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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

NEWS by Kelly Cox

TRIALS FAST TRACKED

Criminal proceedings in Canada's tainted-blood scandal have been put on a fast track. Normal preliminary hearings will be bypassed, and the cases sent directly to trial.

"The Crown has shown a great deal of strength and determination to pursue this. If there was a delay, many people in the final stages of their disease would not live to see the outcome," said Mike McCarthy, a hepatitis C victim and activist.

The lawyer who represents the Canadian Red Cross insists that the company should have the right to a preliminary hearing, and thinks there are too many documents to examine for the trial to start in 2004.

The 1997 Krever Inquiry blamed a number of players, including the federal government, the provinces, the Red Cross, and several government and industry officials, for the infection of 1,200 Canadians with HIV and tens of thousands with hepatitis C. The result was a five-year investigation and criminal charges.

Source: Mark Kennedy, Canwest News Service, 24 Dec. 2003.

KEVORKIAN DENIED RELEASE

Jack Kevorkian, an assisted-suicide advocate, has been denied a petition for release from prison because of health problems.

Kevorkian's lawyer said his client, 75, suffers from hepatitis C and other ailments. The judge ruled that Kevorkian's health problems are not enough to trump state law.

Kevorkian was also denied a separate petition requesting release because he had ineffective legal advice during his trial. He was advised by a lawyer, but represented himself.

Kevorkian has assisted in at least 130 deaths. He is eligible for parole in 2007.

Source: The Canadian Press, 02 Dec. 2003.

(Continued on page 6)

HEP C ACTIVISM

STUDENTS FOR HEP C

Over 100 DECA marketing students and members of the National Hepatitis C Advocacy Council rallied on December 4th in front of the US Capitol Building. The demonstration was accompanied by a press conference, and a full House lobby on the grounds of the Capitol was programmed to follow that.

The rally was to kick off their new Hep C awareness campaign called "At the Core of an Epidemic". The students' goal is to get *The Hepatitis C Epidemic Control and Prevention Act* (H.R.3539/S.1143) passed at the US Congress. These bills will provide funds for testing, outreach, education, and research.

The activities of the campaign consist of promoting public awareness and education, lobbying to include Hep C education in the local schools, and investigating safety measures at local manicure, pedicure, body piercing, and tattooing establishments.

CONTACT: National Hepatitis C Advocacy Council, North Miami, FL, Andi Thomas, 954-931-8463

Source: <http://www.hcvadvocate.org/community/advocacy.asp>

CAN YOU BELIEVE THE JOURNALS?

An inquiry done by *The Observer* has discovered that some big pharmaceutical companies pay ghostwriters to write articles supposedly written by doctors. Hundreds of articles have been produced this way.

Many doctors and patients choose certain treatments because they have read these articles, thinking that they were written by non-biased academics. In fact, more than half of them may have been written by someone paid very well by the drug companies, but the involvement of the drug companies is infrequently stated.

In February, 2003, a German cardiologist called the *New England Journal of Medicine* to tell them he had never seen the article he supposedly wrote about treatment of a type of heart problem. The *Journal* had to retract that article.

The *Journal of Alimentary Pharmacology* discovered that one of their February articles was by a writer paid by AstraZeneca, and supported their drug, Omeprazole.

Dr David Healy was reviewing the potential dangers of anti-depressants when he received an e-mail from a drug company representative offering him an article already done – to save him work. He suggested some changes, and the company replied that he had overlooked some important points. The same paper, with no changes, appeared at a conference and in a journal, under another doctor's name.

"Medical writing agencies go to great lengths to disguise the fact that the papers they ghostwrite and submit to journals and conferences are ghostwritten on behalf of pharmaceutical companies and not by the named authors," wrote a former editorial assistant with a medical writing agency. She added that part of her duties included ensuring that there would be no electronic clues about where the research came from.

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HOW TO REACH US:

EDITORS: Joan King, Will Lawson, Smilin' Sandi
PHONE: TEL: (250) 595-3892
FAX: (250) 414-5102
EMAIL: iking@hepcbc.ca
WEBSITE: www.hepcbc.ca
HepCAN List <http://health.groups.yahoo.com/group/hepcan/messages>

HepCBC
#5-915 Glen Vale Rd
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, Brad Kane, Chris Foster, Darlene Morrow, Will Lawson, Judith Fry, and the newsletter team: Megan, Nicole, Kelly, Jeanie and Diana. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com

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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.

