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## BC's Hepatitis C News Bulletin

"Promoting HCV Wellness"

FEBRUARY 2001

Issue No. 31

### HEPATITIS C EXPERT GIVES HOPE TO VICTORIANS

### THE CANADA 500 DAY WALK

By Bill Buckels

### MARK YOUR CALENDARS: UPCOMING WORKSHOPS

On Thursday, February 15 and Friday, February 16 Victorians will have the unique opportunity to discuss with Alan Franciscus, a hepatitis C activist from San Francisco, the ways in which people who are infected with Hep C can live better and longer lives.

Founder and director of San Francisco's Hepatitis C Support Project, Mr. Franciscus has been involved in developing educational materials, volunteer training programs, advocacy, workshops and individual counseling for people living with Hep C. Franciscus is recognized as an authority on hepatitis C, and has appeared in various national publications as well as on television, radio and in several documentaries.

A round table forum on Thursday, February 15<sup>th</sup>, at the Woodward Room of Begbie Hall (Royal Jubilee Hospital), will focus on educating healthcare providers and community support workers about the issues facing their Hep C clients..

On Friday, February 16<sup>th</sup>, Mr. Franciscus will be joined by Dr. Chris Fraser, a local physician with a special interest in hepatitis C, HIV and other medical issues faced by marginalized populations. This interactive community forum will include topics such as treatment options, self-care strategies, and monitoring disease progression, and will be held in the Multi-Purpose Room at the Capital Health Region Cook Street Unit (1947 Cook Street).

These events are proudly sponsored by HepCBC, Victoria Persons With AIDS Society, AIDS Vancouver Island's HepC Outreach Project, Victoria AIDS Respite Care Society and the Capital Health Region Street Outreach Nursing Program.

For more information contact David Mazoff at 361 - 4808.

### THE CANADA 500 DAY WALK REACHES FORT FRANCES, ONTARIO

### Mayors Witherspoon and Brown Challenge The Mayors of Northwestern Ontario to Brave The Cold and Carry The Torch Of Life

Wednesday, January 10, 2001

Today was clear and sunny, -10°, and almost like a spring day in Fort Frances, Ontario; a wonderful day for a walk down by the lake! At the Rendez-Vous Hotel, Mayor Witherspoon took the Torch of Life from the hand of liver transplant recipient George Marcello, and carried it the full 5 km to the Town Hall, where a crowd had assembled to greet The Canada 500 Day Walk.

Accepting Mayor Brown of Atikokan's challenge, Mayor Witherspoon of Fort Frances became the second mayor to carry the Torch of Life, symbolizing hope and awareness for organ donation, a full 5 km.

Present at the press conference were local organ recipients, and other dignitaries, including the Police Chief, the Director of Recreation, and the CEO of the Chamber of Commerce.

Mayor Brown and Mayor Witherspoon are now challenging the Mayor of Dryden, Ontario, to match their distance, and carry the Torch 5 km, when the 500 Day Walk reaches that community on January 16<sup>th</sup>, to promote organ donation awareness. In the meantime, Marcello will make Fort Frances the hub of his campaign, and bring his message of awareness and hope for the families of organ donors and recipients to Emo and Rainy River and other nearby Northwestern Ontario communities.

The Canada 500 Day Walk and Bill C-227 share the same objectives: "To establish a National Organ Donor Registry and to coordinate and promote organ donation through-

(Continued on page 7)

### Living Well with HCV: An Interactive Community Forum

Victoria, Feb 16, 2000, 12:30-4:30, Royal Jubilee Hospital, Begbie Bldg, Woodward Room

Alan Franciscus, editor, HCV Advocate, and well-known HCV spokesperson, and Dr. Chris Fraser, from the Swift Street Clinic, will be facilitating this conference. Some of the topics for discussion will be:

- Treatment options
- Self-care
- Monitoring disease progression
- Co-infection with HIV and/or HBV
- Community support resources

Sponsored by HepCBC, VPWAS & AVI



### February Volunteer Profile: Danielle Hanna



I volunteer because I like helping people in different ways. I like doing this also because it gives me something to

do when I'm not at school. I think this will also help me with my working skills.

Danielle Hanna

## SUBSCRIPTION/ MEMBERSHIP FORM

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**SUBMISSIONS:** The deadline for any contributions to the hepc.bull® is the 15<sup>th</sup> of each month. Please contact the editors at [info@hepcbc.org](mailto:info@hepcbc.org), (250) 361-4808. The editors reserve the right to edit and cut articles in the interest of space.

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

**Newsletter Ads:**

\$20 for business card size ad, per issue.

There will be a maximum of 4 ads in each issue, and the ads will be published if space allows. Payments will be refunded if the ad is not published. Ads are also posted to the Web.

## HOW TO REACH US:

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## REPRINTS

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



**Peppermint  
Patti's FAQ  
Version 4  
Available  
NOW!!**

Peppermint Patti's FAQ Version 4 is now available. The new version includes an HIV co-infection section as well as updated Canadian Links and the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only \$5 each plus S&H—but if you can afford more we'll take it. Contact HepCBC.

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Available**

**THANKS!!**

HepCBC would like to thank the following institutions and individuals for their generosity: Lexmark, David Klein, J.J. Camp, Bruce Lemer, Elsevier Science, Blackwell Science, Massachusetts Medical Association, Health Canada, The Legal Services Society of BC, Pacific Coast Net, BC Transit, Margison Bros Printers, Carousel Computers, Island Collateral, David Lang, Alan Franciscus and Arlene & Frank Darlington. Special thanks to Misses Inka Foster and Danielle Hanna for helping with the pamphlets.



## 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 15<sup>th</sup> of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send cheques payable to HepCBC, and mail to HepCBC, Attn. Squeeky, 2741 Richmond Road Victoria BC V8R 4T3. Give us your name, tel. no., 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.*

### SINGLE? LONELY?

Alberta Hepatitis Singles web  
<http://clubs.yahoo.com/clubs/albertahepatitissingles>

### Got HepC?... Single? ...Visit

<http://clubs.yahoo.com/clubs/ontariohepcingles>

We can't fix the Hep.. but we can help make sure you're not alone..

Drop by and say hello ...

## HEPCBC COMMUNITY LIBRARY

Thanks to the generosity of Elsevier Science, the Massachusetts Medical Association, Blackwell Science and the San Francisco Hep C Support project, HepCBC has full access to the following journals.:



- American Journal of Gastroenterology
- The Lancet
- Journal of the American Medical Association
- Hepatology
- New England Journal of Medicine
- Journal of Gastroenterology and Hepatology

Community members are welcome to search these journals online at the computer terminals at our library for the latest information on HCV and HCV/HIV co-infection, or watch our videos. Thanks as well are due to the Victoria Persons with AIDS Society where the library is housed. **The library is located at 541 Herald Street in Victoria. For hours of operation call : (250) 382-7927.**



Y up it's still me, you can tell by the hair on my chest—ha!

While I was fishing around for something to put in this column, I got an urgent message from the president (Joan):

"Please remind our readers that there are many things that can be done, and have been done. We lose sight of the fact that we have to KEEP doing them, and that MORE people, not less, have to do them. We can get out there and demonstrate, or write letters to those in power, or write to newspapers, or circulate petitions.... We can send email messages out to people, like we do, and share ideas. You can send in articles for the *hepc.bull*. Once is not enough. We must become visible and STAY visible, and do so about ALL Hep C issues, including, but not only, compensation." Yes boss!

**May as Hepatitis Month.** Bruce Devenne in Nova Scotia sends this reminder: Legislation denoting May as Hepatitis Awareness Month will be re-introduced at the first opportunity when the house sits in February.

