

# hepc . bulletin

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### ASK THE EXPERT

by Susan Halpert, RN

**Dear Susan:** I received a call from a patient who is considering traveling to Asia for the last month of her treatment, so we discussed how she could prepare for this trip regarding documentation for her medication, safe storage, etc. What would you suggest? —Joan

**Joan, I would not recommend** travel as she would need to follow up with her lab work and that would be impossible from there. The Schering product for has to be refrigerated and mixed just prior to using it. The Roche product comes in a preloaded syringe, but also requires refrigeration. The key thing that anyone travelling needs to know is that they must carry the drug with them, in a cool pack [with a doctor's letter], and it must not be frozen. I wish this person well, but I do not think this is a wise decision.

**Dear Susan:** I supervise homecare assistants, and I have an elderly client with end-stage liver disease. She recently cut her foot and had to go to emergency. The homecare workers were worried about transmission. What precautions should they, or anyone cleaning homes for someone with hepatitis C, take?"—Melanie

**To the best of my knowledge, Melanie,** you do not have to be concerned about your patient with end stage liver disease. I think the one thing that you need to emphasize with all of your staff is that they need to use universal precautions when dealing with all patients. Good hand washing before and after dealing with patients and the use of gloves when doing direct patient care is of ultimate importance, as is making sure the wound is well cleansed and the dressings disposed of in an appropriate manner. If this or any other patient has draining wounds, those dressing have to be disposed of in an appropriate manner. Remember the HCV is transmitted through blood to blood contact so any draining wound, if it comes into contact with an open wound on a caregiver, could be a poten-

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### LIVING WITH HEP C AND HEART DISEASE

by Sanjiv Syal

#### PART 1 - (August 2008)

**Motivation to Share My Story:** A wise old man once said "Disease is what you have and illness is how you react to it." Most patients share their experiences after they have had successful outcomes. I would like to share mine as I traverse this journey with the hope that I might inspire a few of us (out of the 180 million infected worldwide with HCV) who are finding it tough to cope with situations or are losing the will to fight. I hope my story touches a chord or two and provides emotional support and encouragement.

I do not know the outcome of this long, arduous test of endurance and spiritual strength. But what I do know is that after three and a half years of being on therapy for HCV (3 attempts, having taken 190 shots of pegylated interferon, consumed thousands of ribavirin tablets and undergone a heart bypass surgery during this period), I have the motivation to fight, with the hope that I have a chance of getting cured.

**The Discovery:** Prior to my diagnosis with HCV in March of 2005 I was a happy, active 45-year old man. I worked hard and played hard. My hours were always filled with vari-

(Continued on page 3)



JESSICA CHAN

HepCBC would like you to join us in welcoming our new executive director, Jessica Chan. Jessica is kindly replacing Mary Lucas, who is taking a maternity leave. Her baby (rumour has it her name will be Sophie...the last I heard) is due very soon. We hope Mary will send us photos for next month's issue. Mary, will you?

Jessica is a graduate of the University of Victoria and studied Molecular Biology. While there, she took an interest in studying infectious diseases. She has spent the last few years dedicated to health promotion. Jessica started as a doctor's assistant and sexual health educator at Island Sexual Health Society (ISHS), where she volunteered on and off for 5 years. Her passion for health promotion led her to apply her skills

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[jking2005@shaw.ca](mailto:jking2005@shaw.ca), (250) 595-3892. The editors  
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### HOW TO REACH US:

**EDITOR:** Joan King  
**PHONE:** (250) 595-3892  
**FAX:** (250) 483-4041  
**EMAIL:** [jking@hepcbc.ca](mailto:jking@hepcbc.ca)  
**WEBSITE:** [www.hepcbc.ca](http://www.hepcbc.ca)

**HepCBC**  
306-620 View Street  
Victoria BC V8W 1J6

### 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 version 8.1!!

Peppermint Patti's NEW **FAQ Version 8.1** is **NOW AVAILABLE**. Version 8 is available in **FRENCH** and Version 7.1 is available in **SPANISH**. The **ENGLISH** version includes the latest treatment information and research from 2008. Place your orders now. Over 140 pages of information for only \$12 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 1997-2007; the FAQ V8; 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.

