HEP C IN THE NEWS

INFECTION RISK AT U of REGINA

The University of Regina has sent warnings over to 260 people—students, volunteers and fee-for-service clients, who took kinesiology or health studies and had “blood lactate level testing” there between 2006 and 2012. Not all the names of the 267 people were filed, so 644 letters are being sent out, just in case. The lancet used was replaced but the holder part was reused after being wiped with alcohol. The risk of infection is VERY low.

Source: http://ca.news.yahoo.com/university-regina-says-improper-blood-testing-puts-100s-193321243.html

9 Oct, 2013

SIMEPREVIR & SOFOSBUVIR APPROVED IN US

The US FDA has just voted unanimously to approve the use of Janssen’s simeprevir together with PR (pegIFN/RBV) for 24 weeks, and sofosbuvir + PR for 12 weeks. This decision is the prequel to two IFN-less treatments, to be approved early next year: sofosbuvir + PR for 12 weeks. This decision was considered to be a poet among his followers, and has been immortalized in his many albums and on YouTube. His hepatitis C made it necessary for him to have a liver transplant last year, and liver problems seem to have been the cause of his death.

Lou was from Long Island, NY, and dropped out of high-school to pursue his career. He is especially known for his “Walk on the Wild Side”, “Transformer”, “Metal Machine Music”, and “Sally Can’t Dance”.

“He definitely always followed his own dark muse and mercurial instincts...” His passion and commitment to his art will be greatly missed.

Sources: http://lafiga.firedoglake.com/2013/10/27/rip-lou-reed/

MY STORY

Sept. 2013

by Andrew Cumming

My adventures as a hemophiliac started when I tried to walk at nine months of age in early 1960 and my ankle blew up like a balloon. I was living in Gravenhurst where I proceeded to wait another nine months before trying to walk again. I guess that bleeding ankle must have hurt quite a bit. Once or twice a week my mom or my dad would take me up to the nearest hospital, which was in Bracebridge, where I would get a unit or two of fresh frozen plasma in an attempt to treat my bleeds. Cryoprecipitate wouldn’t come along for another five years, and freeze-dried factor concentrates were in the far distant future at this time.

Mine has been a life of close calls and very fortunate timing. The fact that cryoprecipitate came out just as I started to get active and go to school, and the fact that my dad was a doctor, meant that we kept supplies of the stuff on hand at home and both mom and dad could infuse me at the first sign of trouble. This meant that I was on the vanguard of the first wave of hemophiliacs to lead relatively “normal” lives. By the time I was in grade one our family had moved to Toronto. I was able to participate in most gym and schoolyard games, and when I did have a bleed I was infused and sent off to school on crutches for a few days. I started to self-infuse at the age of eight. The remainder of my school days were uneventful. I ran cross country, joined the swim team, snow-skied, water-skied, and when I did have a bleed I was infused. I guess that bleeding ankle must have hurt quite a bit. Once or twice a week my mom or my dad would take me up to the nearest hospital, which was in Bracebridge, where I would get a unit or two of fresh frozen plasma in an attempt to treat my bleeds. Cryoprecipitate wouldn’t come along for another five years, and freeze-dried factor concentrates were in the far distant future at this time.

Mine has been a life of close calls and very fortunate timing. The fact that cryoprecipitate came out just as I started to get active and go to school, and the fact that my dad was a doctor, meant that we kept supplies of the stuff on hand at home and both mom and dad could infuse me at the first sign of trouble. This meant that I was on the vanguard of the first wave of hemophiliacs to lead relatively “normal” lives. By the time I was in grade one our family had moved to Toronto. I was able to participate in most gym and schoolyard games, and when I did have a bleed I was infused and sent off to school on crutches for a few days. I started to self-infuse at the age of eight. The remainder of my school days were uneventful. I ran cross country, joined the swim team, snow-skied, water-skied, played in the band, and in high school, be-
The letter and/or name to appear in the bulletin. (Doesn’t include membership privileges)

http://hepcbc.ca/hepc-bull-monthly-newsletter/

You may also subscribe or donate online via

Note: The hepc.bull is mailed with no reference to your interest of space.

“I want to volunteer. Please contact me.”

