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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

NEW COMMITMENT: ADDRESSING VIRAL HEPATITIS - AMERICAS

Ministers of health from across the Americas have recently committed their countries to important new public health actions including a plan to address viral hepatitis.

When the Pan American Health Organization (PAHO) met in Washington, D.C., from September 28 to October 2, 2015 for the 54th Directing Council of the Regional Office for the Americas of the World Health Organization (WHO), PAHO's 35 member states adopted new regional strategies and plans of action addressing a number of major public health concerns.

The *Plan of Action For the Prevention and Control of Viral Hepatitis* adopted on October 2nd seeks to eliminate hepatitis B and C by 2030 and commits member states, including Canada, to:

- making viral hepatitis a priority public health issue
- promoting an integrated, comprehensive response and establishing specific targets
- developing and strengthening strategies for awareness in order to increase access to prevention, diagnosis, care, and treatment services
- maintaining or expanding hepatitis B virus vaccine programs for newborns and children and expanding vaccine coverage among vulnerable populations
- establishing specific strategies for prevention of transmission of hepatitis B and C in key populations and vulnerable groups, including within and outside of health care settings
- supporting the development and implementation of national policies, regulations, norms, and capacities for screening, diagnosis, care, and treatment of viral hepatitis based on WHO's evidence-based guidance
- promoting the inclusion of diagnostics, equipment, and medicines related to viral hepatitis in national essential medicine lists

(Continued on page 3)

HOLKIRA (VIEKIRA) PAK & TECHNIVIE: NEW COVERAGE AND RISKS

"Maybe the government will now understand how necessary it is to treat people before they develop cirrhosis."—Joan King, *hepc.bull* Editor

The cost of AbbVie's Holkira Pak (Viekira Pak in the US) for genotype 1 hepatitis C is now covered in Canada from coast to coast as of October 14, 2015. On October 21, Technivie, AbbVie's genotype 4 combo (same drugs as in Holkira Pak with one component removed) was granted a Notice of Compliance, approved for sale in Canada. While we were celebrating these great developments, on October 22nd, we were disturbed by news from the USA putting into question the safety of these very treatments. The US Food and Drug Administration (FDA) reported that these drugs have caused serious liver injury and death in some patients.

When we investigated further, we realized that Canadian labels already meet the new FDA standard, allowing these drugs to be used only in those with no liver damage up through mild (Child-Pugh A) cirrhosis. The problem was the US labels were not as restrictive as Canada's. The reported injuries and deaths occurred within a subgroup

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LISA HARNOIS

October 16, 1947-January 9, 2015



Mexico c. 2005

Photo shared by CD Mazoff, PhD

Lisa Harnois, of Cranbrook, BC, former administrative assistant at the Ministry of Education, has been my friend and Facebook friend for years. I met her at our support group meetings in Victoria. As it tends to happen, I lost contact with her, when she stopped answering my messages (2013) but the other day, received a notice that it was her birthday. I went to her Facebook page and discovered from the messages there that she had passed away.

One of our members said this about her: "She was very upbeat!! Always had a positive attitude."

I remember Lisa as being friendly, fun and feisty. She was very intelligent and well-educated. She wrote an article in the *hepc.bull*: http://hepcbc.ca/wp-content/uploads/minutes-agendas-newsletters/hepc-bull_2002-11-01.pdf

Visit Lisa's Facebook page:

www.facebook.com/lisa.harnois.1

—By Joan King



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SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at jking2005@shaw.ca, (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

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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.

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VANCOUVER (OUTREACH) OFFICE, #206A - 938 Howe Street. Mondays and Thursdays, 10 am - 2 pm OR other times by appointment (call or email to arrange).

NEW SUPPORT PHONE LINE NUMBERS: VANCOUVER & LOWER MAINLAND: 1-604-259-0501

FOR THE REST OF BC: 1-778-655-8000



People who contracted hepatitis C from a blood transfusion between 1986 and 1990 may be eligible to have hepatitis C treatment expenses covered by the Hepatitis C January 1, 1986 - July 1, 1990 Class Actions Settlement. To learn more about these programs, see [Compensation](#).

LINDA'S BLOG Continued from October

LINDA'S BLOG CONTINUED:

Today being Monday the 10th, I received an appointment for a lung function test by mail, and then the phone rang, and I have an echocardiogram tomorrow. Wow! Appointments are flowing in now. That is quick work. Only one biggie to go after these.

I have an appointment to see Dr. Peretz on the 24th of September to review tests.

Today being the 12th of August, I got a phone call from the social worker, Jamee Anderson. We will be meeting with her next Tuesday, just before my gastroscopy. This meeting report gets sent into Toronto so they know who I am and what my supports are.

I had my meeting with Jamee Anderson, the social worker. She is very nice and helpful and gave lots of info about the Toronto visit, accommodations, trip cost remuneration from Manitoba Health, length of stay, and what all would be done there, etc. I am guessing that will be sometime in October, after all the tests are done.