### DIAL-A-DIETITIAN

604-732-9191 or  
1-800-667-3438

[www.dialadietitian.org](http://www.dialadietitian.org)

Dietitians of Canada: [www.dietitians.ca](http://www.dietitians.ca)

## THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, Health Canada, Community Living Victoria, Provincial Employees Community Services Fund, Pat Winram, Kate Rhodes, Lori FitzGerald, Fatima Jones, Michael Yoder, Chris Foster, Judith Fry, Ernie, Bruce Lemer, United Way, and the newsletter team: Beverly A., Diana Ludgate, Alp.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Margison Bros. Printers, The Four Mile Restaurant, Roche Canada (for special support with our newsletter and phone line), Pacific Coast Net, Royal Bank, Schering Canada, Shoppers Drug Mart, 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)

## 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.*

### Got Hep C? Single? Visit:

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[www.hcvanonymous.com/singles.html](http://www.hcvanonymous.com/singles.html)

[www.hepc-match.com/](http://www.hepc-match.com/)

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Just send your email address to [jking@hepcbc.ca](mailto:jking@hepcbc.ca) and say, "Send me the email version, please," and you, too, can enjoy this newsletter in glorious colour, free of charge.

### BE PART OF THE TEAM!



We need people to summarize articles. HepCBC needs telephone buddies, a librarian, people to help translate the FAQ into Spanish and 2 people to help with our website. Please contact us at 250-595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

### PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

## HCV YOUTH SYMPOSIUM NOVEMBER 14<sup>TH</sup>!

YouthCO AIDS Society is hosting its annual HCV Youth Symposium in Victoria on November 14th! This is a one-day event, by and for youth. Our goal is to bring together youth who are impacted by Hepatitis C, as well as service providers working with youth. Whether you come to learn about the virus and treatment options, to connect with others dealing with the same issues, or to discuss what you think is important, you will find yourself in good company! The day will include skills building and information workshops, as well as fun and inclusive networking opportunities.

Also, if you are working on a project related to youth and HCV, we would love to hear about it, and give you the chance to share your work at the symposium.

To learn more about these exciting opportunities or to inquire about our scholarships for travel and accommodations, please contact Erica at [ericah@youthco.org](mailto:ericah@youthco.org) or check out our website [www.youthco.org](http://www.youthco.org).

### **(LIVING WITH HCV + HEART DISEASE— Continued from page 1)**

ous activities. I was motivated, outgoing and well-adjusted. It seemed that I “had it together.”

In 1989, at age 30, I had been diagnosed with heart disease and underwent a successful “quadruple” heart bypass surgery. This is when I contracted the HCV virus, as I was given blood transfusion during heart surgery. The HCV was *discovered* in March 2005. This meant that I was HCV+ for almost 16 years prior to being diagnosed.

My body had begun manifesting trademark symptoms prior to the discovery. Ultimately, these symptoms became so overbearing that it dawned on me that something was radically wrong. I started losing energy; I felt nauseated and fatigued all the time; I was not sleeping well. My liver enzymes turned out to be very high (ALT 160, AST 105) and a PCR revealed that I was HCV positive. Moreover, I was genotype 1 (the most difficult to treat) with a high viral load of 2.7 million copies per ml. My liver biopsy experience was horrible. The doctor who performed the biopsy was not skilled with the needle and I had to be poked five times, which was very uncomfortable. When the results came they showed that my liver had been extensively damaged and I had fibrosis stage III (bridging fibrosis), a stage prior to liver cirrhosis. With all odds against me, it was a foregone conclusion that I should start HCV treatment.

**My First Attempt:** I started therapy for the first time in June 2005 and continued until May 2006 (50 weeks). I took Schering’s PegIntron (weight based 1.5ug/kg/week alfa-2b) & 1000 mg daily of ribavirin. I became HCV negative during the first 12 weeks, had a viral breakthrough sometime later, and at the end of therapy I was diagnosed positive.

From everything I have heard, read and researched, each person’s journey on treatment is personal and will differ from others. I have not been spared the debilitating side effects of anemia, irritability, muscle aches, nausea, vomiting, low-grade fever, weight loss, insomnia, hair loss, depression, anxiety, mood swings, fatigue, dry skin, itching and rashes.

In regard to my work (I own and manage a consulting Company in India), my plans required major adjustments. The treatment caused me to be extremely tired and not able to deal with the typical day-to-day issues of running a successful company.

**My Second Attempt:** I restarted therapy in May 2006 and continued until June 2007 (57 weeks). This time I shifted to Roche’s Pegasys (fixed dose of 180 mcg/week) and 1000 mg of ribavirin daily. Once again, I became HCV negative within 12 weeks and stayed negative until the end of therapy. I had planned to continue therapy to 72 weeks but I had to abandon my plan in the 57<sup>th</sup> week as I required a repeat heart bypass surgery in July 2007. While recovering from the surgery I relapsed and the HCV virus rebounded to a very high level of 16.7 million copies per ml.

