

hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

CARAVAN OF HOPE

The Hepatitis C Caravan of Hope (partnership between HepCBC & HepCURE) and guests met with seven members of the BC Health Caucus chaired by Randy Hawes MLA, in the BC legislature board room from 4 PM to 6 PM on October 6th.

The Caravan of Hope would like to thank all participants and volunteers who helped make the event our best success so far in hepatitis C advocacy work here in BC.

Marjorie Harris, President of HepCURE, was MC, and presented the Caravan of Hope's Wish List (see below).

Presentations spanned the hepatitis C community, and were well prepared to educate and present the communities needs in an articulate manner.

Ken Thomson, Chairperson, BCHepC Collaborative Circle, gave an excellent power point presentation overview of hepatitis C and a summary report as to the successes and gaps in the hepatitis C services of BC.

Dr. Denis Petrunia, gastroenterologist from Victoria, presented in power point a comprehensive view of hepatitis C infection globally and the challenges faced by patient and doctor when the choice is to treat hepatitis C. He discussed emerging drug therapies such as Pegasys RBV, current treatments, and the supportive drug therapies of Epogen (to increase red cells) and Neupogen (to increase white cells) during treatment induced suppression of these cells. Dr. Petrunia emphasized that newer treatments are far more efficacious, and lead to SVR at much greater rates than the older drugs, with the pegylated interferons being the best so far.

North Island Liver Services nurses Pauline Melanson and Jan Harder drove all the way down island from Campbell River to deliver an amazing power point presentation on the hepatitis C clinic model they developed in partnership with other local community services and have run with great success on a shoe-string budget of \$75,000 dollars. North Island Liver Services presented a vi-

(Continued on page 6)



Left to right: North Island Liver Services nurses Jan Harder, Pauline Melanson, Arthur Ralfs president HepCBC, Marjorie Harris president HepCURE

PEGASYS RECOMMENDED

Congratulations Canada! Patient choice has been increased for hepatitis C treatment. We have waited a long time and now Pegasys RBV is finally here! Well, almost. Now we need the provincial formularies to give it coverage!

Pegasys RBV (Hoffmann-LaRoche), has received a positive recommendation by the Canadian Expert Drug Advisory Committee (CEDAC) for use in the treatment of hepatitis C.

Pegasys RBV is a combination of peginterferon alfa-2a and ribavirin (RBV). CEDAC recommends that this combination therapy be listed in a manner similar to other interferon plus ribavirin combinations treatment. The pharmacoeconomic model used by CEDAC Pegasys RBV was dominant in comparison to other interferon plus ribavirin combinations, and it was also noted that Pegasys RBV may have an advantage of convenience, being a once weekly shot compared to the three times per week for older interferon formulations.

The Management of Viral Hepatitis: A Canadian Consensus 2004 Document indicates that pegylated interferon alpha-2a is optimal treatment for genotype 2 and 3, and has been shown to improve the sustained viral response (SVR) in all patient sub-groups, and in the especially hard to treat group with genotype 1 combined with a high viral load.

The original intent of the federal Common Drug Review was to streamline the drug approval process by reducing duplication of effort in assessing pharmaceuticals for listing on publicly funded provincial drug plans in Canada, thus shortening the wait times for life saving medicines. We would like to ensure that the original intent of this process is realized here in all CDR participating provinces of Canada and that Pegasys RBV becomes an option for hepatitis C patients without further delay with full benefit coverage.

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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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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 \$6 each, plus postage. 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, The Ocean 98.5 for their Public Service Announcements, Durhane Wong-Rieger, 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: Jeanie and Diana. 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, #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:

<http://forums.delphiforums.com/HepCingles/>
<http://groups.yahoo.com/group/PS-Hep/>
<http://groups.yahoo.com/group/HepCingles2>

<http://groups.yahoo.com/group/NewHepSingles/>

CHAT: <http://forums.delphiforums.com/hepatitisen1/chat>

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

Hepatitis Magazine

Management and Treatment
A Practical Guide for Patients, Family
and Friends

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elsewhere in BC)**

Greetings!

