Effective January 2, 2001, BC Hepatitis Services was established at the British Columbia Centre for Disease Control. The Director of BC Hepatitis Services is Dr. Mel Krajden.

Program funding of $5.0 million in each of two years was announced in the Health Action Plan in December, 2000. Of this amount $3.7 million will go to enhanced immunization programs for hepatitis B, including a new infant immunization program, and for hepatitis A immunization. Among the groups eligible for hepatitis A immunization are people already infected with hepatitis C.

Funding for combination therapy for hepatitis C was announced earlier in 2000. This was a major element of A Hepatitis Strategy for British Columbia, which went to government in mid-1999.

In addition to immunization initiatives, BC Hepatitis Services is charged with co-ordinating the efforts of 15 service agencies, as well as community groups, in order to eliminate needless duplication and to ensure equitable access to services for all British Columbians.

A Provincial Hepatitis Advisory Committee (PHAC) has been established with representatives from communities, health professions and government to advise the program and to advocate for the deployment of resources to meet identified needs. The committee has already held two meetings.

In addition to the PHAC, BC Hepatitis Services will be seeking input from a community advisory group, a health professions advisory group and from an education advisory group. We will soon begin vetting the information materials available through a variety of media and will co-ordinate production of materials that respond to the specific unmet needs of the people of British Columbia.

BC Hepatitis Services is pleased to be able to work in close collaboration with the BC Aboriginal AIDS Awareness Program (BCAAAP) and with Healing Our Spirit to co-ordinate the development of culturally appropriate educational materials for aboriginal communities. We hope to foster similar partnerships to develop other culturally and socially sensitive education materials for other members of our community.

We invite you to visit our website at www.bccdc.org/hepatitisservices. You will find regular updates on our activities, important information for people living with hepatitis and information about research studies. You can also find out who we are. As we grow, so our website will expand to accommodate a highly interactive program of education and information exchange. We are very excited about being able to use the technology of the web to provide the people of BC with accurate and timely information and to support our public and professional education programs.

You can contact the program on our toll free line from anywhere in BC at 1-866-660-1676 or by e-mail at hepatitis.services@bccdc.hnet.bc.ca

Ron “The Reaper” in Victoria

RON THIEL
1932–2001

Ron Thiel was a founding member of HepCBC. Ron, like “Captain Kirk,” went where none had gone before. His polite audacity, his dogged perseverance and his determination served as an inspiration and incentive to many of us.

What I remember about Ron the most was his honesty and his uprightness. Ron would not compromise his moral principles. He grieved a long time about going public about how organisations supposed to represent those with Hep C had failed us. Would that Ron had been stronger and healthier.

The principles for which Ron stood remain at the heart of HepCBC, an organisation he helped establish. Although Ron had to step down because of his health, he was always there for Joan and me, giving advice and counsel when needed.

(More about Ron on page 3.)

Dr. C.D. Mazoff, PhD
Executive Director, HepCBC
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.

HepCBC Resource CD: The CD contains back issues of the hepc.bull from 1997-2001; the FAQ V4; the Advocate’s Guide and the Slide Presentations developed by Alan Franciscus. The Resource CD costs $10, including shipping and handling. Please send cheque or money order to the address on the subscription form on this page.

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

REPRINTS
Past articles are available at a low cost on CD ROM. For a list of articles and prices, write to HepCBC.
MY TRIBUTE TO RON THIEL

I was very fortunate to have been able to speak with Ron last Saturday. Thank you, Barbara, for sharing him with me. I feel very honoured to have got to spend those precious moments with him, and wanted to share some of what we talked about with you.

I did not realize at the time, that this would be my last conversation with a man I have truly come to respect and love. To the end, Ron, although in major pain, was still fighting. He asked me to send him addresses. He was writing letters (what else?) to the RCMP and to the Public Complaints commission. Ron was truly committed to the bitter end.

He was writing an addition to his "victim impact" statement for the RCMP Blood Inquiry Task force. He was thinking it should be updated now that he knew he did not have long to live. Now, he thought Barbara, Laura and Donna's input would be very valuable, too.

We had a great laugh when Ron informed me he his doctor was looking into getting him medicinal use marijuana. I told him I wanted a picture of THAT - an old English gentleman smoking a joint!! We both laughed at what a picture that would make and all the places I could post it!!