In keeping with the spirit of Hepatitis Awareness Month, we have planned several major events for this coming May:

- On May 6<sup>th</sup> HepCBC will hold its **2<sup>nd</sup> Annual Gala Concert and Silent Auction**. The event will be held this year at the Church of Our Lord, corner of Blanshard and Humboldt. The event starts at 7PM. Tickets are \$15. Remember, the musicians are mostly from the Victoria and Vancouver Symphonies, but we will also have several professional fiddlers along this year. Thanks to Alex Olson for all the work.
- On May 27<sup>th</sup> we will be holding a **Billiard Bash** in Victoria. This promises to be a real blast. More details as soon as I have them. Thanks so much to Fatima Jones for her help.
- HepCBC is also planning its first **Provincial Round Table** for some time in the latter part of May. This conference will bring together representatives from all the associate member organizations of HepCBC for some strategic planning. Speaking of which: We are now halfway through our Board Development workshops, facilitated by John Hasell. They are fantastic. And coming from me, that says a lot.

Until next month,

*Squeek*

**CORTICOSTEROIDS**

Liver transplant recipients have a problem: They must take corticosteroids to prevent rejection, but at the same time, it was believed that **corticosteroids increase the replication of the hepatitis C virus**. The researchers involved with this study confirmed those beliefs, both in humans (liver transplant recipients), and in vitro (test tube). The patients were treated with corticosteroids during a rejection episode, and their virus levels were measured, and temporarily increased.

*Source: Magy N, et al, Int J Immunopharmacol 1999 Apr;21(4):253-61, Effects of corticosteroids on HCV infection PMID: 10408633, UI: 99335118*

**LIVER CANCER WITHOUT FIBROSIS**

In this issue of *Hepatology*, two groups of doctors from different French institutions discuss the occurrence of liver cancer (HCC) in people with little or no fibrosis, basing their opinions on their own observations and on those reported in a previous article by Bralet, et al. They discuss the importance of studying livers with little, as well as no, fibrosis, and the fact that some HCC seems to be caused by viruses, while others by alcohol abuse or iron deposits. Some have no known cause. A problem exists in determining whether damage found in a biopsy has been resolved or if it just starting.

The first group reports that 8 to 12 of their patients are treated for HCC each year that don't have cirrhosis, and suggest that studies should be done world wide, because there may be other factors involved.

Although at odds about what kind of scarring should be included in these studies, both groups agreed that there are, in fact, **many cases of liver cancer with little fibrosis**, occurring equally in men and women, young and old, at least a third of cases in patients with viral hepatitis, and both groups hope that studies will continue.

These findings seem to indicate that **we should get ultrasounds done often, even if we don't have cirrhosis**.

*Source: Hepatology, December 2000, p. 1411-1411, Vol. 32, No. 6*

**INJECTING VACCINES**

Many hepatitis C patients have had problems responding to their hepatitis A and B vaccines. A recent article in the British Medical Journal talks about the necessity of using **different size needles for different patients**, and the importance of injecting **into the muscle** rather than into the layer of fat, which can cause vaccine failure and de-

cay of antibody response. The authors say that the buttocks are not a good vaccination site. Subcutaneous injections can cause abscesses and granulomas. The doctor should stretch the skin flat. If the skin is pinched, a longer needle should be used. The size of the needle should depend on the patient's age, size of the muscle, and amount of vaccine to be given. In a recent study, the thickness of the fat pad was measured by ultrasound in 220 adults. A standard 16 mm needle was not long enough for 17% of men and almost 50% of the women in the study. For men weighing 59-118 kg, and women of 60-90 kg, it may be better to use a 25 mm needle. Women usually have more fat over their arm (deltoid) muscles. For women over 90 kg, a 38 mm needle should be used. A wider gauge needle is more effective.

*Source: BMJ 2000;321:1237-1238 ( 18 November ) Editorial by Jane N Zuckerman http://bmj.com/cgi/content/full/321/7271/1237*

**TAKING RIBAVIRIN? PROTECT AGAINST SUN**

A recent case shows that people with hepatitis C taking ribavirin may have to exercise caution with exposure to sunlight. A 65-year-old woman on her 16<sup>th</sup> week of combo therapy developed an itchy, eczema-like skin rash in body parts exposed to UV rays (sunlight). When the ribavirin was stopped, the skin lesions and itching disappeared completely, and no changes in skin color remained. **People on combo therapy should be aware of their sun exposure**.

*Source: Am J Gastroenterol 1999 Jun;94(6):1686-8, Stryjek-Kaminska D, et al, Photoallergic skin reaction to ribavirin. PMID: 10364046, UI: 99290714*

**SHOU-WU-PIAN**

A case of **acute hepatitis caused by the Chinese herb Shou-Wu-Pian**, or Polygonum multiflorum, was reported in Australia. A lady was taking the preparation to get rid of her grey hair. A liver biopsy showed a toxic reaction. The problem resolved when the lady stopped taking the herb.

*Source: J of Gast and Hepat 16 (1) 115-117, Acute hepatitis induced by Shou-Wu-Pian, a herbal product derived from Polygonum multiflorum, Gordon J-H Park, et al*

**TIP OF THE MONTH:  
GET AN ULTRASOUND EACH YEAR**

by C.D. Mazoff, PhD

*American Journal of Gastroenterology* (Dec 2000, Vol 95, Number 12)

**Hepatitis B: Should I Worry?** Unfortunately, YES! Several studies in this issue focus on the fact that many persons with HCV also carry a hidden (occult) hepatitis B infection: **“One third of individuals with chronic hepatitis C have serological markers of HBV infection, independent of the prevalence of HBV infection in the general population”** (p 3535). The authors go on to state that the double infection is responsible for **reduced response rates to interferon treatment**, and that the “HBV-RNA is not always detectable with PCR methods.”

Another study in the same journal focuses on the fact that many persons with hepatitis B may have active liver disease in spite of the fact that the HBeAg test shows negative (the Hepatitis 'e' antigen - HbeAg - is a peptide and normally detectable in the bloodstream when the hepatitis B virus is actively reproducing, this in turn leads to the person being much more infectious and at a greater risk of progression to liver disease). Many persons with hepatitis B undergo what is known as “HBeAg seroconversion, which is believed to reflect immune clearance of HBV and remission of liver disease. Yet, up to one-third of HBeAg negative patients still suffer relapses after HBeAg seroconversion” (3547).

Relapsing HBV is a leading cause of cirrhosis and liver cancer. So, if you have both HBV and HCV you are really at risk for serious complications.

The study did find, however, that people with active HBV but negative HBeAg usually present elevated ALTs, so having regular enzyme level tests would be able to spot any problems in this regard.

*New England Journal of Medicine* (vol 344, number 1)

**For Your Eyes Only:** In case you ever wondered what it would look like if you *could* put your head there, there are some very interesting pictures of **rectal varices** in this month's issue (p. 29). Many of you may not know that the two most likely places to suffer a bleed are the esophagus and the perianal region.

Speaking of **varices**, we all know that bleeding from esophageal varices is a complication of portal hypertension in persons with cirrhosis, and that “it is associated with a high mortality rate.” Doctors have traditionally relied on two methods to control bleeding: 1) endoscopic scleropathy or band ligation, where the ruptured veins are either tied off or cauterized; and 2) drug therapy. When doctors have tried combining both of the above, the results have not been so good. Now doctors have found that combining the drug **vapreotide** with endoscopic treatment “is more effective than endoscopic treatment alone. However, while combining these two procedures has a slight effect on mortality at 5 days after the procedure, by day 42 the mortality rates are the same as other combination therapies (NEJM p 23-28).



