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## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### COMMUNITY CRISIS: INJUSTICE IN HEALTHCARE

*HCV: Did you know...*

*by Tisa Sylvester, 3rd year nursing student*

I am a nursing student currently doing a practicum with people who have Hepatitis C Virus (HCV). The following reports indicate injustices in health care for persons diagnosed with HCV. Justice implies equality, fairness and impartiality. This means equal treatment and distribution of services within all settings, including hospitals. Conclusions drawn from these reports are my own opinion.

The following are accounts from the HCV community:

A man is the victim of a hit and run car accident. On his arrival to the emergency room he tells the attending physician, "I use IV drugs, I have MRSA, and I am hepatitis C positive." The physician is quoted as saying, "You're telling me you shoot dope, you're positive for the super bug and you have hepatitis C. Aren't you the flavor of the night? There's nothing wrong with you. I don't want you in my hospital. Go home."

Two days later the man is admitted with a punctured lung, broken ribs, and endocarditis. Seven weeks later, he is released.

Another man gives details of a time when he felt he was at his worst. He states he was weak and suffering in a hospital bed. He felt stripped of his dignity because he didn't have the strength to bring himself out of bed to the washroom. A staff member came to remove the bedpan and stated in a surly voice, "This is really what I want to be doing right now."

Yet another incident involved a woman giving birth. She was scared and alone. When she insisted, "The baby is coming right now!", she was told by staff that she was "just going to have to hold it." The baby entered the world in the presence of only the mother and her friend.

The person with HCV faces a unique challenge; he/she has to decide when and whether it is appropriate for him/her to disclose diagnosis. Twerell, Strauss & Plaza, from [www.hcvadvocate.org](http://www.hcvadvocate.org) write that HCV

carries a stigma associated with drug use and is referred to as a junkie's disease.

"Junkie" is an example of one of the labels that often accompanies HCV diagnosis. Labels follow a person forever. They lead people to make assumptions, set a person apart from others, create fear, produce adverse effects and prevent people from getting treatment and support they need. An example of this is another man's experience in the hospital. He states, "Once the staff found out I was HCV positive I was cut off of all my pain medications." Labels alter others' views, lead to stigma and discrimination, are discouraging, and they hurt people! Labels are meant for describing inanimate objects with few characteristics, like peanut butter. People are precious and unique; we all deserve to be treated with respect and dignity. Labels prevent us from learning more about the person and his/her context.

The connections between HCV infection and drug use lead people to believe that people with HCV are responsible for contracting the illness. This is called victim blaming. This impacts all people with HCV. Victim blaming leads to people being referred to as "frequent flyers" on hospital wards. This could be due to the lack of effective health care people are receiving on their initial hospital visits.

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### NEWS

#### ADVICE

In 1999, fifty-year-old high-school teacher Adolfo Flora was told by his doctors that he had only 6 months to live. He had liver cancer, caused by hepatitis C, a result of tainted blood. He had routine surgery in 1973, during which a vein was nicked, resulting in bleeding and the need for a transfusion. He chose not to sue.

Turned down for a transplant in Ontario, he made his will and arranged for his family—his wife and 13 yr. old son—to be cared for. The specialists said a transplant would be useless, since his cancer was spreading.

After searching the Internet and medical books, he decided to get a second opinion, and went to England for his transplant and chemoembolization, which is considered experimental in Ontario. He needed a live donor, since organs are scarce, and no living-related-donor liver transplants had been done in Canada at that time, so his brother volunteered.

The Ontario Health Insurance Plan refused to pay for the "experimental chemo," or the transplant. The Ontario Divisional Court turned down his claim for the province to pick up the \$450,000 for his liver transplant, and a few weeks ago, turned down his appeal, even though the treatment saved his life.

Flora had to go into debt and use the proceeds of his mother's home to pay for the procedure.

The good part is that Flora is now Hep C and cancer free.

What are the lessons Adolfo Flora has learned? "Don't trust our health-care system for anything," and "You have to be your own advocate."

Source: <http://www.thestar.com/News/article/175529> Adolfo Flora's OHIP Odyssey, by Isabel Teotonio

*(Continued on page 4)*

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"I enclose a donation of \$ \_\_\_\_\_ so that others may receive the bulletin."

"I want to volunteer. Please contact me."

"I want to join a support group. Please call."

(Note: The *hepc.bull* is mailed with no reference to hepatitis on the envelope.)

You may also subscribe on line via PayPal at [www.hepcbc.ca](http://www.hepcbc.ca)

**SUBMISSIONS:** The deadline for any contributions to the *hepc.bull*® is the 15<sup>th</sup> of each month. Please contact the editors at [info@hepcbc.ca](mailto: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 12<sup>th</sup> of each month. Rates are as follows:

Newsletter Ads: Maximum 4 per issue, if space allows. \$20 for business card size ad, per issue. Payments will be refunded if the ad is not published.

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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!!! FAQ v7.1

Peppermint Patti's FAQ Version 7.1 is now available, and Version 7 is available in Spanish. The English version includes updated Canadian Links and includes the latest TREATMENT INFORMATION. Place your orders now. Over 125 pages of information for only \$8 each. Contact HepCBC at (250) 595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

### HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2006; the FAQ V7.1; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

DISCLAIMER: The *hepc.bull* cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

### 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 thanks the following institutions and individuals for their generosity: The late John Crooks, Bruce Lemer, Health Canada, the Provincial Employees Community Services Fund, Brad Kane, Chris Foster, Judith Fry, the FitzGerald family, Erik, Irene, S. Segura and the newsletter team: Tanya, Beverly A., Diana Ludgate, Alp and Ernie. Please patronize the following businesses which have helped us: Chateau Victoria, The Four Mile Restaurant, Lexmark, Recollections, Margison Bros. Printers, Roche Canada, Pacific Coast Net, Patisserie Daniel, Preview Hair Studio, Royal Bank, Schering Canada, the Shark Club, Thrifty Foods, Victoria Bridge Centre, the Victoria Conservatory, and the Victoria Symphony. Heartfelt thanks to Blackwell Science for a subscription renewal to [gastrohep.com](http://gastrohep.com)