“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 online via

PayPal at www.hepcbc.ca/orderform.htm

Download the hepc.bull free at http://hepcbc.ca/hepc-bull-monthly-newsletter/

SUBMISSIONS: The deadline for any contributions to the hepc.bull is the 15th of each month. 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 10th 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: Joan King
PHONE: (250) 595-3892
FAX: (250) 595-3865
EMAIL: info@hepcbc.ca
WEBSITE: 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.

(MY STORY—Continued from page 1) I came a competitive sailor, winning a number of regional and national championships. Many of you reading this will find all of this unremarkable. Most hemophiliacs today participate in a full complement of sports, recreational and social activities. Forty or fifty years ago this was not the case for most of us. No sports, poor academics due to lengthy absences from school and crippled bodies led many hemophiliacs raised in the ‘60s and before to lead unproductive lives, professionally and socially. It is in this sense that I was so very lucky to benefit, at an early age, from the miracle of cryoprecipitate.

In 1978, after a year of university I decided that I wanted to take a run at the 1980 Olympics in sailing. My dad helped me buy a Flying Dutchman-class sailboat, and I started dragging it around the continent, going to regattas to train for the Olympic Trials to be run in the spring of 1980. Half way through those trials to see who would be on the Canadian Olympic Sailing Team, the Americans and most of their allies announced that they would be boycotting the Moscow games because of Soviet military involvement in Afghanistan, and so ended my Olympic dreams. Ironically, we and the Americans engaged in pretty much exactly the same sort of military intervention in that same country some 30 years later.

As I was preparing to go back to university in the fall of 1980, I noticed an enlarged and hypersensitive testicle. Thinking this must be somehow related to my hemophilia I treated it with the then novel product known as freeze-dried Factor VIII (I happened to be friends with Ricky, Robert and Randy Ray, who were all campers at a hemophilia camp I volunteered at in central Florida during the eighties, and whose house...)

(Continued on page 4)
There were 12 of us on the “HepCBC Liver Warriors” team this year at the October 13, 2013 Victoria marathon. Half of us were hepatitis C-positive (HCV+). We came in #25 in the Half-Marathon teams. Special thanks go to Doug T., Sarah S., Steve F., and Douglas L., who had the four best times that got our team that great placement!

Rosemary P., Ethan R., and Cheryl R. were the last ones from the team onto the finish line, but hey! WE got the news coverage. A CHEK News cameraman met us as we crossed the finish line and interviewed us!

The goals of the team are to fight stigma against HCV+ people, to raise awareness about hepatitis C and encourage testing, to raise funds for HepCBC’s education, prevention, and support programs, to demonstrate the benefits of exercise for those with liver disease, and of course to improve our own health, meet new friends, and have fun!

We raised approximately $3500, mostly from our sponsor, pharmaceutical company Janssen, Inc. Several of us manned a large hepatitis C information booth at the 2-day pre-race exposition where we handed out pamphlets, red and yellow ribbons, and had many great discussions with the other (more serious!) athletes and their families.

Many were supportive, but some were a little surprised to see a hepatitis C booth in this exposition. They took a red/yellow ribbon and wore it, anyway, because we told them if they did, they’d run faster (Anita’s idea!)

To support the Liver Warriors, consider sending a “2013 Post-Race” donation to HepCBC through this site: www.canadahelps.org/GivingPages/GivingPage.aspx?gpID=19683, joining our team next year, or starting a Liver Warriors team at your local marathon. If you need ideas, go to www.hepcbc.ca/exercise/ or www.hepcbc.ca/marathons-walks/. Watch our video on You Tube: www.youtube.com/watch?v=-FKC39ChTes.
INFO TABLES: WHY?

HepCBC Information Tables: A Powerful Way to Educate and Fight Stigma

HepCBC has been using information tables a lot recently to educate people about the hepatitis C virus (HCV) and fight stigma, at the same time. The tables are customized for the audience at each special event, but all the tables have a variety of pamphlets (from CATIE, Canadian Liver Foundation, PHAC, BCCDC, and HepCBC), and a large information display, with one to three HCV+ volunteers manning the table.

One of the major barriers to people getting tested is ignorance—about the way HCV is spread, the many decades it normally takes for symptoms to develop, the severe organ damage that can occur during this ‘silent’ phase of the disease, the greatly increased chance of liver cancer or liver failure or the need for transplant, and that, while there is no vaccine, there is actually a good chance they can get cured if they are treated in time. A lot of people know they have the disease, but have decided nothing can be done about it, or have decided they’ll wait until they have debilitating symptoms before they go for treatment. We encourage these people to look into upcoming treatments, and we point out the advantages of getting treated before major damage has occurred.

