



hepc.bull



Canada's Hepatitis C News Bulletin

WHOM DO WE TRUST?

Medical devices meant to be thrown away after being used are actually being used as many as 20 times. Africa, you ask? Guess again. This article is talking about CANADIAN HOSPITALS. Ten years ago? No. Today. Who says so? Medical Devices Canada says so. The organization represents manufacturers of medical devices, who don't want to be held responsible for the dire results they predict, and says that patient safety is at risk. (Who needs bioterrorists from elsewhere? We have our own!)

This report was a result of a survey of 741 hospitals. Only 57% returned the survey, which showed that only 10% had a "reuse" committee, and many have no written regulations about reuse.

Gastrointestinal snares, cardiac catheters, hot biopsy forceps, and brain biopsy and—of all things—liver biopsy needles were all being reused. The hospitals reported that the devices were being well disinfected, but some institutions were using "inappropriate low-level disinfectants." Supposedly, all this is to save money. Where have we heard *this* before? To be fair, some hospital administrators and health care providers say that manufacturers of these devices are taking advantage of the system by selling more of them than they would if they were reused.

The good news is that the survey's results have instigated a call for things to change, but don't count on it. Please don't take it for granted that the system will protect you, or wait for it to do so. Believe it or not, Health Canada does not have any authority to regulate the reuse of single-use devices in hospitals. You must protect yourself. Ask how devices are sterilized. Ask if disposable items are being reused on you.

Sources:

David Spurgeon, *BMJ* 2001;323:532 (8 September 2001) *Canada-Single use equipment is used up to 20 times, says report*

Canadian Medical Association Journal, August 27, 2001, *Medical devices need more than a good scrubbing*, www.cma.ca/cmaj/cmaj_today/2001/08_27.htm

UPDATE: BC COLLABORATIVE CIRCLE

Workshop Planned for Nanaimo in January

HepCBC, as agency of record for the HepC Circle of BC, has put the project into gear. Health Canada has approved the funding, and we expect to hold the first series of workshops in Nanaimo in January.

Some of the workshops will be on: "Living Positive," "Diet & Nutrition," "Alternative Therapies," "Running a Support Group," "Using a computer," "BC Disability Benefits," "Making it through the Compensation Maze," "Harm Reduction," and more.

One of the main goals of the Nanaimo workshop series is to bring representatives of Hep C groups from all over BC and the Yukon together in order to formulate policy and direction for the circle.

The Circle is designed to be a coalition of Hep C groups that will enable each group to become stronger and more resourceful, but more importantly, it is hoped that it will give those with Hep C in this province a stronger voice.

The Circle will only succeed if its members make it succeed. And to that end, you are all invited to participate in this venture. If you wish to become more involved in the Circle please contact Joan King (contact information on next page), or come down to the HepCBC AGM (see page 3), and we can talk about the Circle and how you can help make it happen.

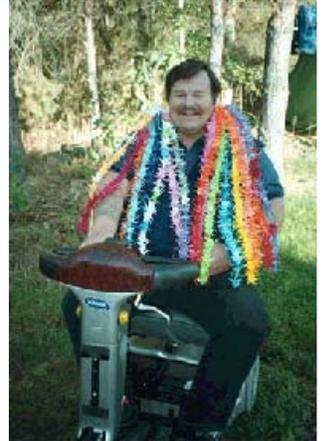
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CRANES BOOST LIVER PATIENT'S SPIRIT

by Kate Skye
Trail Daily Times

When Brian Brownrigg, who is waiting for a liver transplant, received 1,000 origami paper cranes from the Omata family in Tsukui, Japan he was delighted and just a little overwhelmed.



The making of paper cranes started with a young Japanese girl named Sadako Sasaki who developed leukemia after the effects of radiation caused by the bombing of Hiroshima when she was two years old.

While hospitalized, Sadako was reminded by her childhood friend of the Japanese legend that if she folded a thousand paper cranes, the gods might grant her a wish. Her wish was to be well again.

Sadako died in 1955 at the age of 12. Today, there is a statue of Sadako holding a golden crane at the Hiroshima Peace Park in Japan, as well as a statue in Seattle, Wash. The symbol of the determined young girl holding the golden crane has become for millions worldwide a wish for peace.

The Omata family, who folded the colourful 1,000 cranes and sent them to Brownrigg, included in their package their own wish, that he receive a liver transplant and gets well from his end stage liver disease caused by Hepatitis C.

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Brian Brownrigg, is, of course, our own beloved Brian "The Dogman," one of the directors of HepCBC. Brian has worked for years at his local SPCA—The Editors.

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

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Newsletter Ads:

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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.

NEW

Peppermint Patti's FAQ Version 5 Available NOW!!

Peppermint Patti's FAQ Version 5 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 V5; the Advocate's Guide; the Slide Presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. 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.

THANKS!!

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CUPID'S CORNER

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

To place an ad: Write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send cheques payable to HepCBC, and mail to HepCBC, Attn. Squeaky, 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.

Ad No. 20

Positive Attitude and Hepatitis C

Creative, independent, attractive 40-something woman, loving and living life, would like to meet active 35 to 40-something man. You have a sense of humor and enjoy the good things in life.

Got Hep C?... Single?

...Visit

[http://clubs.yahoo.com/clubs/
ontariohepcsingles](http://clubs.yahoo.com/clubs/ontariohepcsingles)

California Primavera

Submitted by Tammy Schill <http://allrecipes.com/>
So good and so easy to make!!