### BE PART OF THE TEAM!

We need people to summarize articles. HepCBC needs telephone buddies, a librarian and 2 people to help with our website. The HepCan list needs a moderator trainee. Please contact us at 250-595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

## 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 15<sup>th</sup> of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send a cheque 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. number, 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/](http://groups.yahoo.com/group/NewHepSingles/)

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CHAT: [http://forums.delphiforums.com/](http://forums.delphiforums.com/hepatitisen1/chat)

[hepatitisen1/chat](http://forums.delphiforums.com/hepatitisen1/chat)

### TIP OF THE MONTH:

**IN DOUBT? YOU HAVE THE RIGHT TO A SECOND OPINION!**

## DIAL-A-DIETITIAN

604-732-9191 (Vancouver Area)  
1-800-667-3438 (Toll-free elsewhere in BC)

**Hepatitis C - Are you at risk? Get tested...**



For more information call:  
**250 595-3892**

**hepcbc**

[www.hepcbc.ca](http://www.hepcbc.ca)

### PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

**CAN I GET FIRED FOR HAVING HCV?**

When I found out I had HCV, I did not even hesitate to tell my boss that I was diagnosed. I knew I was going to need his support if I was going to start treatment. I had already worked for many years at my employment and felt I could trust my boss. However, I can imagine this is not the case for everybody. I have even heard of people being fired just for having HCV. It seems ludicrous to be fired for it, but it is a result of no education and public awareness of HCV. People are afraid of it and do not understand that they are not at risk of "catching" it.

When I told my boss he was supportive and told me they would be there for me if I did the treatment. However, it was decided that we would not make it an open topic with co-workers. My boss did not want to have a string of people coming through his office that he would have to continue educating on HCV. "Yes, I know she has HEPATITIS C. No, you don't have to disinfect her phone after she uses it. No, you are not at risk of "catching" it." He was aware that there are some people in this world who are not educated and who do not care to do the research themselves. They would simply brand me and treat me differently.

Co-workers are different from friends and family. Co-workers do not feel it necessary to learn your circumstances and be there for you. It was known at work that I was "sick" as I was constantly at the doctor's office during treatment, and there were days where I looked under the weather to say the least, but nobody ever hassled me about it. One person got the guts up to ask me directly once what was wrong with me and I wanted to tell her as I liked her and trusted her, but all I said was "I'm sick," and dropped it. She knew that it was obviously not something I wanted to talk about.

This worked for my boss and me, but what if your boss is one of the uneducated people who do not wish to do the research? Can he/she fire you? Your boss would not have "just cause" in firing you for having HCV. However, by following the guidelines closely, they may be able to let you go with notice and severance pay for no reason. To look closer at this, go to [http://www.qp.gov.bc.ca/statreg/stat/E/96113\\_01.htm#section66](http://www.qp.gov.bc.ca/statreg/stat/E/96113_01.htm#section66). These are the rules of termination as per the Employment Standards Act. Also, if you are in your first three months of employment, you can be let go with no cause and no notice or severance. In reality though, are you really going to be able to work for somebody who would dis-

criminate against you? If your boss is not supportive, maybe it is time to move on.

**DO YOU NEED SOMEBODY TO TALK TO?**

Do you need somebody to talk to but are uncomfortable going to a group meeting or session? Not comfortable in chat rooms? If you need a shoulder to cry on, a person to rant to, or somebody to understand, please feel free to e-mail me at [tanyafrizzle@hotmail.com](mailto:tanyafrizzle@hotmail.com). Not only do I live with HCV and have been through failing treatment, I have also lived through my father passing away from HCV. So even if you do not have HCV and are a concerned friend or family member who has questions, feel free to contact me. [tanyafrizzle@hotmail.com](mailto:tanyafrizzle@hotmail.com)



*You are invited to a*  
**HepCBC "Meet and Greet"**

**Purpose:** To connect people living with Hep C and their families with others in the Victoria and Surrey regions. This event is particularly geared towards people starting Hep C treatment in 2007, but everyone infected or affected by Hep C is encouraged to attend.

**VICTORIA, BC**

**When:** March 31, 2007 from 1:30-3:30 PM

**Where:** Eric Martin Pavilion Theatre, 2328 Trent Street, Fort Street entrance, Victoria, BC.

Speaker TBA.

Refreshments will be provided.

**Note:** Parking can sometimes be a challenge. Please allow yourself time to find a spot!

**Victoria Info 250-595-3892 or email [info@hepcbc.ca](mailto:info@hepcbc.ca)**

**SURREY, BC**

**When:** March 31, 2007 from 1:30-3:30 PM

**Where: To be confirmed, depending on attendance.**

Refreshments will be provided.

**Surrey Info and/or registration, 604-582-3843 or email [info@hepcbc.ca](mailto:info@hepcbc.ca)**

**HOW DID I GET IT?**

As many as 40% of Hep C patients ask themselves "How did I get it?" making researchers believe that there are still unidentified risk factors for transmission. Some of these researchers studied 450 HCV patients who had no transfusion or IVDU history, along with 757 healthy recruits to serve as control subjects. All of the subjects completed a questionnaire given by an interviewer, who asked them about their possible risk factors.

Genotype distribution was as follows: 65% type 1, 14% type 2, 11% type 3, 5% type 4, and 4% type 5.

The results showed risk factors, in order of frequency in each of two categories.

- **Lifestyle-related risk factors:** Intranasal cocaine use, contact sports, beauty treatments, professional pedicure or manicure.
- **Noscomial risk factors:** admission to medical or surgical ward, endoscopy, abortion, outpatient treatments such as wound care, diathermy, gamma globulin, IV or intramuscular injections, varicose vein sclerotherapy, acupuncture.

