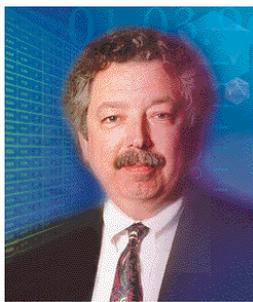


hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

**DR. STEPHEN L. SACKS,
MD, FRCPC
1948-2003**



The recent death of Dr. Stephen Sacks is a great loss to those of us with hepatitis C.

Dr. Sacks was an expert on viral infections and their treatment, and worked with antiviral drugs

since 1978. His accomplishments are too numerous to fully name here.

From 1980 to 1996, he was on the faculty of UBC, where he was Professor of Medicine and of the Department of Pharmacology and Therapeutics, and was a member of the Division of Infectious Diseases.

He authored many scientific papers and chapters in medical textbooks and actively participated in dozens of clinical antiviral trials.

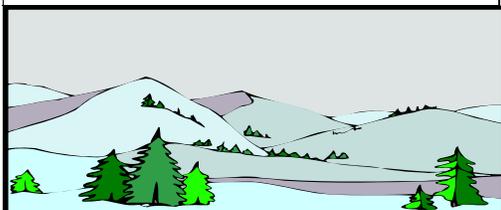
He served on the advisory boards of many pharmaceutical and biotech companies and on the editorial boards of several scientific journals.

He was also the president of the Viridae clinic, an antiviral drug development company and research organization in Vancouver.

We at HepCBC were honoured to have Dr. Sacks as a speaker. He was much respected and appreciated.

Dr. Sacks was the father of two children.

Source: www.viridae.com



HepCBC President's Report

Dear Readers:

We here at HepCBC and the *hepc.bull* send you our warmest wishes for a happy holiday season.

We have done a special issue this month, including some articles from past issues which are still relevant today, partly to see where we have been and where we are now, and partly to update some of our newer subscribers.

As I was going through the old issues of the bulletin (dating back to 1995!!), I was saddened by just how many of our members and subscribers and friends have passed away, too many at too young an age. It makes me question just how much we are doing and how we can best organize and directed our unified efforts to stop this disease from taking our fellow sufferers.

If you would like to get involved, even at a distance, the *hepc.bull* desperately needs proofreaders, people to summarize and "translate" articles, someone to do the email version of the newsletter (he/she would need Publisher), and reporters.

On a lighter note, we are proud to report that the HepCBC Bridge Bash was a success. We netted just over \$1000.00, plus we raised awareness in our community. The Victoria Bridge Club and its owner Merv Adey were very supportive, and pitched in and got things going. Their efforts are much appreciated.

Joan King jking@hepcbc.ca

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NORMAN LAVERDURE



November 6, 1940--June 5, 2003

Norman was one of our long-time member-subscribers in Campbell River. He was the owner of Willow Point Plumbing, and a member of Kiwanis. He is survived by his wife, Donna, 7 children, 11 grandchildren, and 5 siblings, plus his dogs Sammy and Sollie.

His family asks that donations be made in his name to the Heart and Stroke Foundation, the Kidney Foundation, or another charity of choice.

DOUGLAS LONG

September 8, 1949 - August 9, 2003

Doug Long was a resident of Powell River and a long-time subscriber to the *hepc.bull*. He was actively involved in the labour movement for years, and was the Local 76 delegate to the Powell River and District Labour Council. He is survived by his mother Margaret, a sister, Leslie, two nephews, and other relatives and friends.

Donations to the Canadian Diabetes Association and the Powell River Hepatitis C Support Group, at the Coast Gribaldi Community Health Services Society, 4313 Alberta Ave, Powell River, BC V8A 5G7 are requested.

PREPLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to your local hepatitis C organization.

SUBSCRIPTION/ MEMBERSHIP FORM

Please fill out & include a cheque made out to
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"I enclose a donation of \$ _____ so that others may receive the bulletin."

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

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Victoria BC V9A 6N1

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 and/or name to appear in the bulletin.

Peppermint Patti's FAQ Version 5.6

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 postage—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 1997-2003; 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.

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.

THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity: The late John Crooks, Bryce Brogan, Bruce Lemer, Lexmark, Health Canada, Pacific Coast Net, Margison Bros Printers, Royal Bank, Schering Canada, Merv Adey, Brad Kane, Arlene Darlington and friends, Chris Foster, Darlene Morrow, Will Lawson, Judith Fry, Ron Comber, and Stacey Boal. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com

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, (250) 595-3892.