Want a mate? Your Cupid ad could go here!

Got Hep C? Single? Visit:

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

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.cvhn.ca/hepc2004/>
Preliminary program here:
<http://www.cvhn.ca/hepc2004/pdfs/website-program-pdfs.pdf>

To apply for a scholarship:
http://www.cvhn.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

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

**WHY ALCOHOL
WORSENS HEP C**

Researchers from The Children's Hospital of Philadelphia have found that alcohol increases the activity of nuclear factor kappa B, a protein that makes the hepatitis C virus replicate. Nuclear factor kappa B is important in regulating the gene productions that are involved in inflammation.

Alcohol is also found to interfere with the activity of interferon-alpha, a key antiviral therapy used for patients with hepatitis C.

Naltrexone, a drug used by alcoholics that helps avoid relapse, may block the harmful effects of alcohol in promoting the hep C infection. Naltrexone prevents opiates from binding to their receptor sites, thus reducing the effects of alcohol. Naltrexone might also provide further benefits in reducing the hep C virus, though further study is needed.

Source: *Hepatology* 2003 (01 July 2003)
<<http://www.internationalmedicalnews.com>>.

**A COMPARISON OF
HEP C TREATMENTS
AND OUTCOMES**

There are significant differences in treatments and use of diagnostic procedures in different care settings in persons with Hep C. 231 patients receiving interferon alpha-2b were evaluated between 1997 and 2001.

Research found that non-academic facilities under-utilized genotype testing, and private centres under-utilized liver biopsies. Other than the academic setting, too few diagnostic tests are being done before the initiation of therapy for hepatitis C. This study also determined that end-of-treatment viral response is lower than that in published data.

Standardization of care is needed for the treatment of Hep C.

Source: *Aliment Pharmacol Ther* 2004; 19(1): 69-77 (24 Dec. 2003)
<http://www.gastrohep.com/news/news.asp?id=2458>.

**ROFECOXIB (VIOXX) PRE-
VENTS
REDUCTION IN PLATELETS
DURING THERAPY**

Researchers at the University Medical Center, Maywood, IL, found that Vioxx increased the platelet counts during the HCV IFN/RBV therapy. Vioxx, an anti-arthritis

medication, is used to improve tolerability of HCV IFN/RBV therapy, as are certain non-steroidal anti-inflammatory drugs such as Tylenol, Motrin, and Advil.

A reduced platelet count can limit interferon treatment of chronic hepatitis C.

The effects of Vioxx on platelet numbers when combined with Pegasys, as compared to Pegasys alone, were studied. The platelet count decline was only 16% in the group treated with Vioxx and Pegasys, while the decline was 41% in the group treated with Pegasys alone. This reduction in the decline of platelets was done without altering the values for WBC, Hgb, Creatinine, BUN, serum ALT, and AST.

Vioxx and Pegasys should be used to treat chronic hepatitis C to avoid further decrease in platelet numbers.

Source: 54th AASLD Meeting, Oct., 2003, Boston.

**IS EARLY DETECTION OF
NON-SYMPOMATIC
PATIENTS POSSIBLE?**

A controlled study of 7,974 subjects was done in Sicily to determine whether the presence of perihepatic lymph nodes (i.e., in the membrane covering the liver) and hepatitis C infections were correlated and whether ultrasonography can be used for pre-clinical diagnosis.

A number of different tests were done, including serologic hepatitis A, B, and C markers, alanine aminotransferase levels, and abdominal ultrasounds of perihepatic lymph nodes.

684 subjects had one or more pathological lymph nodes, and anti-HCV positivity was present in 528 out of those 684. These results confirm an association between the HCV infection and the perihepatic lymph nodes. This could lead to early diagnosis and prompt treatment of non-symptomatic carriers.

Source: *Hepatology Research*, Oct. 2003; 27(2): 124-28

**TIPS FOR WINTER**

Traditional Chinese Medicine teaches that winter is a time of hibernation—time for our body to rest, sleep longer and rejuvenate.

Those of us with Hep C often suffer from cryoglobulinemia and from the cold.

Here are some tips:

1. Brush your skin each morning to improve circulation of the blood and lymphatic system, and improve immunity.

2. Add a ½ tablespoon of a mixture of mustard, ginger & cayenne powder to your bath. These warming spices can balance the circulation.