This recipe has been scaled to make 4 servings

Ingredients

6 ounces spaghetti
3 tablespoons olive oil
1 small onion, chopped
2 cloves garlic, minced
1 tablespoon chopped fresh basil
5 fresh mushrooms, sliced
1 (14.5 ounce) can stewed tomatoes
1 (16 ounce) package frozen mixed vegetables
1 teaspoon salt
ground black pepper to taste
1 tablespoon grated Parmesan cheese



Directions

- In a large pot with boiling salted water cook spaghetti pasta until al dente. Drain.
- Meanwhile, in a large skillet heat olive oil over medium heat. Add onion, garlic, basil, sliced mushrooms, and chopped tomatoes and cook for 5 minutes. Stir in California-style vegetables, salt, and ground black pepper. Cook for approximately 10 minutes, stirring often, until vegetables are tender and crisp.
- Pour vegetable mixture over cooked and drained pasta. Toss well. Sprinkle with grated Parmesan cheese and serve.

TREATMENT

by Joan King

EARLY TREATMENT

Two studies have been released in the past month or two, indicating that **early treatment for Hep C is almost 100% effective.**

French researchers reported a documented case of a needlestick injury of a health care worker with a needle from a patient co-infected with HCV and HIV. The worker was followed up for over a year, and was treated with IFN (weeks 2-6) + ribavirin (weeks 5-9) The worker did not develop HCV antibodies even though an HCV-specific T cell response was documented.

The New England Journal of Medicine, released an article early on its website to appear in its November 15, 2001 edition because of its importance. Researchers in Germany, on the lookout for people newly infected with Hep C, found 44 such patients and found that treatment with IFN within 2 or 3 months of initial infection can be virtually 100% effective in eradicating the virus. Of course, the difficulty lies in discovering the infection in time for early treatment. These patients were treated with daily IFN for 4 weeks, then 3 times weekly for 20 more weeks. Only one patient did not respond to treatment, while the others were HCV negative at 48 weeks.

Sources: Morand P, et al, *Clin Infect Dis* 2001 Sep 1;33(5):727-729, Lack of seroconversion in a health care worker after polymerase chain reaction-documented acute hepatitis c resulting from a needlestick injury. PMorand@chu-grenoble.fr PMID: 11477531 and Associated Press AP-NY-10-01-01 1001EDT: Quick Treatment Can Cure Hepatitis C by Daniel Q. Haney.

IFN + ZINC

In a study by Hitoshi Takagi et al in Gunma University School of Medicine, Japan, 35 patients with **HCV genotype 1b** were given standard doses of IFN (10 MU daily for 4 weeks, then the same dose every other day for 20 weeks) with **150 mg/day of oral polaprezinc**, while 40 similar patients were given the IFN alone. Some patients in both groups withdrew from the study for reasons not associated with the zinc. After 6 months, patients who had had a viral load above 5×10^5 copies had little response in both groups, but in those with lower initial viral loads, **a complete response was found in 40.7% of the IFN + zinc group**, compared to only 18.2% in the IFN alone group. Normalization of enzyme levels in non-responders was improved in the IFN + zinc

group, as well. Zinc supplementation has long been thought to prevent reproduction of some viruses.

Source: Takagi H, et al, *J Viral Hepat* 2001 Sep;8(5):367-71 Zinc supplementation enhances the response to interferon therapy in patients with chronic hepatitis C. htakagi@med.gunma-u.ac.jp. PMID: 11555194

THE MAGIC NUMBER: 500 MU

Researchers in Japan looked into the occurrence of liver cancer (HCC) in Hep C patients who were treated with IFN. They studied 291 patients without cirrhosis or hepatitis B who were non-responders to IFN. The total dose and duration of IFN therapy was compared to the presence of HCC. They discovered that the length of treatment made no difference, but that the quantity of IFN received did. HCC was much lower in patients who received more than a total of 500 million units. The authors of this study concluded that **patients with hepatitis C should receive more than 500 million units of IFN to avoid getting liver cancer (HCC).**

Source: *Oncology* 2001 Aug;61(2):134-42 Toyoda H, et al, Effect of the dose and duration of interferon-alpha therapy on the incidence of hepatocellular carcinoma in noncirrhotic patients with a nonsustained response to interferon for chronic hepatitis c. www.ncbi.nlm.nih.gov/ PMID: 11528252 (Thank you, Marjorie H., for bringing this article to our attention.)

CLINICAL TRIALS

PERSONALIZED TRIAL NOTIFICATION SERVICE NOW AVAILABLE

Veritas Medicine is pleased to announce its new Personalized Trial Notification service. This free service offers personalized email alerts of new clinical trials that match the search criteria you have entered on your Clinical Trials Search questionnaire. To sign up for Personalized Trial Notification, please click on the link below, which will prompt you through the quick sign-up process.

www.veritasmedicine.com/users/ptnsignup.cfm?did=7

If we can be of any assistance, please contact us by responding to this email or calling our toll-free number listed below.

Sincerely,

The Veritas Medicine Team

Email: info@veritasmedicine.com

Toll-free number: 1-877-587-4257

HEPATITIS C INTERNATIONAL QUILT

The Hep-C quilts are made up of patches submitted by people from all over the world with hepatitis C. They are sewn together by Marie Stern in her spare time. Marie possibly contracted the Hep C virus in 1978 and this is her way of helping the Hep C community to be heard and seen. The first quilt was created in 1996. It became so large that Marie started a separate one a year later. The third quilt has blank squares being filled in at events. The quilts are available for display at various public functions.

On a 12" x 12" red or yellow cotton cloth trace your hand in the opposing color of the background and apply it in any medium you like. Please write your name, state you live in, date you think you contracted the disease and the date you were diagnosed with Hep C. Feel free to write anything else you'd like and be as creative as much as you'd like. If you want to eliminate the hand and do something different, please do so. I will do the batting and backing. I will not turn anyone's square away. When you are finished send it to :

Marie Stern
14119 Via Corsini
San Diego, CA 92128



Reserving the Hep-C Quilts:

To reserve the Hep-C quilts for an event, email Marie at: mlstern@pacbell.net. Several months notice is required to secure your reservation.

