



hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

PEG-INTRON RECALLED

 On October 17, 2002, Health Canada notified Schering of concerns regarding the name of the recently approved product Pegetron®, related to potential for confusion in the prescribing and/or dispensing of Peg-Intron® and Pegetron®. The names of these two products are very similar both in spelling and in pronunciation, which may increase the potential for medication errors to occur. This issue has also been brought forth to the healthcare community by the Institute for Safe Medication Practices Canada (ISMP Canada) Medication Safety Alert published August 21, 2002. In this newsletter, ISMP Canada states that they "had received correspondence from several health care professionals expressing concern about the name of Pegetron®. There is potential for confusion with a previously marketed product Peg-Intron®."

Issues with look-alike sound-alike products are well documented in the medical literature and name confusion is thought to account for one of every four medication errors, which may be reduced if new and confusing names are not allowed on the market.

Potential medication errors with the misadministration of Peg-Intron® and Pegetron® may have several adverse clinical consequences. In addition, the likelihood that these products may be confused increases as they are both indicated for use in the same patient population, i.e. patients with hepatitis C infection.

In order to address safety concerns, the company has chosen to withdraw their currently marketed product, Peg-Intron®, from the market. As Peg-Intron® will no longer be available as an approved product, requests to access it can be directed to Health Canada's Special Access Programme, at <http://www.hc-sc.gc.ca/hpb-gps/therapeut/htmleng/sap.html>

Julia Hill, A/Director General, Biologics and Genetic Therapies Directorate, Health Products and Food Branch, Health Canada

CHCN (THE CANADIAN HEPATITIS C NETWORK)

AT THE BLOOD

Conference:

Building a Hepatitis C Network for the 21st Century while Building a Blood System for the 21st Century.

In 1997, Canada's blood system entered a new era. Building on the recommendations of the Krever Commission on the Blood System in Canada, governments committed to the reform of the Canadian blood system with investment in two blood agencies, creation of a federal watchdog group and funding for research and safety initiatives.

In November 1997, stakeholders, including governments, blood agencies, healthcare professionals, consumers, and suppliers, came together to define priorities and strategies in a national conference entitled "Building a Blood System for the 21st Century."

On November 22 and 23, 2002, at the Sheraton Hotel in Toronto, national and international experts and stakeholders again came together to mark the 5th anniversary of the Final Report of the Krever Commission Report on Canada's blood system.

Conference participants, including people from the hepatitis C community and The Canadian Hepatitis C Network (CHCN),

(Continued on page 5)

HYPERTHERMIA TREATMENT FOR HEPATITIS C HARD TO TREAT CASES

*by Darlene Morrow, BSc
Utrecht, The Netherlands*

On Nov. 24 I attended a Patient Info Day on hepatitis C which was part of a week long physicians conference put on by the Netherlands Liver Foundation (NLF). The NLF paid for a new department in the Utrecht Medical Centre (UMC) in Hepatology. They also have paid for a top notch hepatologist, Dr. Jan van Hattum, to head the department.

Dr. van Hattum gave a presentation of a small study where he had used a new technique for hyperthermia treatment for hepatitis C. They had thirteen patients in the study all relapsers and genotype 1. Because the UMC specializes in immunology there were able to track TNF alpha, IL2,10 and 12, the T cells and a few more that I can't remember.

They did a single hyperthermia treatment and then noted that by week 6 ALL thirteen showed a huge immune response. They had originally intended to do fifteen individuals, but the staticians said that because the response was 100% there was no need to continue with the final two. They followed the hyperthermia treatment with IFN gamma.

All thirteen had a huge improvement in QOL almost immediately. Unfortunately the virus did not go away, and by the end of the twelve months most of the thirteen were almost back where they started. However all of their viral loads were lower than pretreatment levels.

I spoke to one of the patients and he said he'd do it again in a second – he felt almost normal for the first time in a long time. He couldn't believe the energy that came back. I guess we all know how it feels to lose it so getting it back must be unbelievably wonderful.

What made this hyperthermia treatment different was the use of technology. Previously they had heated the blood by immersing

(Continued on page 6)

INSIDE THIS ISSUE:

<i>Cupid's Corner</i>	2
<i>From a Patient's Point of View/ Research</i>	3
<i>Treatment</i>	4
<i>News</i>	5
<i>Warnings, Recipe Corner</i>	6
<i>Events</i>	7
<i>Basics: SAP, TAP, Treatment questions</i>	8
<i>Charges Laid</i>	9

SUBSCRIPTION/ MEMBERSHIP FORM

Please fill out & include a cheque made out to
HepCBC - Send to:

HepCBC
2741 Richmond Road
Victoria BC
V8R 4T3

Name: _____

Address: _____

City: _____ Prov. _____ PC _____

Home(____) _____ Work(____) _____

Email: _____

Membership + Subscription (1 year): \$20.00

Membership Only \$10.00
(for those already receiving the bulletin):

Subscription Only \$10.00
(for those already members of HepCBC):

"I cannot afford to subscribe at this time, but I would like to receive the bulletin."

"I enclose a donation of \$ _____ so that others may receive the bulletin."

DISCLAIMER: The hepc.bull® cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

SUBMISSIONS: The deadline for any contributions to the hepc.bull® is the 15th of each month. Please contact the editors at info@hepcbc.ca, (250) 595-3892. 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.

HOW TO REACH US:

EDITORS: Joan King, CD Mazoff, Ian Campsall
PHONE: TEL: (250) 595-3892
FAX: (250) 414-5102
EMAIL: jking@hepcbc.ca
WEBSITE: www.hepcbc.ca
HepCAN List <http://groups.yahoo.com/group/hepcan/messages>

HepCBC
2741 Richmond Road
Victoria BC V8R 4T3

REPRINTS

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

Peppermint Patti's FAQ Version 5.6 Available NOW!!

Peppermint Patti's FAQ Version 5.6 is now available in English and Spanish. The English version includes 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: (250) 595-3892, info@hepcbc.ca

HepCBC Resource CD: The CD contains back issues of the *hepc.bull* from 1997-2002; the FAQ V5.6; 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!!

