus), the researchers found that of the 20 partners who were HCV-antibody positive, 9 had the same genotype as the index person and 6 couples had active HCV. Of these 6 couples, "3 had strong evidence that the partners were infected with the same HCV isolate and 3 were consistent with infection by different HCV strains."

For the partners with the same "strain," the "estimated minimum divergence" times were 6.5 years (relationship of 18 years), 14.6 years (relationship of 28 years), and 6.2 years (relationship of 10 years) and in this last couple both reported sharing drug snorting equipment. This means that if in these cases the virus was transmitted in the relationship, it would have been 6.5, 14.6, or 6.2 years ago.

The researchers noted that the "concordantly-infected couples (3) were no more likely to share blood-contaminated objects, such as nail clippers, razors, and toothbrushes, than couples in which one partner remained uninfected...but were more likely to have vaginal intercourse during menses and anal intercourse and less likely to use

condoms." They concluded that "these differences, however, were not statistically significant."

So, where does this leave us? In the "Discussion" of the paper the researchers summarize their findings:

"Sexual transmission of HCV among monogamous heterosexual couples is an extremely infrequent event. The maximum prevalence of HCV infection among sexual partners of persons with chronic HCV infection was only 1.2%, and the maximum incidence of HCV transmission by sex was 0.07% per year or ~1 per 190,000 sexual contacts. Condom use was infrequent among the study participants and decreased over the duration of the sexual relationship, indicating that the very low rate of sexual transmission in our study population was not due to use of barrier methods during sexual activity...The minimum estimate of prevalence of HCV infection among viremic couples was 0.6% (95% CI [confidence interval]: 0.0%, 1.3%) and the incidence was 0.04% per year."

But even this is inconclusive, because the "incidence of HCV transmission by sex" was never conclusively shown, but rather only extrapolated—i.e., after taking everything into account, and excluding all other possibilities, it really looks like it could be sex but we have no definite proof that it was sex.

The researchers hypothesized that a low viral load in genital secretions "may be one reason that HCV is transmitted less efficiently than hepatitis B virus or HIV....

[T]ransmission of infection by sex may require a specific genital tract environment such as disrupted mucosal integrity or the presence of viral or bacterial coinfections. These factors may explain the recent reports of HCV transmission by sex in HIV-infected men who have sex with men."

One question seemed to nag at the researchers. What if the virus had been transmitted sexually in the beginning, but the partners had developed immunity and spontaneously cleared the virus? This would account for the fact that of the "12 couples that had concordant (or indeterminate) HCV genotypes or serotypes, 50% were HCV RNA negative." The authors note that, "This rate of spontaneous clearance is similar to that observed among persons infected at younger (<30 years) ages (by transfusion of whole blood, receipt of contaminated Rh immune globulin, IDU, or accidental needlestick injuries), and prospectively followed for 20 years. Although a younger age at infection might explain the high proportion of anti-HCV-positive, HCV RNA-negative partners in our study, one might

speculate that repeated exposures to small "doses" of HCV resulted in an immunization-like effect or facilitated viral clearance once infection occurred."

Of course the only way they could prove this would be to enroll people into a study that monitored them from "Day 1" of a sexual relationship, but this would really be difficult to set up for obvious reasons.

So, in the end, what can we say? It would appear that people who live together for a long time and have sex with each other can maybe pass the infection to their partners. Whether this happens sexually or not is difficult to say. What can be said is that it appears that HCV can be transmitted to a life partner, but it is extremely rare. How rare? Well, I asked our friend Lucinda K. Porter, RN and her scientist husband to do some statistical analysis for me (hey... I can't do everything) and find out exactly how the stats stack up. Here's what they found:

- ♦ If HCV risk is ~1 per 190,000 sexual contacts, then you would have to have sex 6.5 times a day for 80 years, and assuming that you were an early-starter at age 10, you would be having sex until age 90. I think this is way more than Magic Johnson had sex.
 - ♦ Your odds are 10x greater of getting murdered in the U.S. (18,000 to 1)
 - ♦ Odds are greater that you would die in an explosion: 1 in 107,787
 - ♦ 100 x greater of dying from any kind of injury during the next year: 1 in 1,820
- (PS: don't blame me; remember this is from the Queen of Hepatic Hilarity!)

In conclusion then, I am comfortable with the study, and agree with most of its conclusions. But I am not happy with the reality that HCV can be transmitted to a loved one. This makes me very sad—although thanks to Lucinda and her husband, this has been mitigated somewhat. The only glimmer of hope, then, lies in the promise of a cure for everyone, and that is quickly coming.

In this light, I still do not know how to counsel those who wish to begin a relationship, wherein one partner is positive and the other not. It is a tough decision, and requires some very big hearts.