There are currently three quilts that can be displayed separately or together. If several requests are made for a specific date, Marie will try to accommodate everyone with at least one quilt, and if the quilts are already reserved for a date you want, she will make every attempt to see that at least one is at each event.

HepCBC AGM:

HepCBC will be holding its annual general meeting on Monday, October 12, 2001, at the Woodward Room in the Begbie Building at the Royal Jubilee Hospital in Victoria, from 7-9 pm.

The purpose of this meeting is to elect or re-elect officers to the Board, to bring the members up to date on our activities both past and present, and to vote on a special resolution. All **paid up** members of HepCBC *in good standing* are eligible to vote and to run for the Board. Voting may be done in person, by email, or by snail mail. Members, please make sure your membership is up to date.

NEW COST SAVINGS ON DRUGS

Right now, each province and territory does its own assessment of a new drug before it decides whether to cover its costs. Federal Health Minister Allan Rock says moving to a national standard will make things cheaper and quicker. Provincial ministers want to reduce the number of similar provincial drug studies in order to get costs under control, saving time, money, and eventually leading to lower drug prices. But so far, the ministers have agreed on nothing more than an idea, and are only at the stage where they can present the options to their premiers. Rock hopes that a decision will be made by next January. In the meantime, the ministers have agreed to look at the possibility of buying drugs in bulk to save money, but are still a long way off in creating a national drug-buying agency.

Source: www.cbc.ca, CBC News Online staff, September 27, 2001, Health ministers agree to new cost savings on drug approval

HCV AND CANCER IN ITALY

HCV is a RNA virus that can potentially give rise to tumors indirectly by contributing to the modulatory effects of the host immune system. A study was carried out to indicate which different oncological pathologies have a relationship with HCV. 495 patients with different types of cancer were selected. 114 had liver cancer, 41 multiple myeloma, 111 non-Hodgkin's lymphomas, 130 thyroid cancer, and 63 Hodgkin's disease. 226 patients with no history of cancer acted as the controls. A relationship between HCV and all of these cancers, except for Hodgkin's disease, was found. The results of the study indicated that, with the high prevalence of HCV in southern Italy, it is expected that there will be higher incidences in liver cancer, tumors associated with the immune system, and thyroid cancer in the years to come.

Source: M. Montella, et al., *Liver* 21 (5), 335-341, HCV and cancer: a case-control study in a high-endemic area, Naples, Italy, 2001

ELIGIBILITY FOR MONTHLY NUTRITIONAL SUPPLEMENTS

As of October 2001 in BC, the ministry will provide a monthly nutritional supplement of up to \$225 to those eligible Disability Benefits. The supplement consists of: \$165 for an additional nutritional diet, \$20 for bottled water, and \$40 for vitamins/minerals. Eligibility is based on: 1) a receipt of Disability Benefits; 2) information from a medical practitioner; 3) medical condition; 4) wasting symptoms; and, 5) to alleviate particular

symptoms. This nutritional supplement replaces the need for people to apply for extra health benefits. People with health-related monthly cash allowances previously-awarded through the BC Benefits appeals system will continue to receive them. If they receive less than \$225, they may apply for the higher amount. Seriously ill disability recipients will not have to go through the appeal system. The new supplement provides a more efficient way to meet their additional nutritional health needs. Application forms will be available from the ministry.

Source: www.mhr.gov.bc.ca/factsheets/2001/NSB.htm October 3, 2001

BLOOD DONORS ASKING FOR HELP

Since the September 11 attacks on the United States, thousands of Americans have rushed to give blood in an effort to aid the victims. Currently, the American Red Cross is collecting twice as much blood weekly than normal. Nationally, more than 330,000 people have given blood since the attacks. Now some of those donors are themselves asking for help. Many, donating for the first time, have since learned they have viral diseases like hepatitis, syphilis, and AIDS. Slightly more than 1% of donors have tested positive for infections. One in 20,000 whole-blood donors will test positive for HIV; one in 2,500 for hepatitis B; and, one in 500 for hepatitis C. Since the mid-1980s, blood has been tested for viral diseases, and prospective donors are screened for risky behavior.

Source: Associated Press, September 25, 2001, Some Blood Donors Now Need Help Themselves

FDA APPROVES NEW HEPATITIS C TEST

Ortho-Clinical Diagnostics has received approval from the FDA for the VITROS(R) Anti-HCV assay. This test detects the IgG antibodies to the hepatitis C virus. Currently, there are many steps to the test and results can be delayed up to five hours. Because of the delay, less than 50% of state and local health labs have the capacity to perform this test. This new test provides results in less than one hour. On average, it takes about 10 to 20 years for serious symptoms to develop. At this point, a patient's only hope is often a liver transplant. But now, early detection and treatment is possible through increased public awareness and the utilization of anti-HCV tests.

Source: PRNewswire www.prnewswire.com September 28, 2001, Ortho-Clinical Diagnostics Receives PMA Approval for Anti-Hepatitis C Virus Assay

PEG-INTRON/REBETOL

Schering has announced the launch of a combination therapy using PEG-INTRON injection powders and REBETOL capsules for treating chronic hepatitis C. It has been suggested that this new combination will be a major advance over the current standard of care. This drug is easier to tolerate, and only has to be injected once per week, but costs \$13,000 to 18,000 per year.

The side effects associated with this new treatment include psychiatric effects, injection site inflammation, muscle pain, joint pain, anorexia, weight loss, fatigue, headaches, rigors, and fever. Anyone considering the therapy should ask themselves if the side effects, cost differences, and a small (54% compared to 47%) improvement in efficacy is worth going on the new treatment, and if so, they should be monitored with periodical clinical evaluations, so if symptoms worsen, they can be withdrawn from therapy.

