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Canada's Hepatitis C News Bulletin

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5TH ANNUAL HEPATITIS C CANDLELIGHT MEMORIAL CEREMONY MAY 1ST 2004

May 2004 is National Hepatitis C Awareness Month in Canada and in other parts of the world. May 1st is National Hepatitis C Awareness Day. That is the day for holding the 5th Annual Hepatitis C Candlelight Memorial Ceremony.

What you can do

You might want to start a Hepatitis C Awareness Event of your own or help out with one.

An effective way to hold a press release is to do it at your provincial legislature, city hall, or other high profile community location with the cooperation the newspapers and TV. May 1st is the preferred day, but might not be practical in every community. The community where you live will dictate the type of awareness event needed for your community needs.

Better to light one candle than curse the darkness

We are encouraging as many groups as possible to do proclamations and Candlelight Ceremonies. At sundown on May 1st, 2004, please join us and light your own Candle of Hope.

Contacts:

We support all awareness activities. Let us know the particulars.

♦ <http://hepcure.junction.net/may1> – Hepatitis C awareness events, proclamation information, and links can be posted and accessed here. Events are listed for each province and territory.

♦ Bill Buckels, Hepatitis C survivor
National Hepatitis C Awareness Month
Co-ordinator; HepACT (The Hepatitis
Activist Group)
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E-mail: bbuckels@escape.ca

Awareness Month website:
<http://www.hepcure.ca/may1>

TO SCREEN OR NOT TO SCREEN

An Open Letter--To Screen or not to Screen
The Case for Universal Testing for Hepatitis C
Dear Minister of Health,

Health Canada and other authorities estimate that 300,000 Canadians carry the hepatitis C virus (HCV). Yet because the effects may not be apparent for years, 70 per cent, or about 210,000 persons, don't know they are infected. These persons are putting themselves and others at risk.

All Canadians should be tested for HCV!

Why not search for those 210,000 missing Canadians and treat them so they can overcome this disease in its early stages? In the majority of cases, the virus will not return after treatment. If we postpone treatment until people are very sick, for some it will be too late.

Approximately 60,000 Canadians contracted the virus through the blood supply. Many of these persons may be among the missing Canadians. This is because not everyone who was notified responded, and blood records do not identify everyone who had transfusions.

During the hepatitis C notification program in Manitoba in 2001, the province was unable to find everyone who may have received tainted blood. The blood bank records

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FIRST SHOT

Man that Peg-Intron is wicked! Combo was never as bad as that first shot! it Friday night at 8:30 p.m. Was fine and actually had a spurt of energy around 9:30, and was still fine until 1:00 a.m.

Then BAM! Honey, I swear I was hit by a Kenworth rig. I had all at once, severe nausea, hurting all over, and full-body rigors (which I have never experienced). I jumped into bed with hubby because I thought I was just cold, but I was so hot I woke him. I was jerking uncontrollably and my fever was 103.7°. Dave turned the heated mattress pad on my side up to 10, and I doubled a king-size goose down comforter on me. I have never been so bone-chilling cold in my life. and the rigors were ... well, let's just say an experience all on their own. My muscles were in constant spasms all over my body and on top of this it was very painful. When I got up I was so dizzy that I fell. About 6 a.m., I finally looked at the clock for the last time and then slept until 12 noon.

I don't remember much about Saturday except eating ice-cold green grapes which were like nectar from heaven. I was needing water, and my God those grapes seemed juicy! Had to close my eyes to chew, but that was fine with me. Then I lost my sense of taste. Now things are only, hot, cold, or filling. Combo meds had that effect on me too.

Sunday, Monday, and Tuesday were blah, but I got better every day. Sleep hasn't been a problem since shot night. It's almost impossible to stay off the couch or out of bed. I even sleep sitting up in Dave's chair. I can't seem to hold on to anything and drop things a lot. I am very spicy and my thinking patterns are easily interrupted. There were all-over body pains Monday and Tuesday that were like ice picks being poked throughout my body very quickly. It was mostly around my heart and chest area and really bad in my legs. Thank God each episode didn't last but seconds. I also had a non-stop headache until

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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.

NEW!!!!