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.

CONFERENCES

February 27-March 1, 2004
Canadian Digestive Disease Week
Banff Springs Hotel, Banff, Alberta

March 27-30, 2004
The 2nd Canadian Conference on Hepatitis C
Vancouver, Canada

New Knowledge, New Hope

<http://www.cvhnc.ca/hepc2004/>

Preliminary program here:

<http://www.cvhnc.ca/hepc2004/pdfs/website-program-pdfs.pdf>

To apply for a scholarship:

http://www.cvhnc.ca/hepc2004/pdfs/Scholarship_Application_Form.pdf

February 26 - March 5, 2005
Canadian Digestive Disease Week
Banff, Alberta

September 12, 2005
WCOG Conference - 14th Annual Meeting -
World Congress of Gastroenterology:
Montreal, Quebec

March 4 - 12, 2006
Canadian Digestive Disease Week
Quebec City, Quebec

DIAL-A-DIETITIAN

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

Got Hep C? Single? Visit:

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

<http://clubs.yahoo.com/clubs/hepcingles>
[http://groups.yahoo.com/group/PS-Hep/
www.hepcmeet.com](http://groups.yahoo.com/group/PS-Hep/www.hepcmeet.com)

ENVIRONMENTAL STABILITY OF HEP C VIRUS

A study at the Center for Disease Control and Prevention, Atlanta, suggests that the hepatitis C virus (HCV) may survive on environmental surfaces at room temperature at least 16 hours but not longer than 4 days.

The study clarifies the association between transmission of HCV among patients in health-care settings and contaminated carriers such as multi-dose medication vials and re-used needles and syringes. Among injecting drug users, transmission is associated with contaminated drug paraphernalia such as cookers and cotton.

The potential for HCV to survive outside the body re-emphasizes the importance of cleaning and disinfection procedures, safe therapeutic injection practices, and harm-reduction counselling and services for injection drug users.

In the study, samples of HCV were subjected to several regimens of storing, heating, cooling, drying, and rehydrating overnight and for 4- and 7-day periods. The treated samples were monitored for the presence of HCV and tested using four chimpanzees.

HCV RNA was detectable in plasma dried overnight and for 7 days, but a tenfold decrease of detectable HCV RNA was found in both these samples compared with the HCV RNA titer of the original, untreated HCV-positive plasma sample.

No evidence of HCV infection was detected in one chimpanzee (CH247) after inoculation with either the 7- or 4-day dried/stored samples. All serum samples tested were negative for HCV RNA and anti-HCV. ALT activity level remained in the normal range.

However, after inoculation with the overnight dried sample, HCV RNA was detected in CH247's serum from day 7 post inoculation, and the viral load reached 6.0 to 7.3 logs IU/mL. HCVAg positive hepatocytes were observed from day 11 post inoculation, seroconversion to anti-HCV was observed on day 127, and the animal was still positive for HCV RNA (4.8 logs IU/mL) at day 201 post infection.

Virologic, serologic, and clinical data from three control chimpanzees inoculated with 3 x 10⁴ CID of untreated HCV inoculum (CH910 second-passage chimpanzee plasma, genotype 1a) were included in the study.

Evidence of HCV infection and acute hepatitis was found at all levels in all three control animals. ALT

activity level was elevated over the normal range from day 11 post-inoculation and remained elevated until the end of the observation.

REGULATION OF TATTOO PARLOURS

AIDS Community Care Montreal is asking the province to regulate tattoo and body-piercing shops.

The group says some tattoo parlours and body-piercing studios aren't following health standards to prevent the spread of HIV and hepatitis; almost all reported questionable practices, such as improper sterilization of equipment.

The group is launching an information campaign aimed at Montreal youth, including a list of questions to ask tattoo artists and piercers. It is also asking for training, permits, and inspections.

All that is currently needed to open a tattoo parlour or piercing studio in Montreal is a business permit and a storefront.

Source:
http://www.cbc.ca/storyview/CBC/2003/09/17/Consumers/mtl_tattoo030917

CONTAMINATED EQUIPMENT IN ONTARIO HOSPITALS

Seven Ontario health-care facilities have now admitted to using improperly sterilized equipment in medical examinations. The number of hospitals involved increased from two as government-ordered audits were carried out across the province. More than 1,350 persons are affected.

"This is our effort to get to the bottom of a situation that gives us some concern," Health Minister George Smitherman said.