This was a massive blow for me, and as is well-known, troubles in life come in pairs. Patients who fail interferon-based treatment typically have few or no treatment options, and are at risk for progressive end stage liver disease. In a recent study, “the risk of liver failure, cancer or death following unsuccessful HCV treatment is 23% after 4 years, and 43% after 8 years.”

([www.hepctrust.org.uk/news/2008/June/Vertex+reports+on+Prove+3+interim+results.htm](http://www.hepctrust.org.uk/news/2008/June/Vertex+reports+on+Prove+3+interim+results.htm))

**My Third Attempt:** Without giving up hope and still wanting to fight, I had to do something different compared to what I had done in the first two attempts. If I did the same thing yet again, how was I to expect a different result? After consulting with the best in the field of liver disease in October 2007, barely 4 months after my heart surgery, with renewed vigor and HOPE, I decided to give it another attempt. This time my plan was a higher induction dosage of interferon and ribavirin and a longer duration of 72 weeks therapy.

I started therapy for a third time in October 2007. For the first 24 weeks I was on 360

mcg Pegasys weekly (200% of regular dose) and 1200 mg daily of ribavirin. Then for 12 weeks I tapered it down to 270 mcg weekly (150% of regular dose) plus 1200 mg daily of ribavirin. Thereafter and at present, I am on the regular dosage of 180 mcg and 1000 mg of ribavirin. I have completed 44 weeks in my third attempt. I plan to continue therapy for a minimum of 72 weeks. My body weight being only 54 Kg (the average American patient is 75 Kg), my system is heavily taxed. Higher doses of interferon and ribavirin give higher rates of adverse events. I continue to have my share of side effects which include nausea, fever, malaise, myalgias, fatigue, abdominal discomfort, mood swings, cough, irritability, skin rashes, pruritis, constipation, sleep disturbances, mouth sores, etc. There are days I am progressively fatigued and feel a lack of energy, and there are days I feel complete debility, when I want to remain in a closed shell of my own. However, staying involved with healthy habits, family and a work routine helps me tremendously.

**Support System:** As I reflect on my life, I believe that I am truly blessed by the Almighty in that I have been saved every time before disaster has struck. At age 30, I was diagnosed and treated for heart disease before I had a heart attack. Then again, while going through the second attempt at HCV therapy, I was diagnosed and re-treated before I had a heart attack; a heart attack could have cost me a lot, including my life, or it could have left me crippled and not strong enough to participate in this marathon!! In fact, even when I was diagnosed with HCV in 2005, my prognosis would have been much worse if I was discovered to be co-infected with HBV and HIV or if liver cancer had set in. I consider myself very fortunate that today I am in a position to be hopeful and am able to participate in this marathon.

Other than blessings, the Almighty has given me a fantastic support system in my lovely wife Kavita (a doctor by profession), my parents and my two lovely children Rohan and Raghav (picture appended) and many, many well wishers. I have learned the attributes of a positive attitude from my father, the virtues of believing in God, I receive prayers from my mother and commitment from my wife. My family is my motivation to continue.

**My condition at present and my daily routine:** As I write this, I have completed 44 weeks of my third attempt at therapy;

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Your status as an HCV and HIV co-infected individual could help advance research efforts to find effective treatments and improve quality of life.

According to the National Research Training Program in Hepatitis C, in 2006 approximately 11,000 Canadians were living with hepatitis C and HIV. Two years later, this number continues to rise. To counter this progression, researchers, with support from the CIHR Canadian HIV Trials Network (CTN), are designing innovative studies focused on co-infection, but participants are still needed.

Oftentimes persons living with both HCV and HIV do not consider themselves eligible to participate in HIV clinical trials. However, their enrolment is necessary for clinical trials to effectively study HIV and HCV together. Examination of co-infection can also contribute to the large body of clinical knowledge that fosters and supports research in new therapies and vaccines.

If you are considering entering a trial, it is very important, and your right, to know the potential risks and benefits involved. Clinical trial participation is sometimes associated with the opportunity to access a new therapy, but it is important to remember that while a trial may yield such a benefit, there is no guarantee. An individual's primary motivation for enrolling in a trial should be to help others in the future by contributing to the advancement of science and clinical practice.

