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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

HEPATITIS C AWARENESS DAY IN MAY

In the Month of May 2003, groups and individuals from across Canada—British Columbia to Newfoundland and around the world—are invited to participate in a Hepatitis C Awareness Day event in their own community.

You might want to start your own awareness day or help out with one. For instance, IDU's (Intravenous Drug Users) might want to do a "Clean Fit Day," or a support group predominated by "shut-ins" and persons with cirrhosis might advocate awareness through fax and letter writing campaigns to local politicians and the media. Groups and individuals with strong roots in schools and churches might want to schedule Hepatitis C awareness information seminars or workshops as part of regular classes or community activities. You are encouraged to do what you can to raise Awareness. The community where you live will dictate the type of awareness event needed for your unique community needs.

This year, in addition to approaching our provincial and federal governments for proclamations, we at HepCURE, like other groups and individuals, will approach our City Halls (City Councils) to proclaim May 1st Hepatitis C Awareness Day for the 3rd year in a row. It is a very handy way to do a Press Release Event at a City Hall or another high profile community location. A Press Release at City Hall or at a Community Centre, with the cooperation the newspapers and TV, will allow you to invite the people of your community to your Hepatitis Awareness Day event, whatever that may be, a tree planting, letter writing campaign, Clean Fit Day or Candlelight Cere-

(Continued on page 3)

UPDATE ON HYPERTHERMIA TRIAL

From Darlene's sister's perspective

February 12, 2003: Just a short message from me—Dar's sister—to let you know this was THE big day and all is well.

As a matter of fact, her blood values were already okay before I left the hospital—three hours after she was in ICU. This means she can come home tomorrow IF she is feeling okay. She was already talking, although not too coherently, when I left her. Dar had some discomfort, which is hard to eliminate, from lying in one position for seven hours and being pushed and pulled into position for x-ray's and stuff.

The procedure started around 9:30, and by 16:30, Dar was in the recovery room.

Dar was very closely monitored. Blood samples were taken every hour, and she had 28 electrodes on her head to monitor her brain activity. She was quite the sight—and me, without my video camera! Darn. We could have had a good laugh about it later.

(Continued on page 3)

SUE WHITE'S SUCCESS STORY ON PEG

I had hepatitis C for over 40 years and was a genotype 2a and 2c.

I went on a trial treatment of Pegasys for six months and cleared the virus after the first month.

I started off with a positive attitude, but I became very ill and stopped treatment. My platelets went down to 28 (normal is 150 to 400), causing constant heavy nose bleeds. Low platelets also caused shortness of breath (SOB). The doctor convinced me to go on half dose for 5 more months, in hopes of making sure the virus didn't come back. I agreed.

Well, it's been 17 months since I cleared the virus, and it appears to be gone, hopefully forever. I'm very thankful, but feel I must be truthful to you. We need post treatment studies or research.

People think that because you're PCR negative, that you are well, and probably in most cases that's true. But I still have cirrhosis (scarring of the liver), and the specialist says that's unlikely to improve.

I now have SOB or asthma, and use 3 different "puffers." This is probably because of a new problem—sleep apnea. People with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times during the night, and often for a minute or longer. This causes a person to be extremely tired during the day.

My concentration and short term memory are still a problem, but this can also be caused from sleep apnea. I still have osteoarthritis, and daily chronic

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REPRINTS

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

Peppermint Patti's FAQ Version 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 both include 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!!

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



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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. Joan, #5-915 Glen Vale Rd, Victoria BC V9A 6N1 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>
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LETTERS TO THE
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The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter and/or name to appear in the bulletin.



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(AWARENESS DAY—Continued from page 1)

mony.
May 1st is the preferred day, but it might not be available to every community. On May 20th of last year in Manitoba, in partnership with the Hepatitis C Society (HECSC) Manitoba, we held a Sunday Hepatitis C Awareness day event on the steps of the Manitoba Legislature. HepCURE and the Hepatitis Foundation of Quebec were in Montreal at the 1st National Conference on Hepatitis C and led the May 1st Ceremony with Groups and Individuals from across Canada.

Whether we do our Awareness Day Event May 1st, or on another day close to the beginning of May, the important thing is that we all do our parts for Hepatitis C Awareness. The idea is just to do something for Hepatitis C Awareness. HepCURE is encouraging as many groups as possible to do proclamations and Candlelight Ceremonies and we support all awareness activities. Do some brainstorming and come up with some neat ideas. Let us know the particulars of your event and we will list them on a May 1st events site. Send your events to Bill at webmaster@hepcure.junction.net!