*Journal of Gastroenterology and Hepatology* (Vol 15, number 12, December 2000)

**Women's Issues:** A recent study in Italy (pp 1411-1417) came to the conclusion that “menstruating women with chronic hepatitis C may have a milder disease compared to men of comparable age, possibly because of menstrual blood loss and **lower hepatic iron concentration**. Women with chronic hepatitis C and iron deficiency have a milder disease compared to women with normal iron status, suggesting that iron deficiency results in a slower rate of disease progression.”

That iron is a problem was also pointed out by doctors in the *American Journal of Gastroenterology* (above) where it was noted that there seems to be an “abnormality of iron metabolism in some individuals with chronic hepatitis C infection and that it may affect the response to treatment” (p 3535).

With respect to women—and they always deserve our respect—it looks like they have a slower rate of progression as well as a milder disease. Iron aside, the researchers question whether or not **estrogen** has a role to play in this, and some studies have shown a direct relationship between estrogen and antioxidant effect. And guys, just in case you were wondering, I don't think a sex change operation will help. ☺

Last, a recent study focused on **diet and chronic liver disease**. “Protein malnutrition in patients with chronic liver disease contributes to bone and muscle weakness and compromises immune function and survival. In contrast, high-protein diets may induce or exacerbate hepatic encephalopathy” (a build up in the blood of ammonia by-products which can cause extreme confusion, coma and death) (1436). What to do? The study concluded that the optimal diet for those with chronic liver disease is “a balanced 5:1 carbohydrate : protein diet.”

The doctors can not stress enough that in order for a liver to regenerate it needs sustenance, and that “the more severe the malnutrition, the worse the prognosis.” Apparently we need protein to have a healthy immune system. So reductions in protein mean increase viral activity. As well, cirrhosis plays havoc with sugar metabolism, and those with endstage disease are at risk of hypoglycemia (low blood sugar). In healthy people, taking a nutritional supplement can help; in the cirrhotic, the result is often hepatic coma.

Did they include a menu, a list of typical meals? No. So, what you are going to have to do is buy some scales (or use the one's you used in the 60s) and read carefully about how much carbohydrate, fat and protein are in what you are eating. Health Canada puts out some nutritional guides which breakdown common food items into their relative nutrients. I have an old one called: *Nutrient Value of Some Common Foods*. It was published by Health and Welfare Canada in 1988. It's great. The catalogue number is H58-28/1988E and the ISBN is 0-660-13047-5. It was last reprinted in 1993. If you contact the Federal Government (Look in the blue pages of your phone book) you can find out if it is still available. If it isn't, they will be able to tell you what it has been replaced with. Just give them the catalogue number and/or the ISBN number.

**EARLY TREATMENT COST EFFICIENT**

Hep C patients are usually not accepted for treatment until they show signs of liver damage. A study was done in Germany on 44 patients who had been infected with HCV for less than 4 months. 60% had jaundice. All were treated with 5 MU IFN daily for 4 weeks, then by 5 MU IFN 3 times a week for 20 weeks. Therapy was begun an average of 87 days after infection. 74% of patients were HCV-RNA negative after 2 weeks, 89% after 4 weeks, 100% after 12 weeks and 96% after 24 weeks of therapy. 25 patients completed the 24 week follow-up period, all of whom were HCV-RNA negative, with normal enzymes. The researchers concluded that **early IFN therapy for more than 3 weeks prevents chronic infection, and if IFN is started early, the combo isn't necessary.**

*Source: Abstract from AASLD 2000, provided by HCOP.ORG, Jaeckel, E et al, Early treatment of acute hepatitis C infection with interferon-alpha 2b monotherapy prevents development of chronic HCV infection.*

**TREATING DECOMPENSATED CIRRHOTICS**

Until now, doctors have feared that combo therapy might worsen patients with cirrhosis. In this study, 80 decompensated patients were given 1.5 MU of IFN three times a week plus 600 mg a day of ribavirin. In stable patients, the IFN was increased to 3 MU after 2 weeks. Then ribavirin was increased gradually to a maximum of 1 to 1.2 g a day. Granulocyte-colony-stimulating factor and human recombinant erythropoietin were given as needed. As of May 1, 2000, 15 of 47 responded, but 7 relapsed. Dropout was 38%. Two patients with sustained responses **had transplants and are HCV-free**. These researchers believe that by treating decompensated patients, they **may improve the state of the liver, avoid transplant, and reduce the risk of post-transplant infection.**

*Source: This abstract from the AASLD 2000 provided by hcop.org, Everson, GT et al, Treatment of decompensated cirrhotics with a low-accelerating dose regimen (LADR) of interferon-alfa-2b plus ribavirin: safety and efficacy.*

**PEGASYS + ZADAXIN TRIALS IN US**

SciClone has begun its Phase 3 Pegasys + Zadaxin trials, which will be done only on **non-responders to IFN or the combo**. Most of the 1000 patients involved are infected with genotype 1. Pegasys, a “time release” interferon, is being supplied at no cost to SciClone by Hoffman LaRoche. Half the patients will be randomized into either Zadaxin plus Pegasys, or placebo plus Pegasys, all patients for 12 months. In previous studies with non-responders to standard treatment, the combination of ZADAXIN plus standard alpha interferon demonstrated a 22 percent sustained virological response rate.

*Source: Jan. 10, 2000 /PRNewswire/ SciClone, Pharmaceuticals Starts Pivotal U.S. Phase 3 Hepatitis C Program With ZADAXIN Plus Pegylated Alfa Interferon*

**NEW ONLINE COINFECTION INFORMATION & SUPPORT GROUP**

We are pleased to announce the formation of an eGroup especially for persons coinfected with HIV/HCV. The group is being sponsored by the Hepatitis C Support Project and is moderated by Alan Franciscus, the founder and editor of the HCV Advocate.

To join this new egoup, just go to <http://www.hcvadvocate.org/coinfectionpage.htm> and click on the button. All are welcome.

*From the egroup daily digest for January 15.*

**CO-INFECTION (HCV/HIV): TAILOR-MADE IFN TREATMENTS FAIL**

*Source: AIDS WEEKLY Plus; Monday, January 15, 2001, Prepared by AIDS Weekly editors from staff and other reports*

NewsRx -- Trying to adjust interferon (IFN) treatment doses to fit hepatitis C viral load in HIV patients just doesn't work, researchers in Italy say.

The standard dosing of IFN is ineffective in HIV patients with chronic hepatitis C virus infection (HCV). Can the standard schedule be tailored to fit a patient's HCV load? A. Craxi and associates investigated the answer to this question in a study published in a recent issue of the International Journal of Antimicrobial Agents.

"We conclude that raising the dose of IFN does not eradicate HCV in most HIV infected patients, even when HIV is well-controlled by treatment. HCV viremia and necroinflammation are temporarily suppressed by IFN, but the relevance of the surrogate endpoints to progression of liver disease and to survival cannot be assessed," Craxi et al. wrote.

The researchers studied 41 patients coinfected with HIV and HCV. All patients had chronic liver disease. Most of the 24 patients studied were receiving triple protease inhibitor therapy; 11 patients were on two-drug regimens, and three patients were untreated ("Response-adjusted alpha interferon therapy for chronic hepatitis C HIV infected patients," *Int J Antimicrob Agents* 2000 Nov;16(3):373-8.)

Patients were administered three mega units of IFN three times a week, the researchers explained. If at nine weeks HCV-RNA was not reduced by 50%, the dose was increased (11 patients).

Though patients responded positively for up to 24 weeks, illustrated by reduced HCV-RNA and alanine transferase (ALT) at three weeks, the effects did not last, and only one patient showed a complete end of treatment response that lasted 34 weeks, Craxi et al. said.

CD4 counts were unaffected by this therapy, they noted.