Cambridge Memorial Hospital said it discovered in October that its cleaning procedures for equipment used to perform prostate biopsies did not meet proper standards. The hospital said it informed all 42 affected prostate patients and their doctors, as well as the local health unit.

In addition, a female patient underwent a colonoscopy with unsterilized equipment. The colonoscope, which had received only disinfection, was momentarily hung beside sterilized scopes and was then inadvertently used for the procedure.

"We deeply regret it," a hospital spokesperson said.

Winchester District Hospital said only one patient was affected by improperly sterilized equipment used to assist in a difficult intubation procedure last weekend.

St. Mary's Hospital said it was unable to

confirm in a single case that equipment used on a patient wasn't properly sterilized.

Hotel Dieu said it had notified six patients, but only because a probe used for prostate biopsies was in questionable condition. One of the probes was reportedly cracked and scratched, raising concern that disinfectants may not have eliminated all potentially harmful organisms.

"In reference to us being a dirty hospital, that's really unfair," a spokeswoman said. "We have policies and procedures in place, and we have full compliance with disinfecting using a high-level disinfectant."

Sunnybrook Hospital began testing dozens of the 861 men who received ultrasound prostate biopsies at its urology clinic with improperly sterilized equipment between December 1999 and August 2003.

Lakeridge Hospital reported that nearly 120 patients received colon and throat tests with improperly sterilized equipment.

Brantford General Hospital is advising 328 men, who had prostate biopsies in the past year, to be tested for hepatitis and HIV.

(Another hospital in Labrador City, Nfld., has also reported a sterilization problem.)

"I don't think 'frightening' is an appropriate word," Health Minister Smitherman said, calling the risks to patients "very, very low," even though those affected will have to be tested for HIV and hepatitis.

He noted the province is "acting with an appropriate amount of concern. We're seeking to be transparent about it, and we're putting the information out there."

Smitherman also planned to release new protocols forcing Ontario hospitals to move quickly to inform the public about similar hygiene concerns. To avoid panic, he said, he wanted hospitals to contact affected patients before going public with their problems.

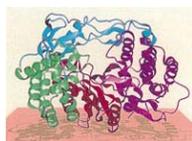
Premier Dalton McGuinty agreed that people should not let fear prevent them from undergoing medical examinations. "We will do what it takes to ensure that when you go into a hospital and have a procedure conducted, you will not be placed at risk," he said.

Health Ministry officials don't know if the problems are the result of human error or from staff not properly following manufacturer's guidelines, or a combination of the two, but hope the audits will determine the cause.

Experts say that, by encouraging dialogue, the disclosures are a positive development in improving safety.

Source: <http://www.canada.com/>

(Continued on page 6)



TRAVEL COST COMPENSATION About TAP:

The Travel Assistance Program is sponsored by the BC Ministry of Health and Ministry Responsible for Seniors.

TAP was created to help residents of BC to access health care services that they cannot obtain unless they travel.

In other words, if you have to travel to get access to specialists in Vancouver, for example, the TAP program will pay for, or give you discounts for your travel costs, such as ferry fares, for you, your vehicle, and for an escort, if one is needed.

Please ask your doctor for a form to complete. You also need to contact MSP to verify your eligibility and to receive a confirmation number before you travel. (Phone number below)

You are eligible if you are a BC resident enrolled in the Medical Services Plan, and your travel expenses aren't covered by other insurance policies. There are regulations such as arriving at the ferry, for example, one hour before departure.

This program doesn't include meals, accommodations, car expenses, or local transportation. You must make your own travel and accommodation arrangements. You may obtain more information by calling MSP at 1-800-661-2668 from 8:30 am to 4:30 PM, Monday through Friday. You may also call 387-8277 in Victoria.



I'VE BEEN DIAGNOSED. NOW WHAT ?

If you're diagnosed with hepatitis C, get informed. Check with your local support group. (If in doubt, call 1-800-652-HEPC)

Make sure that you:

- Get re-tested to confirm the diagnosis.
- Get vaccinated against hepatitis A and B.
- Are sent to a specialist.
- Get copies of all tests.

The specialist should:

- Order an ultrasound yearly, if your family doctor didn't.
- Order an alphafetoprotein test yearly.
- Order a liver biopsy. (This is usually done by needle aspiration, but there are other options if there is a bleeding problem, for example.)
- Discuss treatment options with you. (Get a second or even a third opinion if you don't agree.)