Have fun! And get the word out!

Bill Buckels

(Hyperthermia Trial—Continued from page 1)

February 14, 2003: Darlene is home as of a couple of hours ago. She is still sleeping a lot. Darlene is not in any state to write or even dictate. She told me just to give you my impressions and perhaps and put them into some kind of form suitable for the bulletin.

Darlene has never experienced this reaction to narcosis so perhaps all this sleeping is a side effect of the hyperthermia.

Her face and hands are visibly still very swollen. She is experiencing fluid retention. She is drinking and peeing a lot--like every hour. She is also feeling the cold more than usual. Dar is in bed with two hot water bottles, a fleece blanket, and two duvets--one feather and the other wool.

There are no blisters from where the electrodes were attached. And, thank goodness, there is no muscle pain from being in one position too long. She had 28 electrodes on her head to warn doctors of epileptic attacks, and these were attached with glue, so that the worst side effect was trying to get rid of the glue when she got home and finally showered. :-)

Dar is feeling pretty lucky that she only has two contact spots from lying on the table (on her bum of all places).

Darlene will be closely monitored every Wednesday for twelve or thirteen weeks and then her checkups will become monthly, but she can fill you in on the protocol better when she is feeling better. (See "part three" next month!)

That is all I can think of to tell you.

Joan R.

PS from Darlene: Just wanted to add something personal to what my sister wrote. I wailed and wailed until they let me go home after 48 hours. But my blood values were all back to normal so they were just being very careful.

I haven't done much but sleep since then. I thought it was Thursday when we got home and was surprised to learn we'd lost a day.

I get lots of bruising and sores in the mouth from the tubes, I guess. It would be scarier if my sister weren't here.

Anyway, I'm sleeping away. I'm taking 15 minute walks at the moment. Today's was a half hour. It feels good having you all for support. Thanks for being there. Big hugs for everyone, and I do mean everyone! Dar

**HepCBC
at the
Victoria Volunteer Fair**



RESEARCH

RNA Interference Protects Mice from Hepatitis

Scientists have successfully used the technique of RNA interference (RNAi) to prevent liver injury and death in a mouse model of hepatitis.

RNAi involves the insertion of small sequences of RNA into a cell. If the RNA corresponds to a gene in the cell, it will promote the destruction of mRNA produced by that gene, thereby preventing its expression. The technique appears to work on a variety of genes, including those of viruses residing within the cell.

"This is the first demonstration that RNAi can protect animals from disease," Dr. Judy Lieberman of Harvard Medical School in Boston told Reuters Health. "The important message is that this promising new technology may actually become a therapeutic possibility."

Dr. Lieberman and colleagues' work is reported in a February 10th advance online publication of *Nature Medicine*. RNAi is a "powerful tool to silence gene expression post-transcriptionally," they note, but its potential to treat or prevent disease in vivo has, until now, been unproven.

In a mouse model of autoimmune hepatitis, Dr. Lieberman's team used small interfering RNA (siRNA) duplexes to silence the Fas gene, which is implicated in a broad spectrum of liver diseases.

Intravenous injection of siRNA targeting Fas led

to a specific reduction in Fas mRNA levels and expression of Fas protein in mouse hepatocytes in vivo. The effects were sustained for 10 days.

Hepatocytes isolated from Fas siRNA-treated mice resisted apoptosis when exposed to Fas-specific antibody or co-cultured with concanavalin A (ConA)-stimulated hepatic mononuclear cells.

Moreover, treatment with Fas siRNA 2 days prior to ConA challenge abrogated hepatocyte death and inflammatory infiltration and markedly reduced serum transaminase levels. Initiating Fas siRNA treatment one week after ConA challenge protected mice from liver fibrosis.

In a "more fulminant" hepatitis model, achieved by intraperitoneal injection of an agonistic Fas-specific antibody, 82% of animals survived the 10-day observation period. All control mice died within 3 days of challenge.

Dr. Lieberman said this study shows that "therapeutic intervention, at least in this model, was possible even after the disease process had started." It's also important to note, she said, that "delivering RNAi may not require viral vectors, which have potential long-term toxicity."