The corresponding author for this study is A. Craxi, Med Clin 1, Piazza Clin 2, I-90100, Palermo, Italy.

Key points illustrated in this study include:

- Standard schedules of interferon (IFN) treatment in HIV patients with hepatitis C are ineffective
- Using an adjusted schedule of IFN treatment, rather than the standard, researchers saw positive responses
- These responses are only temporary, however, and HCV in these patients is not eradicated by IFN therapy

*This article was prepared by AIDS Weekly editors from staff and other reports.*



**POTENTIAL LIVER TOXICITY: Serious Adverse Events Seen with Nevirapine for HIV Prophylaxis A total of 22 adverse events associated with nevirapine use for PEP were reported to the FDA's MedWatch over 45 month period**

*By Emma Patten-Hitt*

**A**TLANTA (Reuters Health) - Individuals who take the antiretroviral drug nevirapine [Viramune] as prophylaxis after exposure to HIV may be at risk of serious hepatotoxic side effects, according to a report by the Centers for Disease Control and Prevention (CDC).

Even though nevirapine has not been approved for occupational postexposure prophylaxis (PEP), clinicians may have used it anyway because of the safety of the single dose used to prevent perinatal HIV infection, Dr. Elise Beltrami of the CDC's National Center for HIV, STD and TB Prevention told Reuters Health. "The one-dose use in the perinatal setting is safe, but multiple doses can produce side effects," she explained.

A total of 22 adverse events associated with nevirapine use for PEP, including 12 cases of hepatotoxicity, 14 cases of skin reactions, and 1 case of rhabdomyolysis were reported to the US Food and Drug Administration's (FDA's) MedWatch database between March 1997 and September 2000.

Concerns were raised in September 2000 after two reports to the FDA of life-threatening hepatotoxicity in healthcare workers who took nevirapine, CDC researchers note in the January 5th Morbidity and Mortality Weekly Report [MMWR].

**HCV Prison Project launches a new website <http://www.hcvprisonnews.org>**

The HCV Prison Project is a consortium of organizations working to provide support and education to prisoners with hepatitis C and co-infected with HIV and hepatitis C. Our goal is to bring about more awareness of the HCV epidemic in prisons and ensure that prisoners are treated fairly and humanely and are given access to prevention measures, diagnosis and treatment consistent with community standards of care.

For more information, please contact:

Alan Franciscus  
c/o Hepatitis C Support Project  
PO Box 427037  
San Francisco, CA 94142  
Email: [sfhepcat@pacbell.net](mailto:sfhepcat@pacbell.net)

or

Phyllis Beck  
C/o Hepatitis C Awareness Project  
PO Box 41803  
Eugene, OR 97404  
Email: [pkbeckinor@aol.com](mailto:pkbeckinor@aol.com)

In one of the two cases, a 43-year-old female healthcare worker required liver transplantation after developing "fulminant hepatitis and end-stage hepatic failure while taking nevirapine, zidovudine, and lamivudine as PEP following a needlestick injury." In the second case, a 38-year-old male physician was hospitalized with life-threatening fulminant hepatitis while taking a similar prophylactic regimen following a mucous membrane exposure.

These events prompted a review by the CDC and FDA of other FDA MedWatch database records, which covered the 20 additional cases of serious adverse events, some of which resulted from nevirapine prophylaxis after nonoccupational exposure.

"We're reminding healthcare providers who provide PEP how important it is to weigh the risks and benefits of using nevirapine," Dr. Beltrami continued. "The risks probably outweigh any benefit that might be anticipated," she said.

"Sometimes there are exposures where the source patient virus may be resistant to certain drugs," Dr. Beltrami added, "so we realize that in rare instances other drugs (such as nevirapine) have to be used for PEP, but I don't think it happens very often."

*Source: MMWR 2001; 49:1153-1156. <http://hivandhepatitis.com> via the HepC and HIV coinfection online support network at [HepCandHIVSupport@egroups.com](mailto:HepCandHIVSupport@egroups.com)*

## SERVICE AWARDS

### RON THIEL

A few days ago I paid a visit to Ron Thiel at his home. Both Ron and his wife, Barbara, were waiting for me, but they didn't know what to expect. When I took out the plaque, both of them were visibly moved, and it was quite a thing to see.



Some of you might not remember Ron, who was a founding director of HepCBC, and has proven an inspiration to us all. But for those of you who know him, you will undoubtedly agree that this award is long overdue.

At present, Ron is too ill to jump back in the fray, having recently undergone an operation to put in a shunt, but he has done his fair share of lobbying, letter writing, TV and radio interviews, MP and MLA chasing, lawyer questioning, faxing, emailing and demonstrating, both in his own person, as well as in the guise of his shadowy alter ego, "the Reaper."

Ron has been, and will always continue to be, a source of inspiration for us all in HepCBC. HepCBC would not have come into being without Ron's help, nor would the bus ads have gone up, or Joey's ride across Canada been such a success.

If I could sum up Ron's contribution in a few words, they would be this: integrity and perseverance.

Well done Ron! And congratulations from us all

## NEW EDMONTON GROUP

I would like to inform people of the Edmonton area that there is a Hep C support group started at #702-10242 105 St. Coffee and donuts. Also we will be having Dr. Bob Bailey coming to chat sometime in the new year. Meetings are on the second Wednesday of every month. For further information, contact (780) 488-5773 or 473-7600 and ask for Fox, or e-mail me at fox@kihewcarvings.com

## NEW GROUP IN WINNIPEG: HepSEE WPG

"Hepatitis C Support, Education and Empowerment Group, Winnipeg Chapter"

### Notice of Meeting:

Date: Wednesday, February 21, 2001 [Last Wednesday of the Month]

Time: 7:00 PM to 9:00 PM

Place: Young United Church [West Broadway Community Ministry]

Broadway Avenue at Furby Street  
Room AB, Main Floor, Furby Street Entrance  
222 Furby St., Winnipeg, MB, R3C 2A7.

HepSEE WPG will have its first monthly meeting Wednesday, February 21, 2001 (Last Wednesday of each month). Our first meeting will be in the form of a workshop. The purpose of this meeting will be to get acquainted and talk about who we are. We don't expect a large group to show up and the atmosphere will be informal. This notice is going out early so you have time to prepare.

Support: HepSEE WPG is not a "self help" group and follows no methods, but "moral support" is always on the agenda. Trading hepatitis C experiences helps all the people who we are in contact with, not just ourselves.

Some of us have done interferon and ribavirin treatment already, and some are considering treatment, and preparing for it. Coping with treatment will be a topic for discussion.

Alternatives to conventional treatment and waiting for better treatments will also be discussed.

Education: Anyone who has an interest in hepatitis C may attend. Medical professionals are invited to attend and join with us in our activities.

HepSEE is not run by medical professionals. The experts on living with hepatitis C are people who live with hepatitis C, like ourselves.

Resource material will be available. Our literature has not been generally available in Manitoba, except via mail or Internet.

Empowerment: Resource Material will be available, and portions of the "Hepatitis C and Your Rights Video" will be shown and discussed. David Mazoff from HepCBC delivers some very important messages on this video that we want to share.

Please actively join us and bring your experiences and yourself to help make our first meeting a success.

Be Well,

Bill Buckles  
HepSEE WPG

Member Organization of HepCBC [www.hepcbc.org/](http://www.hepcbc.org/)  
Member Organization of HepCURE [www.junction.net/hepcure/](http://www.junction.net/hepcure/)  
Sponsor of The Canada 500 Day Walk [www.stepbystep.ca/](http://www.stepbystep.ca/)  
Please reprint and forward this notice freely.