Currently, the CTN has two studies (**CTN 194 and CTN 222**) that are specifically targeting co-infected individuals and one recruiting individuals who are living with HCV (**CTN 227**):

### **CTN 194 – Peg-interferon and citalopram in co-infection (PICCO)**

Sites: Centre hospitalier universitaire de Sherbrooke, Downtown Infectious Diseases Clinic (Vancouver) McMaster University (Hamilton), Montreal Chest Institute/Royal Victoria Hospital, Montreal General, Notre Dame Hospital (Montreal), Ottawa General Hospital, St. Boniface General Hospital (Winnipeg), St. Paul's Hospital (Vancouver), Toronto General

### **CTN 222 – Canadian co-infection cohort**

Sites: Capital District Health Authority (Hamilton), Clinique du Quartier Latin (Montreal), Downtown Infectious Diseases Clinic (Vancouver), HAVEN Program (Sudbury), McMaster University (Hamilton), Montreal Chest Institute/Royal Victoria Hospital, Montreal General Hospital, Notre-Dame Hospital (Montreal), Ottawa General Hospital, Southern Alberta HIV Clinic (Calgary), St. Paul's Hospital (Vancouver),

Toronto General Hospital

### **CTN 227 - Hepatitis C therapeutic vaccine**

Sites: St-Luc Hospital (Montreal), Toronto Western Hospital.

For more information on these trials and more, please visit the CTN website at <http://www.hivnet.ubc.ca> or call 1-800-661-4664.



### **CD Makes it Easy for People with Hepatitis C to Reduce Stress, Boost Energy with Guided Meditation**

The hepCmeditations project has released an audio CD and booklet, Self-Care for Hepatitis C ~ Applied Meditation for a Healthy Liver. These meditations are specifically designed to enhance liver functioning and support healing from hepatitis C.

Many hepatitis C organizations recommend meditation, and people who do meditate find it extremely helpful. Others who recognize its potential benefit may not know how to meditate, or find it difficult to practice regularly.

This CD was created to give people easy access to meditation, with guided imagery specific to meeting the challenges of living with hepatitis C and other liver problems.

*"I recommend this CD for people with all types of liver disorders; it makes it easy to do the stress reduction that aids liver health," says Dr. Robert Gish, Medical Director, Liver Disease Management and Transplant Program, California Pacific Medical Center, San Francisco, California.*

Visit [www.hepCmeditations.org](http://www.hepCmeditations.org) for more information and to listen to a free sample meditation, "7 Minutes for Liver Health."

#### **Contact:**

Margo Adair  
800-998-6657  
[Margo@hepCmeditations.org](mailto:Margo@hepCmeditations.org)

Robin Roth  
415-452-5153  
[Robin@hepCmeditations.org](mailto:Robin@hepCmeditations.org)

my liver functions are normal and I am virus negative. I am anemic with a hemoglobin level of 10.2. My white and red blood cells are very low. My platelets are normal. My body weight is 54 Kg. My other medical parameters are normal.

Each attempt went by slowly at first and then moved into an eventual rhythm. I work to ensure that I get out of the house each day and force myself to follow a healthy routine. I begin each day with a morning walk. In addition I practice yoga. I also have a masseuse who comes over twice a week. I eat a simple, low-fat diet. My routine is invaluable in helping me deal with the treatment side effects. I have also begun to meditate each morning, which helps me accept my circumstances and face each day with a level of zest, hope and joy!

A natural diet, low in saturated fat, refined carbohydrates, and animal proteins, and high in fiber is recommended. Eating foods rich in lecithin, essential fatty acids (flax oil) and green leafy vegetables rich in antioxidants are all gourmet cuisine for the liver. Alcohol is a complete ban. A nutritional supplement that includes vitamin C, vitamin B, folic acid and milk thistle is recommended.

My trust with HCV will continue and I don't know for how long. If all goes as per the plan I will complete 72 weeks of my third attempt at therapy in March 2009. I may extend the therapy with a lower maintenance dosage and will pray that I do not relapse. There are major medical breakthroughs (e.g., Vertex oral protease inhibitors, expected by 2011), so in a worst case scenario, if I do not achieve success prior to 2011, I still have hope to "beat" the virus in my fourth attempt with the new generation drugs.

I am grateful to the long list of medical professionals who have patiently addressed my questions and provided me with the best advice: Prof Mitchell L Shiffman, Dr Bennet Cecil, Dr Samir Shah, Dr Sanjiv Saigal, Dr Subhash Gupta, Dr S K Sarin, Dr Navin Dang, Dr Desmond Wai, Dr Sanjiv Sikka, Dr Kavita Syal, Dr Naresh Trehan (my two-time heart surgeon) and my Yoga Guru Vijay. I am grateful to the websites HCV Advocate, Clinical Care Options and Janis for enriching my knowledge on the subject and the work they do for the community. Above all, I am eternally grateful to the mastermind of it all - the almighty GOD!!

What I have gained from life in 49 years is far more than I have lost in the past three and a half years of side effects, mental turmoil and

*(Continued on page 5)*

quality of life compromises. The discipline, the will to fight, the ability to understand what is important and what is not are my virtues. I am in control of my life and health, and I am mentally at peace. I have learned the facts and determined the best way to proceed. I believe that God's hand, my family's love and my own endeavors will keep me going. The best advice I can give to the our community is "Think positive, keep the faith and hope, enjoy life in the present moment, take treatment each day at a time and believe in God"!!