Sources: PRNewswire, October 3, 2001, Schering-Plough Launches PEG-INTRON(TM) and REBETOL(R) Combination Therapy in U.S. for Chronic Hepatitis C Francisus, A., HCV Advocate, www.hcvadvocate.org/, October 2001, Peg-Intron Plus Ribavirin - An Analysis Plus Questions to Ponder *Lancet* 2001;358:958-965

UNBUNDLED RIBAVIRIN

Schering-Plough has received FDA approval to market Rebetol (ribavirin) separately from Rebetrone. People with hepatitis C must have access to ribavirin so that dosing and choice of interferon for combination treatment can be individualized to achieve the best possible results. With this new strategy, Schering can claim to be helping patients by providing separate ribavirin, while actually making it prohibitively expensive to use with any other (non-Schering) interferon. Community pressure is needed to ensure equitable access to treatment and allow patients and their providers to choose the best treatment option.

Schering's exclusivity on ribavirin expires in December. A generic ribavirin is eligible to enter the market in January, but is likely to be blocked from receiving a marketing license.

Schering has sued Three Rivers Pharmaceuticals and Novartis AG's Geneva Pharmaceuticals for trying to market generic ribavirin.

Sources: HCV Advocate, www.hcvadvocate.org/ August 1, 2001 Schering-Plough To Market Unbundled Ribavirin Susan Decker, Schering-Plough Sues to Block Generic Hepatitis Drug (Update1) Oct. 15, 2001 as reported by HAAC.



DETOXIFY NOW!

Source: Sean Guillemette, *Detoxify Your Body and De-Stress Your Liver*, <http://es.epa.gov/new/contacts/newsletters/shopping.html#link11>, March/April 2001

In an interesting article, Sean Guillemette explains that our body, like a car, needs clean fuel to work well. Our livers filter and clean our blood, and remove toxins. The liver has to change fat-soluble toxins into water-soluble forms so they can be excreted via urine, sweat and bile. If the liver doesn't work well, the toxins will build up in the brain, endocrine glands and fat tissue, leading to fatigue, brain fog, chronic disease, and perhaps cancer.

You can come into contact with toxins through what you breathe, what you touch or what you eat. Toxins include chemicals from cleaners, paints and sprays, drugs like cocaine or even Tylenol or antibiotics, or pesticides on fruits and vegetables and hormones in meat.

People who work in dry cleaners, agriculture, hair salons, chemical plants, automotive industries, plumbing, and construction should take special care, especially if they have Hep C.

Inside air, because of fumes from cleansers,

mildews and molds, is generally more toxic than outside air. Open windows often, and buy an air purifier if possible. Plant trees in the garden. They produce oxygen. Put plants inside. They remove toxins. Substitute air fresheners with candles, flowers or potpourri. You can also simmer cinnamon and cloves on the stove. Keep your air ducts cleaned. Carpets, fabrics, and painted furniture can release fumes. Bare floors and organic cotton fabrics can help.

Use natural alternatives to chemical cleansers and detergents. Avoid dry cleaning by hand washing or buying clothes that don't need it. If you do dry clean, take the clothes out of the plastic bag and air them out. Avoid fabric softeners by removing clothes from the drier when they are still slightly damp.

Use unscented or hypoallergenic products without dyes and other chemicals. Avoid aerosol cans. Use roll-on products, gels and pumps rather than aerosols. Shop for all-natural products.

Eat organic foods when possible. Foods like cabbage, Brussels sprouts, cauliflower, broc-

coli, bok choy, garlic, onions and eggs (not fried), which are high in sulfur aid in toxin elimination. Bitter, green vegetables like dandelion, watercress, rocket, bok choy and carrot tops, improve bile flow, eliminating toxins. Avoid processed foods. Essential fatty acids found in oily fish, beans, raw nuts, cold pressed seed and vegetable oils help liver cell membranes. Avoid animal fats. Steam foods and eat little, light, and early in the day. This means less work for the liver.

Drink lots of pure water—at least 8 to 12 glasses a day—but not with meals.

Exercise stimulates sweating, which gets rid of toxins through the skin, as do saunas and hot baths. Walk after meals.

Avoid constipation.



CLEANING ALTERNATIVES FROM THE ENVIRONMENTAL PROTECTION AGENCY:

HYGIENE TIPS FROM THE LIVER DOCTOR

Tips For Good Hygiene

- **Wash your hands** thoroughly with soap and hot water before preparing and eating food, and after handling any raw meat or seafood. Brushing under the nails with a nailbrush can remove inaccessible bacteria. Wash kitchen utensils such as cutting boards, grinders, juicers, and blenders and can openers thoroughly after each use. Replace cloths, bottlebrushes, pot scratchers and wetwipes used to wash dishes frequently.
- **Only purchase fresh foods** and avoid foods that are mouldy or look too old. Avoid processed or preserved meats such as hamburger meat, ham, smoked and pickled meats and fish, beef jerky, bacon, sausages, fritz, cabanossi, pizza meats, corned beef, meat loaf, rolled meats as found in delicatessens, and sea food that has been mishandled or poorly stored.
- **Do not let food stand** in warm temperatures for more than two hours.
- **Hot foods should be cooled quickly at room temperature and then refrigerated**, because gradual cooling allows microorganisms to grow. For the same reasons, do not eat food that has been cooked, cooled and reheated more than once. It is times like these that pet dogs and cats are great for recycling.
- **Refrigerate raw meat, seafood or chicken** as soon as possible to reduce bacterial multi-

plication.