Next, the scientists hope to determine the best delivery methods to target different types of cells and whether the process could be scaled up to larger animals, including primates. "I am especially interested in harnessing this technology for HIV infection," Dr. Lieberman told Reuters Health.

Source: *Reuter's Health*.

Bone Loss in Liver Transplant Patients

Decreased bone mineral density following liver transplantation is affected by vitamin D deficiency, cyclosporine use, and the duration of glucocorticoid therapy, find researchers in the February issue of *Clinical Transplantation*.

Osteoporosis is a major cause of morbidity in liver transplant recipients. It is associated with multiple factors.

Researchers from Israel evaluated bone mineral density (BMD), bone turnover and calcium-regulating hormones in 29 patients. Patients were assessed 2 to 12 years after liver transplantation for non-alcoholic liver disease.

Of the 29 patients, 15 were on immunosuppressive treatment with tacrolimus, and 14 with cyclosporine. 19 of 29 patients had decreased bone mineral density.

The team found that 19 patients had decreased BMD according to WHO criteria, 17 at the femoral neck and 13 at the lumbar spine.

As well, symptomatic fractures were less frequent in tacrolimus treated patients, than in cyclosporine users.

"Achievement and maintenance of optimal vitamin D status and shortening of glucocorticoid treatment period may have a favorable effect on bone preservation."

Source URL: www.gastrohep.com/news/news.asp?id=1859

TREATMENT

TREATING HEP C PATIENTS ON METHADONE

Researchers at the University of California (Department of Medicine) conducted an analysis regarding the success of Interferon/Ribavirin combination therapy among patients already receiving methadone maintenance (MM) therapy. They found that, despite that many MM patients were older and had commonly reached more advanced stages of liver damage (due to hepatitis C), they still had responses similar to the other patients without a history of intravenous drug use. These are only preliminary results of the analysis, however they portray that, with fast enough diagnosis and treatment of Hep C, MM patients will likely have the same positive results from the Interferon/Ribavirin combination therapy as any other Hep C patient.

(Those patients with acute, untreated mental illnesses, active drug or alcohol use, or inadequately treated liver disease were excluded from the study.)

Reporter: *Rebekah Coopsie*

Source: *Drug Alcohol Depend*, 2002 July 1, 67(2): 117-23. *Treating Hepatitis C in methadone maintenance patients: An interim analysis.*

(SUE WHITE —Continued from page 1)

sharp pain in my back, arms, hand, and hips.

All in all, I feel I can't complain because I'm here. I'm one of the lucky ones, and I just can't imagine what it's like to be a non-responder to treatment. We all deserve a chance at new treatments.

Everyone should be entitled to good health care and medications. Pegasys or pegylated interferon should be available

to all. Why are people with Hep C told to wait until their disease gets worse and their liver suffers more damage before they're eligible for treatment? I can understand waiting for something better if you don't have cirrhosis. But can you imagine the uproar if cancer patients were told to wait until their disease worsened before they could be treated?

Susan White, Ladysmith



REGULATION NEEDED FOR RE-USE OF SURGICAL INSTRUMENTS

A \$27.5 million settlement for a case involving the reuse of surgical instruments alerted the media and the public to the common practice of it, and its associated danger. In 2001, a Toronto doctor was sued, because one of his patients contracted hepatitis B after undergoing a procedure of electroencephalography. It was discovered that the technician who performed the procedure was infected with the hepatitis B virus, and the transmission of that virus was likely linked to the reuse of some of the electrodes used during the procedure. Many Canadian hospitals do not have adequate re-sterilizing techniques for surgical instruments, and some instruments cannot successfully be sterilized after the first use. Some examples of surgical tools being reused include: drills, forceps, catheters and laparoscopy scissors. A widespread protocol is needed to maintain the safety and quality of surgical procedures involving reused instruments.

Reporter: Rebekah Coopsie
 Source: Brad MacKay, Toronto;
<http://www.cmaj.ca/cgi/content/full/166/7/943>

DO-IT-YOURSELF TEST

Home Access Health Corp makes do-it-yourself home testing kits for hepatitis C. The US Food and Drug Administration (FDA) has now approved its new method of finding Hep C antibodies on dried blood spots.

The company says that FDA approval will make it cheaper to test the dried blood, since its costs for testing will be less. The home kit should cost less than \$60.