Peppermint Patti's FAQ

Peppermint Patti's FAQ Version 6 is now available, and Version 5.6 is available in Spanish. The English version includes updated Canadian Links and includes the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only \$5 each, plus postage—The price will be going up to \$6.00 next month to cover our costs!! 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 V6; the slide presentations developed by Alan Francis; 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, #306-620 View Street, Victoria BC V8W 1J6, (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:
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TREATMENT AND ANEMIA

Over 600 non-responders to IFN alone or to the IFN-ribavirin combo were studied. Most were infected with HCV genotype 1. They were re-treated with Pegasys + ribavirin. After 20 weeks, 35% were undetectable and those continued another 28 weeks of treatment. 18% of the original group achieved a sustained response. Those most likely to respond were those who had received only IFN before, those infected with genotypes 2 or 3, and those with viral loads under 1.5 million copies. The researchers found that when IFN was reduced because of low white blood cells or low platelets, the response rate was not affected. This was a surprise. Reducing the dose of ribavirin during the first 20 weeks of treatment because of anemia, however, did lower the response rate. They think that it may be essential to **give these patients erythropoietin instead of reducing the dose.**

Source: Shiffman, Mitchell L, et al, *Insights from retreatment of non-responders of interferon based therapies with pegylated interferon and ribavirin* 02/06/2004 *Gastroenterology*, In press

IDIOPATHIC PULMONARY FIBROSIS

Disorders associated with hepatitis C include essential mixed cryoglobulinemia, membranoproliferative glomerulonephritis, and idiopathic pulmonary fibrosis. This study was designed to study the content of bronchoalveolar lavage fluid from 18 patients with chronic hepatitis C and to compare it to that of 14 healthy people.

Bronchoalveolar lavage fluid was tested for the presence of HCV genetic material. All those who had HCV antibodies had HCV in their blood. One had HCV in the bronchial fluid. The neutrophil count was higher in those with chronic Hep C.

The researchers concluded that **HCV may be linked with a hidden lung inflammation** which is marked by an increase of polymorphonuclear neutrophils in the bronchial lavage fluid.

This may contribute to the process that leads to idiopathic pulmonary fibrosis seen in a some cases of chronic hepatitis C.

J. Med. Virol. 66:34-39, 2002. © 2002 Wiley-Liss, Inc. Ramazan Idilman, et al, *Bronchoalveolar lavage fluid analysis in individuals with chronic hepatitis C* (idilman1@hotmail.com)

RIBAVIRIN DOSING

A study from Sweden reports that Hep C patients who take IFN plus ribavirin should have their dose of ribavirin decided by their kidney function, rather than by body weight,

since the drug is eliminated mainly through the kidneys, and should be closely related to any side effects such as anemia. The researchers in Stockholm tested their theory by taking blood from 108 patients at different stages of treatment. Ribavirin and creatinine concentration and hemoglobin levels were measured.

"No apparent association was found between the absolute or relative drop in haemoglobin and dose of ribavirin per kilogram (kg) of bodyweight, although a trend was observed in a correlation between ribavirin concentration and drop in haemoglobin. A dose-response curve showed that a maximal drop in haemoglobin was achieved at a 4.4 µ concentration of ribavirin."

Source: Mary Beth Nierengarten, *Ribavirin Dosing Should be Based on Renal Function Not Body Weight for Chronic Hepatitis C* 02/06/2004--A DGReview of *Journal of Viral Hepatitis* Hepat 2004 Jan;11:1:84-87"Evidence that plasma concentration rather than dose per kilogram body weight predicts ribavirin-induced anemia"

ALCOHOL--BAD FOR THE LIVER?

Many studies have shown that heavy drinking contributes to the damage done by HCV. However, light drinking may not cause significant further harm to the liver.

Researchers involved in a recent study have concluded that **light drinking might be worth its risk in progression of liver damage, especially in middle-aged men who are at high risk from heart disease.** (Light drinking has been linked to benefits for the cardiovascular system.)

The heavy drinkers studied had more liver damage, but in many of these, damage was moderate.

"We did not find a statistically significant association between alcohol intake and mean fibrosis on liver biopsy until a consumption level of 50 g/day [1 drink = 10g], and this only in univariate analysis," they said.