My email is [sanjivsyal@ablindia.com](mailto:sanjivsyal@ablindia.com), and I will be very happy to share more details.



*"Hope is both the earliest and the most indispensable virtue inherent in the state of being alive. If life is to be sustained hope must remain, even where confidence is wounded, trust impaired." Eric Erikson*



## PENDER COMMUNITY HEALTH CENTRE

Gastown Medical Clinic  
59 West Pender Street  
Vancouver, BC V6B 1R3  
604-669-9181

Continuing Care: 604-642-5830  
Fax: 604-688-9775

The Gastown Medical Clinic provides primary health care in the Downtown East-side; clients may or may not have medical coverage (certain conditions may apply). Services include physician, nursing care, mental health counselling, nutrition consultation, medication assistance, and continuing care. Also offers medical care services in French: available Tuesday to Thursday by appointment 9:30 to 11:30 am or by drop-in from 12 noon to 3 pm. Clinic hours are 8:30 am to 4:30 pm Monday to Friday.

## HCV NEWS

### INTRANASAL TRANSMISSION

Common sense could tell us, as we have long suspected, that HCV can be transmitted by sharing drug-snorting equipment. Researchers were able to prove that blood and HCV genetic material can be found in the nasal secretions and on the sniffing tools of drug users. The 38 HCV+ drug users in question were enlisted from a clinic in New York City, where 29% of non-IV-drug users are positive for the virus. 34% of the subjects were HIV+ as well, and 45% had HBC antibodies. Small amounts of blood were found in nasal secretions of 74% of the subjects, but even though there was blood, only 13% of the samples contained HCV. Of 28 samples containing occult blood, 25 of those did not contain HCV. Over 40% of the patients suffered from nasal congestion once a week or more, and 8% had nosebleeds once a week or more. The study proved that HCV can be found in nasal secretions and that blood and HCV can be transferred onto snorting straws. Previous studies have shown that HCV can live for up to 16 hours on a surface, but we don't know how much HCV is needed for transmission to take place.

In this study, drugs were not used, and the snorting was simulated. The researchers believe that the use of drugs could make discharge and bleeding more common. The health of the nasal lining may affect results, as well.

This study may affect ear, nose and throat specialists and how they deal with possible transmission of the virus in their practice.

Source: [www.journals.uchicago.edu/doi/abs/10.1086/591699](http://www.journals.uchicago.edu/doi/abs/10.1086/591699) *Clinical Infectious Diseases* Oct 1 2008;47:931934

### HCV and BLOOD SUGAR

A report appearing in the August 2008 American Journal of Gastroenterology says that almost 2/3<sup>rd</sup>s of Hep C patients have abnormal levels of blood sugar (glucose). Evaluation of such problems is necessary for proper care of these patients. These scientists compared the results of an oral glucose intolerance test of 522 Hep C patients to the results of a group of non-Hep C subjects. They disregarded those who were already diagnosed with diabetes. Of those left, 42.8% had impaired glucose

*(Continued on page 7)*

## PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-pay they might have, whether through their provincial coverage (i.e.: Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

## 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)

# MOVING THROUGH SELF-JUDGMENT WITH EFT

By Karen Hodson, BA, EFT-ADV EFT Practitioner

*This is the 13<sup>th</sup> segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.*

One of my favorite quotes is from Eleanor Roosevelt: "No one can make you feel inferior without your consent". It is a powerful message and very true.

In today's society we are constantly bombarded with negative destructive messages and we can choose to believe them or not. Yet how many times a day do we judge ourselves and don't bother to question or even acknowledge it?

Usually we can decide to turn off the outside media or not, but our mind processes thoughts so rapidly that often we don't even realize that we are being destructive. Sometimes the negativity comes out in our communication, but usually for every spoken word there are a hundred more silent thoughts beating ourselves up.

Turning off a lifetime of negative thought patterns can be challenging. We have become so used to that background voice that we are often not aware of how constant the negativity has become. Doubts, regrets, fears, judgments and worries are often seen as innocent internal comments, but cumulatively it is very destructive re-enforcing the negative patterns. It can strangle our joy and sabotage our dreams where we become the slave of our mind instead of the master of our wisdom.

EFT is used to give a voice to these critical thoughts. It is a process of pulling up and acknowledging the negative thoughts with EFT tapping and then more positive beliefs can be programmed and tapped in to replace the judging thoughts. Kindness and compassion to self is the key through this process.

