



hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

OUCH! Needlestick Injuries by Joan King

I'm careful. Why should I worry?: Needlestick injuries happen when a needle punctures the skin. They happen when you least expect it. They can happen to anyone. The needle can be hollow or solid. It can go into your bloodstream or just pierce the skin. There is still a risk of infection.

Anne, a nurse, was collecting garbage left on an IV trolley. She was stabbed in the hand by a large needle. Needles can also hide amongst laundry. Barb, a paramedic, was stuck by an IV catheter. Charles was stuck by a push-button lancet for glucose testing, very dangerous, since they have more surface area than a needle, so they can carry more blood and tissue. David, an ambulance medic dealing with a car accident, placed his hands under a patient. He got stuck with a bloody piece of glass. Ellen, an aesthetician, was performing an extraction with a lancet. It slipped and stuck her right through her glove. Fred, a dentist, was stuck through his glove by a bloody explorer (those hooks they use). Somehow the instrument flipped around. He didn't notice until he saw the tear in the glove. Gail, poked by a butterfly needle, was just trying to close the safety cap. Helen, a nurse, is short, and couldn't see that the sharps container on the wall was full. Ivan was walking his dog, who found a burger wrapper and was devouring it. Ivan pulled the wrapper out, and had a close encounter with a syringe wrapped in it.

But what can happen to me?: Needlestick injuries can infect you with blood-borne viruses such as HIV/AIDS, HBV and HCV. With a contaminated needle, there is a 0.3% chance of getting HIV. The risk is greater if the person is terminal. There is up to 40% chance of getting HBV, and a 10% chance of getting HCV. There is more risk if the wound is deep, if you can see blood on the device, and if the wound reached a vein or artery. A syringe might contain dangerous drugs, as well. Other infections can occur. You can get diphtheria, gonorrhoea of the skin, herpes, malaria, staph infections, TB, syphilis, and even fungi, to name a few you might recog-

nize. A needlestick injury can be a traumatic event just because of the worry while you find out if you're infected or not.

How can I prevent them?: Needles can stick you at any stage of use—injection, withdrawal, disassembly, or disposal. Risk factors include work conditions, the experience of the staff, the design of the equipment, and the type of procedure. The most common cause of needlesticks is not heeding Universal Precautions.

(www.medstudent.ucla.edu/offices/sao/clinical/pdf/kdupform.pdf)

Safer work conditions: A good prevention program would include training and good guidelines, which would be implemented. It would include safety equipment (guarded needles, needle-free systems with self-sealing ports, re-sheathable needles, blunt suture needles, IV piggybacks). It would ensure that sharps containers are within reach and at eye level everywhere a needle is used. Over 80% of needlesticks could be prevented with the use of safer needle devices and needleless IV systems.

Training/education: Training should include education about risks, hazards, precautions, reporting procedures, and should include vaccination against Hep A and B. Safe recapping methods should be taught.

(Continued on page 3)

INSIDE THIS ISSUE:

OUCH!	1
HCCBC Conference Notes	1
Me, Myself and HCV	3
HepCBC Supports Ambitious Goal	4
iGive / PegCARE / PegAssist	5
Choosing to be Kind with EFT	6
Compensation	7
Coming Up	8

HCCBC CONFERENCE

HCCBC (Hepatitis C Council of British Columbia) Annual Conference
Victoria, BC November 14-16, 2008
Victoria Marriott Inner Harbour
Theme: Interdependence

Notes by Jessica Chan, HepCBC Executive Director and Ana Maria Medina, HepCBC Office Manager

Overall Consensus (Jessica):

The majority of the conference was focused on social issues surrounding hepatitis C and not the liver disease itself. There was a lot of emphasis on the need for housing, social programs to decrease poverty, and needle exchange, but there was so much more about hepatitis C that was missing from the conference. Social issues surrounding hepatitis C are important, and it is noted that certain populations of people do need more help than others when having to face the realities of living with hepatitis C. However, I feel the conference should have also focused on available treatments and vaccination research, advice on support programs and counselling, as well as other transmission and harm reduction methods.

Partial notes on the Conference

First Day (Jessica): Housing is the major problem for those social programs dealing with both poverty and hepatitis C.

For the prison outreach program run by Terry Howard, the transition from prison to society is the most difficult obstacle for most inmates to deal with. His program consists of himself and one grandmother-type volunteer. They visit inmates, and educate them about hepatitis C and HIV/AIDS.

Housing is a problem for Fairlie Mendoza of Cowichan Valley. As a community health nurse, she is part of a health centre staffed with 60 individual care workers. There is one specialist who deals with hepatitis C and barely any harm reduction. The stigma is great for people with HCV, as the disease is associated with drugs and alcohol, which can bring shame to their families.

Insite is another organization in need of

(Continued on page 7)

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"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

SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at jking2005@shaw.ca, (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

ADVERTISING: The deadline for placing advertisements in the *hepc.bull* is the 12th of each month. Rates are as follows:

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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!!!

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

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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.

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THANKS!!