*Source: [www.ncbi.nlm.nih.gov/entrez/query.fcgi?&db=PubMed&list\\_uids=17052278&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?&db=PubMed&list_uids=17052278&dopt=Abstract) Karmochkine M, et al, A case-control study of risk factors for hepatitis C infection in patients with unexplained routes of infection.*

PMID: 17052278

**FEMALE? HCV POSTIVE?**

Even though statistics say women live longer than men, women with HCV who drink heavily die more than 10 years earlier than their male counterparts, according to a report by M. Chen and colleagues in February's issue of Alcoholism: Clinical and Experimental Research.

There have been many studies showing that heavy alcohol use makes the disease progress faster, but there were few studies done about the effects of alcohol on men and women separately, and even fewer studied the relationship between alcohol and death from HCV.

The report was based on the relationship between drinking habits and death rates shown in 7,263,163 US death records between 2000 and 2002. "Alcohol use was determined by alcohol-induced medical con-

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## RESEARCH

### NIM811

NIM811 is a Cyclophilin Inhibitor. It is made from cyclosporine and targets a host protein called cyclophilin. It has been found to stop HCV from multiplying in test tubes. It binds to the polymerase, causing it to malfunction. Researchers hope it will be more effective than current therapies. A trial using a combination of IFN-alpha and cyclosporine showed an improved response than just IFN alone. There are worries about using an immunosuppressive drug like cyclosporine to treat a virus. NIM811 has a modification which makes it not affect the immune system so much as cyclosporine.

Source: [www.natap.org/2006/HCV/083106\\_03.htm](http://www.natap.org/2006/HCV/083106_03.htm) *New Class of HCV Drugs, Cyclophilin Inhibitors*

### GROWING HCV

Researchers at the U. of Washington figured out a way to grow HCV in the lab, and keep it multiplying for at least 2 months. These newly grown viruses can infect new cells. Other attempts at growing the virus have not allowed such a long replication time. The researchers will be able to better investigate how the virus hurts liver cells, and the discovery may help develop a vaccine. The same team isolated human liver stem cells last summer. They were taken from aborted, donated human fetuses. The cells were grown in the lab and put into mice to take the place of dead cells. These cells have been used to make a new, nourishing lab culture, for HCV. The culture also allowed HCV, from Hep C patients with various genotypes, to reproduce. The investigators found that the virus particles were released in spurts every 10 to 14 days, like what happens in humans. The cultured cells even made IFN-beta to control the infection. Now the researchers must try to infect lab animals with these lab-grown viruses. They hope that a vaccine will be developed in approximately 5 years.

Sources: King, Warren, *The Seattle Times*, Jan 24, 2007 *New Hepatitis C Culture System for Study of Virus*, and [www.biologynews.net](http://www.biologynews.net), *New culture method for hepatitis C virus uses primary hepatocytes and patient serum*



(NEWS Cont'd from page 1)

### HCV FUNDING CUT IN SOUTHERN VANCOUVER ISLAND

On January 11<sup>th</sup>, a funding cut of 37.5% for HIV/AIDS and HCV programs in southern Vancouver Island was announced by Vancouver Island Health Authority, in spite of their mandate to "reduce the transmission of HIV by 50%." VIHA plans to send the existing funds to other regions on the island to be more "equitable", according to Dr. Murray Fyfe, even though he agreed that the existing resources are insufficient and funds for HIV/AIDS health services have not increased for the past 14 years. Victoria's Downtown Service Providers Committee (DSPC), a group of social service providers in Greater Victoria, including the City of Victoria, the United Way, the Victoria Police Department and the Downtown Victoria Business Association held emergency meetings to discuss how to deal with this issue. Responding to the meetings, VIHA announced a one-time funding extension of \$450,000 to make the transition smoother, further enraging activists.

"Reducing these services is misguided and potentially dangerous. I foresee greater despair in the community, new HIV and hepatitis C infections, and worsened emergency room and hospital crowding as direct consequences of this funding cut," said Dr. Chris Fraser, of the Cool Aid Community Health Centre.

Source: [http://www.avi.org/node/view/1201\\_29](http://www.avi.org/node/view/1201_29) *January 2007, Funding cut threatens HIV/AIDS and hepatitis C services in Victoria and Southern Vancouver Island*

### BODY SHOP FOUNDER HAS HEP C

The founder of Body Shop, Anita Roddick, announced that she has had Hep C for 35 years. She had a transfusion when she gave birth to her daughter in 1971. Dame Anita founded the Body Shop in 1976. She now has cirrhosis. She discovered her Hep C during a routine blood test. She has now stepped up to the podium to ask that more public funds be given to promote awareness, since 90% of those infected have not been diagnosed, according to Professor William Rosenberg, of the University of Southampton. "I want to blow the whistle on the fact that Hep C must be taken seriously as a public health challenge and must get the attention and resources that it needs," said Ms. Roddick.

Source: <http://news.scotsman.com/health.cfm?id=242422007> Feb 14 2007, *Body Shop founder Roddick has Hepatitis C*

(CRISIS—Continued from page 1)

Another reason for the discrimination is presentation. A gentleman outlined his experience. He explained he brought a person with HCV to the hospital, to the same people from whom he had received treatment for his HCV. The man he brought in was of lower socioeconomic status and did not "present well." Immediately he was asked by the staff, "What are you doing with him?" His answer was, "I'm here to ensure this man gets the treatment he needs."

Injustice due to stigma, labeling and victim blaming make it difficult for people with HCV to disclose their diagnosis. A common theme in deciding whether to disclose HCV diagnosis is fear. The person with HCV may fear discriminatory treatment, the perception that they are the disease, and loss of the chance to disclose their individual feelings and needs. Some people with HCV fear that by having their diagnosis on their health records they may not be eligible for health insurance. More information and less labeling would contribute to decreasing the fear people experience when deciding whether to disclose their diagnosis. It would also facilitate a more constructive relational experience between the caregiver and the patient.