Your Mouth and HCV - Some Things You Should Know

by Darlene Morrow

A frequent side effect of interferon treatment is the lowering of the white blood cells (WBC). These cells are especially important in the fighting of bacterial infections. It is not uncommon for the release of bacteria to occur during teeth cleaning. It is also not uncommon for the mouth to bleed in which case the open wound could provide an access route for the bacteria to enter your system. In a healthy person this would not have an effect but in the case of someone with a low WBC count, it could lead to problems. For this reason it is advised that you contact both your liver specialist and your dentist in regards to any scheduled visits while you are on drug treatment.

I also forgot to mention that there is a natural product available for treating the cold sores that come up from the combo. (Thanks Ken!) It is called Zostrix and it is found in the drugstore (usually in the arthritic cream section—I have no idea why). It contains capsiicum (from the hot peppers) and is effective for both pain and the treatment of the herpes virus which causes cold sores.

For those of you who suffer from Oral Lichen Planus (OLP) there is a very effective treatment available called Topsy (you need a prescription). This is a corticosteroid that is usually used on skin only. But it is very powerful in the treatment of OLP as I myself can testify. It is a little bit of an unorthodox use of the drug but my dentist prescribed it for me and I know of specialists that also prescribe it. Heather phoned me just this week to say that she had experienced almost immediate relief from the pain after starting to use the Topsy. For best use dry the area with gauze pads and apply sparingly 3-4 times a day.

[hepc.bull 11/98]

REMEMBER WHEN?

* When someone talked about blue-green algae, you thought it was about pond scum, not the Spirulina dietary supplement.

* If someone mentioned Alpha-Lipoic Acid you thought it was Timothy Leary's latest experiment.

* St. John's Wort was probably what John got for not praying enough

* Interferon sounded like the name of a Klingon starship Kirk wanted to phaser out of existence.

* Phase III Clinical Studies was probably a mid-semester exam only worth cramming for and promptly forgetting.

* An "injection site" sounded like a new housing development

* A nap was a seldom available luxury, not a sometime requirement

* 12 steps was a two story house

Bill Ruttman, Lansdale, PA
billr0003@erols.com [hepc.bull 4/99]

SAD STATS

At last count, as of the December issue:

- Up-to-date subscribers: 127
- Newsletters being sent out: 450
- Support groups receiving the bulletin: 83
- Support groups up-to-date: 9
- Doctors receiving the bulletin: 75
- Doctors up-to-date: 4

Luckily, we receive donations which help pay for our newsletter. I think it is important to get the information provided in the newsletter to all those who need it, perhaps especially those who cannot afford to "subscribe." If we run out of money, and we have come pretty close on a few occasions, we would be in danger of not being able to mail out that issue.

We used to send the bulletin to everyone on our mailing list. Unfortunately, we have had to cut down and send it only to subscribers, to those who recently have had their subscription expire, to support groups and to doctors. Although we hope to have more support soon, our resources are low right now. Please! If you are able to subscribe, do so. If you can't pay, let us know, and we'll subscribe you anyway. We want you to be informed, even if you can't contribute.

How do you know if your subscription has run out? There should be an expiry date on your address label. If there's not, either your subscription has run out, you have never subscribed, or we've messed up. In that case, please let us know. If you are getting the bulletin by mistake, or if you really don't want it, please give us a call. Thanks!

CLEANING ALTERNATIVES FROM THE ENVIRONMENTAL PROTECTION AGENCY

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

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

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

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

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



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

[hepc.bull 7/01]

The Danger of Misdiagnosing Hepatitis C

by Kimberly A. Seguin

On November 1st, 2001, the Canadian Medical Association issued a press release on the importance of "getting the diagnosis right": " 'We Need to Get the Diagnosis Right,' says CMA."

The article caught my interest for several reasons. First, I have been infected with hepatitis C since 1986. In 1991, after several other theories made by many doctors mostly specializing in the field of psychology or psychiatry, I was finally diagnosed with hepatitis C, which still did not explain a lot of my symptoms at that time. I was one of the many people who were afflicted with many of the very common symptoms associated with this disease, such as fatigue, anger, frustration, and arthritis. As we are all too familiar, fatigue and arthritis are some of the most prominent of all symptoms associated with hepatitis C.