I remember with great fondness the very first time that I met Ron. We were both taking the red eye to Ottawa so we could be at the opening of Parliament. Joey Hache had planned a rally and was going to hand over the window. I told him it would be wonderful if he would guide us from above.

We were in the airport lounge. Ron had told me he would be wearing his Hep C ribbon. Since I had been distributing them for years I knew exactly what to look for. WRONG!! Ron was wearing the largest, loudest ribbon I have ever seen!! I knew he was in an instant, and that he was quite the character.

From that day on we had a bond, a relationship much like a father/daughter would have. He was very protective of me on my many visits to Victoria. He told me what time to be home and even waited up for me to get safely in the door.

Ron was always very quick to offer accommodation, meals and chauffeur service. He didn't only allow me to stay at their home - the Thiel's welcomed my three children and my sister and my friend Cindy. It appears they were hospitable to everyone!

Over the past few years my telephone bill has reflected many conversations between Ron and me (as did his). We shared ideas and exchanged information. I held a very deep respect for this man, who had been through so much, and was spending his retirement taking on hepatitis C issues with great gusto.

My second to the last trip to Victoria was in May. Ron had his drivers license revoked by his doctor, who thought he was no longer capable of driving, so he sent Barbara to the airport to pick up Jarad and me. He was very concerned that he would never get his license back and we had a great discussion about doctors, medication and the rules. I always learned something from this kind gentleman.

I have known many people who have died from hepatitis C, but I have to say Ron has had the most impact on my life. I am so grateful to have seized the opportunity to tell Ron what an awesome, inspirational and selfless human being he is. Ron truly was a gentleman, a scholar and a friend. I am so glad I got to say these things to him before he passed away. I will miss him greatly. I made him a promise we would continue the fight for equal compensation for those outside of the window. I told him it would be wonderful if he would guide us from above.

One would be remiss to do a tribute to Ron without mentioning the Principal Group - Ron's other activist issue. Ron was an avid stamp collector, owned his own display business and was a loving and devoted husband and father. He will be missed by many friends, especially me. Good bye, dear friend. Your battles are over.

Leslie Gibbenhuck

TIP OF THE MONTH:
When possible, treat the cause of pain, rather than the pain itself.

Fox
May Daze Gala
a dazzling musical event
in support of HepCBC
hosted by Linda Rogers
performances by:
Pablo Diemecke,
Argenta String Quartet,
Mandolirium
& many others
Silent and not-so- silent auction
(cash or cheque only please)
Sunday May 6th, 2001
The Church of Our Lord
Ticket price of $15 includes a light snack
Tickets available at
Ward Music, Ivy’s Books and Munro’s Bookstore
For information call 361-4808

Prince George Conference

Prince George Health Unit, AIDS Prince George, and AIDS Prevention (Prince George), with funding from Health Canada, are hosting a conference on Hepatitis C Wednesday, April 18th, 9A.M.-4P.M., at the Health Unit Auditorium, 1444 Edmonton St., Prince George. This conference is for all health care professionals, including physicians and nurses, social service providers, and those infected with and affected by Hepatitis C.

Speakers will be Dr. Frank Anderson on Hep C treatment, Dr. Mark Bigham on transmission, Dr. Mel Kraijden on epidemiology, and the new provincial hepatitis strategy, and Dr. Chester Morris on HCV/HIV co-infection. Other speakers (names yet to be confirmed at the time of writing) will present on nutrition, living with Hep C, and advocacy. There is no fee to attend. Seating is limited, therefore pre-registration is advised.

To register contact Renate at:
Phone (250) 565-7334 Fax (250) 565-6674

Dr. Peter Uhlmann will speak in Powell River

The April session of “Living with Liver Disease” in Powell River will feature Dr. Peter Uhlmann, teaching stress management through tai chi, using internal energy rather than muscular strength. Age or disability are not limiting factors. The meeting date is Wednesday, April 11th, 7-9 PM, Public Health Unit, 4313 Alberta Ave. Contact: Cheryl Morgan 483-3804.

Correction

MENTIONED IN NEWS FROM SMITHERS

“We stopped in Hell on our way through” should read “We stopped in Tiel on our way through.” Those of you with FAX machines and OCRs will understand….