Organization in the hospital could be to blame. Whistle blowing is the act of exposing injustices by reporting them and other ethical dilemmas within an organization. Some hospital personnel may neglect to do it for fear of job security. The Canadian Nurses Association Code of Ethics for Registered Nurses (2006) suggests registered nurses are not to be discriminative in allocating resources and care. It also states registered nurses have a duty to advocate and protect others from injustices. Doctors have similar Hippocratic oaths, as do all trained hospital workers.

People with HCV can become extremely sick and have difficulty with their basic self care needs. The diagnosis of HCV can leave people feeling isolated, hopeless, ashamed, undignified, sick, desperate, and vulnerable.

Addition of stigma, labeling, and victim blaming is unethical and detrimental.

Did you know you can contract HCV from sharing a toothbrush...a razor? Did you know that you can have it without experiencing any symptoms? Do you know if you have it? Do you know for sure?



**R1626**

A Phase Ib randomized, observer-blinded, placebo-controlled study found that R1626, an oral nucleoside analogue polymerase inhibitor, administered as monotherapy for 14 days, allowed the patients receiving the highest dose to normalize their ALT levels. The study observed treatment-naïve, genotype 1 patients. There were more side effects at the highest dose. No resistant mutations of the virus were found. The Phase II study is now testing the product with peg-IFN plus ribavirin.

Source: <http://clinicaloptions.com/Hepatitis/Conference%20Coverage/Boston%202006/Capsules/LB2.aspx> Monotherapy With HCV Polymerase Inhibitor R1626 Results in Robust Decreases in Genotype 1 HCV RNA in a Dose-Dependent Manner October 31, 2006

**MX-3253**

A phase II study in 36 non-responders and 21 partial-responders to pegylated IFN-based treatment announced its results last November. The three treatment arms were 1) triple therapy with celgosivir + peg-IFN + RBV (ribavirin), 2) double therapy with celgosivir + peg-IFN, and 3) celgosivir placebo + peg-IFN + RBV. The triple combo arm showed an advantage over the placebo group in non-responders, with a viral load reduction of 1.2 log<sub>10</sub> vs. only a 0.4 log<sub>10</sub>, plus a 33% Early Viral Response (EVR) vs. only 10% at the end of 12 weeks of treatment. There were no serious side effects. Study participants were allowed to continue treatment another 36 weeks, adding on the celgosivir if they didn't have it the first time through.

A phase II study was begun last October for treatment-naïve, genotype 1 patients, and results are expected in the first half of 2007.

Source: [http://natap.org/Dec\\_13\\_2006](http://natap.org/Dec_13_2006). New HCV Drug Celgosivir/MX-3253, oral alpha-glucosidase I inhibitor

**TIME-RELEASED IFN**

OctoPlus began a Phase IIa trial for 32 treatment-naïve genotype 1 patients with LocteronTM, a time-released IFN-alfa product designated BLX-883, taken together with RBV over 12 weeks. The trial is taking place in several centres in Europe. The injection is once every 2 weeks, and provides a gradual dosing of IFN over the time between injections. It is hoped there will be fewer side effects, increasing patient compliance. Phase I results confirmed safety and effectiveness. Phase IIb is being planned.

Source: [http://www.natap.org/2007/HCV/013007\\_01.htm](http://www.natap.org/2007/HCV/013007_01.htm) MARKETWIRE Jan 29 2007 Time-Released Interferon Drug: OctoPlus initiates Locteron Phase II clinical study in chronic hepatitis C

**TIBOTEC'S PROTEASE INHIBITOR**

Tibotec, in collaboration with Medivir, has initiated a Phase I clinical trial with a protease inhibitor which will attack the NS3/4A section of the virus. The trial will assess the safety, tolerability, and effectiveness in healthy volunteers in Europe. Pre-clinical research demonstrated promising properties of the drug such as excellent anti-viral activity in cell-based tests. Tests show it should be effective when taken orally. Medivir also has a polymerase inhibitor program, together with Roche.

Sources: <http://uk.biz.yahoo.com/08022007/240/medivir-clinical-phase-i-trial-with-hepatitis-c-virus-protease.html> and <http://natap.org/>

**MitoQ**

Antipodean Pharmaceuticals has initiated a Phase II trial of MitoQ (mitoquinone) to evaluate its efficacy in reducing liver damage associated with HCV. The trial will treat 36 non-responders or patients not suited for standard treatment. The 3 arms of the trial will include two different doses and a placebo. MitoQ is given orally once a day. ALT will be compared before and after treatment. The developers believe that MitoQ, a mitochondrial protective agent, can stop and maybe reverse liver damage, in spite of non-response to treatment. HCV can change the mitochondrial function, leading to production of free radicals. MitoQ is supposed to transport antioxidants into the mitochondria to interrupt damage to the cells.

Source: Antipodean Pharmaceuticals Initiates Phase 2 Trial in Hepatitis C [www.natap.org/2007/newsUpdates/020807\\_05.htm](http://www.natap.org/2007/newsUpdates/020807_05.htm) February 5, 2007

**IL-29: PEG-IFN LAMBDA**

ZymoGenetics has begun a Phase 1 study of PEG-Interferon lambda (IL-29) in healthy subjects. It is hoped the drug can work as an effective, alternative therapy, with fewer side effects than standard treatment. Both lung and liver cells have receptors for IFN lambda, and this product has demonstrated anti-viral activity in vitro (test tubes).

Source: <http://www.zymogenetics.com/ir/newsItem.php?id=955538> ZymoGenetics Begins Clinical Trial for PEG-Interferon lambda as Potential Treatment for Viral Infection Jan 30 2007

PegCARE is a reimbursement program to help people who don't have third party coverage pay for their Pharmacare deductible for hepatitis C treatment. It is pro-rated, so the less someone's net family income is, the more help they get. Basically, if someone's net family income is less than \$30,000, they will get 100% reimbursement. The more they make, the less of a percent is reimbursed, up to a max of \$100,000 income.