Another major barrier to testing is stigma: “Bad people get hepatitis C. I’m not a bad person, so I couldn’t have hepatitis C, therefore I don’t need to get tested.” OR “I might have hepatitis C, but if I actually find out I have it, I’ll have to tell my family/partner(s)/employer, and if they find out, I may lose my family or job, therefore I’ll take my chances and not get tested.” An openly HCV+ person behind the info table can help people see that HCV is nothing to be ashamed of; that getting tested is a responsible thing to do, and that a diagnosis of HCV does not have to be “a death sentence.”

With HepCBC information tables, we give the information with a smile and an accepting, understanding attitude that can change people’s minds and hearts – and hopefully encourage some of them to get tested, as well. In 2012, we had information tables at our March Educational Forum in Victoria, the Victoria marathon, and the Victoria Immigrant/Refugee Centre health fair in Victoria. This year we’ve had tables at the marathon and immigrant/refugee health fair, once again. We will also have a table at the October 22-24 First Nations “Gathering Wisdom” Health Fair in Vancouver, and at the November 8-9 forum for infectious disease physicians and nurses in Victoria. If you want to have a hepatitis C info table at a local event, we advise looking at CATIE’s website www.catie.org and ordering their free pamphlets several weeks in advance. HepCBC also has peer support pamphlets we can send to you. While this is a free service, if you can afford to send a donation to cover printing and postage, that really helps. We’d love to hear about your HCV information table experiences. (Good or bad. Any tips?)

(MARATHON—Continued from page 3)

If you can read the fine print on their ID tags, Wally and Haixia, in their second year in the half-marathon, ran under the same name, “SPEED”!
They definitely ran much faster than several other Liver Warriors.

(MY STORY—Continued from page 2)

was burned in an attempt to drive them out of town). People lost their jobs. People lost their lovers and spouses, and couldn’t find new ones. It was a truly horrible time, as those of us who lived through it remember so well.

My fiancée decided to stay with me, which was a great relief, and we were married a year and a-half later in June, 1987.

As the eighties wore on and many hemophiliacs around the country started to show the signs of full blown AIDS, I carried on with my studies, a post-doctorate, and finally landed a professor position at a major university, all the while waiting for what seemed to be the inevitable. Probably the most challenging aspect of this illness, at least for me as a seemingly healthy victim, was the necessity to keep confidential the information that I was HIV-positive. The prejudice and hysteria surrounding this disease was intense, and took literally decades to subside, even with the massive educational efforts by both governments and NGOs, followed by legislation concerning the human rights of HIV sufferers. With all the work I had put into my education and career since surviving cancer, there was no way I was willing to have my dreams and aspirations sidelined by a bigoted and ignorant public.

More and more was being learned about the virus by the researchers, and we patients who were still not sick carried on with life, monitoring CD4 levels and viral loads, and watching the newspaper obituary page for death notices of our friends. And there were many. I was lucky, in that, despite astronomical viral counts, my CD4’s stayed in the 300s up until the presentation of the therapeutic alternative of AZT to the general HIV population. I stayed away from AZT for a year or so because I was still feeling very healthy and the side effects of this potent and toxic medicine were far from well understood. I eventually started taking it when I realized that the key to survival was getting the viral loads down, reducing the rate of mutation, which if left unchecked would eventually yield up a strain that was able to overcome what was left of my immune system and maybe even drug therapy in the future.

By the early 1990s, with virtually all of the severe hemophiliacs infected with HIV, and more than 75% of them dead, dying or showing signs of AIDS-related illnesses, many professionals in the field started looking to new areas in which to practice. It
truly seemed that within a few more years there wouldn’t be enough hemophiliacs left to support the clinics. Some giants in the field, like Dr. Peter Levine, who was a pioneer in the creation of comprehensive care clinics for the treatment of hemophilia, abruptly abandoned their posts when their clinical patient cohort, their own lives’ work, were eviscerated by this horrible “hemophilia holocaust,” as I call it. At the St. Michael’s Hospital clinic where I was a patient, we were luckier. Drs. Teitel and Garvey and, most importantly for me personally, Ann Harrington, stayed on station, treating, consoling, commiserating with and supporting their flocks as they shepherded them through the fires.