Source: Reuters Health, Feb 05, 2003, Home Access Says FDA Approval Will Cut Cost of Hepatitis C Test

UPDATE FROM THREE RIVERS PHARMACEUTICALS

I am happy to update you with some good news from Three Rivers! We have settled our litigation issues with Schering-Plough and we are getting very close to marketing our generic ribavirin.

We are in the final review phase at FDA and hope to launch our product this

Spring. Our ribavirin drug product will be marketed as Ribasphere (Ribavirin, USP) 200 mg. capsules, and we will surely provide the lowest-cost for ribavirin in the market.

Hopefully, this will provide additional assistance with your cause and increase the treatment options for incarcerated individuals. We will surely provide the lowest price to all prisons. Please pass this information along to any of your contacts who may be interested. We are setting up customer information so that we can begin processing orders as soon as possible.

Christine Sheehy
 Three Rivers Pharmaceuticals
 312 Commerce Park Drive
 Cranberry Township, PA 16066
 ph 724-778-6100
 fx 724-778-6101
csheehy@3riverspharma.com

Source: HEPNEWS

COPEGUS: Roche's Ribavirin

Roche Pharmaceuticals has announced that their wholesale price for Copegus, their brand of ribavirin, will cost 43% less than the Schering brand (Rebetol) It should now be available in pharmacies in the US. Copegus will cost \$5.06 per tablet, while Rebetol costs \$8.83 (wholesale prices). Most insurance companies will not cover this cost, unfortunately.

Source: ROCHE ANNOUNCES PRICE ON RIBAVIRIN, reported by Jules Levin

BEACH BOY DAVID MARKS

Here's another celebrity with Hep C. David Marks was one of the Beach Boys, and played with them for their first 5 albums. He quit at age 16. He later joined The Marksmen, and Casey Kesem's Band Without a Name, and later, The Moon, before studying classical guitar with Segovia. After various successful musical pursuits, he returned to the Beach Boys in 1997. He had to leave them due to his Hep C infection. He has founded a foundation called Artists Against Hepatitis, which helps children of those infected.

He is now on Pegasys/Ribavirin in a clinical trial.

Source: <http://www.dmarks.freehomepage.com>
 David Marks - Hepatitis C - Treatments and Beyond

Recall at BC Ear Bank

Feb 19 - 3:12:56PM

VANCOUVER (CKNW/AM980) -- Patient safety concerns have prompted an unusual recall involving the BC Ear Bank. A recent review of operations of the ear bank at St. Paul's Hospital uncovered a paperwork breakdown that has left health officials unable to confirm proper procedures and screening of donors was conducted to prevent the transmission of infectious diseases like HIV and Hepatitis "B" and "C."

As a result, 87 hospitals in Canada and the US have been asked to return more than 6,000 samples of unimplanted tissue and bone distributed by the ear bank since 1975.

Patients who received transplants are being advised to seek advice from their doctor about disease testing, although health experts say the risk of transmission is very low.

So far, there are no reports of disease linked to the ear bank, which has been closed since last fall.

Source: HepCAN



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

ARTERIAL PLAQUE

The findings suggest that there is a higher risk for those who have hepatitis C with liver damage for developing arterial plaque, a risk factor for cardiac problems and high blood pressure. It has been suggested that the antibodies that the body forms to combat the Hep C virus can leave the body susceptible to the formation of these plaques.



Reporter: Inar Hansen . Source: *Circulation Journal A DGR* Review of: "Association between hepatitis C virus core protein and carotid atherosclerosis." by Anne MacLenman 01/16/2003. Original article: *Circ J* 2003 Jan;67(1):26-30. "Association between hepatitis C virus core protein and carotid atherosclerosis." www.wdodcguide.com

CANDLES

Those of us with Hep C need to avoid toxins. Well, here's another to think about. Some candles, according to the article cited below, use lead in the wicks to make them stand up. This is especially true of candles imported from countries with no regulations against the practice. Most candle makers in Europe have voluntarily eliminated lead in their candles since the mid-1970s. Reports from the US found 8% of candles from the UK that they tested contained lead.

Read the labels. Consider burning fewer candles, or for a shorter time.

Source: *Lead Candles pose health risk* <http://news.bbc.co.uk/2/hi/health/2756479.stm>

VITAMIN A

A Swedish study has found that a diet high in Vitamin A can increase the risk of liver damage and bone fractures. Retinal, a chemical released by Vitamin A, interferes with bone formation and increases bone re-absorption. Also retinal is stored in the liver and has been found that large amounts can increase liver destruction. It is suggested that men limit their intake to 0.9mg per day and women 0.7mg per day of vitamin A. Foods that are high in vitamin A are Beef liver, fish liver oils and green leafy vegetables.