The researchers based their conclusion on questionnaires filled out by 800 hepatitis C patients who reported on their alcohol consumption. They took into account age, gender, race, probable age at infection, genotype, and viral load.

They said the results might be reflect different susceptibilities to alcohol, different patterns of alcohol intake, or the effect of recent abstinence.

* Editor's note: Personally, I'm not buy-

(Continued on page 4)

SHO-SAIKO-TO FOR PATIENTS WITH CHRONIC HEPATITIS C WHO ARE INTOLERANT TO OR HAVE CONTRAINDICATION TO INTERFERON-BASED THERAPY: A PHASE II STUDY

Purpose: Researchers at Memorial Sloan-Kettering Cancer Center are evaluating a Japanese/Chinese herbal medicine called Sho-saiko-to to see if it can help patients with chronic hepatitis C. Chronic hepatitis C may cause inflammation in the liver, which can lead to scarring called fibrosis. In some patients, chronic hepatitis C may result in cirrhosis (severe scarring of the liver), liver failure, and liver cancer.

Standard treatment for chronic hepatitis C includes a drug called interferon, given with or without another drug called ribavirin. Because interferon has a number of side effects, many patients are unable to take it. There are no other proven treatments for chronic hepatitis C.

Sho-saiko-to is an herbal medicine that has been used for many years in Asia to treat liver disease. There is emerging scientific evidence that Sho-saiko-to may benefit patients with hepatitis. The purpose of this phase II study is to determine whether Sho-saiko-to is effective in treating the liver inflammation and injury caused by chronic hepatitis C in patients who cannot take interferon.

Eligibility: To be eligible for this study, patients must meet several criteria, including but not limited to the following:

Patients must have a confirmed diagnosis of chronic hepatitis C.

Patients who have received interferon and ribavirin less than 6 months ago will need to wait for a period of time before enrolling in the study. The doctor will make the specific recommendations.

Patients who also have HIV or hepatitis B infection may not participate. Patients who drink more than 40 grams of alcohol daily also may not participate.

Patients must be at least 18 years old.

Side Effects/Risks:

There is a rare risk reported of a lung infection called interstitial pneumonitis, about 1 case for every 20,000 patients. However, there are safety precautions taken within the study to reduce this risk.

Minor side effects reported in some studies of Sho-saiko-to include a mild stomach upset, but again, this is a rare occurrence.

For more information and to see if you are eligible for this study, please contact [Dr. Nancy Lau](mailto:Dr.NancyLau@mskcc.org) at 212-639-2210.

UNDUN is a coalition of users, ex-users, and allies with an ongoing commitment to organizing local user groups as the basis of an active national movement for harm reduction. We believe that drugs users are the strongest voice for the needs of drugs users. We are dying from the criminalization, marginalization, and impoverishment we face daily due to the ignorant, oppressive, and absurd attitudes and policies of the current status quo in Canada. We are sick and tired of being the scapegoats for problems that are rooted in the very fabric of society. We are networking, organizing, and standing up for our rights. We struggle to be regarded with respect and understanding. Thus we demand: No more war on drug users and no more war on society!

Harm reduction is a philosophical approach to maintaining the health of drug users. When the well-being and health of drug users is maintained, then by extension, the communities in which drug users live will be healthier. The basic tenet of harm reduction is recognizing the intrinsic value and dignity of all human beings. The basic approach of harm reduction is seeking to maximize social and health assistance, disease prevention, and education while minimizing repressive and punitive measures. The ultimate goal of harm reduction is a fundamental change of attitude and its translation through policy to practice throughout society. Harm reduction emphasizes the necessity of a comprehensive approach to drug use that addresses the isolation, survival needs, and drug use of users and recognizes their competency to make choices and changes in their lives. For the needs of drugs users and the community to be addressed comprehensively, an inclusive harm reduction approach is required.

Needle exchange, methadone maintenance, and safe injection sites are all proven harm reduction programs that have saved a great many lives already. We are working to widen the spectrum of available harm reduction options through education, advocacy, and activism. We want to see far more availability of opiate substitute drugs and services legally available to addicts through doctors and clinics – methadone, buprenorphine, heroin or morphine-maintenance, still more accessibility to needle exchange programs and safe injection sites, and no more incarceration of users for drug-related offences. We recognize our sisters and brothers behind bars. We want available within prisons the same basic harm reduction prevention and

health promotion programs that we want implemented in our communities. Drug users should not face a death sentence due to their suffering from health problems; nor should people lose their right to basic health care because they are behind the walls of jails and penitentiaries.