- **Defrost poultry, seafood or meat in a microwave oven** or overnight in the refrigerator and not on a counter.
- **Cook all poultry, seafood and meat thoroughly** because the centre of the food must reach 70°C (158°F) to kill bacteria.
- **Store raw meat and poultry at a lower level in the refrigerator** to avoid their juices contaminating other foods.
- **Always refrigerate eggs** and foods containing eggs, and discard eggs with cracks.
- **Avoid nuts with mould** on their shell or kernel, or those with a bitter taste.
- **Boil for 5 minutes all tap water** used for drinking, food preparation and cooking.
- **Use antiseptics** when cleaning the toilet, bath and shower recess. Antiseptic soaps can be used in large households or share type accommodation. Tea tree oil has useful antiseptic properties, and effective antiseptics are easily found in supermarkets and pharmacies at reasonable prices.
- **Avoid sharing toothbrushes and razor blades** as serious blood borne infections can be transmitted this way. Improve your Liver Function

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Surface cleanser: Mix 1 quart of hot water with 1 teaspoon of vegetable oil-based soap or detergent, 1 teaspoon of borax and 2 tablespoons of vinegar.

Glass cleaner: Mix 1/4 cup of white vinegar with 1 qt. water.

Tub and sink cleaner: Use straight baking soda, it acts as a scouring cleanser.

Toilet bowl cleaner: Mix 1/2 cup of borax with 1 gallon of water to clean and deodorize.

Laundry Detergents: Use natural, unscented laundry soap and add borax, washing soda or baking soda as a water softener.

For more alternative cleanser recipes, visit the Environmental Protection Agency's Website: es.epa.gov/new/contacts/newsletters/shopping.html#link11.

LIVING WITH HEP C & LIVER DISEASE WORKSHOPS

**Hep C Treatment Information
Dr. Frank Anderson
Nov. 6, 2001**

**Coal Harbour Community Centre,
Vancouver.**

**Call to register with the CLF
1-800-856-7266**

TRANSMISSION WARNINGS

by Joan King

WATER IN BC

Those in BC with immune systems that aren't functioning properly should be careful with their drinking water. There have been sporadic outbreaks of cryptosporidiosis in places like Kelowna, Cranbrook and Chilliwack, although not since 1998. Most BC cities have surface water supply, including Victoria and Vancouver, which places us at a greater risk.

To reduce this risk, make sure your water is boiled for at least one minute, filtered or distilled. If you buy bottled water, make sure the company uses boiling, distilling, submicron filtration or ozonation methods to purify the water. Spring water doesn't necessarily do this. Filters should be labelled as "Absolute" 1 micron or smaller, or labelled as meeting ANSI/NSF International Standard #53 for cyst removal.

For more information, go to <http://www.hlth.gov.bc.ca> under "General Health Information". Health file #1658 covers cryptosporidium, or call 660-2628 (Vancouver) and 1-877-660-2628 for the rest of the province.

Source: May 9, 2001 Office of the Provincial Health Officer 2001:198, Immune compromised should take precautions with drinking water.

GLAUCOMA TESTING

For those of you who don't know, tonometers are the machines that your eye doctor uses to test for glaucoma when you go for your check-up. The machine often uses a type of contact lens to measure the pressure in your eye. There are other machines that use a non-contact method, and there are hand-held apparatuses with disposable tips. Make sure your doctor knows you have Hep C, washes his/her hands between patients, and uses rubber gloves.

In this article, the authors tested various methods of disinfecting Godmann tonometer tips which had been contaminated with hepatitis C virus (HCV) and air-dried. (The peroxide and alcohol disinfection followed the CDC guidelines for prevention of HIV transmission.) The samples were tested by PCR. After disinfection, HCV was still found. When only dry gauze wipes were used, 95.65% of the virus remained; with isopropyl alcohol 5-second wipes, 88.91% remained; with a cold water wash, 4.78%; povidone iodine 10% 5-second wipes, 0.72% of the virus was left; hydrogen peroxide soak with cold water wash, 0.07% remained, and with an isopropyl alcohol soak and cold water wash, 0.02% of the virus remained. The authors concluded that a 5-minute soak in 3% hydrogen peroxide or 70% isopropyl alcohol followed by washing in cold water were the best ways to disinfect tonometers.

Source: Segal WA, et al, Disinfection of Goldmann tonometers after contamination with hepatitis C virus. PMID: 11228293

BREASTFEEDING

There is no contra-indication, yet, for breastfeeding among HCV+ women, but HCV has been found in breast milk. The risk may increase with a higher viral load, according to this study. Remember: HIV can be transmitted through breastfeeding.

Seventy-three infants of 63 mothers testing positive for HCV-antibodies, but negative for HIV, were studied from 1993 to 1999 in Spain. Breast milk was tested for HCV in 68 samples of 35 mothers. ALT levels were high in 19 (26%) and HCV-RNA was positive in 46 (63%) pregnant woman. Breast milk HCV-RNA was negative in mothers who tested negative for the actual virus, and positive in 20% of those who tested positive. Mother-to-child transmission was 11.9% if HCV-RNA was positive one or more times, but only 1.5% if HCV-RNA was permanently positive. Seven children who tested positive for HCV never developed antibodies to HCV, and, interestingly, had a spontaneous clearance of the virus.

The rate of HCV transmission was higher for infants of mothers with a higher viral load, and also for those whose mothers whose breast milk tested positive for HCV. The presence of the virus without seroconversion indicates that this may be related to the viral charge and drinking of HCV+ milk. The authors say that larger studies are necessary.

Something to take into consideration are studies by Wejstal, et al, and Gervais, et al, who agree that, although ALT levels go down late in pregnancy, viral loads increase during that time.