The red-faced editors
What is pain?

This might seem like a useless question, especially when you're really hurting, but actually it always helps to identify a problem when you're trying to solve it. The International Association for the Study of Pain defines pain as an “unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.” If you ask me that’s both broad and vague, but I suppose you have to start somewhere.

Pain occurs when sense receptors called “nociceptors” become stimulated. The nociceptors then transmit information to the spinal cord along different pathways, depending on whether the pain is acute or chronic. Messages are sent to the brain which then tries to figure out what to do. Sometimes it can activate certain nerve fibres which will diminish the pain, or release certain neurotransmitters or chemicals such as endorphins.

Recent studies show that in situations involving infection, inflammation, or peripheral neuropathy, the immune system releases proinflammatory cytokines which create “exaggerated pain as well as an entire constellation of physiological, behavioural, and hormonal changes.”

Other studies show that pain varies from individual to individual and can be greatly affected by “gender, ethnicity and religion, health care, health status, and emotional distress.”

Treating Pain

There are two broad classes of pain, and both are treated differently.

1. Acute Pain: In acute pain there is apparent organic injury produced by a trauma, such as a burn, or a gunshot wound, or by end stage cancer, for example. Treatment for this type of pain comprises analgesics (from aspirin to opiates), antidepressants, nerve blocks and surgery.

2. Chronic Pain: Chronic pain often has no evident accompanying organic injury, and it is thought by many doctors and scientists that chronic pain, although initially caused by a real injury, is more of a “behaviour state,” than a physiological disorder.

The standard approach to treating chronic pain, or “chronic non-malignant pain” (CNP) as it is often called, is to reduce drug dosages, implement alternative modalities, such as physical exercise and meditation, initiate psychological counselling and avoid opiates at all costs.

Current Issues:

A. Medical:
The problem with pain medication other than opiates is mostly due to the side-effects and the fact that they are not very effective. A glance at the chart on page 5, OTC Pain Relievers, reveals that all OTC pain medications are bad for the liver, to varying degrees. They are also bad for kidneys.

The most common complication from taking NSAIDS (non-steroidal anti-inflammatory agents) and aspirin, is gastrointestinal bleeding. Obviously those with advanced liver disease and/or bleeding problems cannot take these types of analgesics.

According to the University of Alabama School of Medicine, “although acetaminophen causes less gastric irritation, nephrotoxicity, and antiplatelet activity than aspirin and other NSAIDS, prolonged use may cause hepatotoxicity, especially in patients with liver disease, even at recommended doses. Acetaminophen toxicity occurs in doses of about 4,000 to 5,000 mg per day (equivalent to 8 to 10 Extra Strength Tylenol tablets). The centrally-acting analgesic tramadol (Ultram), which is not chemically related to opiates, may be an alternative for acetaminophen, and can be effective for non-inflammatory pain (headaches, pelvic pain, myofascial disease, fibromyalgia). Side effects include dizziness, nausea, sedation, and constipation, however, tramadol is not associated with GI ulceration or bleeding and does not adversely effect renal function.”

Then there are opiates and the problem of addiction. Physicians involved in cancer pain management treat thousands of patients with opiates, whose effective analgesia improves overall functioning. The side effects generally are tolerable, and problems with addiction, infrequent. Many physicians, however, assume that opiates should be used only for chronic malignant pain. Research and clinical experience have demonstrated that opiates can safely and effectively relieve most chronic moderate to severe non-malignant pain. Fears of addiction, disciplinary action, and adverse effects result in ineffective pain management.

Not all opiates are the same. “Codeine and its equianalgesic analog, dihydrocodeine tartrate, often prescribed with aspirin or acetaminophen, are the most commonly prescribed opiates for mild-to-moderate pain. Yet, codeine is a poor analgesic, it has a ceiling effect, and is fraught with side effects,” such as vomiting and diarrhea. Others, such as morphine and its analogues, although more effective, are generally not prescribed.

B. Ethical:

More and more doctors and nurses are starting to listen to and believe their patients when they tell them that despite trying everything for CNP, they are still in pain. Like it or not, the attitude toward people with CNP has been largely that it is “all in their heads,” or mostly in their heads (hence the psychotherapy), and that pleas for stronger medication are really the cries of a weak-willed individual, or someone likely to become dependant on opiates, should they be administered.