As for me, my life of close calls and fortunate timing continues. It is an unhappy fact that the woman I married in 1987 left me in 1994. I didn’t really know why at the time, but in retrospect I think it is because she didn’t want to have children with somebody who was sure to die before they grew up. Ironically, by the time this happened I was responding very well to the cocktails of drugs they were serving up, and my viral load had become undetectable. I had never had an HIV-related opportunistic infection. I was maintaining my CD4 levels. But I admit that there was a huge element of uncertainty as to what the future would hold for me. I was devastated, of course. I knew that it would be impossible to marry anyone else. Who, in her right mind, would even go on a date with a crippled HIV-positive divorced man? But I was wrong. I am always amazed at the capacity for courage and compassion that some human beings possess. I was able to start dating again, and met my soul mate, Hillary, in 1996. By this time I had abandoned my career as a physics professor, and had become a financial derivatives trader (that’s another whole story) at a major bank. Hillary worked there. We were married in 1998 and were blessed with children in 2000, 2001 and 2010! I continued my work on Bay Street for another few years before the “other virus” (hepatitis C) started to work its spell on my liver. By 2003 I had had several hospitalizations for bleeding from esophageal varices, which for hemophiliacs are extremely dangerous. I knew it was only a matter of time before one of these bleeding episodes killed me. By late 2004 I had a fully decompensated cirrhotic liver and was in danger of dying from the complications of advanced liver disease directly, even if I managed to continue to dodge the internal bleeding for a while longer. I was lucky enough (and wealthy enough, something that was a direct outcome of moving from academia to finance, although that was not why I made the move originally) to get onto the liver transplant list at the University of Miami in Florida, and in May of 2005, managed to get a transplant. Curbing my Hep C infection turned out to be a struggle. I was on a double dose of interferon for 18 months because the standard interferon/ribavirin therapy had failed to clear the virus in an earlier attempt in 1999. Those of you who have endured that particularly sinister form of chemotherapy know the hell that I was to live through. The only good thing I can say about it was that it worked.

I am now clear of Hep C, my HIV is totally under control (still undetectable viral loads and CD4s in the 400s), and wonder of wonders, my hemophilia is cured. The liver is where Factor VIII is manufactured, so when you get a new liver, you get a clotting factor factory at the same time. Too bad my poor old knee, ankle and elbow are so messed up from a lifetime of hemarthroses, or I would be perfect (lol). As my son, now 13, and older daughter, 12, settle into the monumental struggle that is adolescence, and my baby, 3, develops her full measure of toddler sass, my wife and I embrace the mundane reality of simply trying to do the best job we can at bringing up a family. Life goes on.

Reprinted from the HCVAdvocate
Sep 20 2013 with their kind permission.
UPDATE on "Dale" and the Liver Transplant Situation for Patients from outside Vancouver Area:

The latest update on our friend awaiting a liver transplant in Kamloops indicates that Dale has come out of his long hepatic coma, and is working with the Vancouver Transplant Assessment Team. His social worker says he continues to ready himself for his transplant. This includes meeting with local (Kamloops) specialists to monitor his medical and psychological condition. He still faces an uphill battle once his "beeper" signals news of an available liver. At that point he will be rushed to Vancouver for a long and risky emergency operation. But that’s not the last of the hurdles he and his family will face.

His relatives and support team in Kamloops will want to be with him, but it will be extremely difficult for them to leave their jobs and families in Kamloops to support Dale for the 2-3 month “post-transplant period” in which he must remain in Vancouver. The Transplant Assessment Team requires proof that such social support will be available locally (in Vancouver) before it will put someone on the transplant list. It will be quite expensive for him and his support team to find somewhere near the hospital to live during that time. The Transplant Assessment Team also requires proof that transplant patients and their support person or team will have a place to stay during the post-transplant period. While entirely reasonable, these requirements obviously create huge challenges for liver transplant patients and their families from outside Vancouver!

That’s where the Happy Liver Society (HLS) comes in. Karen Stacey, its founder, and a transplant survivor herself, has some amazing stories we hope to share in another issue. HLS owns a condo which he must remain in Vancouver. The government should address this regional inequity. Until then, the Happy Liver Society team is doing its best to fill a huge void, and the hepatitis C community should be doing everything we can to help them fulfill their mission.