Here is what an EFT tapping session on moving through self-judgment could be like: (See [www.pivotpoint4u.com](http://www.pivotpoint4u.com) for tapping points and a full description of how EFT works)

Tap the Karate Chop (side of the hand) the Set-up Phrase (repeated up to 3 times) then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm) is repeated for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

## Karate Chop Set-up:

"Even though I judge myself and I am often unconscious that I am beating myself up, I deeply and profoundly love and accept myself."

## Tapping a phrase on each point:

All this judgment; I am so hard on myself; I can't do that; I beat myself up so much; I have been this way all my life - I don't know any other way; All of my regrets; I doubt myself so much; These dark paralyzing fears; My destructive worries.

## Karate Chop Set-up:

"Even though I have all of these negative sabotaging thoughts of myself, I deeply and completely love and accept myself anyway."

## Tapping a phrase on each point:

I'm so stupid; I can't have my dreams; What if I can have my dreams?; I should have known better; All these hidden fears; I am a slave to my mind; What if I can be a positive Master?; I don't deserve joy; I choose optimistic thoughts.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present, the following positive phrases can be introduced until it feels complete.

## Tapping a Positive Phrase on each point:

I choose to empower my Wisdom self; I release the victim slave within; I love the joyful feeling of freedom; It feels so good to let this peaceful feeling in; I love all this joy inside of me; I release these destructive thoughts; I choose to be filled with compassion; I allow happiness to flood my body; It feels wonderful to be filled with bliss; I am kind and gentle to myself; I am so grateful for this joyful feeling.

We all have negative thoughts. It is part of being human and our learning process. It's when the negative takes over our lives that it becomes destructive. The first step is becoming aware of our critical thought patterns then we can choose to replace the negative with more positive thoughts and beliefs. EFT is a fabulous tool to gain control of our thought patterns and move from being a slave of our mind to embracing our wisdom self where we can then transform our lives to joy and live our dreams.

I will end with another quote from Eleanor Roosevelt: "It isn't enough to talk about peace. One must believe in it. And it isn't enough to believe in it. One must work at it."

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information: (604) 913-3060

[pivotpoint4u@gmail.com](mailto:pivotpoint4u@gmail.com)



## HAPPY LIVER SOCIETY



On September 2, 2008, Karen Stacey, above, founder of THE HAPPY LIVER SOCIETY, cut the ribbon, inaugurating the first house for liver transplant patients. Also seen are Ken Donahue Director Of BC Transplant, Elana Murgoci Director of The BC Liver Foundation, and some of Karen's many supporters!

This project is "a milestone for liver patients," says Kelly O'Dell, head of HepC Canada. "The apartment is really nice and just a block from the [Vancouver General] hospital."

"Yesterday's event was simply wonderful! Karen should be very proud of her accomplishment."

—David Hudson, TD Canada Trust



(ASK THE EXPERT—Continued from page 1)  
tial risk.

Hope this helps you, Melanie.

**Dear Susan:** On weekends I go hiking with a group. Often, we accidentally walk into stinger nettles and prickly holly bushes especially when walking down narrow country paths, or around the edge of fields near a border hedge. While walking in single file, we sometimes walk into a stinging nettle branch that springs back and catches the person behind in a matter of seconds. One of our members has disclosed that he has hepatitis. Do I have to worry about contracting something like hepatitis from this person? Would I need to get tested on a regular basis? Also, we walkers share bottled drinking water with each other if one person runs out of water on a hot long walk. Is there much risk here?"

—Sam

**Sam, this is my answer to you:** First of all you do not say in your question what kind of hepatitis you fellow walker has. So if you know it, it would help me to respond. If it was Hep A they have recovered and are now immune. If it was Hep B, the way it is transmitted is through blood to blood, and there is a lot of sexual transmission. If it was HCV and you are hiking with this person, that person needs to know that he/she should be carrying Band-Aids to cover any possible blood from the contact with the bushes. If the person with HCV were to be very injured on one of your walks, I would suggest that the members of your group all carry a pair of disposable gloves just because if this person in fact has HCV, you need to protect yourselves in case you all have breaks in your skin from walking into the same bushes. Generally I would not be concerned with sharing water bottles with the one of the walkers. If the person infected with hepatitis has bleeding gums and should one of the water sharers has a gum injury, there is potential risk, so why not make sure you all have your own water bottles or I should say enough of them. I hope this helps!!

(JESSICA—Continued from page 1)

in Nairobi, Kenya where she held workshops on Sexual Health Education. When she returned to Victoria, Jessica worked at Island Sexual Health Society as their volunteer coordinator and clinical services assistant.