Sources:

Ruiz-Extremera A, et al, Pediatr Infect Dis J 2000 Jun;19(6):511-516, Follow-up of transmission of hepatitis C to babies of human immunodeficiency virus-negative women: the role of breast-feeding in transmission

Wejstal R, et al, Scand J Infect Dis 1998;30(2):111-113, HCV-RNA levels increase during pregnancy in women with chronic hepatitis C
Gervais A, et al, J Hepatol 2000 Feb;32(2):293-299 Decrease in serum ALT and increase in serum HCV RNA during pregnancy in women with chronic hepatitis C

BODY-PIERCING GUNS

A Belfast tattooist, Dave "Skull" Bingham, has asked for body-piercing guns to be banned. Often, he says, the stud doesn't go where it is aimed, and even so, sends out an invisible micro-spray of blood which is often not completely removed. He says that piercers should use brand new, sterilized surgical hollow needles, straight out of the package, which should be destroyed after use.

There are still no regulations for tattooing or piercing in British Columbia.

Source: Belfast Telegraph Newspapers Ltd. Monday, 10 September 2001, www.belfasttelegraph.co.uk/today/sep10/Features/w2w1.shtml

HCV + HIV MAY MAKE HCV AN STD

Scientists at Johns Hopkins University are suggesting that coinfection with HIV could make HCV sexually transmissible. It is thought that about 25% of HIV patients are coinfecting with HCV.

Co-infected people seem to have higher HCV viral loads and more rapid progress of liver damage. The scientists mentioned a study where 3% of females contracted HCV from their coinfecting partners, but there was no transmission of HCV in couples where the man only had HCV.

Source: K. Nelson and D. Thomas. 2001. Reciprocal interaction of human immunodeficiency virus and hepatitis C virus infections. Clinical and Diagnostic Laboratory Immunology; 8: 867-870

New Directions in Liver Disease : "FINDING YOUR WAY"

November 16th & 17th
Fantasyland Hotel in Edmonton

The Canadian Liver Foundation will be hosting its annual provincial conference this year in Edmonton.

Friday programming is aimed at health professionals. Saturday is directed to patients, family, friends and the general public, including public health professionals and community workers.

An evening banquet Friday will include (tentatively) speakers: Dr. Vince Bain, Edmonton and Dr. Kelly Burak, Calgary.

Leading Alberta hepatologists, infectious disease specialists, and other health professionals will be offering sessions on current research, treatment of HCV in high risk populations, transplant and public health issues. Other topics will include anatomy & physiology for the lay person, co-infection HCV/HBV/HIV, and liver disease in children. A special session open only to those under 18 with liver disease will give them a chance to discuss any issues under the leadership of a trained professional.

Hep C Youth projects, Edmonton Hep B in the Chinese Community program, and issues relevant to the Aboriginal community will be presented

The conference will conclude on Saturday with a panel discussion on Healthy Living with Chronic Disease.

Registration and program information available by September 30th. Contact Marian McNair, CLF for further information or to receive materials as they become available.

Registration is approximately: 2 days including banquet @ \$135.00, Friday only with banquet \$125.00, Friday Banquet only \$35.00 and Saturday ONLY is \$20.00.

Note: Youth for Saturday (under 18) will be free.

Way to go, Sandi!!!

Smilin' Sandi wrote

Today I received the following reply from my request to the Regional Clerk for a proclamation for May 1st as Hepatitis C Awareness Day for ALL of Durham Region. The Regional Municipality of Durham consists of the Towns of Ajax and Whitby, the Cities of Oshawa and Pickering, the Townships of Brock, Scugog and Uxbridge and the Municipality of Clarington.

*Durham Hepatitis C Awareness Day-
May 1st, 2002*



A copy of your correspondence pertaining to the above noted matter was presented to the council of the Regional Municipality of Durham at their meeting held on October 10, 2001.

I am pleased to advise you that, at the meeting, Regional Council passed the following resolution: "That May 1, 2002 be declared 'Hepatitis C Awareness Day' in the Region of Durham."

PLEASE HELP KEEP THE BULLETIN ALIVE

Fact: HepCBC receives no funding for the bulletin;

Fact: Lots of people read it both online and in print

Fact: More people read it for free than help pay for it.

Fact: We will not stop letting people read it for free BUT we may not have anything for you to read if people don't pitch in and help.

Fact: Joan and I work really hard putting this together for you, and we are volunteers. That means we don't get paid. And, besides which, I've already put all my pennies into getting this out to you.



Fact: If you're reading this—this means you, *squeek*

New Video Available:

Traditional Chinese Medicine & Hep C: Can It Help?

This Video is of the presentation Dr. Warren Fischer, TDMD, gave at the Nelson Hepatitis C Support Group on October 4, 2001.

This Video has been produced by ANKORS, and is being distributed by HepCBC. The cost is \$15 to members of HepCBC and \$20 to non-members. The price includes postage.

A big thanks to Ken Thomson on this one.



RESEARCH

CAN NORMALIZING ALT GET RID OF FIBROSIS?

The researchers studied medications other than IFN, such as Stronger Neo-Minophagen C, Ursodeoxycholic acid and Sho-saiko-to (TJ-9). Fifty Patients in Group I were randomly assigned to take one of these medications, and a control group, consisting of 45 patients, took no medication. All patients had chronic hepatitis C with persistently abnormal ALT levels for more than 6 months. All patients had biopsies before the study and after. The results were checked with blood work and with computed image analysis when necessary. "There were...no significant relationship between the changes of histological activity and fibrosis staging in both groups," reported the researchers, and concluded that the only proven way to get rid of fibrosis is with IFN, even if ALT levels were reduced. (There was no difference in other markers, such as aminoterminal peptide of type III procollagen, albumin and zinc turbidity test levels, and platelet counts.) The patients were followed up for 3 years.