We have good news here at HepCBC. First of all, we would like to welcome Karen Dennis into our "family" as our new Executive Director. Karen was one of a number of qualified applicants who we interviewed. This was a new experience for us, and we were overwhelmed with the amount of expertise that showed up on our doorstep. We think that if you meet Karen, you will understand why we picked her. Among her assets is over 10 years experience working with individuals who have experienced things such as poverty, addictions, physical and mental health issues, sex trade issues, abuse, trauma, and isolation issues. She has worked with PEERS, Victoria Boys and Girls Club, Downtown Women's Project, and the Cool Aid Society, and she has many administrative skills. She fits in beautifully, and we are excited about working with her. At the same time, we had a couple of applicants with whom we would like to continue to collaborate, utilizing their special talents, so the search for an ED has been very fruitful.

We are proud to announce the election of Arthur Ralfs as our new President at our last Annual General Meeting. Arthur has been on our board since 2002, and has been taking on more responsibilities lately. Arthur has a BSc in math and chemistry from UVic, an MS in applied math from Cornell, and a PhD in mathematics from Ohio State University. He has had previous experience as president of a board in Ohio, as a trail builder in the Carmanah Forestry Society, and as a university professor, among other things. We are fortunate to have this multi-talented gentleman on our team. Presently, Arthur is revamping our website, (www.hepcbc.ca), and has added an interesting feature called a "wiki", which invites the collaboration of the visitors to our site, and is talking about the benefits of other interesting features.

You can find both Karen and Arthur in our office at 306-620 View St. (Office of Volunteer Victoria.) Call to arrange an appointment, or feel free to browse our library: 595-3892.

Joan King, editor



Please find a sample letter of support for the quick placement of Pegasys RBV on all of our provincial formularies. As well, please insert the health minister's name and address for each province. Use the sample letter below, or go to our website for this and other sample letters: www.hepcure.ca

*Marjorie
HepCURE: 1-888-HepCURE*

Your address: _____
Date: _____

Hon. _____
Minister of Health Services
Address: _____

Dear Minister _____,

(We/I) _____, (are/am) writing to you, on behalf of the hepatitis C positive people of our province. (We/I) wish to express (our/my) anticipation for Pegasys RBV's timely addition to the provincial formulary now that it has been given a positive recommendation by the Canadian Expert Drug Advisory Committee (CEDAC) of the federal Common Drug Review (CDR).

The original intent of the Common Drug Review (CDR) was to streamline the approval process by reducing duplication of effort in assessing pharmaceuticals for listing on publicly funded drug plans in Canada, thus shortening the wait times for life saving medicines. We would like to ensure that the original intent of this process is realized here in our province and that Pegasys RBV become an option for hepatitis C patients without further delay.

To view the Canadian Expert Drug Advisory Committee (CEDAC) recommendation, visit their website web at: http://www.ccohta.ca/entry_e.html

"CEDAC recommends that the combination of peginterferon alfa-2a plus ribavirin (Pegasys RBV) be listed in a similar manner to other interferon plus ribavirin products used in the treatment of chronic hepatitis C."

In addition, please take note that Health Canada has updated their hepatitis C website with the latest care and treatment guidelines; Management of Viral Hepatitis 2004 Consensus Statement at: http://www.hc-sc.gc.ca/hppb/hepatitis_c/whatsnew.html

Treatment decisions should be made between the physician and patient, and there needs to be a full range of options from which to choose. As it stands now, some doctors are holding patients back from treatment because they believe that waiting for Pegasys RBV is the best choice for their patients.

It is hoped that you will be able to take action to ensure that Pegasys RBV find a quick placement on the provincial formulary, with full benefit coverage.

Sincerely,

Your name: _____

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(Continued on page 5)

COULD YOUR FAMILY HAVE HIDDEN HEP C?

Most of us are relieved to hear that our families have tested negative for Hep C. Are we correct in not worrying? This study says that, even though patients have no signs of Hep C on their antibody test, they still may have Hep C, especially if they have persistently abnormal liver function tests, according to the January 1, 2004 issue of The Journal of Infectious Diseases.

Usually HCV creates antibodies when a person is infected. Sometimes HCV can be detected only by a test for the virus itself (RT-PCR) in liver biopsy samples, and this kind of infection usually is mild, although some people have been found to have serious liver damage, and of course, these people can spread the disease if they donate blood, etc.