HepCBC would like to thank the following institutions and individuals for their generosity: Bruce Lemer, Lexmark, Health Canada, Pacific Coast Net, Margison Bros Printers, Arlene Darlington and friends, Carolyn Sweeting, John Hasell, Gordon Mastine, Chris Foster, Ian Campsall, Darlene Morrow, Will Lawson, Judith Fry, Ron Comber, and Stacey Boal. Heartfelt thanks to Dr. C.D. Mazoff for his continual guidance, troubleshooting and help with technical stuff.

Special thanks to Roche Canada for an unrestricted grant to help publish this newsletter!



Customer support
- 30 day money back guarantee
- No busy signals policy
- Multiple high-speed back bone for added reliability

e-mail: info@pacificcoast.net
web: www.pacificcoast.net

250 380 7322 TOLL FREE 1 888 239-7172



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. Joan, 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.

Looking for your dream mate?
Your Cupid ad could go here!

AD 24: SWM Hep C+ Never married. No kids, 40's, living in Pt. Alberni: Seeking pen pal (female). Maybe leading toward friendship and good company. Previously incarcerated and wish to leave that kind of lifestyle behind. Good looking, 6 ft. 2 inches, 220 lbs. I enjoy music, mountain biking, conversation, walks. Private school educated.

Got Hep C? Single?
Visit:

<http://nationalhepatitis-c.org/singles/list.htm>
<http://clubs.yahoo.com/clubs/ontariohepcingles>
<http://groups.yahoo.com/group/hepcingles-1/>
<http://forums.delphiforums.com/HepCingles/start>
<http://clubs.yahoo.com/clubs/hepcingles>
<http://groups.yahoo.com/group/PS-Hep/>

LETTERS TO THE
EDITOR:

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter to appear in the bulletin.

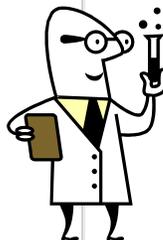


Order Your
"Hepper Bear"
Now!

\$20 CDN each, including postage. This is a GREAT Fundraiser for Support Groups! Call (250) 595-3892 or email info@hepcbc.ca to place your order

BILN-2061

Very promising results were achieved with a new antiviral substance. "Where are the shares of Boehringer Ingelheim available?" was a question you could hear often on the annual meeting of the American Association for the Study of Liver Diseases (AASDL) in Boston reports Prof. Stefan Zeuzem from Homburg/Saar. The serin-protease inhibitor (BILN-2061) of the Boehringer Company reduced the virus for about 99.99% in a two day I.V. regimen in the first study with HCV-patients without any remarkable side effects. They reported at a meeting of the Merz company in the university-clinics in Düsseldorf (Germany) that they had a bad prognosis with genotype 1 and fibrosis Zeuzem. Source: *Ärzte Zeitung*

**POLY-ARGININE
COMPOUND**

A clinical phase-II-study with a therapeutic HCV-vaccination is being started non-responders to the Interferon-Ribavirin-regimen are treated with a substance by the Austrian Intercell AG About 15-30% of the infected do not respond to the standard regimen. The study consists of six vaccinations within five months.

The serum is a compound agent consisting of poly-arginine and a mixture of five hepatitis-C-peptides that cause an immune response against HCV. The company said that the licensing procedure might already start in 2007 if the study succeeds. The substance has proven effective and well tolerable in the phase I study.

Source: *Ärzte Zeitung*, 28.11.2002, *Testing of HCV-vaccination throughout Europe*

PIRFENIDONE

This study evaluated the effect of Pirfenidone to prevent cirrhosis. Lab rats were given toxins to produce cirrhosis, and then they were treated with Pirfenidone. A computerized fibrosis index showed a decrease of scarring by 70%, along with a rearrangement of the liver tissue, a significant reduction of ALT/AST, and alkaline phosphatase, and active cell regrowth. "[The] gene expression of collagens I, III and IV, transforming growth factor -1, Smad-7, TIMP-1 and PAI-1 decreased considerably in treated animals." Even in rats who continued to receive toxic substances had a 40% reduction in fibrosis with the Pirfenidone.

Source: Garcia, L et al, *Journal of Hepatology*, Volume 37, Issue 6, December 2002, Pages 797-805, *Pirfenidone effectively reverses experimental liver fibrosis*

**COMPUTERIZED
HCV DETECTION**

Scientists in China have produced a silica-based protein biochip which detects HCV quickly. The biochip detects HCV in blood samples more efficiently and accurately than the ELISA test. It is officially known as the "Detection Kit for HCV Antibodies." It is hoped that the product will get a permit from the SDA (China's FDA) in late 2003.

Source: <http://english.peopledaily.com.cn/> December 09, 2002, *Chinese Scientists Develop Biochip for HCV Detection*

What is the project? We are seeking volunteers to participate in a research study to understand self-care decision-making in individuals who have chronic hepatitis C. Self-care decisions are those decisions you are making on an everyday basis to promote or restore your health. For example, you make decisions about lack of energy or treatment options. This research project seeks to describe and explain decision-making that is effective for those living with hepatitis C.

What does participation in the study involve? If you choose to participate, the study will take up approximately 4 hours of your time over the period of a year. We would interview you on three separate occasions to gather information. We also ask that you tape record your daily decisions regarding the management of your disease for a period of one week. We would request your permission to review your clinic chart to obtain information about your treatment and past medical history prior to the first interview.

Who do I contact if I want to participate? If you would like to take part in this study or would like more information about the project, please telephone the Principal Investigator, Dr. Barbara Paterson, or the Project Manager, Liza McGuinness at 604-822-7973 or by email at hepatitis@nursing.ubc.ca

Thank you for your interest!
The School of Nursing, University of British Columbia

TREATMENT**TREATMENT FOR NON-RESPONDERS**

In spite of new, improved treatments, some people don't respond to treatment, including previous non-responders to the combo, African-Americans, and patients with genotype 1. Pilot studies have investigated improving response rates in the non-responder. The methods include doubling the dose of PegIntron (no data yet on sustained viral response [SVR]) as done in the RENEW study on non-responders, and using an initial "loading dose" of interferon to improve the initial reduction in viral load. There is still no data about sustained response rates, but the highest dose of PegIntron (3.0 mcg/kg/week) gave the best response rate. Another approach used Consensus Interferon for a day, continuing with peginterferon on the second day, trying to achieve better viral response in first day. It is not known if this will give a better SVR. Several companies are trying to develop protease and polymerase inhibitors for HCV, and clinical trials are being done. Maintenance Therapy (usually a half dose) is an option to consider until new drugs become available.