3. Get gentle exercise. Walking, dancing, yoga, stretching, T'ai Chi, Qi Gong, running, skipping, and swimming are suggested.

4. Drink ginger root tea, preferably using fresh ginger root, simmered for 5 to 10 minutes and strained.

5. A bit of cayenne powder added to food and drink will increase your body temperature and blood circulation.

6. Cover your ankles and wrists well to keep the rest of your body warm.

7. Use at least 3 layers of clothing, for example thermal underwear, a sweater, then a jacket. The layers will provide insulation.

8. Always wear your hat, scarf and gloves. Your immune cells work better when you are warm.

9. Eat warming foods like chili con carne, Vindaloo, Mexican tacos, chili sauce, Tabasco sauce, and horseradish. If you don't do well with chili, try oat cereal, root vegetables like turnip, garlic, ginger, onions, barley, soups, stews, and casseroles. Don't forget raw foods. By digesting raw foods and then eating cooked foods, the author says that you produce more heat.

10. Keep your kidneys (in the small of your back just underneath your rib cage) warm. They are involved in rheumatism or arthritis and weakness in the knees or ankles. Use a belt or scarf wrapped around your middle, and make sure your clothing is tucked in so there is no space for air to get through.

Source: Andrew Pacholyk, LMT, MT-BC, CA Peacefulmind.com, *Winter and Traditional Chinese Medicine*

(Continued on page 5)

WARNINGS

by Will Lawson



MORPHINE MAY ENCOURAGE HCV, WEAKEN IFN EFFECTS

Morphine may boost hepatitis virus replication and compromise the effect of interferon treatment, say researchers at the University of Pennsylvania.

Doctors at Children's Hospital of Philadelphia found that morphine tended to boost production of the hepatitis virus.

Morphine also subdued the effect of interferon-alfa, a common treatment for hepatitis patients. That's similar to a study published in the 1970s which found that morphine lowered interferon levels in a group of mice.

Drugs called opioid receptor antagonists – used to treat drug addicts because they block the addictive effect of opioids like heroin and morphine – helped block viral replication in the study. (The opioid receptor antagonists used in the study included naltrexone, or beta-funaltrexamine).

Morphine is a powerful pain suppressor. Patients with liver disease may not be able to take it because the liver may be incapable of completely transforming it into a harmless substance, which is what normally happens.

Source: *American Journal of Pathology*, September 2003.

COMFREY PRODUCTS CAN CAUSE LIVER DAMAGE

Health Canada warned consumers December 12, 2003 not to use the herb comfrey or any health products made from comfrey, including creams or lotions containing comfrey that are applied to broken skin.

These products might contain echimidine, a compound that could cause liver damage. While not all comfrey products contain echimidine, some products do not specify the type of comfrey they contain.

Comfrey is found in herbal and homeopathic preparations and is marketed to treat digestive problems, lung problems, arthritis, ulcers, bruises, wounds, sprains and fractures. It is also found in lip balms, burn salves, diaper rash ointments, and other therapeutic skin care products.

Comfrey is also called ass ear, black root, bruisewort, boneset, gum plant, knit-

bone, healing herb, and consolida. There are several different species, two of which – prickly comfrey and Russian comfrey – are already prohibited from being used in therapeutic products in Canada.

Manufacturers, importers and distributors of unapproved products are being instructed to remove these products from the Canadian market immediately – although that does not apply to cosmetics.

There have been several international reports linking ingestion of comfrey to liver damage, but none in Canada.

Consumers are advised to check the labels of their herbal and therapeutic skin care products for the presence of comfrey or echimidine, and avoid using any product whose labels list these ingredients.

Source:

<<http://www.canada.com/victoria/story.asp?id=F2CB267E-67BD-40E6-B02>>



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RESEARCH

HIDDEN HEP C INFECTION

You have convinced your family to be tested for hepatitis C. Their tests have come back negative, so you don't have to worry...or do you?

A recent study indicates that some patients may be infected even though they tested negative by normal lab tests. The



good thing is that these patients usually have mild disease. Still, the infection could eventually cause serious damage, and the person could spread the disease without knowing.

This article goes on to say that these patients with hidden HCV infection could be easily identified if their blood cells, rather than liver cells, were tested. The patients involved in the study all had elevated AST, ALT, or GGT levels. HCV had supposedly been excluded as a cause of the elevated enzymes in all these patients.