In an article in the Journal of Law, Medicine & Ethics, Ann M. Martino argues that the reason many doctors refuse to prescribe opiates is not due to medical fact, but rather to an “ethic of underprescribing.” Historically, many physicians have been at substantial risk of being sanctioned for overprescribing by state medical regulatory boards. Ms. Martino concludes that “fear of regulatory reprisal continues to be the reason physicians most frequently cite for not providing adequate treatment for chronic pain.”

As well, there seems to be a presumption, both on the part of the physicians and the public, that individuals who take opiates for CNP are “addicted.” A glance through the medical journals on the problem of CNP and opiates reveals that many persons still question the validity of pain in an individual taking opiates:

“A patient with chronic pain who is on multiple medications raises important questions for the case manager. Is the patient’s underlying problem actually pain, or is it addiction?”

What to do?

I’ll never forget the day that one of our members came to me and confessed that he felt very guilty about smoking marijuana for his pain and nausea. This person, now in his sixties, had never taken psychotropic drugs before in his life. The marijuana really helped him. But he couldn’t shake the guilt.

Another member, who takes methadone to help cope with the pain from a severe spinal injury, runs the risk of being disqualified for a liver transplant, since the question of addiction is always in the shadows.

Yet another member who has advanced liver disease, had her kidneys ruined by interferon. She is in pain from this and from arthritis. She was prescribed buprofen (Advil) and began to experience serious pain in her liver. Some persons are prescribed amitryptiline for fibromyalgic pain, despite the fact that it is bad for the liver.

Add to this the fact that many persons with hepatitis C are past or present IDUs, I can understand how doctors can be hesitant to prescribe pain medication. But the fact remains that, whether or not one is or has been an addict, pain is pain, and it should be treated if the patient so requires.

Perhaps the answer to this difficult question lies not so much in research laboratories, but in the office of your local GP. How many doctors nowadays take the time to get to know each of their patients? How many of them really take the time to listen to our experience, and encourage a cooperative approach to health management.

Maybe if physicians would know their patients better, this would enable them to make the right choices. “To do no harm” works both ways. Making the decision to treat or not to treat takes time.

References:

5. Opiates for Chronic Nonmalignant Pain
<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
<th>One Time Dose (mg)</th>
<th>Daily Maximum Dose (mg)</th>
<th>Onset and Duration of Pain Relief</th>
<th>Indications</th>
<th>Mechanisms</th>
<th>Unique Features</th>
<th>Interactions and Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Bayer</td>
<td>325-1000</td>
<td>4000</td>
<td>1 hr/4 hr</td>
<td>Temporary relief of minor aches and pains of arthritis and headache, toothache, minor aches and pains of arthritis, and headache, toothache.</td>
<td>Primarily peripheral block of prostaglandins.</td>
<td>Anticlotting properties.</td>
<td>Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, and anticoagulants; Reye’s syndrome in children.</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>Tylenol, Panadol</td>
<td>325-1000</td>
<td>4000</td>
<td>1 hr/4 hr</td>
<td>Temporary relief of minor aches and pains of arthritis and headache, toothache, minor aches and pains of arthritis, and headache, toothache.</td>
<td>Primarily central nervous system block of prostaglandins.</td>
<td>Safest for children and pregnant women; virtually no GI effects.</td>
<td>Overdose causes few early symptoms; can worsen liver damage in alcoholics.</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Advil, Nuprin, Motrin IB</td>
<td>200-400</td>
<td>1200</td>
<td>200 mg within 40 min, 400 mg within 15-30 min/4-8 hr</td>
<td>Temporary relief of minor aches and pains associated with the common cold; headache; toothache; muscular aches; backache; minor pain of arthritis; and pain of menstrual cramps; and for reduction of fever.</td>
<td>Primarily peripheral block of prostaglandins.</td>
<td>Quick onset; the only newer NSAID approved for children.</td>
<td>Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, and anticoagulants.</td>
</tr>
<tr>
<td>Naproxen</td>
<td>Aleve</td>
<td>220-440</td>
<td>660</td>
<td>220 mg within 40 min, 440 mg within 30 min/10-12 hr</td>
<td>Temporary relief of minor aches and pains associated with the common cold; headache; toothache; muscular aches; backache; minor pain of arthritis; and pain of menstrual cramps; and for reduction of fever.</td>
<td>Primarily peripheral block of prostaglandins.</td>
<td>Longest-lasting pain relief.</td>
<td>Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, and anticoagulants.</td>
</tr>
<tr>
<td>Ketoprofen</td>
<td>Orudis KT, Actron</td>
<td>12.5-25</td>
<td>75</td>
<td>12.5 mg 30-60 min, 25 mg at least 6 hr/4 hr</td>
<td>Temporary relief of minor aches and pains associated with the common cold; headache; toothache; muscular aches; backache; minor pain of arthritis; and pain of menstrual cramps; and for reduction of fever.</td>
<td>Primarily peripheral block of prostaglandins.</td>
<td>Highest risk of GI effects.</td>
<td>Risk of GI, kidney, and liver problems with long-term, high-dose use; risk of complications when combined with alcohol, anti-hypertensive agents, and anticoagulants.</td>
</tr>
</tbody>
</table>