DID YOU KNOW?

FLU VACCINES ARE LINKED TO A LOWER RISK OF DAMAGE FROM HEART ATTACKS

GET YOUR FLU SHOT!!

Need more info?

Click HERE


THANKS!!

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

Please patronize these businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Roche Canada, Vertex, Gilead, Janssen, Bristol-Myers Squibb, Boehringer-Ingelheim, VanCity, Shoppers Drug Mart, Market on Yates, Country Grocer, Safeway and Thrifty Foods.

SVR HONOUR ROLL

We often hear only the stories of those who are suffering with Hep C. Our responders go back to “real life” and want to forget about their struggles with Hep C. Have you responded to treatment and remained undetectable for a minimum of 12 weeks after finishing treatment (i.e., SVR or Sustained Viral Responder)? Let us help you celebrate. You can give others hope. Please take a minute and send us your name, genotype, date of SVR, and type of treatment to post here, and we’ll add your name (or initials). Congratulations to our friends:

1. GJ - Dec 1998 - IFN/RBV 52 wks—Dr. Anderson /Natalie Rock, Vancouver, BC.
4. Kirk Leavesley (GT1) – 2004 – Roche
6. Beverly Atlas (GT1a) - 2006 - Albuferon/ RBV 44 wks
8. Gloria Adams (GT1b relaper) - Fall 2009 IFN/RBV/Telaprevir 48 wks -Dr's Erb & Yoshiha, Vancouver, BC.
9. Don Croock (GT1) Stage II - Dec. 2010 IFN/RBV - 48 weeks
10. Daryl Luster (GT1a) - Feb 2011 - IFN/ RBV/R0524048 48 wks.
12. Cheryl Reitz (GT1b partial responder) SVR12 - Mar 2013 - Asunaprevir/Daclatasvir 24 wks - Dr. Ghesquiere, Victoria, BC.
13. Anita Thompson (GT1a treated 3 times) Cirrhosis - April 2013 - Pegasys/Boceprevir 48 wks. Dr. M. Silverman, Whitty, ON.
14. Joan King (GT1b treated 5 times) SVR12 Apr 2013 - Asunaprevir/Daclatasvir 24 wks Dr. Ramji, Vancouver, BC.
16. This could be YOU!

We know there are many more of you. Please send your name and information to Joan at info@hepcbc.ca and help raise the hope of those still infected.
**CONFERENCES**

AASLD - the 64th Annual Meeting of the American Association for the Study of Liver Diseases  
1-5 Nov 2013  
Washington DC  
[www.aasld.org/Pages/Default.aspx](http://www.aasld.org/Pages/Default.aspx)

EASL Masterclass on Hot Topics in Hepatology  
14-16 Nov 2013  
Bordeaux, France  

EASL Translational Research in Chronic Viral Hepatitis - Bridging Basic Science and Clinical Research  
29-30 Nov 2013  
Lyon, France  
[www.easl.eu/events](http://www.easl.eu/events)

HEP DART 2013  
frontiers in drug development for viral hepatitis  
8-12 Dec 2013  
The Fairmont Orchid -Big Island, Hawaii  

3rd Global Workshop on HCV Therapy Advances New Antivirals in Clinical Practice  
13-14 December 2013  
Rome, Italy (t.b.c.)  

2013 International Conference on Viral Hepatitis  
24-25 December 2013  
Bangkok, Thailand  
[www.waset.org/conferences/2013/bangkok/icvh/](http://www.waset.org/conferences/2013/bangkok/icvh/)

7th Paris Hepatitis Conference  
13-14 January 2014  
Paris, France  
[www.aphe.info/home.php](http://www.aphe.info/home.php)

3rd Canadian Symposium on Hep C Virus  
7 February 2014  
Toronto, ON, Canada  
[www.easl.eu](http://www.easl.eu)

EASL - The International Liver Congress 2014  
Wednesday, 9-13 April 2014  
International Convention Centre ExCeL  
London, United Kingdom  
[www.easl.eu](http://www.easl.eu)

DDW 2014  
3–6 May 2014  
McCormick Place -Chicago, IL  

**MERCK CARE™**

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

- assistance with reimbursement 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.