Reporter: Inar Hansen Source: *Serum Retinol Levels and the Risk of Fracture* http://www.wkcatap.org/2003/Jan/012303_1.htm
Original article: *New England Journal of Medicine*, Jan 2003

DOUBLE GLOVING

A recent study involving a questionnaire showed that the majority of surgeons in the Capital Health region, University of Alberta do not double glove, even after receiving evidence and information on safety and efficacy. Only 23% of responders said they would change their routine as result of the information. The

surgeons most commonly gave loss in the ability to use their hands as a reason for not using that safety measure. There was a 63.4% response rate to the questionnaire. On the good side, 87% of orthopedic surgeons do double glove, and 97% of responding surgeons are vaccinated against Hep B.

Ask your surgeon if he/she double gloves.

Source: *St-Germaine, R.L, et al, American journal of surgery. 2003 Feb; 185(2): 141-5 Double gloving and practice attitudes among surgeons.*

ARE CAESARIANS PREFERABLE?

Researchers investigating data from 73 HCV+ women who gave birth to 75 children concluded that it may be safer to perform cesareans on some women with Hep C, such as women with a high viral load. The other possible risk factors for mother to child transmission were a reduction in umbilical cord-blood pH, hypoxia (reduced oxygen delivery) to the infant, and vaginal tears during delivery.

Source: *Steininger, C, et al, Journal of infectious diseases, 2003 Feb 1; 187(3): 345-51 Increased Risk of Mother-to-Infant Transmission of Hepatitis C Virus by Intrapartum Infantile Exposure to Maternal Blood*

Hepatitis C Infections May Come from Routine Dentistry

Thousands of people infected with the life-threatening hepatitis C virus may have caught it during routine dental treatment.

Health campaigners warned that current practices in dental surgery, including the way tools are sterilized, may not be rigorous enough to remove the risk of transmission of the highly infectious virus between patients.

Although intravenous drug use is the most common method of transmission, health workers say dental practices could be the source of infection for a "substantial number" of the 38 percent of sufferers for whom the source of infection is not known.

In Scotland, 10,000 people are known to be infected with the disease, which can cause liver disease and cancer and is 100 times more infectious than HIV.

But because sufferers can live for 20 years before showing any symptoms, experts believe that a further 25,000 Scots are unknowingly infected.

Jeff Frew, the secretary of Capital C, an Edinburgh-based support group for sufferers, said many people do not know how they became infected and he believes there is a risk of infection from dentists' tools.

His claims have been backed by Nigel Hughes, the chief executive of the British Liver Trust, who said the risk of infection from dental surgeries "could not be ignored".

Mr. Frew said "Many of our hepatitis C positive

clients do not fall into any of the risk categories for catching the infection.

"Dental treatment is the only time when members of the public come into contact with blood and there's a huge throughput of patients receiving dental treatment every day."

He added: "Although dentists sterilize their tool-heads, there is a risk of infection from the actual tools themselves, from the machinery that drives the tools. Blood could gather behind the drive mechanisms of tools, which could lead to transmission.

"In order for there to be no risk of infection, dentists would have to have two or three spare sets of tools in order to ensure all equipment was sterilized properly, and at the moment that is not the case.

"This is a public health concern of immense proportions."

According to figures from the Scottish Center for Infection and Environmental Health, 58 per cent of hepatitis C sufferers are known to have injected drugs. About 7 percent are thought to have picked up the virus during surgery, from blood transfusions, from sex with an infected partner or from receiving tattoos.

For 38 percent of sufferers, no information on the source of infection is available and campaigners believe that some people in this category may have been infected during dental treatment.

Mr. Frew added: "There are people who are infected who were not injecting drug users, who have not had blood transfusions, who do not have tattoos or pierced ears and who have only ever had one sexual partner. They must have got it from somewhere, but at the moment we do not know what the other sources are. I believe that most of them caught it during dental treatment, or at least the potential is there."

Mr. Hughes said: "One problem lies with the mechanical dental handpiece which sucks fluid, including blood and other matter, from the mouth. After treatment, if the dentist adheres to guidelines, it is flushed through very rigorously and left to rest for some time.