Source: NATAP - www.natap.org, *Treating Hard To Treat Patients*, Reported by Jules Levin

RFA FOR LIVER TUMORS

A new procedure called radiofrequency ablation (RFA) is an alternative to surgery for removing liver tumors. It can be done quickly (about 1 or 2 hours, with another 4 to 6 in the recovery room), entails little pain, and recovery time is short. It can be repeated as often as needed, and has been done on one patient nine times to destroy 26 tumors. The procedure leaves tiny holes where wire probes enter the skin and burn away tumors inside the liver. Stitches aren't even necessary. The procedure can also be used in the kidneys, lungs and bones, and is used in patients no longer eligible for surgery, and survival rates may result in being the same. It is used, not to get rid of all the cancer, but to control symptoms and reduce pain.

Source: http://www.eurekalert.org/pub_releases/2002-09/dumc-npk090602.php Duke University Medical Center, *New procedure kills liver tumors without surgery*. Contact: Rebecca Levine, levin005@mc.duke.edu, 919-684-4148

BLEACH MAY HELP

According to researchers at the Center for Urban Epidemiologic Studies at the New York Academy of Medicine in New York City preliminary studies show that IV drug users who use bleach to disinfect their syringes before each use, even some of the time, have a lower risk of contracting hepatitis C.

Study participants were asked if they shared syringes and other paraphernalia used in preparing drugs, such as cookers, cotton, and water. The risk of getting hepatitis C was 65% lower among those who said they always disinfected their syringes with bleach, vs. a risk of 24% lower for those who only sometimes used bleach.

Source: Alan Mozes, *Syringe bleach disinfection may stem hepatitis C*, 2002-12-02 [Based on *Epidemiology* 2002;13:738-741.]

<http://www.reutershealth.com/archive/2002/12/02/eline/links/2002>

MONEY FOR HEP C RESEARCH

The National Institute of Allergy and Infectious Disease (NIAID) has awarded a \$6.6 million seven-year contract to scientists at the University of Texas Medical Branch at Galveston (UTMB) so they may find new treatments. They will be investigating one to four thousand compounds each year to see if they are active against the virus. They will use cell-culture systems developed by UTMB scientists to identify the compounds.

They found that the part of the virus called a replicon could reproduce in a test tube. Before this, the virus could only grow in a human or chimpanzee. The replicons let researchers study how to interfere with the reproduction cycle of the virus. They hope to produce the next generation of therapy against hepatitis C.

Source: www.utmb.edu University of Texas Medical Branch at Galveston, September 24, 2002: *UTMB to Launch Revolutionary Program to Screen Drugs for Combating Hepatitis C, Thanks to New \$6.6 Million Federal Infectious Disease Grant* CONTACT: Jim Kelly (409) 772-8791 jpkelly@utmb.edu or Tom Curtis (409) 772-2455 tc Curtis@utmb.edu

SCHERING INVESTIGATED

Pharmaceutical industry stocks fell after Schering-Plough and Merck disclosed news about federal investigations into their sales and marketing practices.

Schering has received two grand jury subpoenas regarding information about the company's sales, marketing, and clinical trial practices related to the hepatitis C drugs Intron A and Rebetron, and the cancer drug Temodar. These investigations could result in fines or regulations, and limits on pricing, marketing,

or patents. Schering previously was investigated about the wholesale price of some of its products. The wholesale prices are used as a basis for reimbursement for health insurance programs.

Source URL:

http://story.news.yahoo.com/news?tmpl=story&u=usatoday/20021114/bs_usatoday/4621573 Investigations trip drugmakers, Nov 14, 2002

HEALTH CANADA LAUNCHES HEP C "GET THE FACTS" CAMPAIGN

Health Canada has launched a national public awareness campaign designed to inform Canadians about hepatitis C. This infectious disease of the liver is caused by the hepatitis C virus (HCV). It is usually spread through direct contact with infected blood. An estimated 240,000 Canadians are infected with the hepatitis C virus and, because there are usually no symptoms, 70 per cent of them are unaware. The objective of the hepatitis C "Get the Facts" campaign is to raise awareness of the risk factors of this disease.

The campaign's public education materials include a brochure with general information about the virus, a poster and book-mark as well as an information sheet for health professionals.

A website has also been developed to provide information on prevention, risk behaviours and treatment; it can be accessed at <http://healthcanada.ca/hepc>. For more information on the campaign, visit: www.hc-sc.gc.ca/english/media/releases/2002/2002_39.htm.

To access these materials, or to help distribute them, contact your local support group. In Victoria, call HepCBC at 595-3892.

CORRECTION:

The article "Canadian Liver Foundation's *Liver Disease Update-2002: Pathology and Treatments*" by Rhonda Cavanagh-Kiehl, which appeared in the December 2002 *hepc.bull* contained an error.

Correction: 237 were referred for transplant, in which first round of interviews decreased the number to 144. Of the 144, only 38 went on to meet the transplant team and be officially on the transplant list. Sorry for the confusion. I wish there were a 38th donor lying around.—Rhonda

**IT'S A BOY!**

Ann Livingston and Dean Wilson of VANDU are pleased to announce the birth of Joseph Wilson-Livingston, Born Nov 10, 2002, weighing 9 lb., 8 oz. Joseph attended the Health Canada Hepatitis C Programme Consultations in Ottawa on December 12 and 13 with his parents, where he was amazingly quiet. His parents, thankfully, were not.

Bill Buckels

DEAR EDITORS:

Hello,

Enjoy reading the bulletin, you offer a lot of advice, and good coverage.

I went on six months of the Rebetron combo, and so far, 5 months later, I'm feeling a lot better. It was a tough go, and I had my doubts, but as of today, it was well worth it. I'm heading to the Baja to soak up the sun for the winter.

Take care, everyone.

W.P.

UBC: HCV TRANSMISSION STUDIES

A study for HCV Transmission through pregnancy is seeking subjects. There are 93 women currently enrolled across BC. More pregnant women are needed to make this study comprehensive and effective.