Then came the Gastroscopy. I reacted to the anaesthetic when I got home. I was quite

sick to my stomach, so I will mention that when I go for my ablation, so they can start Gravol IV. It made me feel spaced out for another day, and then it was gone.

On the 24th of August, I will have a 2 hour CT scan of the entire abdomen. That is quite a scan, and I am fasting! Will not get anything to eat until after that is over. I will make sure I take along some muffins for when we stop for coffee on the way home.

The ablation will be on the 2nd of September, and it will be an overnigher for me. I get my blood work done on August 31st for the ablation as well as my regular blood work and viral count. I will finish my 12th week of Harvoni on the 27th of August.

I am so glad that I have a husband who is supporting me all the way. It is rather overwhelming, having to go into the city several times a week. I think we will stay in Winnipeg for the three-day stint, just to give us a break from all the early morning travel. We leave before 6 AM many days. For the ablation, we will stay in Winnipeg, because I have to be there by 6 AM, and to get up at 3:30 AM would be asking too much.

I had my ablation on Wednesday. I had a pack of platelets beforehand. There was no order for that, so when I told them what Dr. Peretz had said... I guess not everything gets passed onto to the next group of people, so you have to take the initiative to tell them. The nurses had to get an order, or the procedure would have been cancelled. I was not out of it for everything, and did feel the burning in my back when they burned the area three times. The doctor told me that if they didn't get it all, they would redo it. I had told of them of the reaction I had to the drugs after my gastroscopy, so they gave me Gravol prior to the procedure. That worked great, but I was really wonky for the whole day and could not even walk straight. I am glad that is over for now. They did an MRI the next morning before sending me home. Today I am feeling achy, as if I have the flu. Hopefully that will go away. I am not used to being down.

Today being the 8th of September, I got the news that I am negative for the virus. Undetected!!! I have decided not to allow the virus to take up free room and board anymore. 39+ years is long enough. Tomorrow we head off to Winnipeg for the MIBI test day 1 and day 2, and then the pulmonary function test on Friday-- Time to celebrate new begin-

(Continued on page 3)

(LINDA'S BLOG—Continued from page 2)
nings.

I finished the MIBI tests and the PFT, and I aced them. A funny story about the MIBI test: The doctor had prescribed a drug to be given IV to raise my heart rate. I suggested they try the treadmill, and they were very reluctant to do that but after telling them that I have walked for 30+ years they finally agreed to it. They put it on an incline and off I went. It did not take long for me to reach 130 beats a minute, and when I stopped, my heart went down as well as the BP at a nice pace. They were so amazed! That is not what they had expected in the short time that I did it. They probably had not seen that from someone who is 67.

Today being Oct 1, I had an appointment with the transplant doctor. He tells me at this time, I do not need a transplant. I am in too good of health! I will be having an MRI in December to see how successful the ablation was. If I need another ablation, then they will do that instead. What an answer to prayer! I saw Dr. Peretz on Oct 1. He said that a transplant is not needed since I am in good health. He will book another MRI and that is for the 17th of December. He said that Dr. Bernstein would also like to do a colonoscopy and asked whether I wanted one now or do both the gastroscopy and the colonoscopy together. I said do them both together. That way I only have to deal with the effects of the anaesthetic once instead of twice. So that will be next August.

On the 7th of October, I saw Dr. McKay. He said that, according to the Cat scan during the ablation, they got all of the cancer. After the MRI I will be seeing him again. My goodness, I have a lot of doctors keeping track of what is going on. Oh, yes. I have another MRI booked for January. I think that is a bit much. All of my doctors want their own results, I guess. I did phone to question that, but have not received a call back. I will stop by the desk when I see Marianne next week for blood work. I am starting my last bottle of Harvoni!! Time has gone by so fast.

On the 13th of October, I saw Dr. Skrabek. I kept her up to date with what went on last summer, and she has other treatments for the low platelets if I need them. She will follow up with Dr. Kaita and McKay. She also wants to see me in January. She's keeping track of my platelets! They were up to 57 at the last visit.

Since the virus has been undetected, I am noticing that I am coughing very little, and I am not being bothered by sensitivities to gluten and sugar as much. That is a good sign. I feel good, and that has not changed.

ERADICATING CURABLE DISEASES

by Shakuntala Soden, PhD, HepCBC Education Project Mgr. (based in Vancouver)

Recently, the influential publication *The Economist* (10 October 2015) ran an article about the need to eradicate seven diseases from the world. Hepatitis C was one of them. *The Economist* highlighted the fact that hepatitis C currently kills half a million people a year, although treatments are now almost 100% effective. As you can imagine, the interest of *The Economist* lies mainly with finances and global economies. However, it reinforces the point that eradicating Hep C will not only stop the needless suffering, pain and distress that this disease causes, but will also result in financial benefits, both regionally and globally. Iceland is one such country which has eradication on its mind. It has entered into an agreement with Gilead Sciences to treat all sufferers of hepatitis C in Iceland, free of charge. Of course, the number of Hep C sufferers in Iceland is relatively small—an estimated 1,200. In fact, Egypt, too, has entered into an agreement with Gilead to provide treatment at about 1% of what it costs to treat an infected person in the US.