An RNA detection test was used on liver biopsies from 57% of the patients who had elevated enzymes. HCV RNA was found in liver biopsies of 70 % of them.

The other test used was in situ hybridization, which showed positive-strand HCV RNA in the same patients, but none in the control "healthy" patients. It showed negative-strand RNA in 84% of the patients, possibly indicating that viral replication involves "synthesis of a negative RNA intermediary."

Peripheral-blood mononuclear cells from the RT-PCR assay showed HCV RNA in 70 % of the 57 patients with hidden infection.

Source: <http://www.hepquest.com>, *Hidden Toll of Undetected Infection*, January 7, 2004

Original article: *Journal of Infectious Diseases*, January 1, 2004,

<http://www.internationalmedicalnews.com>

(ACTIVISM—Continued from page 1)

The important journals seem to be worried about this emerging problem and are starting to reject some papers. They have insisted that any involvement of a drug company be made known, but the companies seem to have found ways around this.

Source: Antony Barnett, *The Observer*; *Revealed: how drug firms 'hoodwink' medical journals*, December 7, 2003

VACCINES

From Peppermint Patti's FAQ, Version 5.7
(soon to be released)

There is no vaccine for hepatitis C...yet. There has been some discussion as to what type of vaccine would work best against the HCV. A vaccine that would prevent initial infection (*prophylactic vaccine*) would be ideal, but one that would prevent the infection from becoming chronic would be sufficient (*therapeutic vaccine*).

The main problem is that the virus has many strains and mutates easily. To be effective, a vaccine would have to work against at least one genotype of the virus, preferably genotype 1, which is the most common.

Other problems involve developing a vaccine that confers lasting protection and finding good models for testing.

www.brown.edu/Courses/Bio_160/Projects2000/HepatitisC/hcvvaccines.html.

Types of possible vaccines:

Passive Immunization: Having HCV antibodies will not necessarily cure HepC or protect a person against re-infection. Attempts at developing antibodies in chimpanzees have seemingly failed. *HCV hyperimmune globulin* has worked, but it doesn't last and doesn't protect against re-infection.

Aventis Pasteur (Lyons, FR) applied for a US patent for a vaccine of this sort in March, 2003.

<http://164.195.100.11/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=/netahtml/srchnum.htm&r=1&f=G&l=50&s1='6,538,123'.WKU.&OS=PN/6,538,123&RS=PN/6,538,123>.

Envelope Glycoprotein Vaccines: This is the most encouraging vaccine possibility at this time and seems to be showing promise in chimpanzees. The vaccine makes antibodies to parts of the virus' outer coating, called E1 and E2.

Epitope Based Vaccines: This type of computer-generated vaccine is designed to make the body produce a strong immune response. It is hoped that this technology won't allow mutations to escape, and that it will cover several genotypes, not just one.

The disadvantages are that the technology requires large computer databases, and an effective vaccine would probably have to include some protein from actual HCV.

www.brown.edu/Courses/Bio_160/Projects2000/HepatitisC/hcvvaccines.html.

(Continued on page 6)

(ALTERNATIVE TREATMENT—Continued from p. 3)

AVOIDING FOOD CONTAMINATION

People with Hep C must take care to avoid Hep A and B. Hopefully, all of us have had our vaccines. Even so, sometimes the vaccines don't "take", and we must take precautions. There have been several outbreaks of Hep A in the news lately. What can we do to avoid getting sick from raw produce?

Hepatitis A is most often transmitted by food or drink contaminated with the feces of infected people who touch the food without washing their hands, or by washing food with water containing the virus. Heat usually kills Hep A.

We can't do anything about other people washing their hands, but one thing we can do is cook our produce and make sure produce is cooked when we eat at restaurants. Ask your grocer where your produce comes from. There are products available to use for washing fruits and vegetables. Whether they work or not is another question. They should be registered, but that doesn't guarantee that they actually kill bacteria, parasites or fungus.

The US Environmental Protection Agency suggests that we:

- ♦ Wash and scrub fresh fruits and vegetables under running water. This may not get rid of all pesticides, though.
- ♦ Peel fruits and vegetables when possible, and discard outer leaves of leafy vegetables.

Check here for more information:
www.epa.gov/pesticides/food/tips.htm.