The study showed that, of the people they tested with long-term elevated enzyme levels, 70% had hidden Hep C. The researchers got the same results by using the same test on peripheral-blood mononuclear cells, and they didn't have to biopsy the patients. The researchers are not certain that the virus detected by these means is actually infectious.

Source: http://www.idsociety.org/Content/ContentGroups/News_Releases/Persistently_Abnormal_Liver_Function_Tests_Marker_of_Occult_Hepatitis_C_Persistently_Abnormal_Liver_Function_Tests_Marker_of_Occult_Hepatitis_C?January_2,_2004

HEP B VACCINES: LINK TO MS?

A study published last month shows, once again, that those who receive the Hep B vaccine have a greater than average risk of getting MS (multiple sclerosis). Data from more than 1500 patients in the UK was examined by Harvard public health experts who found the link. They still think that the benefits of protecting against Hep B, especially in those at risk (Hep C patients have a greater risk of liver cancer if they get Hep B) outweighs the risk of MS, and that those who developed the disease may have been prone to it, anyway.

The suspicion of the link to MS is not new. In the 1990s, about 200 people in France were diagnosed with MS shortly after vaccination against hepatitis B. A study in February 2001 published in the New England Journal of Medicine showed no link between the two. Some of the same researchers did this new study. Dr Hernán said: "We estimated that immunisation

against hepatitis B was associated with a three-fold increase in the incidence of MS within three years following vaccination." "It is also important to stress that 93% of the MS cases in our study had not been vaccinated," he said.

One critic said that many vaccinations take part in the workplace, and may have not been counted in the study, possibly making the link weaker.

Source: *Jab linked to multiple sclerosis*
<http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/3651782.stm>
2004/09/14

MULTIFERON

A 65-year-old patient with hepatitis C and chronic hepatitis B with cirrhosis achieved sustained viral response following 5 months of 3 MU of natural leukocyte interferon-alpha (nIFN-alpha) 3 times a week followed by 14 months of Multiferon with the same dosage. Prior to this treatment, the patient had unsuccessfully tried other approaches such as rIFN-alpha2b or a combo of nIFN-beta plus rIFN-gamma. The patient sustained his SVR at 30 months, and no serious adverse events were noticed.

The patient was treated with nIFN-alpha for a total of 76 months. This is a mixture of several IFN-alpha subtypes, and may be useful in non-responders.

Source: *Musch E, et al, Hepatogastroenterology. 2004 Sep-Oct;51(59):1476-9. Successful application of highly purified natural interferon alpha (multiferon) in a chronic hepatitis C patient resistant to preceding treatment approaches. PMID: 15362781*

HOLES IN SURGICAL GLOVES



This study looked at the efficacy of double gloving during surgery, to see how often the gloves were torn in relation to the length of the operation, the expertise of the surgeon and the urgency of the procedure,

during obstetrical and gynecologic operations.

Double gloves were required for this study from February to September 2002, and 156 procedures were examined. All were emergencies. 56% were done with single gloves, the surgeons finding working with double gloves clumsy, since tying knots was difficult (24%) or the gloves were too tight (20%). The perforation rate was 13.8% for single gloves, and 13.2% for double gloves. In 4.6% of the cases, matching holes were found in the double-gloving events, so by using double gloves, protection was 95.4%

greater, even if the outer gloves were broken. Surgeries that were more urgent had more holes, as did surgeries lasting more than 40 minutes. The left middle finger was the most likely to be perforated. The surgeon had 73.6% of perforations, followed by the first assistant with 23.3%, and the second assistant, with 3.2%.

The authors concluded that double gloving should be mandatory in emergency procedures and gloves should be changed in operations lasting more than 40 minutes.

Source: *Malhotra, M, et al, J Obstet Gynaecol Res. 2004 Aug; 30(4): 319-22 Prospective study of glove perforation in obstetrical and gynecological operations: Are we safe enough?*

CAESAREANS FOR CO-INFECTED

This study showed that C-sections for women co-infected with Hep C and HIV is a cost-effective way to prevent the babies from becoming infected with Hep C. Standard treatment (pegylated IFN plus ribavirin) cannot be used in pregnant women because of the possibility of birth defects.

The researchers investigated the health consequences and costs of a C-section and found that cost-effectiveness varied between and ranging from \$2000/QALY for low-cost health settings to \$9100/QALY for high-cost settings.