Source: Yagura M, et al, Hepatol Res 2001 Feb;19(2):144-157. Does the control of alanine aminotransferase levels lead to a regression of liver fibrosis in chronic hepatitis C patients? PMID: 11164739

LEGAL ACTION

Hepatitis C Class Action Suit Line:
1-800-229-LEAD (5323)

1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699 Fax: 1-604-609-6688



Pre-86/Post-90

Klein Lyons
Vancouver, BC 1-604-874-7171, 1-800-468-4466,
Fax 1-604-874-7180 www.kleinlyons.com/pages/class_actions/Hepatitis_C.htm

Mr. David Harvey/ Goodman & Carr
Toronto, Ontario
Phone: 1-416-595-2300, Fax: 1-416-595-0527

Ernst & Young Law Office (Ontario)
1-800-563-2387

Lauzon Belanger S.E.N.C. (Quebec)
www.lauzonbelanger.qc.ca

Goodman and Carr LLP
pre86hepc@goodmancarr.com
www.goodmancarr.com

Other:

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

LOOKBACK/TRACEBACK

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

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

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

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

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

RCMP Blood Probe Task Force TIPS Hotline
1-888-530-1111 or 1-905-953-7388

Mon-Fri 7 AM-10 PM EST
345 Harry Walker Parkway, South Newmarket, Ontario L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

National Compensation Hotline: 1-888-726-2656

Health Canada Compensation Line: 1-888-780-1111

Red Cross Compensation pre-86/ post-90 Registration: 1-888-840-5764

Ontario Compensation: 1-877-222-3977

Toronto Compensation: 1-416-327-0539, 1-877-434-0944

Quebec Red Cross Compensation: 1-888-840-5764

1986-1990 Hepatitis C Class Actions Settlement 6/15/99 www.hepc8690.ca/

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

MISCELLANEOUS

Questions about the status of your claim (86-90)? Please contact the administrator. If you still have questions, please contact Bruce Lemer who has promised me he would answer your questions at no charge.—C.D. Mazoff

Excellent Website!: HCV Tainted Blood, Canada: <http://members.home.net/smking/tainted.htm>

COMING UP IN BC/YUKON:

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

Castlegar Contact: Robin, 365-6137

Chilliwack BC HepTalk Contact: 856-6880.

Comox Valley HeCSC 3rd Tues. monthly, 7-9 PM, St. George's United Church on Fitzgerald. Next meeting Nov. 20th. Contact: Jayne, 336-2485 or Dan, 338-0913, Rhagen@mars.ark.com

Cowichan Valley Hepatitis C Support Contact: Leah, 748-3432.

Cranbrook HeCSC-EK: 1st & 3rd Tues. monthly, 2-4 PM, #39 13th Ave South, Lower Level. Next meetings Nov. 6th & 20th. Contact: 426-5277 or 1-866-619-6111 hepc@cmha-ek.org, www.cyberlink.bc.ca/~heccsc-ek/

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

Grand Forks Hep C Support Centre Each Mon. 3:30-5:30 PM, & 1st Mon. monthly, 6:30 PM, 7215 2nd St. (Boundary Women's Resource Centre) Contact Ken, 1-800-421-2437

HepCBC INFO Line. Free medical articles & other info. Contact: David, (250) 361-4808, info@hepcbc.org, www.hepcbc.org

Kelowna HeCSC 1st Sat. monthly, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital. (Please call to confirm.) Next Meeting: Nov. 3rd. Contact Elaine Risely (250) 768-3573 or Merv, 862-2437.

Kimberley Support Group 1st Mon. monthly, 1-3 PM. Next meeting Nov. 5th. Contact Katerina 426-5277

Kootenay Boundary 2nd & 4th Tues. monthly, 7 PM, 1159 Pine Ave. Trail. Next meetings: Nov. 13th & 27th For individual support, info & materials, contact: Brian, 368-1141, k-9@direct.ca.

Maple Ridge New group starting. Contact Peter or Laura-Lea 604-463-0223 or madclark@telus.net

Mid Island Hepatitis C Society Contact Sue 245-7635. mihepc@shaw.ca

- **Ladysmith** Friendship and Support Group. 2nd Fri. monthly, 7 PM, Ladysmith Resource Centre.

- **Nanaimo** Friendship and Support Group 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo.

Mission Hepatitis C and Liver Disease Support Group 3rd Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting Nov. 21st. Contact Gina, 826-6582 or Patrick, 820-5576. missionsupport@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Nov. 20th. Contact: Ken, 1-800-421-2437

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: Nov. 1st. Contact: Ken Thomson, 1-800-421-2437, 505-5506, info@ankors.bc.ca, or Ken Forsythe 355-2732, keen@netidea.com

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Carnarvon Street, New Westminster. Next meeting Nov. 12th. Contact: Diane Morrissett, 525-3790.

Parksville Support Group Contact Ria, 248-6072

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

Penticton Hep C Family Support Group Contact: Leslie, 490-9054, bchepec@telus.net

Powell River Hep C Support Group 2nd Wed. monthly. Next Meeting: Nov. 14th. Contact: Cheryl, 483-3804, or the Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Nov. 13th. Contact: Gina, 963-9756, gwricks@telus.net or Ilse, ikuepper@nirhb.bc.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Nov. 10th. Contact: Brad, 295-6510, citizenk@methop.net

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

Quesnel: Last Mon. evening every other month. Contact Elaine Barry, 992-3640, ebarry@goldcity.net

Richmond: Lulu Island AIDS/Hepatitis Network: Meetings/drop-in dinner each Mon. 7-9 PM. Contact Phil or Joe, 276-9273.

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

Smithers: Positive Living North West 2nd Wed. monthly, 7-9 PM, 3731 1st Avenue, Upstairs. Next meeting: Nov. 14th. Guest Wendy Marion-Orienti, Nutritional Guidelines for People with Hepatitis C. Contact: Deb. 877-0042, 1-866-877-0042, or Do-reen, 847-2132, plnw_hepc@bulkley.net

Sunshine Coast—Sechelt: Contact: Kathy, 886-3211, kathy_rietze@uniserve.com—**Gibsons:** Contact Bill, pager 740-9042

Vancouver HepHIVE: Contact: 254.9950 hephive@mdi.ca Meetings:

- **Carnegie Centre** Hep C & HIV/HCV Each Mon., except holidays, 4:30-6 PM, 3rd floor, room 2.