The patients must be signed up for Fair Pharmacare to qualify, and they also need to provide a copy of their last year's T4 form to show income level.

Each treating physician and hepatitis support nurse has these forms available to them. There is a toll free number that can be called if there are any questions or if help is needed. It's only a single page, a simple form to fill out.

PegCARE: 1-800-603-2754

**PEGASSIST**

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

**COMPETITION!**

HepCBC is looking for writers for the next issue of the *hepc.bull*, and is willing to pay \$50.00 for a featured article. The article should be original, consist of 500 to 800 words, and of course, be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of the disease, or a call for action. Submissions should be in by the 15<sup>th</sup> of next month, **stating interest in the bonus**. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. [info@hepcbc.ca](mailto:info@hepcbc.ca)

## GOVERNMENT OPPOSES INCLUDING FAMILY MEMBERS

Toronto – On February 5 and 6, the Ontario Superior Court of Justice heard submissions to approve a proposed \$1B compensation agreement for people infected with the hepatitis C virus (“HCV”) through blood received in Canada before 1986 and after June 30, 1990. The Government of Canada announced their intention to compensate victims in July of 2006 but details of the proposed settlement were only revealed in December. Amongst the claimants to the proposed agreement are a class of victims known as “secondarily infected”. It includes spouses and children infected with HCV from blood contact with a transfused person who was given the virus through the blood system. However, it will exclude any other immediate family member infected through contact in the home.

One such person is Gary Gagnier. His brother was infected with HCV through one of several transfusions he received as a child and young adult following a playground accident. The injury led to regular and profuse nose bleeds that Gary often helped to clean up. Growing up, the brothers would also share tooth brushes and razors, unaware that one had been infected with the potentially fatal virus. Recent research has shown that the hepatitis C virus can be passed amongst family members through blood to blood contact by the sharing of personal items like tooth brushes and razors. As a result of bad health experienced in the 1990s, both were tested for HCV independently and discovered they were each infected. The criteria used for the transmission of HCV to secondarily infected in the proposed settlement agreement was not based medically on the transmission modes of HCV at all, but by the transmission of HIV, which has a much higher incidence of being passed from mother to child and through sexual contact.

Both brothers received \$10,000 for their suffering when litigation against the Canadian Red Cross was settled in 2001. Mr. Gagnier was shocked when he learned, just prior to Christmas, that the much anticipated settlement announced by the Prime Minister would not include him. Repeated calls to the lawyers for the class action resulted in no answers, so he retained his own lawyers in January and wrote to the Prime Minister hoping he could be included. Instead, on Tuesday morning, Mr. Gagnier found himself in Court, still left out of the deal and

watching as his lawyers pleaded with the court to recognize the unfairness of compensating some infected family members but not others while counsel for the Attorney General of Canada vigorously opposed the motion to add these victims to the \$962 million fund. They had argued on Monday that the Court should agree that any surplus funds left over when all approved claims are paid out will automatically be returned to the government.

Mr. Gagnier now suffers from late stage liver disease and is partially disabled from the effects of hepatitis C. He has tried treatment but it did not work. “My health and life have been devastated by this disease,” said Mr. Gagnier. Referring to his brother he noted, “If I was his father or son I would be in the deal but instead, I’m his brother so I am being shut out”. Mr. Gagnier expressed hope that the federal government would agree to broaden the definition of “Secondarily Infected” so other family members like him would get some much needed help.

After hearing arguments on the motion, Justice Warren Winkler reserved his decision on the matter while hearings on the federal deal take place in Montreal, British Columbia and Alberta until the end of February.

### For further information please contact:

David Baker, LL.B., LL.M  
Bakerlaw  
dbaker@bakerlaw.ca  
672 Dupont St., Suite 400  
Toronto, ON M6G 1Z6  
Phone: (416) 533-0040 ext. 222  
Fax: (416) 533-0050

John C. Plater  
RR#1  
Heathcote, Ontario N0H 1N0  
(519) 599-3093

Jacqui Lemmon  
jacqulemon@rogers.com  
(416) 836-5527



Canadian Hepatitis C Information Centre  
**Hepatitis C Listserv**  
**Liste de diffusion sur l'hépatite C**  
du Centre canadien d'information sur l'hépatite C

We would like to introduce the newly structured listserv with our first posting. We will be sending out regular posts on a bi-weekly basis as well as any additional more urgent information as it arises. We welcome your feedback, suggestions and questions and encourage you to send us any information that you would like to see included in future postings. Please feel free to forward this information to others who might be interested.

hepc@cpha.ca  
1-866-804-4372  
<http://www.hepc.cpha.ca>

### Will you be needing investment advice?

The Vancouver Hep C Support Group contacted some of the financial institutions to make them aware that the compensation payments are to be made this year and to ask what services they could provide to the class members. The Bank of Montreal was the first to respond to our query. Further information will be forthcoming when the details of the Settlement Agreement become clearer.

Financial plan need tuning?

Let one of our Financial Planners, Investment & Retirement Planning, help you fine-tune your plan to meet your financial needs now — and as they change.

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(HEP C and YOU—Continued from page 3)

ditions as either the underlying cause or as one of the contributing causes of death.”

The death records were divided into HCV with heavy drinking, HCV without heavy drinking, heavy drinking without HCV, and “others”. The researchers compared the average ages and probabilities of death, and found that in those who had HCV as a contributing cause of death, there were more heavy drinkers than those who died from causes other than HCV. Those who died from causes related to HCV who were heavy drinkers usually died sooner than those who were more temperate.

The average age of death in male, heavy drinkers with Hep C was 50, compared to 55.1 in non-heavy drinkers. For women, heavy drinkers died at an average age of 49.1, rather than at age 61 for those who drank little or no alcohol, in spite of the fact that hepatitis C usually progresses slower in women than in men.