Contact:

Lesley Cole, RN; BSN
Research Nurse

Hepatitis C Transmission Study
Children's & Women's Health Centre of BC

Tel. (604) 875-3054

Fax. (604) 875-3212

Toll Free 1-800-839-3022

(CHCN—Continued from page 1)

gathered to reflect upon accomplishments, identify new challenges, and achieve agreement on the priorities for the next five to ten years. In addition to Canadian experts and consumers, an international panel discussed the changes in blood systems in other countries and reflected on Canada's progress.

The conference was entitled "Renewing Canada's Commitment to a Blood System for the 21st Century." Dr. Gershon Growe, Vancouver Hospital and Health Sciences Centre and Dr. Durhane Wong-Rieger, President & CEO of the Anemia Institute, co-chaired this first comprehensive review of the reform of the Canadian blood system following the tainted blood tragedies of the 1980's.

Dr. Growe is hematologist in the Department of Hematopathology at the Vancouver Hospital and Health Sciences Center. Among other roles, he served as Chair of the Medical and Scientific Advisory Committee to the Canadian Blood Agency and Medical Advisor to the Canadian Hemophilia Society.

Dr. Wong-Rieger was President of the Canadian Hemophilia Society during the Krever Blood Inquiry, and was subsequently a member of the federal/provincial/territorial committee to establish the new blood agency as well as being member of the first Board of Directors of the Canadian Blood Services and founding member of the National Blood Safety Council. In 1997, Dr. Wong-Rieger co-chaired the multidisciplinary conference, Building a Blood System for the 21st Century.

The Goal

In 1997, Canada committed to building a state-of-the-art blood system that would meet the needs for a safe and adequate supply of blood and alternatives. The goal, five years later, was to renew commitment among all stakeholders to ensuring that Canada's blood system will continue to meet those challenges today and into the future.

Between approximately 250 invited participants representing all sectors including governments, operators, hospitals, healthcare professionals, academia and research, consumers, and media and industry, the anticipated Outcomes of the blood conference were achieved and are currently being taken forward by Dr. Wong-Rieger on behalf of the conference participants.

CHCN (The Canadian Hepatitis C Network), through a committee led by Bradley Kane and Sue White, is currently working on our own set of recommendations reflecting the concerns of the hepatitis C community and blood supply consumers that will ex-

pand on recommendations that resulted from the workshops that we participated in. We hope to table our recommendations with the general recommendations from the Blood Forum to Health Canada.

We evaluated accomplishments and improvements. We discussed commitment to assuring safety against traditional and emerging threats to the Canadian blood supply, and commitment to assuring access to adequate Canadian supply of blood, blood products, and alternatives. We reviewed commitment to minimizing unnecessary exposure to blood through education on appropriate usage and provision of alternatives, and commitment to a culture of accountability, including mechanisms for openness, consultation, reporting, and audit.

The workshop that I attended was on "Informed Consent", a topic dear to the heart of any health care advocate, and of particular interest to this activist. I had the pleasure of sitting at the table with Darren Praznik who was Manitoba's Health Minister when Manitoba approved Rebetrone for Pharmacare, making it only the third province in Canada to do so.

The mood in the room was one of consensus, as Andrea Monkman, CHCN steering committee member and representative of the Hepatitis C Network of Windsor & Essex, spoke from the personal experience of a blood victim, and one for whom informed consent was not given before her transfusion. There was no question between us that a transfusion officer who spends time informing the patient and doctor alike of risks and suggests alternatives is badly needed in the rest of Canada as per Quebec's lead.

We were all disappointed that Judge Horace Krever did not attend as planned. He was to be the keynote speaker on opening day.

CHCN National Committee Meeting

The CHCN members stayed an extra day after the conference, and we held an open meeting of our National Committee with about 20 people present from the hepatitis C community. Among the participants were BC Hep C Collaborative Circle chairperson Ken Thomson, Susan White, Bradley Kane, Shawna Krebs, Diane Morrissette with Linda Reid, Marjorie Harris, president of HepCURE, and me (Bill Buckels). Vikki Boddy and Helen McInnes of The Canadian Hepatitis C Health Consortium, represented Alberta. Susan and Gary Wish of the Hepatitis C Resource Centre and David Hartung all attended from Manitoba. From Ontario, Joe Colangelo (left early), Jeanie Villeneuve, joined Andrea Monkman and Dan Mac-

Dougall from Windsor, Elaine Courchesne, the president of The Hepatitis C Society of Canada and Tim McClement. Alexander (Andy) Aiken, CHCN's Chair and Eileen Martin of the Hepatitis C Foundation of Quebec, and Scott Hemming, CHCN Official spokesperson and Chairman of The Hepatitis Outreach Society in Nova Scotia were also present. Durhane Wong-Rieger, CHCN's Secretariat hosted the meeting, also at The Sheraton.

The meeting focused on the many issues surrounding CHCN's commitment to all Canadian with hepatitis C. The Health Canada Consultations for Renewal of The Canadian Hepatitis C Strategy in Ottawa on Dec. 12 and 13, 2002, became a topic and, as a result, between CHCN and it's members. Several of us will be in Ottawa at those meetings speaking with a Common Voice doing our best to ensure that all people with hepatitis C are properly served.

The Importance of the Hepatitis C Consumer Voice

Like any conference that involves people from the hepatitis C movement, this conference was a time when friends from across Canada come together to share their views on common issues. We spent time with each other every evening as well as every day, and talked about the many issues that affect our community. The issues are the same across Canada; Access to New and existing Treatments is being denied, and people living with hepatitis C are stigmatized and not cared for.

It is our disease, and only people living with hepatitis C can tell the whole story.

We are hopeful that by being invited to conferences like the blood forum, and the Health Canada consultations, that The CHCN and all our members representing everyone with Hepatitis C will be heard and understood. With strong members and supportive partners like Durhane Wong-Rieger, and so many with shared issues and opinions, our voices will be heard.

Be Well,

Bill Buckels, Director

HepCURE (Hepatitis C United Resource Exchange)
Box 195

Armstrong, BC V0E 1B0

Website <http://hepcure.junction.net>

CHCN (Canadian Hepatitis C Network) Steering Committee

BC HepC Collaborative Circle Member

Living With Hepatitis C For Over 30 Years
Rebetrone Treatment Survivor and Responder, PCR Negative

HAPPY NEW YEAR

WARNINGS

ZINC

Many of us take zinc supplements at the first sign of a cold. We must take care because large amounts of zinc, or other minerals or supplements, over a period of time, can cause serious problems. Zinc overdose can cause fatigue, weakness, dizziness, and even heart attacks or strokes. Doctors should look out for overuse of zinc or any other minerals when taking medical histories.