She is now set to stand in for Mary Lucas, current executive director for HepCBC, for the next 10 months. Jessica is looking forward to taking on the challenge as executive director at HepCBC and hopes to accomplish several projects while she is given the opportunity to work there. In the future, Jessica hopes to obtain her Masters in Public Health and would like to work in health promotion.

(HCV NEWS—Continued from page 5)

tolerance and 23% had diabetes that hadn't been discovered earlier. Of the non-HCV subjects, 32.4% had impaired glucose intolerance, and 2.9% had diabetes. Risk factors were family history, being male, having advanced fibrosis, obesity, and being older. The authors recommend that Hep C patients older than 40, those who are overweight, and those with a family history of diabetes should be tested. [Editor: I think patients with diabetes should be screened for hepatitis C. Is it the HCV that causes diabetes, or vice versa?]

Source: <http://in.reuters.com/article/health/idINHAR07676120080910?sp=true> Sep 11, 2008

## CLEMIZOLE

Many researchers looking for more effective therapies against HCV believe that the best results will be achieved by using a "cocktail" of drugs, such as what is used with cancer, HIV, TB, etc. Even a moderately effective HCV inhibitor combined with other drugs might help response rates. Clemizole, an antihistamine (itching remedy) prescribed years ago, now obsolete, has been shown to cause a 10-fold HCV viral reduction with no damage to liver cells. The researchers discovered that the action of the HCV NS4B protein, which lets the HCV replicate, can be blocked by clemizole. Since the drug has already been proven safe, it can be used immediately in clinical trials. Another breakthrough during this study was the use of tiny microfluidic chips which take up little space, and enabled a small team to examine over 1200 candidates and discover the potency of clemizole in only 2 weeks. They actually found 18 effective drugs, but chose clemizole since it is already proven to be safe in humans.

Source: [www.nature.com/nbt/journal/v26/n9/abs/nbt.1490.html](http://www.nature.com/nbt/journal/v26/n9/abs/nbt.1490.html)

Original article: *Nature Biotechnology*, Published online: 31 August 2008 | doi:10.1038/nbt.1490



## COMPENSATION

### LAW FIRMS

#### 1986-1990

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

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Klein Lyons  
Vancouver, BC 1-604-874-7171,  
1-800-468-4466, Fax 1-604-874-7180  
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David Harvey  
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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 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

**Canadian Blood Services** Lookback/Traceback & Info  
Line: 1-888-462-4056

**Lookback Programs, Canada:** 1-800-668-2866

**Canadian Blood Services, Vancouver, BC**  
1-888-332-5663 (local 3467) or 604-707-3467

**Lookback Programs, BC:** 1-888-770-4800

**Hema-Quebec Lookback/Traceback & Info Line:**  
1-888-666-4362

**Manitoba Traceback:** 1-866-357-0196

**Canadian Blood Services, Ontario**

1-800-701-7803 ext 4480 (Irene)

Irene.dines@Blood.ca

**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

[http://www.phac-aspc.gc.ca/hepc/comp-indem\\_e.html](http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html)

### ADMINISTRATOR

#### 1986-1990

Administrator 1-877- 434-0944  
[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)  
[www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf](http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf)

#### Pre-86/Post-90

Administrator 1-866-334-3361  
preposthepc@crowco.ca  
[www.pre86post90settlement.ca](http://www.pre86post90settlement.ca)  
**Settlement Agreement:** [http://www.reko.ca/html/hepc\\_settlement.pdf](http://www.reko.ca/html/hepc_settlement.pdf)

## COMING UP IN BC/YUKON:

**Armstrong HepCURE** Contact: 1-888-437-2873 Phone support.

**AIDS Vancouver Island HCV support**

♦ **Campbell River:** Drop in, harm reduction, support, education. Contact: 250-830-0787, leanne.cunningham@avi.org

♦ **Comox Valley** 355 6th St. Courtenay; Contact Sarah 250-338-7400 sarah.sullivan@avi.org Drop in, harm reduction, support, education.

♦ **Nanaimo** Info: Contact Anita 250-753-2437 anita.rosewall@avi.org

♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) 7070 Shorncliffe Rd, Contact Tom, 250-949-0432 tom.fenton@avi.org. Education, harm reduction, support, drop-in kitchen.