Reference:

Sexual Transmission of HCV Among Monogamous Heterosexual Couples: The HCV Partners Study. Norah A. Terrault, Jennifer L. Dodge, Edward L. Murphy, John E. Tavis, Alexi Kiss, T.R. Levin, Robert Gish, Michael Busch, Arthur L. Reingold, Miriam J. Alter. *Hepatology*. 'Accepted Article', doi: 10.1002/hep.26164



Hep C Sites on facebook.



Hep C, the Silent Killer

facebook.com/pages/Victoria-BC/HepCBC/274985724940

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:

www.facebook.com/group.php?gid=311699175404&ref=share



HEPATITIS C CONNECTIONS

www.facebook.com/groups/222751877843182/

I have two groups:

Hepatitis C Connections on Facebook is a group for discussion & support for people living with Hepatitis C and their caregivers.

I also have my volunteer website, a safe place to get together and 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 needs this info.
www.wendyswellness.ca



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AN INVITATION FROM JACQUI

I want to invite all of you to a group I administer on Facebook called **Fighting Against Hepatitis C**.



(www.facebook.com/groups/fightingagainsthcv/?ref=ts&fref=ts)

It is a closed group where no one except the group members can see your posts. If you want an invite, let me know. Also, there is an open group with close to 3,000 members—many of them going through the triple therapy—and there is lots of information there too. It's called **FIGHT AGAINST HEPATITIS C**.

(www.facebook.com/groups/fightagainsthepatitisc/?fref=ts)



You are welcome to join either one to browse or participate. Apparently, almost all people, no matter what stage of liver disease, are being recommended treatment by their doctors now. I'm not against treatment, but I think a lot of people are not being told the full story of these treatments or the long-term effects of them. I am in favour of a "watch and wait" approach if liver disease is mild, since the newer drugs should be out in a few years, and they promise less toxic drugs with a better SVR and shorter treatment time. That's just my opinion, but I think patients should be given that option.

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 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



Hepatitis C Research and News

hepatitiscresearchandnewsupdates.blogspot.ca/

<http://www.patient-experience.com/index.php/hepatitis-c-a-blog-about-the-signs-and-symptoms-of-hep-c/>



Hepatitis C – a blog about the signs and symptoms of Hep C » The Patient Experience
www.patient-experience.com

Welcome to our latest informational blog about Hepatitis C (or Hep C as it is often called).

Pacific Hepatitis C Network

www.pacifichepc.org



www.hcvadvocate.org

HCV ADVOCATE
www.hcvadvocate.org

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

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604-525-0155

GLOBAL HEPATITIS C NETWORK IN CANADA



www.globalhepc.net



"At any age, staying strong and flexible helps you do the things you enjoy, and perform day-to-day activities with great ease."

Here, you can find a link to the Move for Life DVD, good eating tips and a series of short "walkabouts," "energy bursts," and lots of great health tips:

www.seniorsbc.ca/features/move_for_life_dvd.html

CONFERENCES

Canadian Digestive Diseases Week (CDDW) and Annual Canadian Association for the Study of the Liver (CASL) Winter Meeting
1-4 March 2013 Laurel Point, Victoria, BC
www.cag-acg.org/annual-conference-cddw

2nd Canadian Symposium on HepC Virus
National Canadian Research Training Program in Hepatitis C
4 Mar 2013 Inn at Laurel Point, Victoria, BC
www.ncrtp-hepc.ca/
(Registration: \$125; some students free)

23rd Conference APASL (Asia Pacific Assoc. for the Study of the Liver)
7-10 March 2013 Singapore
www.apaslconference.org/

21st Annual Conference of Indian National Association for Study of the Liver
22-24 March 2013
HICC, Near Hitec City, Hyderabad, India
www.inasl.org.in/indexhome.php?do=menu2&lmid=17

International Liver Congress 2013 - 48th Annual Meeting of the European Association for the Study of the Liver (EASL)
April 24-28, 2013
Amsterdam, the Netherlands
www.easl.eu/liver-congress

2013 8th International Workshop on Hepatitis C Resistance & New Compounds
June 27-28, 2013
Cambridge, MA
www.virtualmedicalcentre.com/conferences/2013-8th-international-workshop-on-hepatitis-c/2540

National Hepatitis Health Promotion Conference 2013
14-15 November 2013
Sydney, Australia
www.hepatitisaustralia.com/events/hepatitis-health-promotion-conference

INCIVEK CARE

Vertex's Incivek Care Patient Assistance Program supports patients with the reimbursement process for Incivek (telaprevir) treatment (Incivek, pegIFN, ribavirin). It will give you an efficient assessment of your options and eligibility. You may qualify to receive co-payment and other financial assistance to supplement your private and provincial drug program coverage. The program also provides dispensing and home delivery options, and expert treatment advice. Call the Support Line at 1-877-574-4298. (Select option 2 for English, then 2 for Incivek Care.)