- **HepHIVE and HepC VSG** Hep C & HIV/HCV Last Wed. monthly, 10:30-12:30, BCCDC Building, 655 West 12th Tom Cox Boardroom 2nd floor. Next meeting Nov. 28th.

VANDU Vancouver Area Network of Drug Users Each Mon., 1 PM, #350 - 163 West Hastings St., (Cambie & Hastings) Bus fare and snack. Contact: Ed or Ann, 683-8595, vandu@vandu.org, annlive@direct.ca, www.vandu.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Next meetings Nov. 14th & 28th. Contact: Sharon, 542-3092, sgrant@netcom.ca

Victoria HeCSC Last Wed. monthly. Contact: 388-4311, hepcvic@coastnet.com

Victoria Support and Discussion Group 1st Wed. monthly, 7-9 PM, Next meeting Nov. 7th. Contact Hermione, Street Outreach Services 384-1345, hermione.jeffers@avi.org

Victoria HepCBC Support Groups Small support groups for men or women. Men, contact David at 361-4808, cdm@hepcbc.org Women, contact Joan at 595-3882, or jkimg@hepcbc.org

Yukon Positive Lives 3rd Wed. monthly, Whitehorse. Next meeting Nov. 21st. Contact 456-2017, positivelives@yknet.yk.ca or Heather, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

OTHER PROVINCES

ATLANTIC PROVINCES:

Atlantic Hepatitis C Coalition, QEII Health Sciences Centre, Bethune Building, Rm 223, 1278 Tower Road, Halifax, TEL: 420-1767 or 1-800-521-0572, r.ahcc@ns.sympatico.ca, www.ahcc.ca Meetings:

- **Antigonish:** 2nd Wed. monthly, 7 PM, St. Martha's Health Centre, 25 Bay St, Level 1 Conference Room
- **Bridgewater:** Last Wed. monthly, 7 PM, South Shore Regional Hospital, 90 Glen Allen Dr., Private Dining Room
- **Halifax:** 3rd Tues. monthly, 7 PM, QEII Health Sciences Centre, 1278 Tower Rd, Dickson Bldg, Rm 5110
- **Kentville:** 2nd Tues. monthly, 6:30 PM, KingsTech Campus, 236 Belcher St, Rm 214
- **Truro:** Last Tues. monthly, 7 PM, Colchester Regional Hospital, 25 Willow St, Conference Room
- **Yarmouth:** 1st Tues. monthly, 7 PM, Yarmouth Regional Hospital, 60 Vancouver St, Lecture Room 1—Main level

Cape Breton HeCSC 2nd Tues. monthly. Contact 564-4258

Fredericton, NB HeCSC Meetings: 3rd Thurs. monthly, 7 PM Odell Park Lodge. Contact: Sandi, 452-1982 sandik@learnstream.com or Bob, 453-1340, bobc215@netscape.net

Greater Moncton, N.B. HeCSC Contact Debi, 858-8519, monchepe@nbnet.nb.ca

Saint John & Area/HeCSC: 3rd Thurs. monthly, 7 PM, Community Health Centre, 116 Coburg Street. Contact Esmonde, 653-5637, hepcsj@nb.aibn.com, www.isaintjohn.com/hepc/

ONTARIO:

Barrie HepSEE Chapter Last Wed. monthly, 8-9 PM, AIDS Committee of Simcoe County, 80 Bradford St, Suite 336 Contact: Jeanie, 735-8153 hepseebarrie@home.com

Durham Hepatitis C Support Group Meetings: 2nd Thurs. monthly, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contact: Smilin Sandi, smking@home.com <http://members.home.net/smking/index.htm>, Ken Ng, (905) 723-8521 or 1-800-841-2729 (Ext. 2170)

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, 893-9136 lollipop@golden.net

Niagara Falls Hep C Support Group Last Thurs. monthly, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thorold. Contact: Rhonda, (905)295-4260, Joe (905)682-6194 or hepcnfi@becom.org

Trenton ON support. Contact: Eileen Carlton 394-2924 carfam@quintenet.com

Windsor Support Group Each Thurs., 7 PM, 1100 University Ave. W. Contact 739-0301 or Ruth or Janice (Hep-C), 258-8954, truds99@hotmail.com

PRAIRIE PROVINCES:

Edmonton, AB

- HeCSC Edmonton: Contact Jackie Neufeld: 939-3379.
- HepC Edmonton Support Group: Contact Fox, 473-7600, or Cell 690-4076, fox@kihewcarvings.com

Winnipeg MB

- HepSEE WPG Each Wed., 7:30 PM, Sunshine House, 342 Maryland St., Main Floor. Contact David: 774-8123, jmoritz12@home.com
- Winnipeg Hepatitis C Resource Centre, Inc. 1st Tues. monthly 7-9PM, RM# 203, 825 Sherbrook St. (south entrance—parking at rear) Contact: (204) 975-3279

QUEBEC:

Hepatitis C Foundation of Quebec 4th Tues. monthly, 7-9 PM, Montreal General Hospital, room A1.109, 1650 Cedar Ave. 7-9 PM., and 3rd Wed. monthly, 7-9 PM (English), and 1st Wednesday of each month, 7-9 PM, (French meeting) 4341 Verdun Ave. Contact Eileen to reserve (limited seating): 769-9040 or fhcq@qc.aibn.com

Quebec City Region. 1st Wed monthly, 7 PM, 876 rue D'Alençon, St. Nicolas, QC. Contact: Renée Daurio, 836-2467, reneeaurio@hotmail.com