## CLF VANCOUVER LIVING WITH LIVER DISEASE WORKSHOP SERIES

VANCOUVER The Canadian Liver Foundation will be hosting a free seven week wellness and educational program for patients and their families affected by liver disease. These workshops are designed to help patients and their families cope with liver disease.

The "living with Liver Disease" Workshops will be held beginning February 22<sup>nd</sup> and running for 7 consecutive Thursday nights. Starting at 6 PM, they will be held at the Coal Harbor Community Centre. All are free of charge.

Some of the topics include:

- General Liver health
- Diet/nutrition and information
- Co-infection with HIV
- Complimentary alternative medicine
- Coping skills

For more information and to register please call the Canadian Liver Foundation at (604) 681-4588.



## WENDY'S DREAM

*From Queen Charlotte Islands/Haida Gwaii:*

Wendy writes about her dream: "My hope is someday to find a source of funding to cover a private phone line & internet time so I can offer support at no cost to my household. Most everyone up here has to call me long distance, which I'm sure is an obstacle and not always affordable. The next step will be funding to have my own personal hepatitis web page set up which will facilitate people's searching me out in the North. Because of the toll phone charges here, I could moderate an Island-wide (and across the North, as well) on-line support chat to make it easier for folks to connect."

Contact Wendy at 557-9362, email: [wmm@island.net](mailto:wmm@island.net)

(500 DAY WALK—Continued from page 1)  
out Canada."

Canadians with hepatitis C are at risk of liver failure and many will require cadaveric or living liver donors for transplantation, and are grateful for the opportunity to help George Marcello and the Canada 500 Day Walk.

Please sign your organ donor consent and make your family aware of your intentions.

**Preliminary Prairie Provinces Schedule** [subject to fine-tuning]

#### Ontario -

Thunder Bay - Jan 1-4  
Atikokan, Ontario - Jan 5-9  
Ft. Frances, Ontario - Jan 10-16  
Dryden, Ontario - Jan 17-21  
Kenora, Ontario - Jan 22-28

#### Manitoba -

Steinbach, Manitoba - Jan 29  
Winnipeg, Manitoba - Jan 30-Feb 1  
Selkirk, Manitoba - Feb 2  
Winnipeg, Manitoba - Feb 3-5  
Portage La Prairie - Feb 6-7  
Carberry - Feb 8  
Brandon, Manitoba - Feb 9-13  
Virden, Manitoba - Feb 14  
Russell, Manitoba - Feb 15

#### Saskatchewan -

Yorkton - Feb 16-19  
Moosomin - Feb 20  
Ft. Qu'Appelle - Feb 21  
Regina - Feb 22-Feb 25  
Moose Jaw - Feb 26-27  
Swift Current - Feb 28  
Davidson - Feb 29  
Saskatoon - Mar 1  
Biggar - Mar 2  
Saskatoon - Mar 3-Mar 4  
Prince Albert - Mar 5  
North Battleford - Mar 6-7  
Lloydminster - Mar 8

#### Alberta -

Ft. Saskatchewan - Mar 11  
Edmonton - Mar 12-17  
Leduc - Mar 18-19  
Wetaskiwin - Mar 20  
Red Deer - Mar 22-24  
Innisfail - Mar 25  
Olds - Mar 26  
Airdrie - Mar 27  
Drumheller - Mar 28  
Calgary - Mar 29-31  
Banff - Apr 1  
Calgary - April 2  
Strathmore - April 3  
Brooks - April 4  
Medicine Hat - April 5-9  
Taber - April 10  
Coaldale - Apr 11  
Lethbridge - April 12-15

#### British Columbia - To be continued.

Additional details will be provided as they become available.

#### For more information, or to volunteer, contact:

- Step by Step Organ Transplant Association:  
[www.stepbystep.ca](http://www.stepbystep.ca)
- Our WEBSITE [under construction] can be accessed at <http://www.stepbystep.ca> or HepCURE (Hepatitis C United Resource Exchange) : [www.junction.net/hepcure/](http://www.junction.net/hepcure/)

## NEWS

### MAXIM ACCUSED OF FALSE TRIAL RESULTS

Wolf Popper LLP has charged Maxim Pharmaceutical, Inc. with violations of US securities laws on behalf of stockholders. The plaintiff alleges that **Maxim misrepresented its Phase III clinical test of Maxamine as a success**, when the results did not demonstrate the efficacy of the drug with statistical significance, except for patients with liver metastasis. This sub-group was not mentioned clearly in the trial results.

Source: URL: <http://www.businesswire.com> Dec 21, 2000, Announcement by the law firm of Wolf Popper LLP

### TATTOOING IN MASSACHUSETTS

The 38-year-old Massachusetts ban on tattooing was lifted last Oct. 23 when a judge said it was an unconstitutional infringement on freedom of expression. The court has issued a "stay" until Jan. 31 to give state health officials time to draft regulations governing body art. The Public Health Department says that it is in the public's best interest that tattoo artists be regulated regarding licensing, inspection, sterilization, training and consent for minors. Tattooing has been known to spread hepatitis when proper sterilization techniques are not used, or ink is shared.

Tattooing is not regulated by health officials in British Columbia.

Source: <http://www.massink.com>, <http://www.magnet.state.ma.us/dph>

### HOW RIBAVIRIN WORKS

Until now, scientists haven't known how or why ribavirin works. Dr. Craig E. Cameron and his team at Pennsylvania State University examined how ribavirin functions against the polio virus, and found that it increases mutations in RNA viruses, thus reducing their survival. These researchers found that ribavirin accumulates in the genetic material of treated cells of the polio virus, causing them to mutate and become defective, in a sort of "genetic meltdown." Ribavirin also inhibits inosine monophosphate dehydrogenase, which limits replication of the virus. They conclude that ribavirin and related substances may be important antiviral agents in the treatment of RNA virus infections.

Source: *Nat Med* 2000;6:1375-1379.

### FIVE INFECTED BY TECHNICIAN

An anesthesiology technician with a cut on his finger probably spread hepatitis C to five of his patients in Germany. This is the first documented case of Hep C **being transmitted by medical staff** who are not doctors. The technician didn't like using gloves because they reduced his sense of touch. Sound familiar? **Insist that your caregivers use gloves!**

Source: *Washington Post* ([www.washingtonpost.com](http://www.washingtonpost.com)), 12/21/00, "Technician Infects 5 With Virus" P. A13

### IP 501 ANTI-FIBROTIC

Interneuron Pharmaceuticals, Inc., announced that it has agreed to license IP 501, an **anti-fibrotic taken orally** to treat and prevent liver disease, including cirrhosis caused by alcohol and hepatitis C. It also announced a government-funded Phase 3 clinical trial evaluating IP 501 in hepatitis C. The company has just finished a Phase 3 trial to test the compound in patients with cirrhosis due to alcohol abuse.

The company has rights to develop IP 501 in the US, Canada, Japan, Korea, and some other markets.

Source: *BW HealthWire*, Jan. 10, 2001 *Interneuron Licenses Phase 3 Compound for the Treatment and Prevention of Liver Disease*

### NEW HCV TEST

A new, improved hepatitis C test was presented at the 51st American Association for the Study of Liver Disease. A study of patients undergoing treatment showed that **1 out of 3 patients who tested negative using PCR, tested positive with the new transcription mediated amplification (TMA) test** made by Bayer Diagnostics. When these patients were tested again by PCR after stopping their therapy, all had relapsed. Specialists believe that this test may show when it is safe to stop treatment without danger of relapse.

The new test is about 8 times more sensitive than the PCR test, and can detect very low amounts of virus. Several Canadian provinces are now considering studies on this test.