UNDUN seeks to increase and share knowledge, compassion, participation, mutual aid, and mutual respect, and ultimately to work in coalitions with others who similarly seek policy change oriented toward harm reduction. We believe drug users have earned, through their life experiences, a legitimate place at the table whenever policy is developed and programs are evaluated. We believe that solutions can be found and society engaged in creating them when we work together with a positive spirit and mutual respect.

We have spoken at the Queen's Medical Students Human Rights Conference in 2004. We will be speaking to health care agencies in Belleville this April on barriers drug users face with agencies such as health-care, welfare, and disability. In Arden, we will be setting up a user group for drug users *only*, helping each other with hepatitis C issues and AIDS/HIV support.

UNDUN intends to set up user groups all over and to encourage users to take back their power and regain their strength, and teach them how to get the help they so much deserve from medical professionals. There will not be any staff or member of the medical profession of any sort within any UNDUN support group. They will be strictly user-run groups only, showing that users can support users positively and well.

We are the lost cause no longer! No more war on drug users! Toward the day the dying stops!

Deb/ UNDUN undun@simpatico.ca; UNDUN Message Board;
<http://www.freewebs.com/undun/>

(TREATMENT—Continued from page 3)
ing this.

Source: Monto, Alexander, et al, Hepatology; March 2004; 39:3. Article: "Risks of a Range of Alcohol Intake on Hepatitis C-Related Fibrosis."

<http://www.interscience.wiley.com/journal/hepatology>

ARTIFICIAL LIVER MADE OF GLASS

British engineers are planning to make an artificial liver by combining liver cells and glass. The problem with artificial livers is that they fail to retain oxygen in the blood from the arteries. Researchers believe they can overcome this problem by creating hexagonal glass plates linked by channels etched in the glass. These channels will contain the liver cells. By looking closely at the layout of the liver and how the cells function within it, researchers are hoping to reproduce an effective replacement.

Source: Report Copyright: Englemed Health News at
<http://www.internationalmedicalnews.com>

VIRAMIDINE, A PRODRUG OF RIBAVIRIN

Compared to ribavirin, vira-midine may be more effective and less toxic for red blood cells. A study was done with monkey livers to compare deposition and metabolic profiles. Single and multiple doses of oral vira-midine or ribavirin were given to the monkeys. Liver samples were collected and radioactivity in the liver was determined. Results showed that oral dosing with ribavirin gave twice the amount of radioactivity to red blood cells, but only 1/3 of the radioactivity stayed in the liver compared to oral dosing of vira-midine, showing that the vira-midine may be more effective and less toxic than ribavirin. After prolonged administration, vira-midine may mostly convert to phosphorylated metabolites and ribavirin.

Source: L-T Yeh and others. *Disposition and metabolic profile in monkey liver following single and multiple oral dosing of ribavirin and vira-midine*. Abstract 1216. 54th Annual Meeting of the American Association for the Study of Liver Diseases. October 24-28, 2003. Boston, MA.

POSSIBLE HEPATITIS C VACCINE

A study done at the Southwest Foundation for Biomedical Research in San Antonio found that chimpanzees showed an immunity to multiple strains of the virus after clearing the infection of one strain. Previously it was thought that a prior infection of the hepatitis C virus would only produce immunity to a specific strain but now it is thought that an effective vaccine may protect

(Continued on page 5)

(FIRST SHOT?—Continued from p. 1)

I got up this morning.

Now I will NEVER complain about plain, ordinary body aches and twinges. I am thankful that it only hurts a little today!

But now I'm having absolutely off-the-wall dreams. Man, you should be inside my head! I swear I have a constant movie running at night in there. Seems that my dreams are non-stop and very upsetting. Their themes all seem to be fighting- or surviving-for-my-life. I'm either in a constant battle or poised to defend myself again. I guess this is the subconscious me fighting the Hep with meds and getting prepared to do it again each week.