They recommended that HIV-infected pregnant women be tested for HCV and be given information about transmission and risks, and be told the possible benefits and risks of a C-section. It seems that mothers with a higher amount of HCV in their blood are more likely to pass the virus on to their babies during normal deliveries. When a mother is co-infected, the chance of passing on the virus is greater, as well.

Source: *Will Bogs, MD Reuters Health, Oct 05, 2004, Elective Cesarean Cost Effective for Women With HIV and Hepatitis C, AIDS 2004;18:1827-1834.*

(PEGASYS RECOMMENDED Continued from page 1)

Pegasys RBV is equal and comparable in price to the only other pegylated interferon, Pegatron. Pegasys gives new hope to kidney patients with hepatitis C, for whom Pegatron is contraindicated.

The full recommendation article from CE-DAC can be read at: www.ccohta.ca/entry_e.html

Marjorie Harris
President, HepCURE
www.hepcure.ca

EMZ702

Transition Therapeutics' interferon enhancer EMZ702 is now in the planning stage for a Phase I/II clinical trial in HCV+ patients, to begin in early 2005. Previous studies, using the similar bovine viral diarrhea virus, showed powerful anti-viral activity of the formula when combined with standard treatment. The treatment also proved potent in cases of vesicular stomatitis virus and herpes simplex.

Source: PRNewswire-FirstCall Sept. 16, 2004 Transition Therapeutics Commences Clinical Development of Interferon Enhancing Therapy for Hepatitis C

NATURAL IMMUNITY

An Australian research team hopes to find a vaccine for Hep C by studying a group of 4 prisoners who seem to be naturally immune to the disease. Usually, of those infected with HCV, only 20% get rid of the virus without treatment. The four prisoners were discovered when the researchers studied 160 inmates who didn't have Hep C, but used IV drugs or had tattoos. They took blood samples from them monthly for more than a year. Four became infected during that year, and all cleared the virus and had no symptoms. They had no antibodies, either. Their T cells, specialized white blood

cells, fought off the disease. The researchers speculate that the prisoners were infected previously, even several times, thus they could clear the virus without creating antibodies. The idea is to imitate this response to develop a vaccine. There are some vaccines in development, but most are prophylactic. They treat the disease rather than prevent infection. None is yet approved.

Source: Prisoners' clue to hep C vaccine
<http://news.bbc.co.uk/go/pr/fr/-/1/health/3591760.stm> 2004/08/30

7-DEAZA-2'-C-METHYL-ADENOSINE

Two polymerase inhibitors, triphosphates of 2'-C-methyl-adenosine and 2'-C-methyl-guanosine, have been shown to be effective against HCV. In this study, these substances were modified by including another substance called a 7-deaza modification, making them 20 times more powerful. These have been tested in animals and in mice. The researchers believe that 7-deaza-2'-C-methyl-adenosine is a good candidate for further studies. (I hope they find an easier name for it.)

Source: Olsen, DB; et al Antimicrob Agents Chemother. 2004 Oct; 48(10): 3944-53 7-deaza-adenosine analog is a potent and selective inhibitor of hepatitis C virus replication with excellent pharmacokinetic



<http://www.bchepecouncil.ca/>

The Hepatitis C Council of British Columbia is a new-born project stemming from the efforts of the Hepatitis C Collaborative Circle and the BC Network Project. These groups met early in 2004 to discuss the possibilities of forming a province wide council.

It's happening! A province-wide meeting, "Hepatitis C: Silent No Longer," will be held in Victoria from November 13-15, 2004. Registration documents will be available on this site by October 6th, 2004. Registration forms can be downloaded at <http://www.bchepecouncil.ca> Please print it , fill out and fax to 250-920-4221 before Oct. 22 This should be a very important and exciting conference.

A second round of follow-up meetings to examine progress and plan next steps are planned for March 2005. The new Hepatitis C Council of BC is being formed, people are working together across the province to improve services for hepatitis C, and promising things are happening across the country, but nothing is guaranteed, and we all need to pull together and make the effort if we want to succeed.

One thing we want to encourage is that everyone make an appointment to see their MLA in Victoria on the morning of Monday, November 15, to educate them about hepatitis C and what is needed. There will be a workshop at the conference to help people prepare for a successful meeting. See you there!