There were weaknesses in the study. The age at the time of infection was not taken into account. Drinking history was not provided in the death certificates, so the result of light or moderate drinking could not be studied. Heavy drinkers may not have been identified in this study, since not all of them develop the medical conditions noted, and the conditions may not have been reported.

Source: [www.psychiatrictimes.com](http://www.psychiatrictimes.com) Jan 25 2007  
*Heavy-Drinking Women with HCV Infection Cut Decade Off Life* By Neil Osterweil

### LOW FAT COLCANNON

- 2 pounds potatoes, peeled and cut into pieces
- 1 small cabbage, cored and chopped
- 2 small leeks, white parts only, sliced
- 1 cup fat-free milk
- 4 ounces fat-free cream cheese, softened
- 1/2 teaspoon white pepper



Boil potatoes in a large pot of water until tender (20-25 min) while boiling or steaming cabbage 10 min in a 2<sup>nd</sup> pot. Drain, cover and set aside.

In a medium saucepan, simmer leeks in milk for 5 minutes. Remove with slotted spoon. Put aside. Reserve milk.

Add half the milk to drained potatoes. Mash the potatoes well. Add cream cheese and white pepper. Mash again until blended. Use remaining milk if needed. Stir in cabbage and leeks.

Source: <http://lowfatcooking.about.com/od/vegetablesandvegetarian/r/colcannon.htm>

**To read a complete version of the Pre '86-Post '90 Settlement Agreement, and for more information, please visit:**  
[www.reko.ca/html/hepc\\_settlement.pdf](http://www.reko.ca/html/hepc_settlement.pdf)



### DEAR FELLOW HEPPEERS

Thank you for your support with regard to people infected by the blood system before 1958. In addition to our emails:

- We left several messages on Tony Clement's web site,
- contacted a number of other politicians,
- contacted the five Class Action Law firms handling the case across the country,
- sent a formal protest to the BC Court which has to approve the Settlement,
- And did an interview on CBC radio.

Amazingly enough, it seems to have worked! I have been assured that the Settlement presented to the Courts this month will be removing the date of 1958.

Now that victims from before 1958 will be allowed to apply, the major problem is going to be getting the evidence that is required. The trail has grown very cold after 51 years. I'm hoping that will be taken into account.

I'd also like to apologize to any estate members who felt that I was being dismissive of their claims in stating that it will be unjust if estate members are compensated while the victims from 1955-1958 are not. It wasn't my intention to imply that estate members should not be compensated. I took that as a given, since it was already in the Settlement.

Best of luck to everyone who is applying for compensation.

Take care,  
Diana



## COMPENSATION

### LAW FIRMS

#### 1986-1990

Bruce Lemer/Grant Kovacs Norell  
Vancouver, BC  
Phone: 1-604-609-6699  
Fax: 1-604-609-6688



#### Pre-1986/ Post-1990

Klein Lyons  
Vancouver, BC 1-604-874-7171,  
1-800-468-4466, Fax 1-604-874-7180  
[www.kleinlyons.com/hepc/intro.html](http://www.kleinlyons.com/hepc/intro.html)

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

Roy Elliot  
Roy Elliott Kim O'Connor LLP.  
[hepc@reko.ca](mailto:hepc@reko.ca) [www.reko.ca](http://www.reko.ca)

Kolthammer Batchelor & Laidlaw LLP  
#208, 11062 – 156 Street,  
Edmonton, AB T5P-4M8  
Tel: 780-489-5003 Fax: 780-486-2107  
[kkoltham@telusplanet.net](mailto: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 3467) or 604-707-3467  
**Lookback Programs, Canada:** 1-800-668-2866  
**Look back 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

**Class Action Suit Hotline:** 1-800-229-5323 ext. 8296  
**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  
**Quebec Compensation:** 1-888-840-5764  
[ca/en/ms/hepatitisC/forms.html](http://ca/en/ms/hepatitisC/forms.html)

### ADMINISTRATOR

#### 1986-1990

To receive a compensation claims form package, please call the Administrator at 1-877- 434-0944.  
[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)  
<http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf>

#### 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](mailto:HepatitisC@kpmg.ca)  
<http://www.kpmg.ca>

#### UPDATES

<http://hepcsc.blogspot.com/>  
[www.hepcsc.ca/](http://www.hepcsc.ca/)  
Agreement: [www.reko.ca/html/hepc\\_settlement.pdf](http://www.reko.ca/html/hepc_settlement.pdf)

## COMING UP IN BC/YUKON:

**AIDS Vancouver Island HCV support**  
 • **Campbell River:** Drop in, harm reduction, support, education. Contact: 250-830-0787, jeanette.reinhardt@avi.org leanne.cunningham@avi.org  
 • **Comox Valley** 355 6th St. Courtenay; Contact Phyllis 250-338-7400 phyllis.wood@avi.org Drop in, harm reduction, support, education.  
 • **Nanaimo** Each Wed 2-4 PM #201-55 Victoria Rd. Contact Anita 250-753-2437 anita.mcleod@avi.org  
 • **North Island** Contact Sharon Spencer at 949 6735 or Shane Thomas at 949 0432 shane.thomas@avi.org  
 • **Port Hardy** (Sayward, Port McNeil, Alert Bay, Sointula and Woss) 7070 Shorcliffe Ave, Contact Shane, 250-926-3293 shane.thomas@avi.org. Education, mobile harm reduction, and support.  
 • **Victoria** 1601 Blanshard St., 250-384-2366 info@avi.org Harm Reduction.