Nothing touched that first shot. It was not pretty and neither was I. Man, I triggered anger that was awful. I can be a real bitch, ya know? Finally, this morning is *me*. Lordy, I have missed me!

I called my doc Monday a.m. at 9 straight up and down. Told his nurse about my "trip" and asked her if there was meth., LSD, or heroin in that stuff. Requested something to sleep on the night of the shot, and my doc immediately called in Restriol 30 mgs. It says it's a sedative and a hypnotic. Hopefully, I will sleep through some of the "sides" this week.

Well, I have energy now, so I better get off here and do those dishes I left in the sink last night.

I will tell ya how things are going when I can compose a train of thought long enough to do so. Please understand; if you call or we meet up somewhere, and I act distant or weird, I am trying my best to control it, but it's the meds and not me.

I don't want pity from anyone, or everyone asking how I am doing every time they see me. Sometimes not thinking about it or not dealing with it is my way for the moment of getting through today.

Just keep me in your thoughts and prayers, because with prayers, God's love and support, and understanding from my family and close friends, I can do this.

Please be sure to let me know how you're doing. I have prayers and support to offer too, and maybe listening is what I need to do to occupy a day or get through a rough time.

Week One, OVER! There is a God!

Editor's note: Donna is having a rough one alright. But the side effects can vary widely among individuals and during the course of treatment. Some patients experience minimal discomfort.

(TO SCREEN—Continued from page 1)

used to contact patients only go back to 1978. Five per cent were missing, as were a number of transfusion records. In B.C., 12 per cent of the blood records were missing.

Obviously, we can't depend on authorities to notify us. Manitoba had the best match rate in the country, followed by B.C.!

In 2001, governments were saying that universal testing would be a waste of time and money, and that we can't screen and test for "every single thing." But we're not asking for "every single thing," and this needs to change. The 210,000 missing Canadians infected with this deadly virus three years ago are still untreated. Obviously the present screening programs are not working.

Yes, treatments are expensive, and if we test we will find people who need treatment. It costs almost \$200,000 for palliative care for a person with end-stage liver disease. For the same amount, we can treat 10 people with HCV and give the majority of them back their lives. But this is only if we find them before the damage has been done.

Early detection and treatment increase the likelihood of successful recovery. A person whose blood might have been in contact with another person's blood, whether today or 30 years ago, should be encouraged to ask a doctor for an HCV test. Now that we have treatments that can make the virus undetectable in the majority of patients, better education and services are especially appropriate.

Why not test everyone for evidence of HCV at every opportunity? Whenever blood is being tested, as in the case of expectant mothers, for example, why not test for HCV? Donated blood has been screened for HCV since 1992. When potential donors have been identified as "high risk" and their blood is refused, why not refer them for testing? (Canadian Blood Services has said it's not their mandate.)

HCV carriers need to be detected before they can be treated!

So what's holding our governments back? Universal testing for HCV just makes sense.

Sincerely,

[substitute your name here]

Bill Buckels, Hepatitis C Survivor
National Hepatitis C Awareness Month Co-ordinator

HepACT (The Hepatitis Activist Group)
Phone: (204) 222-6020
Email: bbuckels@escape.ca
Awareness Month Website:
<http://www.hepcure.ca/may1>

UNDERSTANDING YOUR OPTIONS WITH HEPATITIS C THERAPY

"Ask the Expert" Series on Hepatitis C Therapy

Starting this May, just in time for hepatitis C month, the Canadian Hepatitis C Network (CHCN) is launching a three-part teleconference series on hepatitis C therapy. The proposed topics are: "Understanding the new pegylated combination therapies", "Understanding difficult treatment issues: co-infection, nonresponse, and relapse", and "Managing treatment side effects."

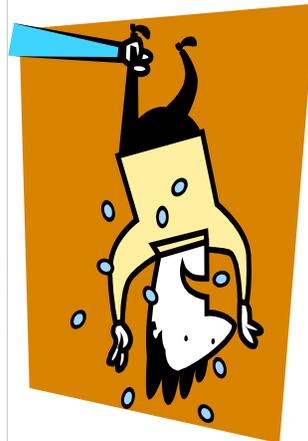
This series is designed for patient or caregivers who are considering hepatitis C therapy. To allow for maximum participation, each topic will be presented up to 10 times and discussion groups will be limited to 12 persons each. An overview of the topic will be presented by a healthcare professional (physician or nurse), and this will be followed by a live "question-and-answer" period. Each registered participant will receive a set of pre-discussion materials as well as optional follow-up information.