Source: <http://www.reutershealth.com/archive/2002/11/28/eline/links/20021128elin002.html>, Zinc supplement overdose can have toxic effects, by Alan Mozes

MANICURISTS

How safe is it to go to a manicurist?

I was told recently by a proud esthetician here in BC that their clinic will soon have an autoclave. Right now they use an antiseptic, as do many, if not most, salons. [This is not sufficient to kill HCV.] Other businesses may just dunk implements in a dish of soapy water for a moment or swish them under hot water for a few seconds.

Last year in California, the barbering bureau conducted 10,878 inspections and issued 13,769 citations with fines for health and safety violations. Unfortunately, there are no such regulations in BC.

Manicurists often cut away cuticles and sometimes draw blood, so dirty instruments may transmit the viruses that cause hepatitis or AIDs between customers.

Source: *San Francisco Chronicle, A nail-biting discovery by Ruth Rosen, November 18, 2002*
<http://www.sfgate.com/cgi-bin/article.cgi?f=/chronicle/a/2002/11/18/ED52116.DTL>

HERBS & SPICES

Brian Foster, a Health Canada drug metabolism expert, has been testing spices with the same enzymes that occur in our gastrointestinal tracts, livers and kidneys, and is finding foods and spices that change the delicate balance of medicine in the body.

Sometimes combining two or more spices such as clove, ginger, turmeric, garlic, oregano, thyme, ginkgo, ginseng, clove, curry, and sage, can alter the body's enzymes, especially when one spice hasn't been eaten recently.

While the immediate effect of some spices can inhibit enzymes, long-term use of spices, can actually speed up the enzymes, making prescription drugs stronger or weaker than planned. Results like headache,

(Continued on page 7)

WHO KNOWS WHAT

How To Find Out What Information Has Been Collected About You By Health Organizations

There is no actual law requiring a doctor to give you access to your own general health file. However, eight provinces and both territories have recently enacted legislative acts protecting personal information in the public sector, including health information. Quebec is the only province with a law (Bill 68) protecting the privacy of information in the private sector as well as the public sector. Manitoba, Ontario and Alberta have passed, or are in the process of passing, specific legislation regarding the protection of personal health information.

Section 12(1) of the Privacy Act, passed in 1983, states that all Canadian citizens have a right to access the personal information that is collected about them by any government institution. However, in section 28 of the Act, government institutions are given the right to withhold personal medical information from an individual if that information is "contrary to the best interests of the individual."

A Supreme Court ruling in 1992 (McInerney vs. MacDonald) determined that while physical records belong to a physician, the information contained in them -- a patient's health information -- is his/her personal property. If requested, physicians should make copies of health file records available to patients. Doctors across Canada are regulated by provincial health registrars. If you do have problems obtaining your personal information, these registrars are prepared to respond to complaints.

The Office of Health and the Information Highway, a branch of Health Canada, can also be contacted at ohih-bsi@www.hc-sc.gc.ca, for more information on the development of privacy protection related to health information in Canada.

The Canadian Institute for Health Information, run by the federal government, is another organization to contact for information on privacy practices in the retrieval of health information.

Source: <http://www.media-awareness.ca/eng/issues/priv/involved/whoknows.htm>

DIAL-A-DIETITIAN

**732-9191 (Vancouver Area)
1-800-667-3438 (Toll-free
elsewhere in BC)**

(HYPERTHERMIA—Continued from page 1)

the patient in hot baths. The problem with that was when the blood gets too hot you can fry the brain (among other things). They would immediately put the patients in cold baths to cool them off, but the skin contracts on contact with the cold water and the inner core temperature stayed high. Dangerous to say the least, and a good reason why it wasn't being used until now.

What they're doing now is removing the blood from the body at the groin, heating it in a big machine that can precisely keep the temperature at 41.5C, and then it goes back in through the other side of the groin cooled back down. They keep the blood heated for two hours.

So they are starting a different clinical trial in December. At the Patient Day my sister asked if I had any questions and I jokingly said, "Would he take me on as a patient for the trial?" Well, Joan went right up to him after it was over. We also met the US Company representative who is funding the trial. The long and short of it is that they both said yes and by Tuesday I was sitting in the doc's office.

The trial is a single treatment of hyperthermia. You are in the operating room for six hours and then in the intensive care unit for two days. After that you spend about a week in the hospital being monitored.

This is then followed by the addition of PEG Intron and ribavirin from weeks 6-58. They are doing all kind of immunology work and repeat PCRs (here the lower limit is 5 copies!) They are using 1.5 micrograms of PEG Intron A per week and 800mg of ribavirin per day for 6 months, and then there is a dose reduction in the PEG Intron A until the end of drug therapy.

The inclusion criteria for the trial is extensive and by Thursday I have had 10 vials of blood removed, a ECG of the heart, a head and neck MRI, a lung X-Ray, and an abdominal ultrasound. By the next Thursday I had an echocardiogram, a lung flow volume (exercise) test, and a stress test for the heart. Unbelievable, eh? A liver biopsy will be performed after I get some Dutch medical insurance (in case something goes wrong with the biopsy).

I have four possible problem areas- my ALT must be elevated to any degree, my white count must be above 3 and those old neutrophils have to be over 2. Although my ALT was normal, my AST was elevated and they accepted that. And the ratio of the white count to the neutrophils is what they used and they will repeat the blood test after the immune boost that comes from the hyperthermia treatment.

(Continued on page 7)

ANNUAL ALBERTA HARM REDUCTION CONFERENCE

The conference is being held at the Banff Centre in Banff, Alberta, Canada, March 3 - 4, 2003. Please consider joining us for this important Harm Reduction Conference.

Conference registration and website information will be available soon.