**Boundary HCV Support and Education.** Support, education, presentations. Contact Ken 250-442-1280 [ksthomson@direct.ca](mailto:ksthomson@direct.ca)

**Castlegar** Contact Robin 250-365-6137 eor@shaw.ca

**Courtenay HCV Peer Support and Education.** Contact Del 250-703-0231 dggrimstad@shaw.ca

**Cowichan Valley Hepatitis C Support** 751 Whamcliff Rd. Duncan BC. Contact Leah 250-748-3432 r-lattig@shaw.ca

**Cranbrook HeCSC-EK** Phone support. Contact Leslie 250-426-6078, [ldlong@shaw.ca](mailto:ldlong@shaw.ca)

**HepCBC** [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://www.hepcbc.ca)  
 • **Victoria:** Drop-in/Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 250-595-3892  
 • **Surrey:** Support/info 604-582-3843

**Kamloops AIDS Society** of Kamloops (ASK) 433 Tranquille Rd. Office 250-376-7558 Support/ Referral. [ask@telus.net](mailto:ask@telus.net) 1-800-661-7541 [www.aidskamloops.bc.ca](http://www.aidskamloops.bc.ca)

**Kelowna Hepkop:** Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, [eriselevy@shaw.ca](mailto:eriselevy@shaw.ca), Lisa 1-866-637-5144. [ljmortell@cablelan.net](mailto:ljmortell@cablelan.net)

**Kootenay Boundary:** Support & info Contact Brian Reinhard [reiny57@yahoo.ca](mailto:reiny57@yahoo.ca)

**Mid Island Hepatitis C Society** 2<sup>nd</sup> Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact Cindy 250-756-4771 [midisland-hepc@hotmail.com](mailto:midisland-hepc@hotmail.com)

**Nakusp Support** Contact. Contact Vivian 250-265-0073 [Claire@columbiacable.net](mailto:Claire@columbiacable.net)

**Nelson Hepatitis C Support Group** 1<sup>st</sup> Thurs. monthly 7-8:30 PM. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex 1-800-421-2437, 250-505-5506, [info@ankors.bc.ca](mailto:info@ankors.bc.ca) alex@ankors.bc.ca [www.ankors.bc.ca/](http://www.ankors.bc.ca/)

**Mt Waddington Harm Reduction** Each Tues. 10-12 8635 Granville, Pt. Hardy. Contact Dan 250-902-2238 [mtwreduc@hotmail.com](mailto:mtwreduc@hotmail.com)

**New Westminster Support** Contact Dianne Morrisette, 604-525-3790 before 9 PM. [dmorrisette@excite.com](mailto:dmorrisette@excite.com)

**Pender Harbour Hep C Support & Info** Contact Myrtle Winchester 604-883-9911 or 604-883-0010 [myrwin@dccnet.com](mailto:myrwin@dccnet.com)

**Powell River Hep C Support** Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact: 604-485-3310 karen.peel@vch.ca

**Prince George Hep C Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Gina 250-963-9756, Ilse 250-565-7387 [ilse.kuepper@northernhealth.ca](mailto:ilse.kuepper@northernhealth.ca)

**Prince Rupert Hepatitis C Support** Public Health Unit 300 3th Ave. W Contact 250-624-7480 [andrea.hill@northernhealth.ca](mailto:andrea.hill@northernhealth.ca)

**Princeton** Contact the Health Unit (Princeton General Hospital) or Brad at 250-295-6510 [CitizenKane@hepcan.ca](mailto:CitizenKane@hepcan.ca)

**Queen Charlotte Islands/Haida Gwaii & Northern BC support.** Contact Wendy 250-557-2487, 1-888-557-2487, [wendy@wendyswellness.ca](mailto:wendy@wendyswellness.ca) [www.wendyswellness.ca](http://www.wendyswellness.ca) <http://groups.yahoo.com/group/Network-NW/>

**Slocan Valley Support Group** Contact Ken 250-355-2732, [ken.forsythe@gmail.com](mailto:ken.forsythe@gmail.com)

**Smithers: Positive Living North West** Contact 1-866-877-0042 or Doreen 250-847-2132, [deb@plnw.org](mailto:deb@plnw.org)

**Sunshine Coast-Sechelt** Healthy Livers Support Group Information/resources, contact Catriona, 604-886-5613 [catriona.hardwick@vch.ca](mailto:catriona.hardwick@vch.ca) or Brent, 604-740-9042 [brent.fitzsimmons@cgh.bc.ca](mailto:brent.fitzsimmons@cgh.bc.ca)

**VANDU** The Vancouver Area Network of Drug Users: Satellite Hep C group at Health Contact Centre (HCC), 166 E. Hastings, each Thurs. 2 PM. Bus fare, snacks. Contact 604-683-6061; [vandu@vandu.org](mailto:vandu@vandu.org) [www.vandu.org](http://www.vandu.org)

**Vancouver:** Pre/post liver transplant support Contact Gordon Kerr [sd.gk@shaw.ca](mailto:sd.gk@shaw.ca)

**Vancouver Hepatitis C Support Group** 2<sup>nd</sup> Thurs. monthly 7-9 PM, 1141 Main St, near Sky Train -Terminal & Main, and 3<sup>rd</sup> Wed. monthly, 7-9 PM VGH, Lauener Room, LP2809, near Sassafra Cafe, Jim Pattison Pavilion, South. Contact Robert, CLF: 1-800-856-7266, 778-898-7211, [radmin@liver.ca](mailto:radmin@liver.ca) [www.liver.ca](http://www.liver.ca)

**YouthCO AIDS Society HepCATS** #205-1104 Homby St., Vancouver 604-688-1441 or 1-877-YOUTHCO [www.youthco.org](http://www.youthco.org) Program Coordinator: Stephanie Grant [stephanieg@youthco.org](mailto:stephanieg@youthco.org) Support Program Coordinator: Brandy Svendsen [brandys@youthco.org](mailto:brandys@youthco.org)

**Vernon HeCSC HEPLIFE** 2<sup>nd</sup> & 4<sup>th</sup> Wed. monthly, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. Contact 250-542-3092, [hecsce@hepc.vernon.bc.ca](mailto:hecsce@hepc.vernon.bc.ca)

**Whitehorse, Yukon—Blood Ties Four Directions** Contact: 867-633-2437 [bloodties@klondiker.com](mailto:bloodties@klondiker.com)