Numbers of those infected in Egypt are much greater, however, and doubts have been expressed over the robustness of the treatment strategies in place. In Canada, healthcare is largely a provincial responsibility, so policy and criteria vary. PEI, for example, entered into an agreement with AbbVie in February to provide services and treatment to those islanders infected with Hep C. Provinces can negotiate terms and prices with the pharmaceutical companies, which means there is variation across Canada as to the combinations of Hep C treatments that are included on formularies.

Eradication involves making a global effort, not just a regional one. Global migration and increased mobility mean that eradication is impossible without such an effort. We also want to avoid a situation where certain regions are “Hep-free”, therefore requiring mandatory testing before people come to visit or live in those places.

Our message is clear: There is a cure. Hepatitis C can and should be eradicated. Now. Eradication of hepatitis C should be a Canadian goal and a universal goal. In Canada it is time for the provinces to work together to achieve fair and realistic pricing for all patients, regardless of disease “severity”. Individual provincial agreements with the pharmaceutical companies are great for many patients, if they live in the areas where those agreements are made, but they dilute the bargaining factor. A combined effort is essential.

All the while, hepatitis C marches on. It can and will continue to be transmitted. We are in danger of ending up shutting the stable door after the horse has bolted.

References:

http://icelandmonitor.mbl.is/news/politics_and_society/2015/10/07/free_medication_for_hepatitis_c/

<http://www.reuters.com/article/2014/03/21/us-hepatitis-egypt-gilead-sciences-idUSBREA2K1VF20140321>

**NEW!!
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http://hepcbc.ca/wp-content/uploads/2015/04/FAQ_v10_1.pdf

(AMERICAS—Continued from page 1)

and formularies, and promoting access to them through price negotiation processes and national and regional procurement mechanisms

- strengthening countries' capacity to generate and disseminate timely and quality strategic information on viral hepatitis
- strengthening national policies, guidance, and practices related to blood safety and vaccination programs
- eliminating barriers to universal equitable access to comprehensive health services

The *Plan of Action for the Prevention and Control of Viral Hepatitis 2016-2019* is available at: <http://www.paho.org/hq/index.php?>

[op-tion=com_content&view=article&id=11332%3Adirecting-council-charts-course-to-improve-health-across-the-americas&Itemid=135&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=11332%3Adirecting-council-charts-course-to-improve-health-across-the-americas&Itemid=135&lang=en)

By Catherine Luke, PhD, HepCBC Operations Manager (based in Victoria)

WHY GET TESTED?

By Joan King

I just spent a couple of hours at a health fair, asking passersby if they had been vaccinated. Most said, offhandedly, "Oh, yes. I had the double vaccine..." which, of course is for Hep A & B. I told them that there is no vaccine for Hep C. "Well, I don't have any risk factors." I explained to them that EVERYONE has risk factors. We're trying to get all baby boomers tested, and everyone who has a risk factor. So: If you have had just about any medical procedure, you need to get tested at least once every few years. That's MY opinion. Why? This is yet another example of idiocy. Unfortunately, it happens way too often, all over the world. Yes, today.

We just received a report that a nurse, licensed by the Board of Nursing in New Jersey, used the same syringe on 67 patients, to give them flu shots. She only changed the needle, and that's not enough. An investigation is ongoing. The employees are being tested, and will be tested again in 4 to 6 months. They were also given less than the necessary amount of vaccine. They will be offered another flu shot, and a hot line has been set up to deal with their questions.

Just last year, over 4,000 patients were notified to get tested after insulin pens were used on more than one patient. We get these reports all the time.

What can you do to prevent this from happening to you?

Make sure you watch the entire process. Make sure you see the nurse remove the new syringe and needle from their packaging. Make sure the nurse is wearing gloves and cleans your skin with disinfectant. Watch that the equipment goes into the sharps and disposal containers. Report any abnormality. You may be saving lives!

Sources:

www.nbcphiladelphia.com/news/local/Syringe-TotalWellness-Nurse-Flu-Vaccinations-West-Windsor-New-Jersey-330777592.html

www.dailymail.co.uk/news/article-3262327/

Almost-70-patients-tested-HIV-hepatitis-nurse-caught-using-syringe-giving-flu-shots-New-Jersey-clinic.html

NEW INFO FROM CATIE CIRRHOSIS

<http://www.catie.ca/en/practical-guides/understanding-cirrhosis>

THANKS!!

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

Please patronize these businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Bristol-Myers Squibb, Roche Canada, Vertex, Gilead, Janssen, Boehringer-Ingelheim, AbbVie, Rx&D, VanCity, Country Grocer, and Thrifty Foods.