Have a super day,

Jennifer Vanderschaeghe
ACCH Administrative Coordinator
4611 Gaetz Ave., Red Deer, AB T4N 3Z9
Phone: (403) 314-0892
E-Mail: acch@shaw.ca

SPICED APPLE CRISP

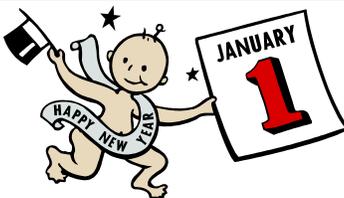
4 medium McIntosh apples
1/4 t. grated orange peel
1/3 C. orange juice
1 t. cinnamon
3 T. dark brown sugar
1/4 C. crushed gingersnaps



- ◆ Peel and core apples. Slice into 1/4-inch-thick rings and arrange in a 9 1/2-inch glass pie plate.
- ◆ Drizzle orange juice evenly over top.
- ◆ Mix orange peel, cinnamon and sugar in a small bowl; sprinkle over apple slices.
- ◆ Cover loosely with waxed paper.
- ◆ Microwave on High 2 minutes. Rotate dish and microwave 1 to 2 minutes more, until apples are tender.
- ◆ Top with crushed gingersnaps and serve immediately.

Makes 4 servings.

Source: www.lhj.com



ALTERNATIVE TREATMENT

GLYCYRRHIZIN INJECTIONS

Daily glycyrrhizin in the form of an injection (Stronger Neo-Minophagen C, SNMC, a combination of glycyrrhizin, a plant extract, and cysteine and glycine) is known to reduce ALT levels in patients with chronic viral hepatitis. Injections only three times weekly lower liver enzyme levels in Hep C patients just as well as daily injections, according to a recent study at Teikyo University in Tokyo, Japan. These researchers believe that by reducing ALT levels, HCV-related liver cancer may be prevented.

Source: www.newsrx.com, October 21, 2002, *Chronic Hepatitis Intermittent SNMC as effective as daily therapy for lowering liver enzyme levels*

GUM DISEASE

People with gum disease seem to have a reduced ability to "mop up" harmful free radicals, according to researchers in the latest issue of Molecular Pathology.

They found that the antioxidant capacity and glutathione levels of people with gum disease were significantly lower than in people with healthy gums.

High glutathione levels can be found in healthy body tissues and are possibly part of the body's defense against bacteria.

Source: www.gastrohep.com/news/news.asp?id=1701, *Mol Pathol* 2002; 55: 367-73 *Free radical scavenging is defective in periodontal disease*,

TIP OF THE MONTH

Visit your dentist regularly to keep your immune system healthy. Remind him/her to use baggies on the handles of the lamp.



(HYPEROTHERMIA—Continued from page 6)

My white count now is only 2.3.

The last problem is the biggest. Patients don't have to pay for any drugs in the Netherlands. They are estimating that it will cost around €45,000 for the PEG Intron/RBV. Multiply by 1.57 to get Canadian dollars. Anyone with leftover ribavirin can send it my way. :-). As it stands I will have to take out a second mortgage. Don't think anyone has leftovers of that. :-)

With any luck we will have a Canadian in this trial and get some first hand information. There are only ten people getting in so it's a big deal for all of us. And if they can get any headway with us hard to treat guys, it'll be a miracle. They are projecting that it will take five to seven years to get this therapy approved for hepatitis C.

As with any clinical trial, there are lots of places for problems so if you can all keep me in your prayer that would be great. I don't mind telling you I'm scared. And I have to be separated from my husband for the most part of 80 weeks. No pleasures at all.

(WARNINGS—Continued from page 6)

nausea or diarrhea are often not suspected.

People should ask their doctor about interactions with drugs, and should avoid large amounts of any spice, herb, fruit or vegetable.

Source:

<http://www.newsday.com/news/health/mydswatch3019700nov26.0.657618.story> *Herbs and Spices May Not Mix With Medicines*, by Jamie Talan, November 26, 2002

WANTED:

VOLUNTEER REPORTERS,
WRITERS FOR THE
hepc.bull

Contact:
info@hepcbc.ca



WANTED:

VOLUNTEER BOARD MEMBERS
FOR HEPCBC.

Contact: info@hepcbc.ca

LEXMARK
™

Passion for printing ideas.™

HepCBC gives special thanks to Lexmark for printing out our Treatment pamphlets!

DEMAND

Action Committee of people with disAbilities (Victoria) demands an immediate halt to the reassessments of People with disAbilities (PWD).

Many in the previous Category of DB1 have been disabled for more than the required 2 (two years), and yet have had been denied access to db11 on more than 1 occasion. At this point in time it appears likely that those on DB 1 will have their incomes reduced because of another discriminatory move by the liberal government, namely the Persons with Multiple Barriers to Employment, as the form does not provide a proper assessment.

These people's incomes are scheduled to end in January as well. Disability Status has been stringent, harsh, and extremely difficult to obtain, and yet those who managed to qualify must, again, prove that they are worthy of the pittance that is provided by way of a "disability allowance" and be subjected to demeaning criticism regarding their productivity, or value as citizens.

We applaud the government's decision regarding the exemption of the 5,000 mental health consumers (in response to Community pressures)—it is a step in the right direction—but it goes no where near enough to scrap this whole make-work project or dismiss this exercise in futility. The projected Savings for the estimated 9,000 that will not qualify under this reassessment is approximately \$180.00 per month per person, \$1.5 million per month, or \$18,000,000 per year. All on the poverty of people with disabilities.

This is also is going to cost in the area of \$4,000,000 to implement via payments to Doctors and Assessors. Millions by the time the Olympics is scheduled.

The disAbility income not sufficiently high enough to enable people with disabilities to live with dignity, participate in the community, purchase nutritious healthy food, or have access to safe, secure and affordable housing. People are disabled by circumstance or illness, not by choice.

Many have been unable to access needed medication, medical treatments, home care or therapies required for maintenance of health and life.

Using these savings for Olympic Venues few can afford, simply disappearing into government coffers, or raising the per diem of MLA's is equally shameful.

Is it for housing or shelter for those who will become homeless in 2004 because they are deemed "employable"?

People with disAbilities live 30% below the poverty line now, how will they survive if their monthly allowance shrinks any further? Shelter rates for a 1-bedroom apartment average in excess of \$550.00, yet the shelter rate given is \$325.00 per month. At a time when the cost of living is rising, people who are poor, people with disabilities, and others who are marginalized do not get any increases to cover the cost of living. In fact it appears now there will be harsh reductions in a system that is already punitive, harsh, and demeaning.