Reprinted with permission of the American Council on Science and Health (ACSH) from "Making Sense of Over-the-Counter Pain Relievers," a publication of ACSH. For more information on ACSH please visit www.acsh.org.
BIOFEEDBACK

Biofeedback is a recognized technique (developed in the 1940s) to alter muscle and/or brain activity to control normally involuntary body functions by recognizing signals from our own bodies. These functions can include headaches, numerous chronic pains, digestive disorders, stress, and heart rate.

The user employs a sensor which translates electrical signals from the body into a detectable form, usually a flashing light or a beeper. He or she can then learn to alter muscle tension or brainwave activity by using the mind to control the rate of flashing or beeping. Eventually, individuals can repeat this response at will without the sensors.

The Biofeedback Certification Institute has a website at http://208.217.189.163/.

ACUPUNCTURE

Acupuncture consists of the insertion of slender needles at specific points of the body to influence the flow of energy and thus support self-healing. It is recognized by the World Health Organization and is currently practiced in over 140 countries. It is virtually painless, but often effective in treating pain.

The treatments vary with the practitioner and the style of acupuncture: Chinese, Korean, Japanese, or a westernized version called trigger-point therapy. Acupuncture may be used on its own or in combination with herbs, massage, and/or moxibustion.

Some modern scientists theorize that acupuncture may release natural pain-killing endorphins. Others think it may alter the body's output of neurotransmitters and substances that cause inflammation. It may also stimulate the immune system and the production of cortisone, which helps the body repair itself.

The pain-relieving effects of acupuncture are sometimes delayed, increasing slowly after removal of the needles and becoming more evident after several treatments. The effects may diminish after treatments are ended. A good therapist will recommend stopping treatment that is ineffective.

The risks of acupuncture are few and completely avoidable. Improperly performed insertion can cause bleeding and injury to organs, nerves, or tissue. Disposable needles, used only once, are the only guarantee against infection. Pregnant women and patients with blood clotting disorders should inform the acupuncturist of their condition. Any chronic or worsening pain should be evaluated by a medical doctor.

The skill level of the acupuncturist is critical. He or she should be a graduate of an accredited school and provincially licensed—in B.C., by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C., which will be in place later in 2001. Even then, talent and dedication may vary with the individual.

VISUALISATION

Visualisation manipulates imagery, the language the mind uses to communicate with the body. For instance, you can’t just tell a wart to go away; you have to visualize it shrinking. The images can be visual, sounds, tastes, smells, or a combination.

Anyone can learn basic visualisation in a few weeks. It is practiced two or three times each day. It is said to be helpful in 90 percent of health problems—relieving pain, speeding healing, and combating many ailments—but it takes longer to affect a serious chronic ailment.

Visualisation can direct and control negative images, which compromise immunity. It also effectivley lowers stress, which underlies many ailments including some chronic pain. Moreover, it is thought to release brain chemicals that act as natural brain tranquilizers. Oriental thought holds that any therapy works more effectively in a relaxed body.

Patients undergoing interferon therapy will be interested in a Michigan State University study. Students visualised the improved functioning of certain white cells called neutrophils, which combat infection. They could also decrease, but not increase, white cell counts. At one point, a form of imagery intended to increase neutrophil count unexpectedly caused a drop instead. They then learned to stabilize the neutrophil count while increasing the cells’ effectiveness.