Ken Thomson
Hub Team

PS: In case you were wondering, the BC Hepatitis C Collaborative Circle site doesn't exist any longer. It was going to be phased out after the new www.bchepecouncil.ca came on-line, but for technical reasons it happened a bit quicker than originally planned.

(HEALTH MINISTERS—Continued from page 3)

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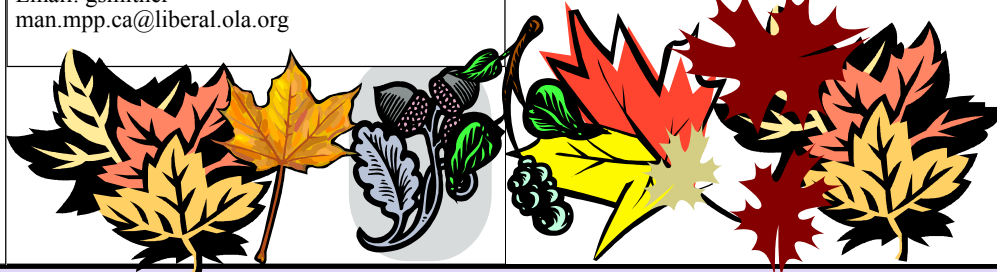
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ANNOUNCEMENT HEPATITIS C CLASS ACTION PRE '86 - POST '90

Represented by the following law firms: Kolthammer Batchelor & Laidlaw LLP, Marshall Attorneys, and Docken & Company, who have many years of combined experience in civil litigation and class action litigation.

I, BRADLEY KANE, of P.O. Box 1988, Princeton, British Columbia am the proposed Representative Plaintiff in this action for the out-of-Province claims.

My Affidavit has been filed and a court date of January 10, 2005 has been set to certify the class action.

"It is our unwavering belief that equal and fair compensation be made to all victims of Tainted blood, regardless of a 'Window' period or infection acquired, without discrimination." [HCV or HIV] (Bradley Kane & Kolthammer Batchelor & Laidlaw LLP, Marshall Attorneys, and Docken & Company)

Adrian vs. Canada
Action No. 9903 19153

IN THE COURT OF QUEEN'S BENCH
OF ALBERTA
JUDICIAL DISTRICT OF EDMONTON
BETWEEN:

SHIRLEY ADRIAN, DEBBIE ANDERSON, RICHARD EDWARD AUTEN, JAMES EDGAR BAKER, CONSTANCE DOREEN BAKER, JEFF BEESTON, ISABELL BRESSE, JOHN BRESSE, HARRY CHICHAK, BRIAN EDWIN FERGUSON, RON GEORGE, JANICE PATRICIA HAMMOND, DELORES HICKMOTT, GARY HICKMOTT, JAMES MILTON JOBE, BRIAN W. JOHNSON, WENDY LEE RAMEY, MARLENE DOROTHY KEEP, DENNIS KEEP, CAROL DIANNE KNOTT, BYRON KNOTT, LAURA CATHERINE KRISTIANSON, RALPH SAMUEL KRISTIANSON, KIMBERLY ANN LEBEUF, ALEXANDER PATRICK NOWOSAD, ELENA RICIOPOPO, DALVINO RICIOPOPO, SHANNON RICKETTS, KEVIN ROE, KATHY ROMANIW, ELLEN SANDERSON, JEAN DARLENE SNIPES, RICHARD JOSEPH LIPSCOMBE, DEBORAH ANNE STABRYLA, ELIZABETH TREAU, GUISEPPE VOLPE, JUNE VOLPE, and JOHN DOEs 1 to 100 and JANE DOEs 1 TO 100

Plaintiffs

- and -

THE ATTORNEY GENERAL OF CAN-

ADA AS REPRESENTED BY THE MINISTER OF HEALTH FOR CANADA and HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA

Defendants

As a result of the extensive media coverage of the tainted blood scandal and the Commission of Inquiry into the blood system in Canada under the Honourable Mr. Justice Horace Krever and as a result of extensive litigation over the tainted blood issue, I learned that a settlement was reached which involved some of the recipients of tainted blood.

I am advised that in April of 1990 the Federal Government began making ex-gratia payments totaling \$120,000.00 tax free to each person who had contracted HIV (AIDS) from infected blood.