MERCK CARE™

MerckCare™ is a program to help people who have been prescribed PEGETRON™, VICTRELIS™ or VICTRELIS TRIPLE™. The program provides:

- assistance with and/or insurance claims.
- financial assistance for co-pay/deductible for people who qualify.
- 24/7 nursing support by phone.
- multilingual assistance.
- home delivery of medication.

MerckCare™ provides all of these services free of charge. To enroll in MerckCare™, you can call 1-866-872-5773 or your doctor or nurse can submit an enrollment form for you. Reimbursement Specialists are available from 8:00 a.m. to 8:00 p.m. EST Monday to Friday, excluding statutory holidays.

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/

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

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

Other:

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

LOOKBACK/TRACEBACK

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

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

Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 3467) or 604-707-3467

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

Hema-Quebec Lookback/Traceback & Info Line:
1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario
1-800-701-7803 ext 4480 (Irene)
Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline
1-888-530-1111 or 1-905-953-7388
Mon-Fri 7 AM-10 PM EST
345 Harry Walker Parkway, South Newmarket, ON L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/ COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764 HepatitisC@kpmg.ca
Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-888-840-5764
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:
www.pre86post90settlement.ca/PDFs/SA/hepc_settleagreement.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 250-830-0787

• **Comox Valley** Harm reduction, counseling, advocacy. 355 6th St., Courtenay. Contact Sarah

sarah.sullivan@avi.org 250-338-7400

• **Nanaimo** Counseling, advocacy. 201-55 Victoria Rd. Contact Anita for details. 250-753-2437 anital.rosewall@avi.org

• **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

• **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

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

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

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

Comox Valley Positive Wellness North Island Treatment/Pre & Post-treatment Support Group 2nd & 4th Wed., 615-10th St., Courtenay. Lunch. Contact Cheryl Cheryl.taylor@viha.ca 250-331-8524.

CoolAid Community Health Centre, Victoria. Meetings each Wed 10 AM and Thu 1 PM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Roz rmilne@coolaid.org for info on treatment and/or group.

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggimstad@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. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-3891

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

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 & 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 Cheri 250-376-1296 Fax 250-376-2275

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

Mid Island Hepatitis C Society Contact mid-islandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Support Contact Fran. NEW: 250-585-3201. hepcpxpeersupport@hotmail.com

Nelson Info & support for prevention, testing, treatment and living well with hepatitis C. Women's gathering monthly. Contact Laura 1-800-421-2437, 250-505-5506, ankorshepc@ankors.bc.ca

New Westminster Stride "HepC" Support Group each Fri 10 AM *except* 4th Fri. of the month. Nurse Practitioner, refreshments. Contact: Stride Workers 604-526-2522, 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)

Penticton & District Community Resources Society, Harm Reduction Program, 330 Ellis Street, Penticton. Contact: 250-488-1376 or 250-492-5814

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

Positive Living Fraser Valley (Abbotsford) Hep C support Drop-in centre: Unit #1 2712 Clearbrook Rd., M-F 10:30 AM-4:30PM. Info, support worker, rides to appointments in surrounding areas. Contact 604-854-1101 or hepcsupport@plfv.org

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 Contact Ilse ilse.kuepper@northernhealth.ca

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

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 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.

YouthCO HIV/Hep C Society of BC. Drop-in T&W 12-3, Fri. 9-12. Call for appts M-F 10-6. 205-568 Seymour St. Vancouver 604-688-1441, 1-855-YOUTHCO Stewart stew.arte@youthco.org, Briony brionym@youthco.org www.youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 1-877-333-2437 bloodties@klondiker.com

OTHER PROVINCES

ONTARIO:

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

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

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, 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. <http://hepcnetwork.net>

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

Kitchener Area Support 3rd Wed. monthly, 7:30 PM, Ray of Hope Community Room, 659 King St. East (Enter off King St) Kitchener. Contact Bob 519-886-5706, Mavis 519-743-1922 or 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, www.hivaidconnection.com

Niagara Region Hepatitis C Care Clinic Education, Counseling and Support - Individual / Group, Treatment, Community Outreach, harm reduction. Contact 905-378-4647 ext 32554 HCCC@niagarahealth.on.ca www.niagarahealth.on.ca/services/hepatitis-c-care

Oshawa Community Health Centre Hepatitis C Team Drop-in, lunch provided each Thurs. 12-1 PM, 79 McMillan St. www.ochc.ca Contact 1-855-808-6242

Owen Sound Info, support. Contact Debby Minielli 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

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

Toronto CLF 1st Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext. 4932.

bpotkonjak@liver.ca www.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 Online Peer Support: info@hepns.ca www.hepns.ca

PRAIRIE PROVINCES:

Manitoba Hepatitis C phone and email support and outreach. Info Line: 1-204-779-6464 or contact Kirk at info@mbhepc.org. Direct line: 1-204-389-5814

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

To list Canadian groups here, please send details to info@hepcbc.ca by the 15th of the month. It's free!