The one and one-half teleconferences will be held during the day or evening to fit participants' schedules. Additional information, teleconference schedule, and registration form will be available on the Canadian Hepatitis C Network website www.canhepc.net) or by calling 1-866-895-0690.

(RESEARCH—Continued from page 4)

against all strains of hepatitis C. Although the findings of this study are significant, a human vaccine may still be years away.

Source: 2004 American City Business Journals Inc. at <http://sanantonio.bizjournals.com/sanantonio/stories/2004/02/09/daily42.html>



TAX TIME

CHILDREN EXPOSED TO HIV & HCV

Ten children at Winnipeg's Children's Hospital will be getting tested for HCV and HIV after a blood sugar monitoring device was used on all of them. Although the needle itself was changed between each one, the cap on the device wasn't changed. Last year, 23 other children were tested after a blood sugar testing device was used communally.

Source: Oliver Moore, Children advised to take tests after contamination fears, Mar. 9, 2004 <http://www.globeandmail.com/>

SUCCESSFUL TRANSMISSION SUIT

A jury found John Shumate, owner of Permanent Cosmetics guilty of infecting Deborah Anderson with hepatitis C in San Antonio. Anderson received a series of tattooed permanent colour on her lips. It is found that about 30 percent of hepatitis C infections were transmitted through commercial tattooing.

Source: Hepatitis victim awarded \$551,600 over tattooed lip colouring, Dec. 4, 2003 <http://www.chron.com/cs/CDA/ssistory.mpl/metropolitan/2270214>

BABIES SHOW SLOW PROGRESSION

31 individuals infected at birth with HCV in 1968 through mini transfusions of blood were involved in a retrospective-prospective study. All of the recipients had the genotype 1b. The conclusion of the study was that HCV infection acquired early in life shows a slow progression and a mild outcome during the first 35 years of life.

Source: Casiraghi, MA, et al, Hepatology. 2004 Jan; 39(1): 90-6 Long-term outcome of Hepatitis C after acquisition of infection through mini transfusions

TRANSPLANTS FOR HIV+HCV IN BC

CBC News reports that liver transplants for people with HIV and HCV are being made available at Vancouver General Hospital. Patients with a good likelihood of survival will be considered for the operation, and they will have to go onto the waiting list. Liver transplants can extend the lives of those living with HCV and HIV.

Source: <http://vancouver.cbc.ca/regional/servlet/View?filena>

me=bc.transplants20040226

MANDATORY TESTING

Alberta is considering legislation to enforce mandatory testing for blood-borne diseases. Emergency services and police support this while other groups are opposed because of ethical concerns.

There have been many cases of emergency workers being bitten, spat at, and threatened with a needle. In two of the 19 cases reported by the Edmonton Police last year, the assaulter refused a blood test.

Current legislation does not require a person to give a blood sample.

Source: Kelly Cryderman, The Edmonton Journal, MLA Calls For Mandatory Blood Tests For Protection of Emergency Workers Exposed to Body Fluids. Jan 23, 2004

ORGAN DONATION

Michael MacNeil, a 17-year old student, received his first liver transplant at age six although his body rejected it. His second transplant six months later was successful.

Although this story had a happy ending, others are not so lucky. Approximately one-third of patients needing transplants will die while waiting for a life-saving organ.

British Columbia has some of the greatest transplant surgeons and facilities, but not enough organs are available. And out of every three organs that become available, one is not used because the donor's wishes were not clear to the family.

The Donor Registry's goal is to register 17 percent of British Columbians as organ donors, but only 12 percent are registered at this time.

Source: Cindy E. Harnett, Times Colonist, January 14, 2004 Campaigns to Increase Organ Donations.

GHOSTWRITERS

Ghostwriters paid by pharmaceutical companies write up to 50 percent of articles in medical journals. The doctor whose name appears on the article may be paid for endorsing the article while the writer remains anonymous. But often the doctor knows little about the research or contents of the article.