I am advised and do verily believe that those Canadians who contracted HCV from tainted blood or blood products between January 1, 1986 and July 1, 1990, are entitled to receive a benefit package from the combined Federal, Provincial and Territorial Governments of Canada, a copy of which benefit package is contained in the Settlement Agreement dated June 15, 1999, a copy of which is attached hereto and marked as Exhibit "D".

I verily believe that I am entitled to benefits equal to those benefits given to the 1986-1990 tainted blood recipients and I verily believe that other Canadians who acquired HCV from tainted blood are entitled to those same benefits.

I verily believe that the Canadian Charter of Rights and Freedoms guarantees me equal benefit of the law without discrimination.

I am willing to be appointed as Representative Plaintiff in this class action.

I am informed and do verily believe that the objection criteria for determining membership in the proposed class is as follows:

a. The class members are persons who received a blood transfusion in Canada during the period before January 1, 1986 and after July 1, 1990 and who were infected with HCV from those transfusions and who were excluded from the benefits given to persons who received blood transfusions and who were infected with HCV as defined in the 1986-1990 Settlement Agreement (Exhibit "D").

I verily believe that I would fairly and adequately represent the interests of the class because I received a blood transfusion in Canada during the period before January 1, 1986 and was infected with HCV as a result of that transfusion.

I further believe that I will adequately represent the interests of the class because I am represented by the following law firms: Kolthammer Batchelor & Laidlaw LLP, Marshall Attorneys, and Docken & Company, who have many years of combined experience in civil litigation and class action litigation. I have been informed by my solicitors and I am aware of my responsibilities as Representative Plaintiff in this class action lawsuit, which responsibilities include but are not limited to notification of the other members of the class in this lawsuit.

Sincerely,

Bradley Kane

Lawyers' Contact Information:
Kolthammer Batchelor & Laidlaw LLP
#208, 11062 – 156 Street,
Edmonton, AB T5P-4M8
Tel: 780.489.5003 Fax: 780.486.2107
kkoltham@telusplanet.net

(CARAVAN OF HOPE—Continued from page 1)

able model that could be duplicated throughout BC to extend treatment successfully in remote rural regions.

Dr. Arthur Ralff, President of HepCBC of Victoria, brought forth the human and economic costs of hepatitis C that are in part placed upon the patients because of a policy criterion that seems to support the denial of treatment. This kicked off a one hour lively and instructive discussion between politicians and community, and was very productive.

Patients' testimonials for the expansion of drug therapies available for non-responders, relapsers, epogen and neupogen were given by Joan King, vice president of HepCBC, Joanne Galbraith, patient currently taking Hep C treatment and needing neupogen, and Judith Fry, all from Victoria.

MLAs in attendance were Randy Hawes, Val Roddick, Walt Cobb, Gordon Hogg, Dan Jervis, Ted Nebbeling, and Lorne Mayencourt.

Marjorie Harris
President HepCURE
1-888-HepCURE

**Hepatitis C Caravan of Hope Wish List
October 6th 2004**

"Hepatitis C is becoming the number 1 public health problem." --Dr. Richard Stanwick

Hepatitis C Facts:

- ◆ It is potentially curable.

(Continued on page 7)

- 44,000 British Columbians have been positively identified.
- Health Canada estimates that 30% have not been identified yet.
- BC has 30% of the HCV infections in Canada – double the national average.
- 25% will develop Liver Cancer, Liver Failure or Cirrhosis
- A liver transplant costs \$125,000 and continuing drug therapy; HCV treatment costs only \$20,000 and drug therapy costs are going down over time.
- Only 650 British Columbians are being treated per year, we need to increase this rate by a factor of 10.

Wish List:

Treat Now and Don't Pay Later: Every \$1.00 spent in HCV treatment will save \$4.00 down the road.