SOFOSBUVIR/ VELPATASVIR SUBMITTED TO US FDA

On Oct. 28, Gilead submitted an application to the US FDA for approval of the first-ever pangenotypic (GT 1—6) all-oral, once-a-day combination of two DAA's (direct-acting antivirals): sofosbuvir (SOF) and velpatasvir (VEL) with or without ribavirin. The combo had been granted "Breakthrough Therapy" status. SOF is a nucleotide analog polymerase inhibitor and VEL an NS5A inhibitor. Treatment will be 12 weeks for patients with no cirrhosis and 24 weeks with patients with Child-Pugh Class B cirrhosis. SVR in clinical trials has been 83-98%, depending on liver damage and addition of ribavirin, which increased success rate. Side effects included headache, fatigue and nausea. Safety and efficacy have not yet been established for this investigational drug.

Source:

www.businesswire.com/news/home/20151028006842/en/Gilead-Submits-Drug-Application-U.S.-Food-Drug

WORLD HEPATITIS SUMMIT SLIDES

Now you can feel like you attended the World Hepatitis Summit Meeting held in Glasgow, September 2-5, 2015! See most of the slides of the presentations in your own home, free:

www.worldhepatitisummit.com/presentations/

CONFERENCES

2nd International Hepatitis Cure & Eradication Meeting

11-12 November 2015

Vancouver, Canada

www.virology-education.com/event/upcoming/2nd-international-hepatitis-cure-eradication-meeting-2015/

AASLD - The Liver Meeting

13 - 17 November 2015

San Francisco CA

www.aasld.org

APASL Single Topic Conference: HCV in India Conference 2015

18-20 December 2015

New Delhi, India

<http://apaslindia.com/index.html>

Canadian Digestive Disease Week

Cdn. Assn. for the Study of the Liver and

Cdn Assn. of Gastroenterologists

26-29 February, 2016

Fairmont Queen Elizabeth, Montréal, QC.

http://www.hepatology.ca/?page_id=51

5th Canadian Symposium on HCV

26 February 2016

Fairmont Queen Elizabeth, Montréal, QC.

Contact Norma Choucha: nrcrp.hepc@gmail.com

<https://event-wizard.com/Symposium2016/0/register/>

25th Conference of the APASL

20-24 February 2016

Tokyo, Japan

www.apasl2016.org/

The International Liver Congress 2016

13-17 April 2016

Barcelona, Spain

<http://ilc-congress.eu/>

12th World Congress

20-23 April 2016

Sao Paulo, Brazil

www.ihpba2016.com/

Digestive Disease Week

21-24 May 2016

San Diego, CA

www.ddw.org/attendees/registration

2016 APASL Single Topic Conference on Hepatitis C

10-12 June 2016

Kaohsiung, Taiwan

www.apasl-hcv-2016.org/

GEEW 2016

34th Gastroenterology and Endotherapy

European Workshop

22 June 2016

Brussels, Belgium

www.live-endoscopy.com/

HCV & DEEP VEIN THROMBOSIS

This isn't the first time that researchers have investigated the link between Hep C and heart attacks and strokes, but in this study they look for a link between Hep C and blood clots that break loose and travel (DVT or Deep Vein Thrombosis). HCV infection is not usually suspected as a risk factor for blood clots.

Using a large database, researchers chose 3686 patients just diagnosed with Hep C to compare with 14,744 randomly chosen people, with or without HCV or HBV, matching them by age, sex, and years of infection. After adjusting for age, sex, and presence of other diseases, perhaps not surprisingly, "...the risk of DVT remained significantly higher in the HCV group than in the non-HCV group. The researchers concluded that "HCV infection is associated with the risk of DVT in a long-term follow-up period."

Source: www.ncbi.nlm.nih.gov/pubmed/26402820
2015 Sep

HCV & STROKES

Having Hep C increases your chances of having a stroke. The doctors know this, but have not known why, nor pinpointed the risk factors. Are some genotypes more likely to lead to a stroke, as one researcher postulated? (November 12, 2013, edition of PLoS ONE)

As we patients know, Hep C does not only affect the liver. The virus can affect our whole body and all of our organs, including the heart. It can cause cardiovascular disease. Two Chinese researchers decided to work separately, to see if HCV makes a patient more likely to have a stroke, compared to patients without HCV. Previous studies have not presented clear results. These Chinese researchers searched through past studies recorded in many databases that looked at the risk of stroke in either HCV-positive or negative patients, through August 2013. When they reviewed the summaries of over 300 abstracts, they chose 9 studies, which they evaluated. They eliminated 3 due to insufficient data, and used the remaining 6, which included over 22,000 HCV+ individuals and 87,000 without HCV to use as controls. The results showed that there was a 58% higher chance of a stroke for those with hepatitis C. By eliminating one of those studies with some suspect results, the risk was even higher.