♦ **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** Contact Leah 250-748-3432 r-l-attig@shaw.ca

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

**HepCBC** [info@hepcbc.ca](http://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

♦ **Fraser Valley:** Support/info 604-597-3881

**Kamloops AIDS Society** of Kamloops (ASK) Living Well HIV/HEPC Peer Support Group, each Thurs. 11-2 PM, 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, [eriseley@shaw.ca](mailto:eriseley@shaw.ca), Lisa 1-866-637-5144. [ljmorte@shaw.ca](mailto:ljmorte@shaw.ca)

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

**Nanaimo Hepatitis C Treatment Peer Support Group** Meetings 1st & 3rd Thurs. Monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. [hepcxpeer-support@hotmail.com](mailto:hepcxpeer-support@hotmail.com)

**Nakusp Support** Contact. Contact Vivian 250-265-0073 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, [information@ankors.bc.ca](mailto:information@ankors.bc.ca) alex@ankors.bc.ca [www.ankors.bc.ca/](http://www.ankors.bc.ca/)



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

**North Island Liver Service** - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

**Pender Harbour** Contact Myrtle Winchester 604-883-0010 myrwin@dcenet.com

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

**Prince George Hep C Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387

[ilse.kuepper@northernhealth.ca](mailto:ilse.kuepper@northernhealth.ca)

**Princeton** Contact the Health Unit (Princeton General Hospital) 250-295-4442 or Beverly at 250-499-8877 batlas@telus.net

**Prince Rupert Hep C Support** Contact: Dolly 250-627-7942 [hepcprinceprupert@citytel.net](mailto:hepcprinceprupert@citytel.net)

**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://health.groups.yahoo.com/group/Network-BC/>

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

**Smithers: Positive Living North West** 2<sup>nd</sup> Wed monthly, 12 PM, 3862 Broadway Ave contact Lucy 1-866-877-0042

**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@vch.ca](mailto:brent.fitzsimmons@vch.ca)

**VANDU** The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 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** 7-9 PM: 3<sup>rd</sup> Wed. monthly, VGH, Lauener Room, LP2809, near Sassafra Cafe, Jim Pattison Pavilion, South. Contact Gordon 778-898-7211, [gocoburn@canada.com](mailto:gocoburn@canada.com) to confirm, or if you want to talk or meet for coffee.

**YouthCO AIDS Society HepCATS NEW ADDRESS: 900 Helmcken St, 1<sup>st</sup> floor, Vancouver** 604-688-1441 or 1-877-YOUTHCO [www.youthco.org](http://www.youthco.org) Support program manager: Renaud Boulet [renaudb@youthco.org](mailto:renaudb@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, [hepsc@hepc.vernon.bc.ca](mailto:hepsc@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 [jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

**Sandi's Crusade Against Hepatitis C/ Durham Hepatitis C Support Group** Contact Sandi: [smking@rogers.com](mailto:smking@rogers.com) [www.creativeintensity.com/smking/](http://www.creativeintensity.com/smking/) <http://health.groups.yahoo.com/group/CANHepC/>

**Hamilton Hepatitis C Support Group** 1<sup>st</sup> Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 [mkowalski@hucchc.com](mailto:mkowalski@hucchc.com)

**Hepatitis C Network of Windsor & Essex County** Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman: 519-967-0490 or [hepcnetwork@gmail.com](mailto:hepcnetwork@gmail.com). <http://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, [kehl@talkwireless.ca](mailto:kehl@talkwireless.ca)

**Owen Sound Fall Hep C info series** starts **Sept 30 2008, 4 Tues eves in a row.** Contact Debby Minielly, 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, [dminielly@publichealthgreybruce.on.ca](mailto:dminielly@publichealthgreybruce.on.ca) [www.publichealthgreybruce.on.ca/](http://www.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** 1<sup>st</sup> Tues. monthly. Contact Ernie 705-522-5156, [hepc.support@persona.ca](mailto:hepc.support@persona.ca) or Monique (Hep C nurse) 705-691-4507.

**Toronto CLF** First Mon. monthly Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: [www.liver.ca](http://www.liver.ca). Contact Billie 416-491-3353, [bpotkonjak@liver.ca](mailto:bpotkonjak@liver.ca)

**Thunder Bay Hep C support.** Contact Janet Adams 807-345-1516 (or for 807 area only 1-800-488-5840)

**Unified Networkers of Drug Users** Nationally [undun@sympatico.ca](http://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, 1-800-361-5653 [info@hepcyorkregion.org](http://info@hepcyorkregion.org) [www.hepcyorkregion.org](http://www.hepcyorkregion.org)

### QUEBEC:

**Quebec City Region** Contact Renée Daurio 418-836-2307

### 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, NS** 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 HepC SK** Contact Doug 306-545-1628 [hepc-regina@accesscomm.ca](http://hepc-regina@accesscomm.ca) <http://nonprofits.accesscomm.ca/hepc-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** Info. Each 2<sup>nd</sup> & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone is welcome. 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) by the 15<sup>th</sup> of the month.

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