Source: June Watanabe, *Kokua Line*, Nov. 30, 2003, *Hawaii's imported produce not linked to hepatitis scare*,

<http://starbulletin.com/2003/11/30/news/kokua/line.html>

TIP OF THE MONTH:

**HAVE YOU HAD AN
ULTRASOUND
AND ALFA-
FETOPROTEIN
TEST DONE IN
THE PAST
YEAR? .**



CHOCOLATE CHERRY HEARTS



3 egg whites
1/4 tsp cream of tartar
3/4 cup sugar
1/2 cup pecans, chopped
1/4 cup unsweetened cocoa powder, sifted
1/2 tsp vanilla
Pinch of salt
6 oz jar of Maraschino cherries

1. Spray non-stick cooking spray on a non-stick cookie sheet with lip, set aside.
2. Beat eggs and cream of tartar in a medium-size mixing bowl until soft peaks form.
3. Slowly pour sugar into the egg mixture and mix until stiff glossy peaks form.
4. Fold in pecans, cocoa powder, vanilla and salt.
5. Spoon mixture onto prepared cookie sheet and spread thin and evenly.
6. Bake in oven at 250 degrees for about 20 minutes.
7. Remove cookie sheet and let sit for a few minutes.
8. Using a 3" heart-shaped cookie cutter, begin making cuts. Press firmly to ensure even shapes.
9. Place cookie sheet back into oven and bake at 250 degrees for 20 additional minutes.
10. Remove hearts carefully and let cool on wire rack.
11. Spoon a few cherry halves on top of hearts.

Servings: Approximately 14
1 Heart per serving: Calories 90, Protein 1.5 g, Fat 3 g, Carb 12 g.

Tip: Best if stored at room temperature and eaten within 5 days.

www.low-fat-recipes.com

PREPLANNING YOUR FINAL ARRANGEMENTS?

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

(VACCINES—Continued from page 5)

Naked DNA Vaccines: “Naked” DNA means DNA that isn’t associated with a virus.

Therapeutic DNA is introduced into a virus to deliver it to the body. The “C” gene of the hepatitis C gene is often used in these experiments, because it is similar in all the genotypes.

Side effects of a vaccine of this type may be a problem, and safety may be an issue. However, some researchers say there are no viral components to cause unwanted immune responses, infections, or permanent changes in the cell’s genetic makeup.

DNA vaccines for hepatitis C are still in pre-clinical stages of development. They show great potential, even for therapeutic treatment. Chiron Corporation is doing clinical studies with them.

www.brown.edu/Courses/Bio_160/Projects2000/HepatitisC/hcvvaccines.html

Viral Vector Vaccines: These vaccines, like naked DNA vaccines, are designed to place foreign DNA into a cell to stimulate the immune system.

Viral vector vaccines have an advantage because they allow specific host cells to be targeted, so that the vector will not enter the genetic material of the cell.

Few vaccines like this have been tried, so little is known about how effective they are.

www.brown.edu/Courses/Bio_160/Projects2000/HepatitisC/hcvvaccines.html

Recombinant viruses can be used to deliver DNA efficiently. Experiments in animals have induced protective immunity to many viruses, and some are being tested for HCV vaccines.

A favorite virus is the defective adenovirus because its natural “habitat” is the liver. However, a recent death in a gene therapy trial using adenovirus has severely dampened the enthusiasm for the use of this viral vector in humans.

www.medscape.com/viewarticle/410848_6

Peptide Vaccines: The reason behind this approach is that certain T-cell epitopes on the HCV polyprotein may be needed for viral clearance. Several CTL and T helper epitopes on the HCV polyprotein that may be important for the design of a peptide vaccine have been identified. Because HVR1 contains a neutralizing epitope, it is an attractive target for peptide-based vaccines, but this region of the virus mutates rapidly.

www.medscape.com/viewarticle/410848_6

Recombinant Protein Subunit Vaccine: The first attempt to develop an HCV vaccine was by generating a recombinant protein subunit vaccine.

Chiron used recombinant HCV E1 and E2

proteins in early vaccination studies. Results of experiments showed that the vaccine did not protect any of the chimpanzees when challenged with the virus, but self-limited infection occurred more frequently than in non-vaccinated animals. This indicates that, although no sterilizing immunity was achieved, chronic infection might be prevented.