In a pooled multifactor analysis, the adjusted odds ratio was 1.58, or a 58% higher risk of stroke in the group with hepatitis C.



SVR HONOUR ROLL

Have you been undetectable for at least 12 weeks after treatment? Give others hope. Add your name! Congratulations to our friends:

1. **GJ** - SVR Dec 1998 - IFN/RBV 52 wks - Dr. Anderson /Natalie Rock, Vancouver, BC.
2. **Jeanie Villeneuve** - Oct 2000 - Schering IFN/RBV
3. **Amberose** (GT2a/2c) - SVR 2000 - Schering IFN/RBV 24 wks
4. **KG**-Transfused 1987 (treatment naïve GT2A/2C) IFN/RBV 24 wks, 2003-2004, Toronto. SVR confirmed 2014
5. **Darlene Morrow** (GT1 relapser) - Mar 2004 - Hyperthermia/Induction + pegIFN/RBV.
6. **Kirk Leavesley** (GT1) - 2004 - Roche
7. **Beverly Atlas** (GT1a) - 2005/2006 - Albuferon/RBV 44 wks
8. **Steve Farmer** (Transplant Vancouver 2005) IFN/RBV 72 weeks. SVR 2008
9. **Gloria Adams†** (GT1b relapser) - Fall 2009 IFN/RBV/telaprevir 48 wks - Drs. Erb & Yoshida, Vancouver, BC)
10. **Don Crocock** (GT1 Stage II) - Dec. 2010 IFN/RBV - 48 weeks
11. **Daryl Luster** (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
12. **Donna Krause** (GT1 partial responder) SVR Nov 2011- Pegasys/Copegus, danoprevir/ritonavir/RO5024048 24 wks. Dr. Erb, Vancouver.
13. **Hermione Jefferis** (GT 1a) – SVR 2011, PegIFN/RBV, 48 wks, Dr. Partlow, Victoria, BC
14. **Cheryl Reitz** (GT1b previous partial responder) SVR12 Mar 2013 - asunaprevir/daclatasvir 24 wks - Dr. Ghesquiere, Victoria, BC.
15. **Anita Thompson** (GT1a treated 3 times) Cirrhosis - Apr 2013 - Pegasys/boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
16. **Leon Anderson** (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 weeks - Dr. Alenezi & Dr. Conway- VIDC - Vancouver.
17. **Joan King** (GT1b treated 5 times) SVR24 June 2013 - asunaprevir/daclatasvir 24 wks Dr. Ramji, Vancouver, BC
18. **Jackie** GT1 relapser) SVR24 June 2013 - IFN/RBV/boceprevir 48 wks. Dr. Keith Bovell, Guelph, ON.

19. **Sandy J.** (GT 1a treatment naïve) Oct 31, 2013 - IFN/RBV/Victrelis 28 wks. Fran Faulkner, RN, Vancouver Island. Now SVR24.

20. **Andrew P.** (GT 1a many prev treatment attempts over 10+ years, including Incivek Jan 2014) sofosbuvir/ledipasvir + RBV 24 wks

21. **Peter A Walker** (GT1a, treatment-naïve) SVR Jan 2014 - PegIFN/RBV +boceprevir (Eprex-for low RBC count from RBV.)

22. **Diane Stoney** - Transfused 3/21/79 (GT 1a treatment naïve) Feb 4 2014 - 12 wks placebo, then 12 wks on ABT-450/r+ABT-267+ABT-33+RBV. Dr. Tam, Vancouver, BC

23. **Coreen Kendrick** (GT1a treatment naïve) Mar 10, 2014 MK5172/MK8742 12 weeks Dr. Ramji, Vancouver, BC.

24. **Jack Swartz** (Treated 3 times) Apr 2014 IFN/RBV/Victrelis, Dr. S. Wong, WHSC.

25. **Del Grimstad** July 2014, 12 weeks simeprevir/Sovaldi

26. **Linda May** (GT1b transfused, treatment-naïve) 12 wks asunaprevir/daclatasvir, Dr. Tam, LAIR Centre.

27. **Robin Tomlin** (GT1 treatment-naïve) SVR12 May 4, 2014 --Harvoni 12 weeks-- Dr. Yoshida VGH.

28. **Bob** (GT1a/HIV relapser) SVR24 Nov 2014 pegIFN/RBV/Incivek 24 wks, Dr. Montaner, Salt Spring Island, BC.

29. **Nancy Neel** (GT1a previous relapse IFN/RBV 48 wks) SVR24 Mar 2015 MK-5172/MK 8742 12 wks. Dr. Ramji, Richmond, BC.

30. **Sandra Newton** (GT1a treatment-naïve, infected 1984) SVR12 Aug 2015. Harvoni 8 wks. Dr. David Pearson, Victoria, BC

31. **Wendy Mackay** Transfused 1971(GT1a prev 48 wks Victrelis Triple) Cirrhosis. SVR24 Aug 2015, 24 weeks Harvoni, Dr. Tam, LAIR Centre

32. **Wendy L [NEW]** (GT1b pegIFN/RBV intolerant) SVR12 Sep 15, 2015, Harvoni 8 wks. Dr. Steve Brien, Peterborough ON.