The danger is that, because these journals tend to be highly regarded, they have a huge impact on which drugs doctors prescribe.

Source: Antony Barnett, Public Affairs Editor, The Observer, December 7, 2003 How Drug Firms Deceive Medical Journals.

CORRECTION!!

HepCBC ANNUAL GENERAL MEETING

TUES. APRIL 6, 2004 7 PM

PWA Office, 330-1105 Pandora (back door) Victoria, BC

MAPLE -GLAZED HAM

- 1 5 lb. boneless ham, cooked
 - 1 C. maple syrup
 - 1 C. orange marmalade
 - 1 T. butter
 - 1/2 C. toasted pecans, chopped
- GLAZE:

1. In a small saucepan combine syrup and marmalade.
2. Heat. Stir until bubbly.
3. Add butter until smooth.
4. Stir in pecans. Makes 2 cups.

HAM:

1. Place ham on a rack in a shallow baking pan. Score top of ham in a diamond pattern, making cuts 1/4 inch deep.
2. Insert a meat thermometer.
3. Bake in a 325° oven for about 2 hours or until thermometer registers 140° F. and ham is heated through.
4. During the last 15 minutes of baking, brush ham with Maple-Pecan Glaze.
5. Heat any remaining glaze and serve with the ham.

Servings 16 to 24. Per serving: 211 calories, 5 g total fat, 2 g saturated fat, 54 mg cholesterol, 1423 mg sodium, 15 g carbohydrate, 25 g protein.

Source: www.low-fat-recipes.com/holiday-recipes



RCMP TASK FORCE REPORT

To Whom It May Concern:

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.

The legal counsel for the Canadian Red Cross and Dr. Roger Perrault appeared in Hamilton on January 16, 2004 for their first appearance in Superior Court. The parties are scheduled to return to Superior Court at 10 a.m. on March 19, 2004. The superior Court in the City of Hamilton is located at 45 Main Street East.

The legal counsel for Dr. Roger Perrault, Dr. John Furesz, Dr. Wark Boucher, Armour Pharmaceutical Company, and Dr. Michael Rodell made their first appearance in the Superior Court in Toronto on January 21, 2004. The Superior Court in the City of Toronto is located at 361 University Avenue, Toronto, Ontario. They are scheduled to return to Superior Court at 9:30 a.m. on February 10th, 2004.

The RCMP Blood Task Force will continue to provide updates relating to court appearances. If you do not wish to receive any further newsletters, please contact Cst. David Hvidston at 1-888-530-1111.

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

(Frence)



BE PART OF THE TEAM!

HepCBC needs a volunteer thank you note writer. We also need people to summarize and “translate” articles, people to staff our office and answer phones, and a volunteer coordinator. The HepCAN list needs a moderator trainee.

Please contact Joan at 250-595-3892 or info@hepcbc.ca

RATIONALE AND RECOMMENDATIONS FOR A CANADIAN HEPATITIS C STRATEGY

The preface to the *Rationale and Recommendations for a Canadian Hepatitis C Strategy* reads:

“This document is the result of consultation and collaboration among community-based organizations across Canada during 2003-2004. These organizations face the challenges of hepatitis C on a daily basis.

The undersigned agree that urgent, immediate action is needed. It must be part of a comprehensive, multi-year, national Strategy coordinated and led by strong federal action. Without such a Strategy, their ability to continue to work in this field and to mitigate the grave consequences of this epidemic is severely threatened.”

Despite the magnitude of hepatitis C as a health and social issue in Canada, there has never been a national hepatitis C strategy in this country. This is the very first time that community-based organizations have come together to create a proposal for a comprehensive strategy that will coordinate programs in care, treatment and community-based support with efforts in education and prevention and with funded research initiatives across all sectors, all levels of government, and involving all population groups.

The proposed Canadian Hepatitis C Strategy is based on the premise that hepatitis C is treatable, the transmission of the virus is largely known, and the number of new infections can be minimized. The objectives of the proposed strategyA are to:

- ◆ Reduce new cases of hepatitis C to near zero.
- ◆ Clear the virus among those infected.
- ◆ Reduce impacts among those infected.
- ◆ Address the social and economic conditions that affect prevention and treatment.
- ◆ Integrate hepatitis C programs with other public health initiatives, where appropriate and effective.