1. Double the number of Hepatitis C Integrated Treatment pilot projects from 5 to 10.
2. Invest \$2 – 3 million per year into community grassroots awareness, education and peer support.
3. Increase the number of patients able to access and sustain treatment by adopting the treatment criteria as outlined by the 2004 Viral Hepatitis Consensus Document (available on the Health Canada Hepatitis C website). This consensus document supports the following:
 - ◆ Treatment of patients with normal ALT.
 - ◆ Use other drug therapies to prevent treatment dropout rates. Cover the cost of:
 - A) Eprex for treatment of induced anemia (1 X weekly est.)
 - B) Neupogen for treatment of disease induced low white cell (1 X weekly est.)
 - C) Re-treatment of Non-responders and Relapsers to previous mono and combo treatments.
4. Approve Pegasys RBV for coverage under Pharmacare as soon as it is released from the federal Common Drug Review. Pegasys RBV is recommended as the optimal treatment in the 2004 Viral Hepatitis Consensus document.
5. Increase patient doctor treatment options by keeping drug therapies current.
6. Reduce Stigma: Please add Hepatitis C to the Chronic Disease website under the Ministry of Health. We feel that making hepatitis C more visible, along with other well recognized chronic diseases such as diabetes, will go a long way in reducing stigma in the public's mind.



CARE-LINE

A limited patient assistance program, called CARE-Line, is available in Canada for some people receiving Pegatron. Patients can call 1.800.603.2754 extension 2121 to find out if they are eligible for help from this program. Health care providers who wish to make inquiries about their patients access to CARE-Line may call 1.800.463.4636 extension 346.

Source: <http://www.hepcyorkregion.org/docs/352.1.Slide1>

HEPCBC INFO SESSIONS

HepCBC in Victoria, BC, is planning a moderated 8-session pilot group in early November for those who are infected with hepatitis C. Please sign up, leaving your name and phone number at 250-595-3892, or email info@hepcbc.ca. Space will be limited.

COOL AID IN VICTORIA

Cool Aid provides both short and long term health care, especially to the downtown population, although the quality of Hep C treatment appeals to many more than just the street population. The Centre is in the downtown core, and is open even on weekends. Dr. Chris Fraser, who treats HCV+ patients there, has been a welcome speaker for HepCBC in the past.

“A highlight of the unique service delivery at the CHC is the coordination of multiple entry points. For example, nurse practitioners, physicians, a mental health and addictions counsellor, nutritionist, acupuncturist, pharmacist, dentist and dental hygienist, and visiting specialists, such as psychiatrists, are all possible points of entry into accessing comprehensive health care... The CHC is also a satellite site for the Canadian HIV Trials Network and participates in multiple HIV and hepatitis C research projects.”

Cool Aid Community Health Centre
465 Swift Street, Victoria, BC
385-1466 <http://www.coolaid.org>

ATTENTION: ARTISTS

We at HepCBC are looking for a new, bold logo. We are prepared to offer \$100.00 for any logo that is used on our website or bulletin as a result of this contest. To enter, please send your logo design to info@hepcbc.ca. The deadline is November 15, 2004.



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
<http://www.kpmg.ca/en/ms/hepatitis/>

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/hepc/intro.html

David Harvey
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
Lauzon Belanger S.E.N.C. (Quebec)
www.lauzonbelanger.qc.ca

Goodman and Carr LLP
pre86hepc@goodmancarr.com
www.goodmancarr.com

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 – 156 Street,
Edmonton, AB T5P-4M8
Tel: 780.489.5003 Fax: 780.486.2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON 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, ON 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 1-877- 434-0944.
www.hepc8690.com info@hepc8690.com
<http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf>

MISCELLANEOUS

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

COMING UP IN BC/YUKON:

Armstrong Hepatitis C United Resource Exchange Contact: 1-888-HepCURE ambrrose@sunwave.net www.hepcure.ca

AIDS Vancouver Island Hep C support in Courtenay, Campbell River and Port Hardy. Contact Jeanette or Leanne: 830-0787, jeanette.reinhardt@avi.org, leanne.cunningham@avi.org

Castlegar Contact Robin 365-6137

Comox Valley Mon.-Thurs. drop-in support 9-4 PM. Contact AIDS Vancouver Island Hep C Community Support (250) 338-7400 355 6th St. Courtenay or Del: dggrimstad@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 748-3432

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

Kamloops Call the AIDS Society of Kamloops (ASK) at (250) 372-7585 for support or referral. 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: 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 245-7635, mihepc@shaw.ca

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 ksthomson@direct.ca

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations Urban Community Society, 623 Agnes Street, New Westminster. Contact Dianne Morrisette, 604-517-6120 dmorrisette@excite.com