Please send your name and info to Joan at info@hepcbc.ca

"This meta-analysis suggested that HCV infection increased the risk of stroke. More prospective cohort studies will be needed to confirm this association with underlying biological mechanisms in the future," the researchers reported

So even after this research, they don't know why. Ultrasound shows that those with HCV have more signs of thickness or plaque in their arteries. We already know that chronic inflammation is related to the instability of plaque, and Hep C is also associated with metabolic diseases like type II diabetes. If more studies find that certain genotypes are implicated in strokes, doctors may be able to watch those patients more carefully in the future.

Source: <http://stroke.ahajournals.org/content/42/9/2615>



(VIEKIRA PAK WARNING—Cont'd from p. 1)
of US patients with advanced cirrhosis, and the FDA-mandated changes to the AbbVie warning labels would include a warning against using these products with patients who had Child-Pugh scores B and C. Until that point, the US Viekira Pak warnings only advised against using on patients with Child-Pugh C or worse.

Press Release: <http://www.fda.gov/Drugs/DrugSafety/ucm468634.htm>

“FDA Drug Safety Communication: FDA warns of serious liver injury risk with hepatitis C treatments Viekira Pak and Technivie.

Safety Announcement

The U.S. Food and Drug Administration (FDA) is warning that hepatitis C treatments Viekira Pak and Technivie can cause serious liver injury mostly in patients with underlying advanced liver disease. As a result, we are requiring the manufacturer to add new information about this safety risk to the drug labels.

Patients taking these medicines should contact their health care professional immediately if they develop fatigue, weakness, loss of appetite, nausea and vomiting, yellow eyes or skin, or light-colored stools, as these may be signs of liver injury. Patients should not stop taking these medicines without first talking to their health care professionals. Stopping treatment early could result in drug resistance to other hepatitis C medicines. Health care professionals should closely monitor for signs and symptoms of worsening liver disease, such as ascites, hepatic encephalopathy, variceal hemorrhage, and/or increases in direct bilirubin in the blood.

Viekira Pak and Technivie are used to treat chronic hepatitis C, a viral infection that can last a lifetime and lead to serious liver and other health problems, including cirrhosis, liver cancer, and death. These medicines reduce the amount of hepatitis C virus in the body by preventing it from multiplying and may slow down the disease.

Our review of adverse events reported to the FDA Adverse Event Reporting System (FAERS) database and to the manufacturer of these medicines, AbbVie, identified cases of hepatic decompensation and liver failure in patients with underlying liver cirrhosis who were taking these medicines. Some of these events resulted in liver transplantation or death. These serious outcomes were reported mostly in patients taking Viekira Pak who had evidence of advanced cirrhosis even before starting treatment with it.

Since the approvals of Viekira Pak in December 2014 and Technivie in July 2015, at

least 26 worldwide cases submitted to FAERS were considered to be possibly or probably related to Viekira Pak or Technivie. In most of the cases, liver injury occurred within 1 to 4 weeks of starting treatment. Some of the cases occurred in patients for whom these medicines were contraindicated or not recommended (see Data Summary). FAERS includes only reports submitted to FDA, so there are likely additional cases about which we are unaware.

We are requiring AbbVie to include information about serious liver injury adverse events to the Contraindications, Warnings and Precautions, Postmarketing Experience, and Hepatic Impairment sections of the Viekira Pak and Technivie drug labels. We urge health care professionals and patients to report side effects involving Viekira Pak or Technivie to the FDA Med-Watch program...

FDA Data Summary: “The US FDA emphasizes that Viekira Pak (Holkira Pak in Canada) and Technivie are contraindicated in moderate and severe hepatic impairment (Child-Pugh Class B & C). Technivie is not indicated for use in patients with cirrhosis. Some of the postmarketing cases of hepatic failure occurred in patients for whom Viekira Pak and Technivie are contraindicated or not recommended. Some cases provided insufficient data to definitively assess baseline liver status.”

HEPCBC Comments: While the new US standard only means the US is catching up to Canada’s current standards, these new FDA warnings definitely serve as a wake-up call for Canadian physicians, patients, and families who may have been pushing for extremely ill patients to go onto the new drugs. Many of us thought the warnings were only there because not enough research had been done on Child-Pugh B&C patients. We had been hoping that people on the edge of decomposition could actually take these new drugs and avoid transplant. Now that we see these tragic fatalities (not only with AbbVie’s treatments, but with other companies’ products as well), we should ask ourselves if, even in Canada, some doctors may have been pushing the envelope a little too far, and risking lives by putting these Child-Pugh B&C patients on the new drugs when their livers are too far gone, thinking it was worth the risk if they were monitored closely.