"It would be possible to catch hepatitis C in this way if the equipment is not rigorously cleaned and sterilized. There's always a distinct possibility, especially if the dental practice session is very busy."

However, Mr. Frew believes the day-to-day practice of dentists should be reviewed. He said: "It is up to the dental profession to prove that there is no risk and until they do we must assume that there is a risk. We can trust dentists to adhere to guidelines, but how can we keep track of how they carry out their day-to-day surgeries?"

...that cavity ain't so bad now is it?

Source: *The Scotsman* July 25, 2001. Kate Foster, and Reuter's Health.



DIAL-A-DIETITIAN

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

2ND NATIONAL ABORIGINAL HEPATITIS C CONFERENCE

"Weaving the Mind, Body and Spirit"

Chee Mamuk Aboriginal Program is pleased to announce a call for abstracts for the 2nd National Aboriginal Conference. This is your opportunity to share your experiences, wisdom with others who are infected / affected by the Hepatitis C Virus.



The conference is being held in Vancouver, BC, from May 4th - 7th.

Conference Topics:

- ◆ Palliative
- ◆ End of life
- ◆ Prevention
- ◆ Harm Reduction
- ◆ Youth
- ◆ Addictions
- ◆ Treatment
- ◆ Co-Infection
- ◆ Research
- ◆ Women
- ◆ Residential School
- ◆ Life Skills
- ◆ Self Care
- ◆ Culture, Traditional Medicine,
- ◆ Ceremonies
- ◆ Prison
- ◆ Living with Hepatitis C (individual, family)

FOR MORE INFORMATION CONTACT:

Lucy Barney – Chee Mamuk Aboriginal Program, BC Centre for Disease Control

655 West 12th Ave. Vancouver, BC V5Z 4R4

Ph: 604.660.1673 Fax: 604.775.0808

Toll Free: 1.877.667.6668

Email: lucy.barney@bccdc.ca

Web site: www.bccdc.org

Abstract Deadline was February 15, 2003.
Scholarships are available.

**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: _____

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PC: _____ **PROV:** _____

TEL: () _____

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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

#5-915 Glen Vale Rd

Victoria BC V9A 6N1

**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, Ont-

ario 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>

Armstrong HepCure Office and library, by appointment. Contact: Marjorie, 546-2953, ambrrose@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 Mar. 4th & 18th. 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 and 3rd Tues monthly 12:30 PM, 6E-750 Cottonwood Ave, North Kamloops. Next meetings Mar. 4th & 18th Contact Pam: 851-7300, pamela.zulyniak@interiorhealth.ca.

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Meeting Room, Kelowna General Hospital. Next Meeting: Next meeting Mar. 29th. Contact Elaine Risely (250) 768-3573, erisley@shaw.ca or Lisa Mortell 766-5132 lmortell@silkn.net

Kimberley Support Group 2nd Tue. monthly, 7-9 PM. Next meeting Mar. 11th Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Mar. 11th. For individual support, info & materials, contact: Brian Reinhard, (250) 364-1112, reiny57@yahoo.ca

Mid Island Hepatitis C Society Friendship and support group, 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Next meeting: Mar. 11th. Contact Sue for info 245-7635. mihepc@shaw.ca

Mission Hepatitis C and Liver Disease Support Group 3rd Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting Mar. 19th. 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: Mar. 18th. 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: Mar. 6th. 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: Mar. 10th. 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 Mar. 11th. 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 Mar. 8th. 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, 12 noon, 3731 1st Avenue, Upstairs. Next meeting: Mar. 12th. Contact: Deb, 877-0042, 1-866-877-0042, or Doreen, 847-2132, plnw_hepc@bulkley.net for times.

Sunshine Coast—Secht: 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, 412 East Cordova 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 Mar. 12th & 26th. 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: May 6th. 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 Mar. 19th. Contact Heather 660-4808, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

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.aceb.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. Contact Debi, 858-8519, hepcmonc@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 hepseebarrie@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 lolli-pop@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

Hepatitis C Network of Windsor & Essex County Support groups. Contact: Andrea Monkman (519) 250-5399 or silverbird4@sympatico.ca <http://home.cogeco.ca/~hepcnet/>

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: hepsee@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, hcre@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'Aleçon, St. Nicolas, QC. Contact: Renée Daurio, 836-2467, reneedaudio@hotmail.com