This is the systemic genocide of those who must rely on the Goodwill of Citizens and the Government for their very life and well being. It was abusive previously, and it is even more so now. For this reason we demand an immediate stop to this assault on Human Beings.

Yours in trust,

Carol Romanow, Advocate, for Joanne Neubauer~ President



VICTORIA HepCBC ANNUAL GENERAL MEETING

JANUARY 7, 2003

7 PM, 541 Herald St.

Nominations to the Board requested

Contact: 595-3892



LETTER FROM AN ADVOCATE

Dear Friends,

I hope this rather lengthy e-mail, gives you a closer look at what's happening to PWD in British Columbia, from the perspective of the People With disAbilities, who live and work in our Disabled Community. It is also a "call to action" for those with hearts who care, and courage enough to take affirmative action, when necessary.

Like many of you, I am outraged by these regulatory attacks on our most marginalized citizens, and respectfully request that you do what you can to help us stop this Liberal Government's "cruel and degrading treatment" of People With disAbilities.

Premier Campbell and MHR Minister Murray Coell, have made it abundantly clear, that not only do they have little integrity or honor, but that they care "not one whit" how many of us die, because of their actions and their obvious prejudice towards PWD in our province.

Shame, Shame, Shame on Premier Gordon Campbell and MHR Minister Murray Coell, for allowing this to happen in British Columbia. Apparently Premier Campbell has forgotten his own father's Mental Illness and subsequent Suicide.

We are beginning a series of "proactive" demonstrations in Victoria British Columbia, starting on December 4, 2002. The purpose of this 2 hour / once a week ACTION, is to engage the public's awareness regarding the recent attacks on PWD and our support systems by the Liberal Government

These outrageous changes to the disability system threaten each and every one of us and deny us the resources, respect and ability to participate in our society. These outrageous changes have cost some People With disAbilities, their very lives in recent weeks!

Shame on Premier Campbell and his Government, who are stealing resources from the poor and disabled, to give to the rich status-quo.

Please join us in Spirit, if not in person... as we exercise our Right to Equality.

With Solidarity and Respect,

Steve & Yofi

Steven Palmer ~ Advocate

Action Committee of People With disabilities,
Victoria, B C, Canada

svpalmer@telus.net

NUMBERS

I talked on the phone with KPMG and was informed that 4,400 pre/86 hepatitis C victims were approved for financial help from the Red Cross and some provinces. My contact at KPMG said that since March 31, 2002 (the deadline for first applicants), about 500 more people have applied, and that he personally expects 800 more to apply in the next two (the deadline for second applicants), for a grand total of 5,700.

Please correct anyone or group that tries to inflate the number of pre/86 victims. One spokesperson told the media a couple of weeks ago that there are between 20,000 to 25,000 pre/86 victims. I don't know where these figures came from, but I hope he doesn't repeat them. That's 4 to 5 times the real number, and scares people away from wanting to compensate victims.

Some provinces and the Red Cross have settled with victims. Now it's the federal government's turn to settle in a reasonable, fair, and expedient way.

We have to be aware of the past to avoid being divided up again. It's imperative we have a strong unified voice based on facts. Otherwise we're back to square one.

Susan White

YOU MAY BE ELIGIBLE TO PARTICIPATE IN A CLINICAL RESEARCH STUDY IF YOU:

Have chronic hepatitis C infection
Are between the age of 19 and 75 years of age

Have already been treated with but not benefited by interferon-a-based
THERAPIES
or such therapy is contraindicated

Are willing to undergo pre and post treatment liver biopsies

IF YOU ARE INTERESTED, PLEASE CONTACT:

The Research Co-ordinator
Viridae Clinical Sciences, Inc.
(604) 689-9404

**Are you in the 86-90 Window?
Are you having any problems?**

**Contact: Terry Waller
(250) 642-6766**

(Terry is not a lawyer but a concerned victim)



VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

PC: _____ **PROV:** _____

TEL: () _____

FAX: () _____

EMAIL: _____

ABILITIES OR AREA OF INTEREST:

Library Printing Copying
Phoning Fundraising
Counseling Research
Refreshments Special Events
Publications Computer Help
Errands Grant Applications
Board Member Other

Experience:

Time available:

SEX M F

Date of Birth: ___/___/___

Mo Day Year

**Contact: HepCBC
2741 Richmond Rd, Victoria,
BC V8R 4T3**

**Tel. 595-3892 or Email:
info@hepcbc.ca**

DISABILITIES HELP SHEET

The BC Coalition of People with Disabilities has created a 'help sheet' for filling out the new Disability Benefits forms. Please pass this information on to anyone who is having to reapply for benefits. Hopefully it will reduce some of the confusion and anxiety that this process has created for some people. Here is the link, and another useful page:

www.bccpd.bc.ca/commlert/helpsheets/DesignationReview.pdf

<http://www.bccdc.org/content.php?item=29>

COMPENSATION

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
Hepatitis C Settlement Fund—KPMG Inc.
Claims Administrator
2000 McGill College Avenue, Suite 1900
Montreal (Quebec) H3A 3H8
1-888-840-5764 (1-888-840-kpmg)
HepatitisC@kpmg.ca
www.kpmg.ca/microsite/hepatitisc/english/forms.html

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

Manitoba Traceback: 1-866-357-0196

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: 1-877-222-4977

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

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

COMING UP IN BC/YUKON:

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

Campbell River Hep C Support Group Support and information, call 830-0787 or 1-877-650-8787 or email niac_hepc@hotmail.com

Castlegar Contact: Robin, 365-6137

Comox Valley: Contact North Island Hep C Community Support Project 1-877-650-8787,

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

Cranbrook HeCSC-EK: 1st & 3rd Tues. monthly, 1-3 PM, #39 13th Ave South, Lower Level. Next meetings Jan. 7th & 21st. Contact: 426-5277 or 1-866-619-6111 hepc@cmha-ek.org, www.hepcastkootenay.com

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

Kamloops (People in Motion) 1st & 3rd Tues monthly 12:30 PM, 6E-750 Cottonwood Ave, North Kamloops. Next meetings Jan. 7th & 21st Contact Pam: 851-7300, pamela.zulyiak@interiorhealth.ca.