The most effective images are those that have meaning to the visualiser. They work best when used in conjunction with a relaxation technique, such as meditation, progressive relaxation, or yoga, which frees the mind to daydream.

MEDITATION

Meditation is the science of discovering and controlling the mind. Its purpose is to find well-being within the mind, independent of the body or other things going on outside.

For chronic pain, meditation seems to work on four levels:

- It enables relaxation, relieving the muscle tension that contributes to pain. It eases muscle tension caused by anticipating pain, or thinking it will never stop. It can alter a person’s emotional (and brain) response to pain, making the pain more bearable. Finally, like morphine, it may actually block the sensation of pain in the neural pathways.

- To reduce pain, we must first accept that it is there. Then we can learn to breathe through the tense shell that we tend to build around the pain. Finally, we can analyze the pain, separating it from the body. Then there is no pain that cannot be endured.

- But it is unwise to content oneself with just physical survival, for even if a disease doesn’t end one’s life, something else will. We must accept that illness is simply a part of life. It is not cheating us out of anything. There were no agreements or guarantees.

- While meditation can often cure illnesses that come from purely mental causes, it cannot cure those that come from physical causes. So for the chronically ill, meditation offers much more than pain control. It can help them live with the illness and pain without suffering by revealing the treasure in the mind that is unaffected even by death.

A death well handled is one of the surest signs of a life well lived.

Sources:

GLUCOSAMINE FOR ARTHRITIS

In animal models, oral glucosamine sulfate has a beneficial effect on inflammation, mechanical arthritis, and immunological-reactive arthritis.

Several short-term controlled trials on up to 252 patients found that 500 mg of glucosamine sulphate taken orally three times per day was as effective as ibuprofen compounds in combating osteoarthritic pain. Adverse effects were minimal or nil. (Ibuprofen is considered to be potentially hepatotoxic.)

However, most published trials of the drug lasted only four to eight weeks, and the purity of off-the-shelf glucosamine products is unregulated.

Sources:
VERITAS LAUNCHES TRIALS WEBSITE

Veritas Medicine Launches Comprehensive Online Clinical Trials and Treatment Resource for Hepatitis C Patients and Their Physicians

PERSONALIZED MATCHING TO CLINICAL TRIALS IS AUGMENTED WITH TRUSTED INFORMATION FROM HARVARD- AND TUFTS-AFFILIATED PHYSICIANS; AGREEMENTS WITH LEADING HEALTH-RELATED SITES ENABLE ACCESS BY MILLIONS IN NEED

CAMBRIDGE, Mass. - Millions afflicted with chronic illnesses ranging from breast cancer and hepatitis C, to AIDS/HIV and leukemia, now have access to the most comprehensive, reliable clinical trials and treatment information through veritasmedicine.com or via premiere health-related sites. Through Veritas Medicine’s new ground breaking resource, patients and physicians are matched against a current database of 1,200 government- and pharmaceutical-sponsored trials, and provided with information about only the most relevant treatment options. Each patient and caregiver also has access to original and trusted corresponding information developed by Harvard and Tufts-affiliated physicians, so they can make the most informed choices about their treatment options.

Through Veritas Medicine’s new resource, patients and physicians gain relevant information based on personal needs and attributes, such as phase of disease, age and gender, without revealing their identity. The resource is also available to millions of additional users through leading health-related non-profit organizations and .coms, such as HepCBC - Hepatitis C Education and Prevention Society, the Alzheimer’s Association, AEGIS, HIVandHepatitis.com, Lifespire, MedicineNet.com, MedHelp International, and the Alzheimer’s National Research Foundation.

Seventy-five million people are diagnosed with chronic illnesses each year in the U.S., but fewer than five percent participate in the thousands of clinical trials and innovative treatments developed annually. Patients and their caregivers have historically encountered difficulty in identifying, gaining access to, and making sense of relevant clinical trials and innovative therapies. This has resulted from a lack of a centralized online resource that provides comprehensive treatment options from both public and private sectors – along with reliable corresponding information to help make sense of options. In addition to a dramatic impact on patients and their families, the lack of trial participation has severely impacted the entire health care industry. For example, pharmaceutical companies, who have been reluctant to post proprietary information online due to competitive concerns, typically spend 40 weeks trying to find suitable patients, sacrificing more than $1 million each day a new drug is delayed from the market.