Source: <http://www.newswire.ca/releases/December2000/18/c4534.html>

**AN AVOCADO A DAY...**

**E**at your avocados! They may reduce liver damage, according to researchers Hirokazu Kawagishi, Ph.D., and Kimio Sugiyama, Ph.D., professors at Shizuoka University in Japan. Their discovery could provide the key to new drugs for liver disease. The avocado was compared to 22 different fruits fed to rats with liver damage. The avocados were most effective in **slowing chemically induced liver damage**—at least in the rats.

Avocados are high in vitamins E and C, fiber, potassium and folate. Yes, they are high in fat, but it is monounsaturated fat, which reduces cholesterol. There are plans to make an avocado extract to test on humans in the near future.

*Source: ORGN 1285, 2000 International Chemical Congress of Pacific Basin Societies, Dec. 18, 2000, Honolulu. "Natural Products of Chemistry: Biological Activity and Synthesis." Hirokazu Kawagishi and Kimio Sugiyama*

**WEIGHT LOSS IMPROVES LIVER HEALTH**

Steatosis, or fatty liver, is often found in biopsies of patients with hepatitis C, and is linked to fibrosis. It is found more often in patients with genotype 3, and in overweight patients. Researchers studied the effect of weight loss on 7 patients, ages 40-45. The patients ate a calorie-controlled diet, and increased their daily exercise over a period of 12 weeks. They had monthly liver function tests, and a biopsy before and after the study. Average weight loss was 8.8 kg. In 6 patients, the **ALT paralleled the weight loss**. Steatosis was reduced by 1.3 grades, inflammatory activity was reduced by 0.4, and fibrosis, by 0.7. **Weight loss may be very important** in managing hepatitis C.

*Source: Abstract from the AASLD 2000 provided by hcop.org, Clouston, Andrew D et al, Weight reduction in patients with chronic hepatitis C improves liver histology and biochemistry.*

**ARE YOU PRODUCING YOUR OWN ALCOHOL?**

If you are obese, your body may be producing alcohol from bacteria in the intestines, according to a study on mice, reported in the November issue of *Gastroenterology*. Fatty liver can be caused by obesity, diabetes, drinking alcohol, or by expo-

sure to certain drugs or toxins. Since about a quarter of adults have fatty livers, the condition was not considered serious, but now doctors believe the condition may lead to cirrhosis, which can be deadly. In a study, alcohol was found in the exhaled breath of older, obese mice, but not in thinner mice. None of the mice consumed alcohol. Researchers think that the obese mice with **fatty livers produce their own alcohol, causing cirrhosis**. By giving the obese mice neomycin, they produced 50% less alcohol. They believe that lactobacillus, found in yogurt, can also clear the intestines of harmful bacteria, where the food in overweight individuals may be fermenting.

*Source: Reuters Health, Nov 20, 2000, Mouse studies shed light on obesity and liver disease*

**WOMEN, STRESS AND FAT**

Some women are not overweight, but collect fat on their abdomens. Researchers at Yale have found that these women have higher levels of the stress hormone cortisol, and exaggerated responses to that hormone. Abdominal fat is linked to heart disease and diabetes, negative moods, and still higher levels of stress and still more abdominal fat. Cortisol causes fat to be stored at the waist, around the organs.

The researchers examined premenopausal, non-overweight women, and overweight women. Some stored fat at the waist, and others at the hips. Their stress responses were measured over three days. Women with more abdominal fat felt more threatened by the study's stressful tasks, produced more cortisol, and reported more life stress. Genetics may be part of this, as well as lifestyle, age, smoking, alcohol, exercise, and menopause. One of the researchers suggested that **getting enough sleep, exercise and relaxation** may reduce cortisol.

*Source: http://www.pslgroup.com/dg/1EACD6.htm, Doctor's Guide, November 15, 2000, Stress May Cause Excess Abdominal Fat In Otherwise Slender Women*

**XTL-2000 PROMISING**

XTL Biopharmaceuticals says it is planning Phase I trials of its Hep C drug XTL-2000 in 2001. Preclinical data showed the drug **inhibited infection** of human liver fragments and led to a major reduction of the viral load.

*Source: Reuters, Dec 20, 2000, XTL upbeat on hepatitis drug research*

**PLANT DERIVED VACCINE POSSIBLE**

Researchers have developed an **experimental, plant-derived vaccine against HCV** by joining the code of a region of the virus to piece of cholera toxin. Plants infected with tobacco mosaic virus (TMV) were engineered to produce a peptide that was able to react with 4 of the 5 major genotypes of HCV from the blood of infected people, inducing cross-neutralizing antibodies. Tests on mice look hopeful.

*Source: Nemchinov, L. G. Archives of Virology, Volume 145 Issue 12 (2000) pp 2557-2573 Development of a plant-derived subunit vaccine candidate against hepatitis C virus*

**USING PATIENT'S OWN LIVER CELLS**

A new technique has been developed, taking healthy liver (Kupffer's) cells from Hep C patients with a biopsy needle and culturing them in the lab, and then **grafting them back into the patient**. This way, there will be **no rejection**. This technique should prolong the patients' normal liver functions.

*Source: http://www.internationalmedicalnews.com, Hemispherx Biopharma, 04 January 2001*

**CONTROLLED DRUG RELEASE**

With the aim of finding a way of delivering a drug directly to the liver, making it more effective and decreasing side effects, these researchers encapsulated a caspase inhibitor in nanospheres placed in liver cells, both in a test tube and in mouse livers. Encapsulation **kept the drug inside the liver cells longer**, and the nanospheres were controllable, making this a possible way to treat several liver diseases in the future.

*Source: Shibuya, I, et al, Hepatology, December 2000, p. 1300-1308, Vol. 32, No. 6, Design of a Temporally and Spatially Controlled Drug Delivery System for the Treatment of Liver Diseases in Mice*



January 18, 2001

## MANITOBA EXTENDS EXTRAORDINARY ASSISTANCE TO HEPATITIS C PATIENTS:

*One-time Payment Offered to Patients Who Fall Outside Federal-Provincial Compensation Package*

Manitobans infected with Hepatitis C through the Canadian blood supply before 1986 and after 1990 will receive a one-time payment of \$10,000 from the Manitoba government, Health Minister Dave Chomiak announced today.

"This compassionate package complements the care that will be provided through insured health services, including the cost of drugs that treat this virus," said Chomiak. "Manitoba is one of only three provinces which has taken this initiative to compassionately recognize and respect those Manitobans infected with Hepatitis C through the blood supply before 1986 and after 1990."

A financial compensation program through the federal government, to which the Manitoba government has also contributed, covers Manitobans who were infected with Hepatitis C through blood products between 1986 and 1990. Before 1986, Hepatitis C was unknown and the blood supply was not tested for the Hepatitis C virus. Testing

began in 1990, but an accurate and reliable test was not in place until 1992.

The program is targeted to begin in April and run for the next five years. Details of how Manitobans can apply to the program will be available shortly.

An additional \$520,000 has been earmarked this year to provide additional care supports for Hepatitis C patients including more effective use of existing resources, more public health nurses and support for a search for an additional hepatologist. Manitoba is also one of the only provinces covering the cost of Rebetron which is a drug treatment for Hepatitis C. Treatment with Rebetron costs approximately \$19,000 per person per year.

"Today's announcement is a fulfillment of our government's commitment to assist Hep C patients regardless of the date of infection," noted Chomiak. "We will continue to focus on providing the best possible care and treatment to preserve and protect the health of Manitobans affected by this virus."



## RCMP INVESTIGATION

The RCMP began its criminal investigation into the tainted blood scandal of the 1980s three years ago, but still haven't decided whether or not to lay charges. Victims remain optimistic, since they received a 3 page letter from the Blood Task Force a few weeks ago, assuring them that they are in the final phases of the investigation. RCMP Insp. Rod Knecht, officer in charge of the task force, says the matter is a priority, and that they are working as quickly as possible.