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Education Room, Kelowna General Hospital. Next Meeting: Next meeting Jan. 25th. Contact Elaine Risely (250) 768-3573, erisely@shaw.ca or Lisa Mortell 766-5132 lmortell@silkn.net

Kimberley Support Group 2nd Tue. monthly, 7-9 PM. Next meeting Jan. 14th Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Jan. 14th. For individual support, info & materials, contact: Brian Reinhard, (250) 364-1112, reiny57@yahoo.ca

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

•**Ladysmith** Friendship & Support Group meets monthly, Ladysmith Health, Centre. 224 High St

•**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 Jan. 22nd. Contact Gina, 826-6582 or Patrick, 820-5576. mission-support@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Jan. 21st. Contact: Vivian, 265-0073 or Ken, 1-800-421-2437

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: Jan. 2nd. Contact: Ken Thomson, 1-800-421-2437, 505-5506, info@ankors.bc.ca

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, 623 Agnes Street, New Westminster. Next meeting: Jan. 13th. Speaker: Dr. John D. Farley on Hepatitis. Contact: Dianne Morrisette, (604)517-6120, dmorrisette@excite.com

Parksville Support Group Contact Ria, 248-6072

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

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

Powell River Hep C Support Group Next meeting: Contact: Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Jan. 14th. Contact: Gina, 963-9756, gina1444@yahoo.ca or Ilse, ikuepper@northernhealth.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Jan. 11th. Contact: Brad, 295-6510. kane@nethop.net

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

Quesnel HeCSC 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: Jan. 8th. Contact: Deb. 877-0042, 1-866-877-0042, or Doreen, 847-2132, plnw_hepc@bulkley.net for times.

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

Vancouver: For information please call HepHIVE at 604-254-9949 ext 232.

VANDU Vancouver Area Network of Drug Users Each Mon., 2 PM, 327 Carrall St. (off Pigeon Park) Bus fare & snack. Contact: Cristy or Ann, 683-8595, space limited, so come early. vandu@vcn.bc.ca, www.vandu.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Next meetings Jan. 8th & 22nd. Contact: Sharon, 542-3092, sgrant@telus.net

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

Victoria Support and Information 1st Wed. monthly, 7 PM. Hep C Outreach Workers avail. each Wed. 7-11 PM, or weekdays 9-4, Street Outreach Services (needle exchange). Contact 384-2366, hermione.jeffers@avi.org

Victoria HepCBC & INFO line General Meetings quarterly, 1st Tues., 7-9 PM, 541 Herald St. Next meeting: **AGM: Jan 7th**. Contact: (250) 595-3892, info@hepcbc.ca, www.hepcbc.ca

YouthCO AIDS Society HepCATS Hep C advocacy, training and support for youth 15-29 living with Hep C or co-infected with HIV. #203-319 W Pender St., Vancouver. Contact Leahann Garbutt, (604)688-1441, (604) 808-7209, information@youthco.org, or www.youthco.org

Yukon Positive Lives 3rd Wed. monthly, Whitehorse. Next meeting Jan. 15th. Contact Heather 660-4808, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

OTHER PROVINCES

ATLANTIC PROVINCES:

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

Cape Breton-HepC-CB 2nd Wed. monthly, 7 PM YMCA Board Room, Charlotte St., Sydney. Contact: Maria MacIntosh at 567-1312 <http://www.accb.ns.ca/>

HeCSC NB Meetings:

•**Fredericton, NB** Contact: Sandi, 452-1982 sandik@learnstream.com or Bob, 453-1340, bobc215@hotmail.com

•**Saint John & Area:** Telephone support line: Contact Allan Kerr 672-4372, kerrs@nbnet.nb.ca

Hepatitis C Moncton Inc. of N.B. 2nd Tues. monthly, 7 PM, 77 Vaughan Harvey Blvd. Contact Debi, 858-8519, hepcmonec@rogers.com

Hepatitis Outreach Society, Simpson Hall, Suite 452, 300 Pleasant Street, Dartmouth, P.O. Box 1004, NS, B2Y 3Z9. 1-800-521-0572, or 902-420-1767, rahcc@ns.sympatico.ca, www.ahcc.ca Meetings:

•**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, Kings Tech Campus, 236 Belcher St, Conference Room A-226

•**New Glasgow:** 3rd Mon. monthly, Aberdeen Hospital, Conference room #1 South.

•**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

ONTARIO:

Barrie HepSEE Chapter 3rd Tues. monthly, 7-9 PM, AIDS Committee of Simcoe County, 80 Bradford St, Suite 336 Contact: Jeanie, 735-8153 hepcseebarrie@rogers.com

Durham Region, GTA and Peterborough, ON support. Contact: Smilin' Sandi smking@rogers.com "Sandi's Crusade Against Hepatitis C" <http://members.rogers.com/smking/>

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact:

Carolyn, (519) 880-8596 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 jcolan-gelo3@cogeco.ca or hepcnf@becon.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, truds@MNSi.Net

PRAIRIE PROVINCES:

HeCSC Edmonton: Contact Jackie Neufeld: 939-3379.

HepC Edmonton Support Group: Contact Fox, 473-7600, or cell 690-4076, fox@kihewcarvings.com

HepSEE WPG: Contact David: hepcsee@shaw.ca or 1(204)897-9105 for updates on meeting schedules.

Winnipeg Hepatitis C Resource Centre 1st Tues. monthly 7-9 PM. #204-825 Sherbrook St. (south entrance—parking at rear) Contact: 975-3279, hccr@smd.mb.ca

QUEBEC:

Hepatitis C Foundation of Quebec, Contact Eileen, 769-9040 or fhcq@qc.aibn.com. Meetings:

•**Hull:** Each Tue. 7-8 PM, 57 Rue Charlevoix.

•**Sherbrooke** 2nd Monday monthly, 7-9 PM, Les Grandes Coeurs D'Artichauts Au Centre Jean-Patrice Chiasson (2^e etage) 1270 Galt Street West. Contact: 820-7432

•**Verdun:** 3rd Wed. monthly, 7-9 PM (English), 1st Wednesday monthly, 7-9 PM, (French) 4341 Verdun Ave.

HeCSC

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