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:

<http://www.bccpd.bc.ca/commalert/helpsheets/helpsheets.html>



HepCBC’s LIBRARY

Many of you might not be aware that HepCBC has moved its library, now located at 330-1105 Pandora Street in Victoria. The library has several books, many handouts, a collection of audio and video tapes, along with a VCR where you can watch them comfortably. We also have a computer you can use for research. Please contact VPWA at 382-7927 for hours.

DO YOU HAVE NICE HANDWRITING?

HepCBC needs a Volunteer thank you note writer. Please contact Joan at 250-595-3892 or info@hepcbc.ca

(NEWS—Continued from page 1)

TAINTED BLOOD PASSES SCREENING IN 2000

The Red Cross Society in Japan has confirmed that blood containing HCV was donated in November 2000 and used in a transfusion.

The blood had passed screening tests, but the virus was detected in a follow-up test. The society began to recheck samples in June.

Since then, more than 6,400 units of blood that have been shipped for use in transfusions may be contaminated with hepatitis or other viruses.

It is believed that the screening system failed to detect the virus because the amount of the virus was small. This system was tested on 50 donors.

This means that the highly sensitive screening test, introduced in 1999, has failed to detect all three viruses for which it was designed – hepatitis B and C, and HIV.

Source: *The Japan Times*: 17 Dec. 2003.
Blood tainted by hepatitis C used in transfusion

BE PART OF THE TEAM!



Volunteers are required to contribute time and commitment to help keep the *hepc.bull* newsletter running smoothly. Thank you to the individuals who have already answered previous appeals for assistance.

Positions still needed to be filled:

People to summarize and translate articles. Someone to do the Email version of the *hepc.bull* newsletter (MS Publisher required).

Contact: info@hepcbc.ca

RCMP Blood Task Force – Project Oleander

345 Harry Walker Parkway S.
Newmarket, ON L3Y 8P6

To whom it may concern:

2003-12-22

RCMP Blood Task Force—Toronto North

The RCMP Blood Task Force would like to update you on the court appearances for those who were charged with criminal offences relating to the Canadian blood system.

On December 19, 2003, the Attorney General, Michael Bryant, signed the direct indictments under s.577 of the Criminal Code of Canada in relation to the Blood Task Force's charges currently before the courts in Hamilton and Toronto. The effect of the direct indictment is to send the charges directly to trial in the Superior Court without a preliminary hearing in the Ontario Court of Justice. As a matter of law, a direct indictment can only be issued with the personal consent of the Attorney General.

Currently, two court appearances are scheduled for January 2004. Firstly, the legal counsel for Dr. Roger Perrault, Dr. John Furesz, Dr. Wark Coucher, Armour Pharmaceutical Company, and Dr. Michael Rodell are set to appear on January 7, 2004 at 8:30 a.m. in Room 111, Old City Hall, 60 Queen Street West in Toronto, Ontario. Secondly, legal counsel for the Canadian Red Cross and Dr. Roger Perrault are to appear at the Hamilton Court House on January 30, 2004 at 9 a.m. in Court Room 100. The Hamilton Court House is located at 45 Main Street East in Hamilton, Ontario. The accused were remanded by the Ontario Court of Justice for these appearances; however, with the filing of the direct indictments, the matters will next be spoken to in the Superior Courts.

As the holiday season is upon us, the RCMP Blood Task Force would like to wish you and your loved ones a happy and safe holiday season.

The toll free line and the web site are still available for those who wish to contact the Blood Task Force.

1-888-530-1111

www.rcmp-grc.gc.ca/html/bloodtaskforce_e.htm (English)

www.rcmp-grc.gc.ca/html/bloodtaskforce_f.htm (French)

Sincerely,

D.O. Hvidston, Cst
BTF Liaison Officer

B.W. Fair, Insp.

OIC RCMP Blood Task Force



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
Errands Events Publications
Board Member Computer Help
Grant Applications 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

HepCAN VOLUNTEER



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://creativeintensity.com/smking/tainted.htm>

COMING UP IN BC/YUKON:

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

Campbell River Hep C Support Group Support and information, call 830-0787 or 1-877-650-8787

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 Kooteney St. Contact: 417-2010, hecsc-ek@shaw.ca, hecsc-bc@shaw.ca, www.hepceastkootenay.com

Creston/Golden/Invermere Educational presentation and appointments. Contact Katerina 417-2010

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

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

Kimberley Support Group 2nd Tue. monthly, 7-9 PM. Contact Katerina 426-5277

Kootenay Boundary: For individual support & info contact Brian Reinhard (250) 364-1112