These treatments clearly put extreme stress on the liver while eliminating the virus. If nothing else, at least Canadians are going to be more realistic about respecting the limits of these treatments, and physi-

cians will be even more vigilant in assessing baseline liver status and monitoring those inevitable patients on the “borderline.” This issue underscores the danger of putting off treatment, and the positive benefits of screening and treating baby boomers before their liver damage progresses to this dangerous point. It also shows the limitations of clinical trials versus “real-world” use of drugs in which problems which only affect a very small % of people are revealed using a vastly larger sample size.

NEW HEPATITIS C CLINIC IN WILLIAMS LAKE

In April this year, a physician and a clinical research nurse, both from the Vancouver Infectious Diseases Centre (Dr Alexandra King and Shawn Sharma, RN), partnered with a Williams Lake family physician, Dr Jolien Steyl, to open a hepatitis C clinic in Williams Lake. This is very good news for people from Williams Lake and vicinity with hepatitis who have had to travel to Kamloops or Kelowna for treatment and sometimes as far as Vancouver for a Fibroscan test to determine the extent of liver damage. The clinic will ensure that testing and treatment are more timely; patients will avoid waits that may lead to further liver damage. The clinic operates once a month for several days at the following location:

**Atwood Medical Clinic
101, 143 - 4th Avenue South
Williams Lake, BC V2G 1J8
(250) 398-5162**

Left to Right: Jolien Steyl, Shawn Sharma, Alexandra King



Photo Credits: Monika Lamb-Yorski photo in Williams Lake Tribune newsletter, April 23, 2015.

www.wltribune.com/news/301155421.html



HAVE YOU HAD YOUR FLU SHOT?

ABBVIE CARE

With the approval of HOKIRA PAK™, AbbVie is launching AbbVie Care, which is a program that will provide best-in-class solutions to improve outcomes for people living with hepatitis C.

Canadians prescribed HOKIRA PAK™ will have the opportunity to request to be enrolled in AbbVie Care. The signature care program is designed to provide a wide range of customized services including reimbursement assistance, education and ongoing disease management support. AbbVie Care will not only support health care professionals but people living with genotype 1 hepatitis C throughout their treatment journey to achieve high cure rates in the real world.

For enquiries: 1-844-471-2273.

CLAIRE

Bristol-Myers Squibb Canada has created Claire, a patient support program designed to provide patient health information and reimbursement assistance for patients who have been prescribed DAKLINZA™ (daclatasvir). This personalized patient support program represents a service offered at no cost to the patient and is fully confidential. It will be available to patients **once the product is commercially available**, which is expected before the end of September. Once it is available, you can call the information line for more details at: 1-844-428-2559. Should you have medical enquiries regarding DAKLINZA™, please contact our Medical Information Department at 1-866-463-6267.

MOMENTUM™ SUPPORT

To learn more about SOVALDI™, HARVONI™ or the Momentum Program™ in Canada, the patient should speak to his/her doctor or nurse or call the Gilead Sciences Canada medical information line at 1 855 447 7977. Eligible patients may receive an integrated offering of support services for patients and healthcare providers throughout the entire treatment journey, including:

- Access to dedicated case managers/reimbursement navigators to help patients and their providers with insurance-related needs, including identifying alternative coverage options through private, federal and provincially-insured programs.

- The SOVALDI™/HARVONI™ Co-pay assistance program, which will provide financial assistance for eligible patients who need help paying for out-of-pocket medication costs.

- Medication delivery services.
- Compliance and adherence programs.

MERCK CARE™

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

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.

INCIVEK CARE

Vertex's INCIVEK™ Care Patient Assistance Program supports patients with the reimbursement process for INCIVIK™ (telaprevir) treatment (INCIVIK™, 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 INCIVIK™ Care.)

IBAVYR™

Pendopharm has established the IBAVYR™ Patient Support Program. The program will assist patients who have been prescribed IBAVYR™ (ribavirin tablets) with reimbursement navigation, financial assistance and pharmacy services. Case managers will support patients with insurance-related matters and assess eligibility for financial support. Pharmacy services include adherence support, medication delivery and counseling.

To enquire or to enroll, you may call 1-844-602-6858 Monday–Friday 7am to 11pm EST.

BIOADVANCE®

JANSSEN's GALEXOS™ (simeprevir) BioAdvance® program can assist you in many ways during your treatment. This includes compiling and submitting, on your behalf, all the forms and documents required by your insurance company to request coverage of GALEXOS™, and following up with your insurer to get you the best coverage possible. If you don't have private insurance, the GALEXOS™: BioAdvance® program will investigate public assistance programs that can help pay for your treatment. Whichever type of coverage you have, if your insurance does not fully cover the cost of treatment, the GALEXOS™: BioAdvance® program can usually coordinate and provide financial assistance to help you get treated. Finally, the program can offer many other types of support and your doctor and members of your healthcare team will work with the GALEXOS™: BioAdvance® Program to develop a customized approach to best support you throughout the course of your treatment. Contact: 1-855-512-3740.

COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
Health Canada Compensation Line: 1-888-434-0944
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

CLAIMS ADMINISTRATOR 1986-1990

Claimants may be reimbursed for costs of treatments and accepted hepatitis C medications not covered by public or private healthcare plan while they wait for reimbursement from the 1986-1990 plan.

Administrator 1-877- 434-0944
www.hepc8690.com
info@hepc8690.com

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crowco.ca
www.pre86post90settlement.ca

Settlement Agreement:

www.pre86post90settlement.ca/PDFs/SA/

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, harm reduction, needle exchange, advocacy. 1371 C - Cedar St. Contact leanne.wingent@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 AVI Health Centre.** Counseling, advocacy. **NEW: 102-55** 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 Shane, 250-949-0432 shane.thomas@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 Hemi-one.jeffers@avi.org

ANKORS Hepatitis C Project

Hep C Info, support for prevention, testing, treatment and living well with Hep C.

• **Boundary, Nelson, West Kootenay** Women's gathering monthly. 101 Baker St. Nelson. Contact Laura 1-800-421-2437 250-505-5506 ankorshepc@ankors.bc.ca

• **East Kootenay** 209 16th Ave N, Cranbrook, Contact Michelle 250-426-3383 1-800-421-2437 ankorshcv@gmail.com

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

Chilliwack PCRS Hep C Prevention, harm reduction. 45904 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416. lbirdsall@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 250-331-8524. Cheryl.taylor@viha.ca

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 Roz rmilne@coolaid.org for treatment or group info.

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

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

Haida Gwaii support. Contact Wendy wendy@wendyswellness.ca www.wendyswellness.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca Call for office hours. Email support through website form. Peer phone support through:

Lower Mainland: 1-604-259-0501

Fraser Valley Support/Info: 604-576-2022 (9 am—10 pm)

The rest of BC: 1-778-655-8000

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 Cheni 250-376-1296 Fax 250-376-2275

Kelowna Hepkop: Phone support, meeting info. Contact Lisa 1-866-637-5144 ljmortell@shaw.ca

Nanaimo - Central Island Hepatitis Service: Nurses & doctors available for info, support, treatment. Clinic located in Nanaimo. Doctor or self-referral. Contact 1-855-740-2607, sarah.hughes@viha.ca or shelby.munk@viha.ca

New Westminster Stride with Purpose "HepC" Support Group 1st&3rd Fri monthly 10:30-11:30. BBP Nursing Team, refreshments/lunch. Contact: Stride Workers 604-526-2522, mail@purposesociety.org

Positive Wellness North Island-North Island Liver Service Info, support, treatment/pre-post treatment groups. 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:** Treatment/pre&post-treatment support group 1st&3rd Thu monthly 10-12 noon, Discovery Room, Sunshine Wellness Centre, Campbell River Hospital. Jody Crombie at 850-2620, jody.crombie@viha.ca

Penticton & District Community Resources Society, Harm Reduction Program, Meetings every 2nd Tues, 12:30-1:30 PM. 330 Ellis Street. Contact Melanie: 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 #108-32883 S. Fraser Way, M-F 10:30 AM-4:30PM. Info, support worker, rides to appointments in surrounding areas. Contact 604-854-1101 or plfvcentre@plfv.org

Powell River Hepatology Service Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Melinda 604-485-3310 Melinda.herceg@vch.ca

Prince George Hep C Support Contact Ilse ilse.kuepper@northernhealth.ca

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

Vancouver Hepatitis C Support Group Contact 604-454-1347 or 778-898-7211, or call 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 and Hep C Society of BC. Call for appts or drop in M-F 10-6. 205-568 Seymour St,

Vancouver 604-688-1441, 1-855-YOUTHCO Stewart info@youthco.org, www.youthco.org

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

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 hars@kingston.net www.hars.ca

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 Health System – Hepatitis C Care Clinic (HCCC) Clinics:

New Port Centre-Port Colborne, 4 Adams Street - St Catharines, Niagara Falls Hospital. Education, counseling, individual/group support, treatment, outreach, and harm reduction. Contact 905-378-4647 ext 32554 and 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 Minielly dminielly@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420 Ext. 1257, www.publichealthgreybruce.on.ca

Peel Region (Brampton, Mississauga, Caledon) 905-799-7700

healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194

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 reneedaurio@hotmail.com

CAPAHC support group meetings 3rd Thurs. monthly 6-8PM, 5055 Rivard St., Montreal) Contact 514-521-0444 or 1-866-522-0444

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. Contact Kirk at info@mbhepc.org. Direct line: 1-204-231-1437

Manitoba CLF each Thu 1:30-3. 375 York Avenue, Suite 210, Winnipeg, Contact Bianca 204-831-6231 bpengelly@liver.ca

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

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To list Canadian groups here, please send your details to info@hepcbc.ca It's free!