There are now three full-time Crown counsels assigned to provide legal advice, and there have been more than 1000 interviews, not only in Canada, but also in the US, Australia, Costa Rica, Switzerland, Belgium, and France. Although most of the information, more than a million documents, has been collected, some important information is still lacking.

The RCMP says the investigation must be complete before they decide whether or not to lay criminal charges.

Victims thought that the process would be quick, because of the Krever Report, which carefully laid out how the government and Red Cross neglected the blood system, but for legal reasons, the police had to start from scratch.

Five issues are being investigated:

- 1) Screening of high-risk donors didn't begin until 1983.
- 2) Tests for AIDS were delayed in 1984.
- 3) Safe, heat-treated products for hemophiliacs were delayed in 1984-5.
- 4) A blood test wasn't used to detect Hep C in 1986, due to the cost.
- 5) There was no program to ID victims to make sure they didn't pass on the AIDS virus.

*Source: Southam Newspapers (Ottawa Citizen) Dec. 7, 2000, Mark Kennedy, RCMP says it has entered the "final phases" of a criminal investigation into the tainted blood scandal of the 1980s.*

## BRITISH COLUMBIA

1986-1990  
Bruce Lemer/Grant Kovacs Norell  
Vancouver, BC  
Phone: (604) 609-6699 Fax: (604) 609-6688



Before August 1, 1986 or 1990-1991  
David A Klein/ Klein Lyons  
Legal Assistants: Lisa Porteous and Candace Wall  
Vancouver, BC (604) 874-7171, 1-(800) 468-4466, Fax (604) 874-7180

also:

William Dermody/Dempster, Dermody, Riley and Buntain  
Hamilton, Ontario L8N 3Z1  
(905) 572-6688

The toll free number to get you in touch with the Hepatitis C Counsel is 1-(800) 229-LEAD (5323).

## ONTARIO AND OTHER PROVINCES

Pre 1986/post 1990  
Mr. David Harvey/ Goodman & Carr  
Toronto, Ontario  
Phone: (416) 595-2300, Fax: (416) 595-0527

## TRACEBACK PROCEDURES:

### INQUIRIES-CONTACT:

The Canadian Blood Services  
Vancouver, BC  
1-(888) 332-5663 (local 207)

This information is for anyone who has received blood transfusions in Canada, if they wish to find out if their donors were Hep C positive.

RCMP Task Force TIPS Hotline  
(Toll free) 1-(888) 530-1111 or 1 (905) 953-7388  
Mon-Fri 7 AM-10 PM EST

## CLASS ACTION/COMPENSATION

*If you would like more information about class action/compensation, or help with a lookback, contact:*

Leslie Gibbenhuck Tel. (250) 490-9054

E-mail: [bchepec@telus.net](mailto:bchepec@telus.net)

*She needs your name, address, birth date, transfusion dates, and traceback number.*

National Compensation Hotline: 1-(888) 726-2656

## ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1(888) 726-2656 or 1 (877) 434-0944.

[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)

*\*\*Should you have any questions about the status of your claim (86-90), please contact the administrator. They should answer all of your questions. If, however, they do not, then please contact Bruce Lemer who has promised me that he would answer your questions at no charge.—C.D. Mazoff*

**Armstrong HepCure** Office and library, by appointment. Contact: Marjorie, 546-2953, amberose@sunwave.net, www.junction.net/hepcure

**Castlegar/Grand Forks/Trail** Contact: Robin, 365-6137

**Chilliwack BC HepTalk** Meetings: 2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of each month, 7-9 PM, Chilliwack United Church, 45835 Spadina. NEXT MEETINGS: Feb. 14<sup>th</sup> and 28<sup>th</sup>. Contact: HepTalk@fraservalleydir.every1.net, or 856-6880.

**Comox Valley Liver Disease Support Group** Meetings: Third Tuesday of each month, 6-8 PM, St. George's United Church on Fitzgerald. NEXT MEETING: Feb. 20<sup>th</sup>. Contact: Jayne, 336-2485 or Dan, 338-0913, Rhagen@mars.ark.com

**Cowichan Valley Hepatitis C Support** Contact: Debbie, 715-1307, or Leah, 748-3432.

**Cranbrook HeCSC** : Meetings: 1st and 3rd Tuesday of each month, 2-4 PM, #39 13th Ave South, Lower Level. NEXT MEETINGS: Feb. 6<sup>th</sup> and 20<sup>th</sup>. Contact: 426-5277, hepc@cyberling.bc.ca

**Creston / Golden / Invermere** Educational presentation and appointments: Contact Katerina 426-5277

**Downtown Eastside Hep C Support Group** Meetings: Each Monday, 4:30-6:30 PM, Carnegie Center, 401 Main St., Vancouver. Contact: Carolyn, momma@vcn.bc.ca

**HepCBC Hepatitis C Education and Prevention INFO Line.** Free medical articles or other info. Contact: David, (250) 361-4808, info@hepcbc.org, www.hepcbc.org

**Kelowna HeCSC** Meetings: First Saturday of each month, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital. NEXT MEETING: Feb. 3<sup>rd</sup>. Contact: Doreen, 769-6809 or eriseley@bcinternet.com

**Kimberley Support Group** Meetings: First Monday of each month, 1-3 PM. NEXT MEETING: Feb. 5<sup>th</sup>. Contact Katerina 426-5277

**Kootenay Boundary** Meetings: Second and fourth Tuesday of each month, 7 PM, 1159 Pine Ave, Trail. NEXT MEETING: Feb. 13<sup>th</sup> and 27<sup>th</sup>. Contact: Brian, 368-1141, k-9@direct.ca.

**Mid Island Hepatitis C Society** Meetings: Second Thursday of each month, 7 PM, Central Vancouver Island Health Centre, 1665 Grant Street, Nanaimo. NEXT MEETING: Feb. 8<sup>th</sup>. Contact: Sue 245-7635, Floyd 741-1595, or mi-hepc@home.com

**Mission Hepatitis C and Liver Disease Support Group** Meetings: Third Wednesday of each month, 7 PM, Springs Restaurant, 7160 Oliver St NEXT MEETING: Feb. 21st. Contact Gina, 826-6581 or Patrick, 820-5576.

**Nelson Hepatitis C Support Group** Meetings: ANKORS Offices, 101 Baker St., Nelson. For Information on the next meeting call Ken Thomson at ANKORS 1-800-421-2437, (250) 505-5506, or Ken Forsythe (250) 355-2732, info@ankors.bc.ca

**New Westminster Support Group** Meetings: Second Monday of each month, 7:00-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Carmarvon Street, New Westminster. NEXT MEETING: Feb. 12<sup>th</sup>. Contact: Dianne Morrissett, 525-3790.

**Parksville/Qualicum** 102a-156 Morison Avenue, PO Box 157, Parksville, BC V9P 2G4. Open daily from 9AM to 4 PM, M-F. Contact: 248-5551, sasg@island.net

**Parksville/Qualicum MIHepCS** support and contact: Ria 248-6072

**Penticton Hep C Family Support Group** Meetings: Second Wednesday of each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: Feb. 14<sup>th</sup>. Contact: Leslie, 490-9054, bhepc@telus.net

**Powell River Hep C Support Group** "Living With Liver Disease" sessions, Second Wednesday of each month, 7-9 PM, Public Health Unit, 4313 Alberta Ave. Third session: Feb. 14<sup>th</sup>. Loving Yourself: What Makes You Happy? Contact: Cheryl Morgan 483-3804.