“Veritas Medicine is transforming the clinical trials industry with the launch of our new online resource, which enables patients and physicians to identify highly relevant treatment options, and to make well-informed choices about those treatment options,” said Joe Avellone, M.D., CEO of Veritas Medicine.

About Veritas Medicine
Veritas Medicine, based in Cambridge, Massachusetts, is the first comprehensive online medical resource developed to address the needs of patients, physicians and other health care professionals, and pharmaceutical sponsors - all of whom can benefit from a centralized and highly secure online resource that provides expert, reliable and up to date information about clinical trials and innovative treatments. Veritas Medicine is the industry answer for those facing life-threatening and chronic illnesses, and pharmaceutical and biotech companies trying to bring new treatments to market faster.

For More Information:
Kristy Kozaka/Katherine Waite
Beth Spearman
The Portico Group
Director of Marketing
781-674-0166
Veritas Medicine
kristy@theporticogroup.com
617-234-1500
kwaite@theporticogroup.com

NEWS

75% POSITIVE

Three out of four females at Edmonton Institution for Women are infected with hepatitis C, but the warden denies that this is an epidemic needing urgent solutions. While 12 of the 67 inmates have tested positive for HIV, 50 are infected with HCV. All inmates, unlike in the past, agreed to be tested. Advocates are asking for a needle exchange to be set up. Bleach, available to the inmates, may not be effective in killing HCV. They worry that the inmates may spread disease into society when they are released.

Source: http://www.canoe.ca/CNEWSTopNews/prison_feb16-sun.html PAUL COWAN -- Edmonton Sun, February 16, 2001 Hep-C plagues cons

SCHERING IN TROUBLE

On Feb. 15, 2001, Schering-Plough, producer of the most popular interferon product, Rebetron, revealed that the U.S. FDA has found several of its plants have unacceptable quality control. Schering is being sued by its shareholders as a result. Analysts are wondering if the company will be able to produce enough of its products because of the problem. The problem began in 1999 with the quality of some of the company’s aerosol products.

Source: BusinessWeek Online, Sam Jaffe STREET WISE -- The Fog Shrouding Schering-Plough

WARNINGS

ARAVA (leflunomide)

A total of 296 liver reactions possibly resulting from treatment with the new drug for rheumatoid arthritis Arava have been reported, of which 129 are considered serious, including two cases of cirrhosis and 15 cases of liver failure, where 9 people died. The company is sending out letters to doctors warning them to not use the drug in patients with liver problems, and new labels will stress the importance of monitoring of liver enzymes. Most of the patients with severe reactions were taking other medications at the same time, or had a history of alcohol abuse or pre-existing liver problems.

Source: Richard Woodman Reuters Health : Mar 14, 2001 Liver problems linked to arthritis drug

MOTHER TO CHILD TRANSMISSION

The researchers studied 154 mothers found to be HCV +, of whom 141 were enrolled in this study, as were their 147 children, whose ALTs, HCV antibodies and HCV RNA were studied from birth. None of the mothers tested positive for HIV. Of the 114 children completing the study, 9 of them, or 7.8%, had detectable HCV RNA. The mode of delivery, vaginal vs. caesarean section, did not matter, nor did breast-feeding vs. bottle feeding. The infected infants had mothers with a high viral load at the time of birth.

GEORGE MARCELLO:  
BC SCHEDULE

"The Canada 500 Day Walk" for Organ and Tissue Donor Awareness Task Force 500 would like to inform you that according to the 500 Day Walk schedule (attached), George Marcello will be arriving in your community soon. Please check attached schedule.

An excerpt from the Canadian Transplant Calendar 2001 describes George Marcello and his mission: "On June 20, 2000, liver transplant recipient George Marcello began walking across Canada to increase public awareness about the need for donors and the success of transplantation. He carries with him ‘The Torch of Life,’ an Olympic torch donated for this cause…to symbolize the spirit of giving and the continuation of life. Thousands of people, including recipients, donor families, potential recipients, politicians, and the public, are sharing in the passing of the torch from community to community." People from your own community are encouraged to walk with George and carry the torch as arrives.