## OTHER PROVINCES:

### ONTARIO:

**Barrie Hepatitis Support** Contact: Jeanie [info/appointment/hepcsupportbarrie@rogers.com](mailto:info/appointment/hepcsupportbarrie@rogers.com)

**Durham Hepatitis C Support Group** 2<sup>nd</sup> Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. March 8, 2007 Speaker from Heart and Stroke Foundation: "Healthy Heart/Healthy You". Contact: Smilin' Sandi <http://creativeintensity.com/smking/> 1-800-841-2729

**Hamilton Hepatitis C Network** Support Group 4<sup>th</sup> Thurs. monthly 6:-7:45 PM. Hamilton Urban Core Community Health Centre—Ask reception for the room. Contact Shannon Lane 905-522-1148 ext 312. [hepc@sprc.hamilton.on.ca](mailto:hepc@sprc.hamilton.on.ca) [hamiltonhepc.net](http://hamiltonhepc.net)

**Hepatitis C Network of Windsor & Essex County** Last Thurs. monthly, 7 PM, 1078 Goyeau Street (across from Hotel Dieu Hospital). Contact 519-967-0490, [amonkman@hepcnetwork.net](mailto:amonkman@hepcnetwork.net), [www.hepcnetwork.net](http://www.hepcnetwork.net)

**Kingston Hep C Info HIV/AIDS** Regional Service. Contact 613-545-3698, [hars@kingston.net](mailto:hars@kingston.net), [www.hars.ca](http://www.hars.ca).

**Kitchener Area Chapter** 3<sup>rd</sup> Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob 519-886-5706 [bc.cats-sens@rogers.com](mailto:bc.cats-sens@rogers.com) or Mavis (519) 743-1922 [elroy222@rogers.com](mailto:elroy222@rogers.com)

**Niagara Falls Hep C Support Group** Contact Rhonda 905-295-4260, [hepcnfi@becon.org](mailto:hepcnfi@becon.org)

**Owen Sound** — Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 257, [www.publichealthgreybruce.on.ca/dminielly@publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca/dminielly@publichealthgreybruce.on.ca)

**Peel Region** (Brampton, Mississauga, Caledon) Contact 905-799-7700 [healthlinepeel@peelregion.ca](mailto:healthlinepeel@peelregion.ca)

**St. Catharines** Contact Joe 905-682-6194 [jcolangelo3@cogeco.ca](mailto:jcolangelo3@cogeco.ca)

**Sudbury Circle C Support Group meets each Tues. 2-5 PM.** Contact Cathy 705-522-3352 or Ernie [hepc.support@persona.ca](mailto:hepc.support@persona.ca) 705-522-5156 for location.

**Toronto CLF** 1<sup>st</sup> Mon monthly 7:30 PM, North York Civic Centre, 5100 Yonge Street, Committee Rm #2. Contact Gina 416-491-3353, [glipton@liver.ca](mailto:glipton@liver.ca)

**Thunder Bay Hep C support.** Contact Kevin Larson 807-475-8210, [klarson@tbaytel.net](mailto:klarson@tbaytel.net), Janet Adams 1-800-488-5840, [jadams@aidsthunderbay.org](mailto:jadams@aidsthunderbay.org)

**Unified Networkers of Drug Users Nationally** [undun@sympatico.ca](mailto:undun@sympatico.ca)

**York Region Hepatitis C Education Group** 3<sup>rd</sup> 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](mailto:info@hepcyorkregion.org)  
[www.hepcyorkregion.org](http://www.hepcyorkregion.org)

### QUEBEC:

**Quebec City Region** Contact Renée Daurio 418-836-2307 [reneedaurio@hotmail.com](mailto:reneedaurio@hotmail.com)

### ATLANTIC PROVINCES:

**Saint John & Area:** Information and Support. Contact Allan Kerr 506-633-4817 [kerrs@nbnet.nb.ca](mailto:kerrs@nbnet.nb.ca)

**Cape Breton Island, N.S.** The Hepatitis Outreach Society Support Group 2<sup>nd</sup> Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486 [info@hepatitisoutreachsociety.com](mailto:info@hepatitisoutreachsociety.com)

### PRAIRIE PROVINCES:

**Regina, Saskatchewan** Contact Doug 306-545-1628 [hepc-c.regina@accesscomm.ca](mailto:hepc-c.regina@accesscomm.ca) <http://nonprofits.accesscomm.ca/hepc-c.regina/>

**HeCSC Edmonton** Contact Jackie Neufeld 780-939-3379.

**Wood Buffalo HIV & AIDS Society** #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 [wbhas@telus.net](mailto:wbhas@telus.net) [www.wbhas.ca](http://www.wbhas.ca)

**Manitoba Hepatitis C Support Community Inc.** Meets every Tues. 7 PM, United Church, Crossways-in-Common, 222 Furby Street, side door, Furby & Broadway, Main Floor. Look for signs) Last Tues. monthly is a Speaker Meeting. Contact Kirk: 204-772-8925 [info@mbhepc.org](mailto:info@mbhepc.org) [www.mbhepc.org](http://www.mbhepc.org)

**Medicine Hat, AB Hep C Support Group** 1<sup>st</sup> & 3<sup>rd</sup> Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 [bettyc2@hivnetwork.ca](mailto:bettyc2@hivnetwork.ca)

If you have a Canadian HCV support group to list here, please send details to [info@hepcbc.ca](mailto:info@hepcbc.ca) Please inform us of any changes by the 15<sup>th</sup> of the month.

**Victoria & Area S.O.L.I.D.** Society of Living Intravenous Drug Users, Consumers Support Group

Wednesdays (except welfare week) 7-9 PM  
 1947 Cook St, Health Unit (Cook and Pembroke)  
 Past and Current IDU's welcome, support, info, & referrals  
 Contact: [momma@vcn.bc.ca](mailto:momma@vcn.bc.ca)