Mid Island Hepatitis C Society Friendship and support group, 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. 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. Contact Gina 826-6582 or Patrick 820-5576, missionsupport@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Contact Vivian 265-0073

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St. Contact Alex Sherstobitoff, 1-800-421-2437, 505-5506, info@ankors.bc.ca <http://www.ankors.bc.ca/>

Boundary Hep C Support. Contact Ken 250-442-1280

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations Urban Community Society, 623 Agnes Street, New Westminster. Contact Dianne Morrissett 604-517-6120 dmorrissett@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, bchepe@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 1356 (former Chapel) Contact Gina 963-9756, gina1444@yahoo.ca or Ilse 565-7387 ikuepper@northernhealth.ca

Prince Rupert Hepatitis C Support Group 1st Tues monthly, 8 p.m. North West Community Health Service Society, 300-3rd Ave. West Contact (250) 624-7480

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Contact Brad 295-6510, kane@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy 557-2487, wmm@island.net, www.island.net/~wmm/

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 (behind Panago). Contact Deb 877-0042 or Doreen 847-2132, hepc@plnw.org.

Sunshine Coast—Sechelt: 1st Wed. monthly, 6:30 pm at Sechelt Indian Band Health Unit. Contact 604-885-9404

Pender Harbour – 3rd Thurs. monthly, 6:30 pm at Pender Harbour Paper Mill. Contact Myrtle 604-883-0010 or Bill, p a g e r 6 0 4 - 7 4 0 - 9 0 4 2

Vancouver: Healing Our Spirit— Offering HCV and HIV education, 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

Vancouver: Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

YouthCO AIDS Society HepCATS Education & HCV info to youth #205-1104 Hornby St., Vancouver. Contact Caitlin Padgett 604-688-1441 or 1-877-YOUTHCO

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave.. Contact Sharon 542-3092, ssgrant@telus.net

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

Victoria HepCBC & INFO line—Contact (250) 595-3892 info@hepcbc.ca, www.hepcbc.ca Meetings quarterly, 1st Tues. monthly 7 PM-9 PM. Place: TBA

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

OTHER PROVINCES

ATLANTIC PROVINCES:

Fredericton, NB Contact: Bob, 453-1340

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

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

Cape Breton Island, N.S. The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentick Street, Sydney, N.S. 7:00 - 9:00 PM. Call Cindy Coles 1-800-521-0572, (902) 733-2214 Fax (902) 733-2043 hoscbs@ns.sympatico.ca

ONTARIO:

Barrie Hepatitis Support, Hep-SEE Chapter Contact Jeanie for information/appointment 705-735-8153 hepcseebarrie@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contact Smilin' Sandi smking@rogers.com "Sandi's Crusade Against Hepatitis C" www.creativeintensity.com/smking/ or Ken Ng (905) 723-8521 or 1 - (800) 841-2729 (Ext. 2170)

Hamilton Hepatitis C Support Group, 2nd & 4th Wednesdays 7-9 p.m. at Self-Help Centre, 255 West Ave. Room 1. Contact Norman Frankum 905-379-2072 nfrankum@hamiltonhepc.net <http://www.hamiltonhepc.net/>

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, hepcnf@becon.org

St. Catharines Contact Joe (905) 682-6194 jcolangelo3@cogeco.ca

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

Canadian Hepatitis C Network <http://www.canhepc.net/> 151 Bloor Street West, Suite 600, Toronto, ON M5S 1S4 Contact Durhane Wong-Rieger, PhD Secretariat durhane@aol.com (416) 969 7435 or 1-866-895-0690 fax: 416 969-7420 Andy Aitken, Chair, (819) 687-1185 alexaitken@diplomats.com

Hepatitis C Network of Windsor & Essex County Contact Andrea 250-5399 or Michelle 256-1878, hepcnet@cogeco.ca <http://home.cogeco.ca/~hepcnet/>

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

PRAIRIE PROVINCES:

HeCSC Edmonton Contact Jackie Neufeld 939-3379.

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

Fort McMurray, Alberta Hepatitis C Support Network 1st Wed. monthly 12:00- 2:00 p.m. Lunch included. #205, 10012A Franklin Ave. Contact: Lyn (780) 743-9200 Fax (780) 943-9254 wbbas@telus.net

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

QUEBEC:

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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