Many patients complain to their family practitioners that they are constantly tired, and can't sleep enough. Their sleep patterns are often disturbed and not routine. A family or general practitioner will often, without thought, diagnose the patient with CFS (Chronic Fatigue Syndrome). No blood test is required for this, but a tilt table test could identify the fact, and it's often overlooked. It would seem to the family practitioner that one with a family, a job and a stressful life, may easily encounter this condition. It's a nice title most likely given to a patient whom a practitioner may believe to be simply stressed out from day to day life, yet is not one that is life threatening.

Others are diagnosed with depression. In my study, I found most women were told that they were depressed and then prescribed antidepressants. The difference between prescribing for depression or chronic fatigue is not a huge difference.

Drugs to assist with CFS that are given frequently include:

- Tricyclic Agents like, Doxepin, Sinequin, Elavil, Triavil, Pamelor.
- Antidepressants such as Prozac, Zoloft, Paxil, Effexor and Desreyl are also common prescriptions for this diagnosis.
- Anti-inflammatory drugs such as Anaprox, Naprosen, Ibuprofen, Advil, and aspirin are also on the list.

There are also antimicrobials, Acyclovir or antihistamines, which actually cause

drowsiness, i.e., Hismanal, Claritin etc. Beta-blockers are in current studies—all those things, just for CFS.

But then what? Many people with HCV who get diagnosed with depression, fibromyalgia, arthritis and migraine headaches are given an arsenal of medication before anyone thinks to check their liver enzymes or liver functions. Maybe they are only being checked because of the amount of medication they have been prescribed, which has been masking the real cause.

One of the people I interviewed was given 26 blood transfusions between the years 1969 and 1980. She was not diagnosed with hepatitis C until 3 years ago, and only now is she on treatment. She is currently in a trial with the latest treatment.

Another girl was told that she must be having problems at home and must be feeling depressed.

Another in the acute phase was diagnosed with having mono; another, just plain old arthritis.

And yes, they were given an over abundance of anti-inflammatories and painkillers, until many of them gave up on these medications and found herbal alternatives.

Women, especially, I find, get overlooked when describing symptoms, and most often are diagnosed with depression, psychosis or other psychological disorders. However, when I interviewed men, I found that, although they were taken more seriously, they were still being misdiagnosed and given medication (mostly sleeping pills) for other things, such as arthritis.

Why? Because many of the medical journals associate hepatitis C with symptoms of jaundice, vomiting, nausea, fever and the flu. My favorite quote from the CDC, NIH and other Journals is, "Often there are no symptoms at all." Well there are, and the really common symptoms are often not mentioned in journals, and the ones that are mentioned usually only occur in the acute stage, and then go away. Maybe it's up to us to enlighten our doctors with respect to these real associations with HCV, so others don't get bombarded with liver-threatening medications.

What are the adverse effects of an incorrect diagnosis?

Take, for instance, simple Tylenol, which is often prescribed or recommended for common arthritis on first diagnosis. We all know the pain arthritis carries with it, and we all know the risks of overdoing Tylenol and what it can do to our livers. But what about the other drugs—the prescription drugs?

Take a simple one, a benzodiazepine given for CFS, fibromyalgia and even some forms of psychosis. A patient lucky enough to be prescribed a drug like this would be checked for liver enzymes, yet still may go undetected for liver disease, since it is a common side effect of the drug itself. Slight, transient elevations of transaminase and alkaline phosphatase are associated with many of the prescriptions listed and may also be one of the mild to severe symptoms that come with our disease.

More complicated and frustrating is the fact that, even if our liver functions are tested for the overload of medicine we may be given prior to the proper diagnosis, our liver functions may be fine.

After the 1998 publicity given to hepatitis C in Canada, I'm amazed that many of our brothers and sisters are still out there, infected unknowingly and still being given many wrong diagnoses and many unwarranted prescription drugs that can cause liver damage, liver failure and actually increase the viral replication of this disease.

Why won't doctors take the time with patients to get the diagnosis right, especially after 5 years and an unprecedented public compensation plan for a medical mishap?

How many people do you know in the hepatitis C circles who were given antidepressants, pain killers, muscle relaxants, sleeping medication and even dangerous antibiotics for our compromised immune systems, who were not diagnosed properly?

After all this, the liver is damaged naturally by the disease and further damaged perhaps by all the medications. Then we get to go through interferon treatments, which are often accompanied by the same above-mentioned medications. I'm puzzled.

The concern and worry stretches beyond misdiagnosis, as I still see many of my friends with HCV being given liver unfriendly drugs for common problems associated with HCV, one of which is Lipitor for high triglycerides, which we all know is a common problem for many of us. What are the professionals thinking? Or are they?