**Prince George Hep C Support Group** Meetings: Second Tuesday of each month, 7-9 PM, Health Unit Auditorium. Next Meeting: Feb. 13<sup>th</sup>. Contact: Gina, 963-9756, gwrickaby@telus.net or Ilse, ikuepper@pgrhosp.hnet.bc.ca

**Princeton** Meetings: Second Saturday of each Month, 2 PM, Health Unit, 47 Harold St. NEXT MEETING: Feb. 10<sup>th</sup>. Contact: Brad, 295-6510, citizenk@nethop.net

**Queen Charlotte Islands/Haida Gwaii:** Phone support. Contact Wendy: 557-9362, e-mail: wmm@island.net

**Quesnel:** Contact Elaine Barry. Meetings last Monday evening every other month. 992-3640

**Richmond:** Lulu Island AIDS/Hepatitis Network: Meetings/dinner every Monday evening. Contact Phil or Joe at 276-9228

**Salmon Arm Support Group** Meetings: Second Thursday of each month 7-10 PM, Salmon Arm Health Unit. NEXT MEETING: Feb. 8<sup>th</sup>. Contact Marjorie 546-2953, mharris@junction.net www.junction.net/hepcure

**Slocan Valley Support Group** Meetings: Contact: Ken, 355-2732, keen@netidea.com

**Smithers: Postive Living North West,** 3731 1st Avenue, Upstairs, open 9-5 daily. Peer Support Drop-In 3-7 PM Thursdays. Contact Doreen or Deb, 877-0042 or 1-866-877-0042, plnw\_hepc@bulkley.net or Doreen, 847-2132, aws@mail.bulkley.net

**Sunshine Coast—Sechelt:** First Wednesday of each month. NEXT MEETING: Feb. 7<sup>th</sup>, Contact: Kathy, 886-3211, kathy\_rietze@uniserve.com—**Gibsons:** Last Thursday of each month. NEXT MEETING: Feb. 22<sup>nd</sup>. Both meetings—Health Units, 7 PM. Contact Bill, pager 740-9042

**Vancouver CLF** Meetings: Cancelled. Call 681-4588 if interested in starting an evening meeting. **Help Line:** 657-6757 or 1-800-856-7266 Staffed by several health care providers. Confidential information, referral to community groups, social services agencies, etc., for patients and families dealing with liver disease.

**Vancouver HepC VSG** Meetings: Last Wednesday of each month, 10:30-12:30, BCCDC Building, 655 West 12th Tom Cox Boardroom- 2nd floor (Park in Cambie City Square Mall). NEXT MEETING: Feb. 28<sup>th</sup>. Contact: Darlene, 608-3544, djnicol@attglobal.net, or info@hepcvsg.org.

**Vernon HeCSC HEPLIFE** Meetings: Second and fourth Wednesday of each month, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. NEXT MEETINGS: Feb. 13<sup>th</sup> and 27<sup>th</sup>. Contact: Sharon, 542-3092, sgrant@netcom.ca

**Victoria HeCSC** Contact: 388-4311

**Victoria Support and Discussion Group** Meetings: First Wed of each month, 7-9 PM, 1220 Commercial Alley. Contact Hermione, Street Outreach Services 384-1345, hermione@avi.org

**Victoria HepCBC Support Groups** We have small support groups for men and for women. For men, contact Guy at 382-9888, kidsturn@home.com; for women, contact Joan at 595-3882, or jking@hepcbc.org

**Yukon Positive Lives** Meetings: Third Wednesday of each month, Whitehorse. Next meeting: Feb. 21<sup>st</sup>. Contact 456-2017, positivelives@yknnet.yk.ca or Heather, fromme@marshlake.net for place and time. www.positivelives.yk.ca

**ATLANTIC PROVINCES:**

**Cape Breton Hepatitis C Society** Meetings: Second Tuesday of each month. NEXT MEETING: Feb. 13<sup>th</sup>. Contact: 564-4258 (Collect calls accepted from institutions) Call toll free in Nova Scotia 1-877-727-6622

**Fredericton, NB HeCSC** Meetings: 7 PM Odell Park Lodge. NEXT MEETING: Contact: Sandi, 452-1982 sandik@learnstream.com

**Greater Moncton, N.B. HeCSC** Meetings: NEXT MEETING: Contact Debi, 1-888-461-4372 or 858-8519, monhepc@nbnet.nb.ca

**Halifax Atlantic Hep C Coalition** Meetings: Third Tuesday of each month, 7-9 PM, Dickson Centre, VG Hospital, Rm 5110. NEXT MEETING: Feb. 20<sup>th</sup> Contact: 420-1767 or 1-800-521-0572 or ahcc@ns.sympatico.ca

**Kentville Atlantic Hep C Coalition** Meetings: Second Tuesday of each month, 6:30-8 PM, Kingstec Campus, Rm 214. NEXT MEETING: Feb. 13<sup>th</sup>. Contact: 1-800-521-0572 or ahcc@ns.sympatico.ca

**ONTARIO:**

**Durham Hepatitis C Support Group** Meetings: Second Thursday of each month, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby, ON. NEXT MEETING: Feb. 8<sup>th</sup>. Contact: Smilin' Sandi, smking@home.com http://members.home.net/smking/index.htm, Jim (905) 743-0319, Ken Ng at The Durham Region Health Department (905) 723-8521, or 1-800-841-2729 (Ext. 2170)

**Hep C Niagara Falls Support Group** Meetings: Last Thursday of each month, 7-9 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thurold, ON. NEXT MEETING: Feb. 22<sup>nd</sup>. Contact: Rhonda, 295-4260 or hepcnfb@becon.org

**Hepatitis C Society of Ottawa-Carleton** Meetings: Centertown Comm. Health Centre, 420 Cooper St. (Ottawa) between Bank and Kent St. One on one peer counselling Mon. afternoons. NEXT MEETING: Contact 233-9703 or ronlee@attcanada.ca

**Kitchener Area Chapter** Meetings: Third Wednesday of each month, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. NEXT MEETING: Feb. 21<sup>st</sup>. Contact: Carolyn, 893-9136 lolliipop@golden.net

**Ottawa Support Group** Meetings: NEXT MEETING: Feb. 6<sup>th</sup>, 7-9 PM, 309-1729 Bank St, 3<sup>rd</sup> floor. Use rear door off parking lot, please. Contact: Ron, 233-9703, ronlee@attcanada.ca

**Windsor Support Group** Meetings: Last Thursday of each month, 7-9 PM, 1100 University Ave. W. NEXT MEETING: Feb. 22<sup>nd</sup>. Contact truds99@hotmail.com

**PRAIRIE PROVINCES:**

**Edmonton, AB Hepatitis C Informal Support Group** Meetings: Third Thursday of each month, 6-8 PM, 10230-111 Avenue, Conference Room "A" (basement) NEXT MEETING: Feb. 15<sup>th</sup>. Contact: Cathy Gommerud, yzcat@telusplanet.net or Jackie Neufeld, 939-3379

**Edmonton, AB** Meetings: Second Wednesday of each month, #702-10242 105 St. NEXT MEETING: Feb. 14<sup>th</sup>. Contact Fox, 488-5773, 473-7600, or fox@kihewcarvings.com

**HepSEE WPG Winnipeg** Meetings: Last Wednesday of each month. FIRST MEETING: Feb. 21st, 7-9 PM, Young United Church, 222 Furby St., Rm AB, Main Floor. Contact: Bill, 489-1405, bbuckels@escape.ca

**QUEBEC:**

**Hepatitis C Foundation of Quebec** Meetings: Dawson Community Centre, 666 Woodland Ave., Verdun. NEXT MEETING: Contact Eileen: 769-9040 or fhqc@qc.aibn.com