All individuals, groups, and organizations involved in hepatitis C are urged to read, comment on, and endorse this very important strategy document. For copies, please contact any of the participation organizations, including:

Canadian Hepatitis C Network 1-866-895-0690
Canadian Hepatitis C Society 1-800-652-HepC (4372)
Canadian Hemophilia Society 1-800-668-2686
Canadian Liver Foundation 1-800-563-5483

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/ Comox Valley Hep C Support and information, call 830-0787 or 1-877-650-8787 P.O. Box 52, Port Hardy, Dan Webb (250) 902-2238 or 1-866-902-2238 niacph@hotmail.com

Castlegar Contact: Robin 365-6137

Cowichan Valley Hepatitis C Support Contact Leah 748-3432.

Cranbrook HeCSC-EK Support Group Monthly meetings- Call for details. Katerina (250) 417-2010, hecs-ek@shaw.ca or Leslie (250) 426-6078, ldlong@shaw.ca

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 Riseley (250) 768-3573, eriseley@shaw.ca or Lisa Mortell 766-5132 lmortell@silk.net or toll-free 1-866-766-5132.

Kootenay Boundary: For individual support & info 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. 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, mission-support@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, bchepc@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 Contact Ted Rogers (250) 624-7480, Ted.Rogers@northernhealth.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Contact Brad 295-6510, kane@methop.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, deb@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, pager 604-740-9042

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. vandu@vandu.org 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 for info, Caitlin Padgett caitlinp@youthco.org Support, contact Matt Lovick 604-688-1441 or 1-877-YOUTHCO www.youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave.. Contact Sharon 542-3092, sgrant@telus.net <http://www.hepc.vernon.bc.ca/>

Victoria Support & Info Contact The Needle Exchange 384-2366

Victoria HepCBC & INFO line — Contact(250) 595-3892 info@hepcbc.ca, www.hepcbc.ca **AGM Tues. April 6th** 7-9 PM Place: PWA Office, 330-1105 Pandora (back door)

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

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 hoscb@ns.sympatico.ca

ONTARIO:

Barrie Hepatitis Support, Hep-SEE 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. Contacts Smilin' Sandi smking@rogers.com "Sandi's Crusade Against Hepatitis C" <http://creativeintensity.com/smking/> Ken Ng, 905-723-8521 ext. 2170 1-800-841-2729 (2919) re: testing, Hepatitis A Vaccine and group info

Canadian Hepatitis C Network <http://www.canhepc.net/> 416-969-7435 Durhane@aol.com

Kingston Hep C Support Group 1st Wed. monthly, 5:30 PM, - 9 p.m. St. George's Cathedral, King and Johnson St. (Wellington St. entrance) Contact: HIV/AIDS Regional Service 613-545-3698 Unified Networkers of Drug Users Nationally (UNDUN) <http://www.freewebs.com/undun/> undun@sympatico.ca

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

AIDS Committee of North Bay Bi-weekly HCV support meetings Contact Karyn (705) 497-3560

Peel Region Hep C Support Group www.peel-hepc.com Contact (905) 799-7700 healthlinepeel@region.peel.on.ca

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

Trenton ON support. Contact Eileen Carlton 394-2924

Hepatitis C Network of Windsor & Essex County Contact Andrea 250-5399 or Michelle 256-1878, hepcnet-work@mailcan.com <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 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 wbhas@telus.net

Medicine Hat, AB **Hep C Support Group** 1st & 3rd Wed. monthly, 7 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Phone (403)527-7099 bettyc2@hivnetwork.ca

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:

Arundel Contact Andy Aitken (CHCN) chcn.alexander@sympatico.ca

Quebec City Region 1st Wed. monthly 7PM 876 rue D'Alençon, St. Nicolas, QC. Contact Renée Daurio 418-836-2467 reneeaurio@hotmail.com

If you have a Canadian HCV Support Group to list on this page, please send the name of the group, day, time, place, contact name/phone, and email address to smking@rogers.com PLEASE inform me of any changes, or of any special events/speakers, etc., in your area, well in advance of the date. —Smilin' Sandi