[hepc.bull 12/01]

BLOOD SPILLS

**DO YOU KNOW HOW TO SAFELY CLEAN UP
A SPILL OF BLOOD OR BODY FLUID?
THIS ARTICLE WILL TELL YOU HOW.**

by Mark Bigham, MD, FRCPC,
British Columbia Centre for Disease Control

Hepatitis C virus (HCV) is transmitted mainly by exposure to HCV-contaminated blood. HCV infection is not generally associated with exposure to other body fluids, such as saliva, urine, feces or vomit, but if HCV-contaminated blood is present in these or other body fluids, then the risk of infection will be greater. Therefore, **it's important to treat any environmental contamination of blood or body fluid as potentially infectious.** The simple principles of cleaning and disinfecting, which are effective against HCV, are also very effective against other micro-organisms.

Viruses can only reproduce inside cells and HCV will not survive very long outside the human body—usually no more than a few hours. Survival of HCV in the environment is limited by such factors as lower temperature and dryness. HCV is also readily killed by standard household products, such as 5% household bleach or 70% isopropyl alcohol.

If you encounter a spill of blood or body fluid, **the most important infection control principle is to avoid direct contact. This is easily and effectively achieved by wearing rubber gloves**—preferably single use, disposable vinyl gloves, or even household rubber gloves. Litter, such as broken glass should be picked up first. Try not to handle broken glass that could tear the gloves. Pieces of stiff cardboard or newspaper folded over can be used to pick up glass. When disposing of glass, wrap it in a newspaper before throwing it in the garbage bag, to protect municipal waste disposal workers from being cut when handling the bag.

Next, **clean up the visible blood or body fluid with plain water and disposable paper towel.** Using water will dilute the spill, reduce its infectivity, and facilitate wiping up the spill. Cleaning the visible spill will also remove organic matter that can reduce the effectiveness of disinfectants. The used paper towel can be put in a plastic bag (double bag if very wet and dripping) and disposed of in the regular household garbage.

A disinfectant should then be used. Regular 5.25% household bleach is an excellent disinfectant choice—it is inexpensive; has low toxicity and is not usually irritating to the skin; is fast acting; and is very effective not only against HCV, but also other blood-borne viruses (e.g., HIV, Hepatitis B virus, bacteria and fungi). It can be diluted with water to make a 1:10 to 1:100 bleach solution. The diluted solution should be prepared fresh, since bleach degrades over time when exposed to air or light. It can be wiped onto the surface with a towel and left to air dry, or poured onto the affected area and then wiped up with disposable paper towels after 10 minutes. An effective, alternative disinfectant for use on colour-sensitive fabrics or materials is 70% isopropyl alcohol, full strength, and applied in the same manner as described for bleach.

Gloves can then be carefully removed and disposed of in the regular household garbage along with the used paper towels. Reusable gloves can be rinsed in water and dipped or wiped in disinfectant and allowed to air dry. **Finally, don't forget to wash your hands.** [hepc.bull 12/99]

HAV VACCINE FREE FOR HCV+ ONTARIANS

Contributed by Smilin' Sandi

The use of hepatitis A (HAV) vaccine for those with chronic liver disease is aimed at reducing morbidity and further deterioration of the liver. In Ontario, the vaccine will now be offered free to eligible patients.

If given within 7 days of exposure, the vaccine can prevent the development of disease and is recommended in preference to immunoglobulin (exceptions: infants <1 year, immunocompromised patients, contraindications to vaccine). Persons who have had previous exposures and developed antibodies will not benefit from such immunization.

Since 1999, I have been advocating for free HAV vaccine for fellow Ontarians with Hepatitis C. The Durham Region Health Department made a supportive request to Ontario Minister of Health Clement on June 13, 2000.

On Nov. 11, 2002, the Associate Medical Officer of Health informed me that the Ontario Hep C Advisory Committee had consensus to recommend that HAV vaccine be covered for those with Hep C and were waiting for acceptance by the Minister.

On September 26, 2003, the Ministry of Health and Long-Term Care announced a publicly funded HAV vaccination program for individuals with chronic liver disease (including Hep C), intravenous drug users, men who have sex with men, and contacts (for outbreak control).

Local public health departments are responsible for distribution of the vaccine to area physicians, and they have been advised that it is available.

In Durham Region, to order HAV vaccine, call (905) 723-8521 ext. 2436.