For more information, about organ and tissue donation and liver disease please visit the following websites:

Step by Step Organ Transplant Association
www.stepbystep.ca

BILL C-227
http://www.parl.gc.ca/36/2/parlbus/chambus/house/bills/private/c-227/c-227_1/3620323e.html

HepCURE (Hepatitis C United Resource Exchange) www.junction.net/hepcure/

YOUR REPS SAY:

Premier Mike Harris, Statement to the Legislative Assembly, May 9, 2000:

“…[H]epatitis C victims who contracted the disease from tainted blood… suffer this illness through no fault of their own, because Canada’s blood system failed them…To dismiss their needs based on legal technicalities and arbitrary cut-offs, to treat this as a courtroom exercise rather than an issue of compassion, is an abdication of our moral responsibility as governments…Our government along with thousands and thousands of Canadians from coast to coast didn’t think that compensating only some victims was fair…[E]ach Ontario hepatitis C victims who was excluded from the existing compensation agreement … will receive the same estimated provincial financial assistance as the average person who was included…It’s the right thing to do. And it’s the fair thing to do…I ask all members to join me in urging the federal government to abandon its arbitrary, exclusionary compensation scheme, and to agree to help all victims who contracted hepatitis C through Canada’s blood system.”

GCampbell, Thursday, February 01, 2001 8:35 AM:

“I stand today to ask this government to treat all victims of all hepatitis C equally. I ask this government to show some leadership and to reflect the values of British Columbians. The values of British Columbians are to treat these people fairly and equitably, regardless of when they contracted this disease. I believe it’s critical that we focus the attention and the intent of this resolution—not as a way for the government to use the victims of hepatitis C to fight a battle with the federal government. This is about fighting a battle for the people who are suffering; this is about taking some leadership… I’ll guarantee everyone in this House—every single one of you—that if you go to someone in your riding and say to them, ‘Do you think we should be spending your tax dollars on a government advertising campaign or on caring for someone with hepatitis C?’ you will get a unanimous voice. They will say: ‘Care for the people that suffer from hepatitis C.’”

COMPENSATION

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

TRACERBACK 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: bhepc@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 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

May 25-27 Salmon Arm
May 21-22 Enderby
May 23-24 Salmon Arm
May 25-27 Revelstoke
May 28-29 Chase
May 30 Pritchard
May 31 Monte Creek
June 1-3 Kamloops
June 4-5 Merritt
June 6 Lytton
June 7 Clinton
June 8-10 100 Mile House
June 11-12 Williams Lake
June 13-14 Quesnel

June 15-17 Prince George
June 18-19 Vanderhoof
June 20-21 Pemberton
June 22-24 Whistler
June 25 Squamish
June 26 Lion’s Bay
June 27-28 North Vancouver
June 29-July 1 Port Moody
July 2 Coquitlam
July 3 Port Coquitlam
July 4 Langley
July 5 White Rock
July 6-8 New Westminster
July 9-10 Vancouver
July 11 Harrison Hot Springs
July 12 Hope
July 13-15 Chilliwack
July 16 Mission
July 17 Matsqui
July 18 Abbotsford
July 19 Campbell River
July 20-22 Courtenay
July 23 Port Alberni
July 24 Parksville
July 25 Nanaimo
July 26 Duncan
July 27 Victoria

HCV Viral Loads in People Coinfected with HIV and Hepatitis C

Alan Francisius

The February issue of the Journal of Medical Virology reported a study by Roy D, et al., that found significant amounts of HCV RNA in individuals coinfected with HIV and hepatitis C.

Fifty-nine individuals with HIV and hepatitis C were tested for HCV viral levels from paired blood and saliva samples to examine the amount of detectable HCV present in the saliva of this group. Nested-PCR was used to detect possible HCV RNA and confirmed with a b-DNA analysis.

The researchers found that 22 out of the 59 individuals (37.3%) of the patients had detectable levels of HCV RNA in their saliva. The mean level of HCV RNA was 1.15 Million-genome equivalent per milliliter. There was no correlation of salivary positivity with CD4 cell count, HIV risk group or age, but was a correlation with gender—males (50%) vs. female (14.3%).

This is the first study to report significant amounts of HCV RNA in saliva and deserves further investigation. The study did not look at transmission of HCV by saliva.