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 107. Contact Gina 963-9756, gina1444@yahoo.ca or Ilse 565-7387 ilse.kuepper@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@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy 557-2487, wmm@island.net, www.island.net/~wmm/ <http://health.groups.yahoo.com/group/CANhepc/>

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: 2nd Mon. monthly, 6:30 PM at Sechelt Indian Band Health Unit. Contact Brent or Bill 604-740-9042 brent.fitzsimmons@cgh.bc.ca

Pender Harbour Hep C Support & Info Contact Myrtle Winchester 604-883-9911 or 604-883-0010, waterspider@telus.net

Vancouver: Healing Our Spirit—HCV and HIV education, support for 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, 50 East Hasting St. Bus fare & snack. Contact Crisly or Ann 604-683-8595 (ask for VANDU). Space limited. vandu@vandu.org www.vandu.org

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

Vancouver Hepatitis C Support Group Meetings: 3rd Tues monthly, 7-9 PM, Lauener Room JPP 2809, Sassafras Cafeteria, Jim Pattison Pavilion, South Level 2, Vancouver General Hospital, and 1st Tues monthly, 5-8 PM, Java Express, 3420 Cambie St. Contact Robert, CLF: 1-800-856-7266

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver. For info, contact Caitlin Padgett caitlinp@youthco.org For support, contact Matt Lovick 604-688-1441 or 1-877-YOUTHCO www.youthco.org Brandy Svendsen brandys@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 Library open M-F 306-620 View St. Phone support or private interviews.

Works Without Words Yukon Hep C Support Group Every Thurs. at 7 p.m., Grace Community Church, 8th & Wheeler St. Contacts: Harry & Debbie 867-667-2402 harry.mckenzie@klondiker.com. Brian: 867-668-4483 P.O Box 31216, Whitehorse, YK.

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact: Jeanie for information/ appointment 705-735-8153 hepcsupportbarrie@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. mthly, 7- 9 p.m., 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/> <http://health.groups.yahoo.com/group/hepc-info/>

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@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 excluding July and Dec., Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thorold. Contact Rhonda (905) 295-4260, hepcnf@becon.org

Peel Region Hep C Support Group Third Mon. monthly, 11AM-1PM Mississauga Office, 3038 Hurontario St. (Classroom C) Contact (905) 799-7700 healthlinepeel@peelregion.ca

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

Hepatitis C Network of Windsor & Essex County Contact Andrea 250-5399 or Michelle 256-1878, hepcnetwork@mailcan.com <http://hepcnetwork.cjb.net>

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 Wed. Oct. 20th -Dr. Danny Chen, Infectious Diseases Specialist, York Central Hospitals "New Developments in Hepatitis C"

QUEBEC:

Arundel Contact Andy Aitken chcn_alexander@sympatico.ca Canadian Hepatitis C Network <http://www.canhepc.net/>

Quebec City Region Contact Renée Daurio 418-836-2467



ATLANTIC PROVINCES:

Fredericton, NB Contact: Bob, 453-1340

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

Cape Breton Island, N.S. The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, N.S. 7-9 PM. Call Cindy Coles 1-800-521-0572, (902) 539-2871 FAX (902) 539-2657 hosc@ns.aliantzinc.ca

PRAIRIE PROVINCES:

Regina, Saskatchewan Contact Doug 306-565-8593 hepc-regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hepc-regina/>

HeCSC Edmonton Contact Jackie Neufeld 939-3379.

Hep C Edmonton HCV, pre/post liver transplant support Contact Fox 473-7600, or cell 690-4076, fox@kihewcarvings.com

Fort McMurray, Alberta Hepatitis C Support Network—Info and support. #205, 10012A Franklin Ave. Contact Lyn, (780) 743-9200 Fax (780) 943-9254 wahas@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. Contact (403) 527-7099 bettvc2@hivnetwork.ca

The Life with Hepatitis Society of Central Alberta Meetings each Wed. 7 PM Turning Point Agencies 4611-50th Ave., Red Deer. 1st meeting: **Wednesday October 27, 2004.** Contact: Chris (403) 341-6026

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

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 info@hepcbc.ca Please inform us of any changes by the 15th of the month —Joan King



BE PART OF THE TEAM!

We need people to summarize articles, and HepCBC needs office staff. The HepCAN list needs a moderator trainee. Please contact Joan at 250-595-3892 or info@hepcbc.ca