Relevant websites:

http://www.alphaweb.org/docs/2000_A00-6_hepatitisA_vaccine-21_05_2003-13_07_28.pdf (Association of Local Public Health Agencies);

http://www.alphaweb.org/docs/HepA_Announcement-17_10_2003-13_25_53.pdf



(NEWS—Continued from page 3)

MUSICIAN SIDELINED BY HEPC

"Effortless" drummer, Bill Strait, hasn't had the energy to play since January, when he suffered a head injury at work that interrupted his treatment for hepatitis C.

Strait said his hepatitis C infection has strained his family life, and he worries about transmitting it to loved ones. He felt his family had already been forced to deal with their share of medical problems, as his wife had battled breast cancer in 1997.

The diagnosis caused Strait to ask, "Why me?" He said he isn't sure how he contracted the virus, but he has noticed that it carries a social stigma similar to the stigma surrounding AIDS.

He's trying herbal remedies to treat the hepatitis and hoping doctors develop a "miracle cure" for the virus.

"I have no choice. I've exhausted my resources," he said. "I want to do things, but I can't."

Strait has been drumming for 33 years.

Source:

http://www.vindy.com/local_news/319749581452147.php

CITY COUNCILLOR HAS HEPATITIS C

City Council member Tom Finn has announced that his life is threatened by hepatitis C.

Finn initially said he suspected someone deliberately infected him: "Because of some strange dreams I had, I thought someone was watching me."

But he has since learned there is no way to determine how, when, or by whom he might have become infected. "It's an academic exercise to try to pinpoint the cause," he said. "It serves no purpose; it's something I will never know."

A significant number of hepatitis C patients have not been exposed to the high-risk ways the disease is transmitted – injection drug use, blood transfusion and, sometimes, sexual intercourse.

He added that he could die within five years, an estimate he obtained from a medical CD-ROM that came in the mail.

A local medical official said that time frame is unlikely, and Finn's chances of survival are good because of an early diagnosis and minimal liver damage.

Finn plans to take out a line of credit to pay for his treatment, which could cost \$30,000 over 12 months. He also intends to keep a positive attitude, saying "I got a new car to make me feel better."

Source:

[tp://www.sptimes.com/2003/10/25/news_pf/Pasco/Finn_reveals_he_has_h.shtml](http://www.sptimes.com/2003/10/25/news_pf/Pasco/Finn_reveals_he_has_h.shtml)



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

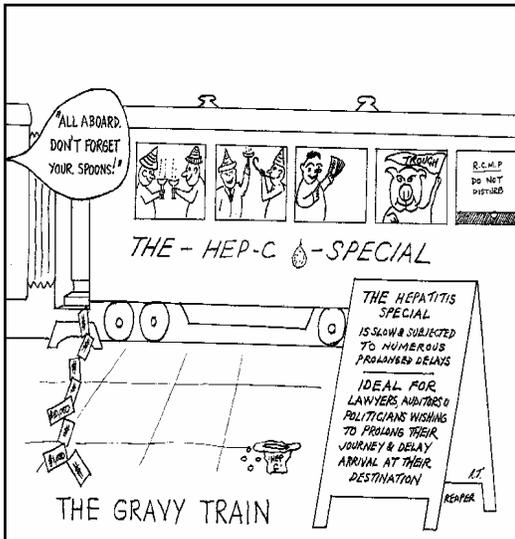
Date of Birth: ___/___/___

Mo Day Year

Contact: HepCBC

#5-915 Glen Vale Rd
 Victoria BC V9A 6N1

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



by Ron "The Reaper" Thiel, [hepc.bull 8/99]

HepCAN VOLUNTEER NEEDED



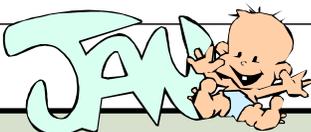
The HepCAN Yahoo! List needs a person willing to be a Moderator / Replacement / Trainee.

As HepCAN is an un-moderated group in regard to freedom of speech, this is a technical position only. However, the candidate would be encouraged to participate in group discussions and regular posting of relevant information.

The ideal candidate would have a good working knowledge of html and website administration, and be able to assist people experiencing difficulties with their browser, webmail and e-mail programs and configuration. As HepCAN is expanding, scripting knowledge (php, java, VB) is an asset.

This is a volunteer position and no remuneration is available, but the service is rewarding.

Interested individuals can contact hepcan-owner@yahoo.com.