**COMPENSATION**

**LAW FIRMS**

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-actions/hepcvactive/red-cross.php](http://www.kleinlyons.com/class-actions/hepcvactive/red-cross.php)

Kothhammer Batchelor & Laidlaw LLP  
#208, 11062 – 156 Street, Edmonton, AB T5P 4M8  
Tel: 780-489-5003 Fax: 780-486-2107  

**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](Irene.dines@Blood.ca)

RCMP Blood Probe Task Force TIPS Hotline  
1-888-350-1111 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

**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. Depending 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 as per the approved product monograph. This service is accessed through the Victory Program: 1-888-706-4717.

**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.)
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, counselling, advocacy. 355 6th St, Courtenay. Contact Sarah sarah.sullivant@avi.org 250-338-7400
- **Nanaimo** Counseling, advocacy. 201-55 Victoria Rd. Contact Anita for details. 250-753-2437
- **Port Hardy** (Port McNeill, Alert Bay, Port Hardy, Sayward, Sonotula and Wise) Drop in kitchen. 7070 Shorncliffe Rd. Contact Tom 250-949-0432
denilone@jefferis@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

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

Burnaby HCV Support Contact Beverly 604-435-3717 buta@bcu4u.net

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

Chilliwack PCRS Hep C Prevention, peer support, harm reduction. Meetings 3rd Mon monthly, 45004 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416, birdsall@pcrs.ca www.pcrs.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@vhca.ca 250-331-8524.

CoolAid Community Health Centre, Victoria. Meetings each Wed 10 AM and Thu 1:30 PM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Rox

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 droopmart@shawca

Covichuan Valley HCV Support Contact Leah 250-748-3432 il-s@attig@shaw.ca

HepBC info@hepbc.ca www.hepbc.ca

**Victoria** Peer Support 2nd & 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 1-800-661-7554 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 Cherri 250-376-1296 Fax 250-376-2275

Kelowna Hepkope Phone support, meeting info. Contact Lisa 1-866-637-5144 limorton@telus.ca

Mid Island Hepatitis C Society Contact mid @askwell.ca (phone support)

Nanaimo Hepatitis C Support Meetings 1st & 3rd Thu 3-5 PM 437 Wesley St. (access off Franklyn St) Contact 250-585-3201, hepczpeerasupport@hotmail.com

Other Provinces

ONTARIO:

- **Barrie Hepatitis C Support** Contact Jeanie for info/appointment jeanievilleneuve@hotmail.com
- **Hamilton Hepatitis C Support Group** 1st Thurs. monthly, 1:30 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 anukowski@hcmche.ca
- **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 hepccommitee@gmail.com, www.aidsnorthbay.ca
- **Hepatitis C Network of Windsor & Essex County** Last Thurs. monthly, 7 PM, Teen Health Centre, 711 Pelissier St., Suite 4, Windsor. Contact Andrea Monkmak 519-697-0490 or hepca@windsor.ca, http://hep Wendy c.com
- **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 519-888-5702, Mavis 519-743-1922 or waterlooregio nhealthsupport@gmail.com
- **London Hepatitis 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.hivaidsonline.com
- **Niagara Region Hepatitis C Care** Contact Jeanie for info, support, treatment & - Individual / Group, Treatment, Community Outreach, harm reduction. Contact 905-378-4677 ext 32554
- **HCC@niagara@health.ca** www.niagarehealth.on.ca, services/hepatitis-c-care
- **Oshawa Community Health Centre Hepatitis C Group** Drop-in, lunch provided each Thurs. 12-1 PM, 79 McMullan St. www.sche.ca Contact 1-855-808-6242
- **Owen Sound Info, support** Contact Debby Minnely dminnely@publichealthgreybruce.on.ca

OTHER PROVINCES

PEEL:

- **Region** (Brampton, Mississauga, Caledon) 905-799-7700
- **health@peelregion.ca**
- **St. Catharines** Contact Joe 905-682-6194

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

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

York Region Hepatitis C Education
- **Peep** 2 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@hepworkregion.org www.hepworkregion.org

QUEBEC:

- Quebec City Region Contact Renee 418-836-2307
- **renee@northeastquebec.ca**

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@mmbhp.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. Call 403-770-7099 betty2@internetnet.ca

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