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, amberose@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: 2nd & 4th Tues. monthly, 7-9 PM, multi-purpose room, 1212 2nd St. N. Enter off of Kootenay St. Next meetings Jan. 7th & 27th. Contact: 417-2010 hepc@cmha-ek.org, www.hepceastkootenay.com

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

Grand Forks Contact Ken, 1-800-421-2437

Kamloops Hepatitis C Self-Help Support Group: 1st & 3rd Thurs. monthly. AIDS Society, 437 Lansdowne St. Call (250) 372-7585 or Susan (250) 554-7055.

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Meeting Room, Kelowna General Hospital. Next Meeting: Jan. 31st. Contact Elaine Risely (250) 768-3573, eriseley@shaw.ca or Lisa Mortell 766-5132 lmortell@silk.net or toll-free 1-866-766-5132.

Kimberley Support Group 2nd Tue. monthly, 7-9 PM. Next meeting Jan. 13th Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Jan. 13th. 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: Jan. 8th. 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 Jan. 21st. Contact Gina, 826-6582 or Patrick, 820-5576. missionsupport@eudoraimail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Jan. 20th. 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: Feb. 5th Contact: **Alex Sherstobitoff**, 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. 12th. 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

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

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

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, room 105-107 Next meeting Jan. 13th. Contact: Gina, 963-9756, gina1444@yahoo.ca or Ilse, 565-7387 ikuep-per@northernhealth.ca

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

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy: 557-2487, 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, **3862 Broadway (back door)** Next meeting: Jan. 14th. 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: Healing Our Spirit— Offering Hep C and HIV education and support to Aboriginal People in BC. 100 - 2425 Quebec St. Contact: 1-800-336-9726 info@healingourspirit.org www.healingourspirit.org

VANDU Vancouver Area Network of Drug Users Each Mon., 2 PM, **412 East Cordova** Bus fare & snack. Contact: Cristy or Ann, 604-719-5313, or 604-216-2776 (ask for VANDU). Space limited—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. 14th & 28th. Contact: Sharon, 542-3092, ssgrant@telus.net

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

Victoria Support and Information Information about support groups and other services: Contact the Needle Exchange, 384-2366, hermione.jefferys@avi.org

Victoria HepCBC & INFO line—Contact: (250) 595-3892, info@hepcbc.ca, www.hepcbc.ca

YouthCO AIDS Society HepCATS Education and information to youth infected or affected with hepatitis C. #205-1104 Hornby St., Vancouver. Contact Caitlin Padgett 604-688-1441 or 1-877-YOUTHCO

Yukon Hep C Support Group PO Box 31216, Whitehorse, YK. Contact Brian: 867-668-4483

OTHER PROVINCES

ATLANTIC PROVINCES:

HeCSC NB Meetings:

Fredericton, NB Contact: Bob, 453-1340

Saint John & Area: Information and Support. Contact: Allan Kerr at kerrs@nbnet.nb.ca

Moncton, N.B. Contact Debi, email support only: hepcmonc@rogers.com

The Hepatitis Outreach Society

The organization is undergoing reconstruction, for telephone support call: 1-800-521-0572 (902) 733-2214 Fax (902) 733-2043

ONTARIO:

Barrie Hepatitis Support, HepSEE

Chapter Contact: Jeanie for information/appointment, 705-735-8153 hepseebarrie@rogers.com

Durham Hepatitis C Support

Group 2nd Thurs. monthly, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Next meeting: Jan. 8th. Contact: Smilin' Sandi smking@rogers.com "Sandi's Crusade Against Hepatitis C" <http://members.rogers.com/smking/> or Ken Ng, (905) 723-8521 or 1 (800) 841-2729 (Ext. 2170)

Kitchener Area Chapter

3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, (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 jcolangelo3@cogeco.ca or hepcnf@becon.org

Trenton ON support.

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

York Chapter HeCSC

3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact: (905) 940-1333, 1-800-461-2135. info@hepcyorkregion.org www.hepcyorkregion.org

Hepatitis C Network of Windsor & Essex County

3rd Thurs. monthly, 7 PM, 1100 University Ave. W. and 1st Mon. monthly, 491 Victoria Ave, 11 AM. Contact Andrea 250-5399 or Michelle, 256-1878, hepcnet@cogeco.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, hrcr@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 Mon. 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: 1st Tues. (French) & 3rd Tues. (Eng) monthly, 7-9 PM. Verdun General Hospital, Room 3121.

HeCSC Quebec City Region,

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

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