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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

CUPID'S CORNER



This column is a response to requests for a personal classified section in our news bulletin. Here is how it works:

To place an ad, write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send 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.

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<http://groups.yahoo.com/group/HepCingles2>

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www.hcvanonymous.com/singles.html

www.hepc-match.com/

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HEPCBC

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

"I met him at the candy store..."

And so begins the bebop song from the musical *Leader of the Pack*. And so begins my journey.

My father spent much of his life without a father. His education was in a one-room school house with his mother teaching him together with his four impoverished sisters. His learning continued when he was eight years old and started work as a messenger. He and 15 year old Tommy Douglas (NDP MP and founder of Health Care) witnessed the Winnipeg General Strike where they requested reform to the labor laws. The anti socialists (conservatives) gunned people down. My dad only missed a bullet by ducking to pick something up! The significance of this escaped my young mind as I believed affluence had always existed and my father was a slave to it. When he crashed a float plane while hunting moose at 52 years of age, I was 13. His death left my mother with six children. It subsequently proved easier for me to indulge in the candy store rather than grieve.

One night in 1969 I had a few drinks and tried a drug that was not what I was told it was. PCP is not MDA, ecstasy, crack... whatever! Horse tranquilizers often result in psychosis, and taking it put me into a mental institution. What I did not know was that I had probably contracted hepatitis C in a handshake deal with the underworld. Unbeknownst to me, AA would save me from more serious liver disease 15 years later. I can tell you the twelve steps did more than save my life! They taught me I am not a bad person trying to be better; I am a sick person trying to get well. My intentions now actually get followed up on. Actions turn into little miracles. Now when I meet people, I look for similarities, not differences. Best of all, I stopped blaming myself for my father's death by learning to grieve.

When I was born in 1955 a new age of affluence was dawning. Dad was jobless, though, which was a huge stressor for my mother. This stress imprinted on me and so like the ugly duckling, "into the dangerous world I leapt" (Wm. Blake). All the details that come out in the wash like, blah, blah, sexually abused by my brother, blah, blah, tragic death in the family, are important to get out since there is research indicating that addiction is preceded by unresolved Post Traumatic Stress Disorder (PTSD). This premise suggests that if you cure the PTSD, you cure the addiction. In my experience it doesn't always take a major life event to traumatize a person. Research also shows how you feel about your parents can be a predetermining factor of drug use. Identifying those feelings and making a decision about

what to do about them is part of growing up. The only way out is through.

Recounting my subsequent journey into a mental institution plus any related empathetic detail is seemingly anti-climatic. Back in the moment of now, today, I have lived many years with hepatitis C. My drug use was over by the time I was 15 but the consequences were not. Only seven of the last 40 years were with knowledge of my co-dependants. To think that they have been infiltrating my thoughts and behaviour from the very beginning is an understatement of gigantic proportions. Cognitive dysfunction can set in very early in the illness, and now that I recognize its forms, I can identify how this insidious creature has done so.

The last couple of months have been especially challenging to me as I have felt my career slipping through my hands. Every cell in my body wants to feel like a whole person, capable of pure potential, with the childlike innocence we were born into. However there are a number of cells hosting a new destiny. A number of times this month I have been, like Trotsky, in tears, proclaiming in a broken pitch that "It's my party and I will cry if I want to." You would cry too if a single-celled organism brought down your parity! I have stage two fibrosis. I am not sick enough to have my disease recognized as debilitating, yet I am not well enough to handle work. My hypothesis of the physiological reactions behind the interrelationship of stress and HCV are hard to prove scientifically but still a good future anecdotal topic for the *hepc.bull*.

Have you ever found yourself frozen in the middle of a busy intersection wondering if you were going to be hit by that taxi? Stay tuned for more.

There are social situations where--dare I mention this real threat to the core of whom I am?--It is like being a smoker fighting fires in a tinder box. I have actually had people get hysterical after disclosure for fear they are infected. However it is the chemistry in my brain that is running the Quality of Life down for me. People look at me and see an incapable, incompetent, even morally maladjusted looser. The more I change, the more I grip onto life with white knuckles. As the neurotransmitters shut down in my brain, I am in constant need of the love that will get them going again. Yet the necessity of disclosure in intimate relations seems to distance me from that very stimulus.

(OUCH! Continued from page 1)

There should be good disposal systems (wide mouths; puncture-proof containers; frequent emptying; location close to work space; disposal according to regulations; staff reporting of needles found left around), surveillance (studies about rates of injuries; causes; treatment; areas to improve; development of strategies), and better device design for the future.

Problems occur when the worker tries to do several things at once, like covering the injection site and throwing away the syringe. The patient might bump the device. Staff reductions, difficult patients and working with dim light can produce dangerous conditions. It's not surprising that new workers have more injuries than experienced workers.

Injection: The nurse should wash his/her hands before and after any procedure and between patients, and should use gloves and eye protection. Remember: Those butterfly needles are springy !

Withdrawal/disassembly: One of the most dangerous maneuvers is recapping a used needle. The needle can miss the cap and enter the hand, or the needle goes through the cap, into the hand, or the cap slips off the needle and pierces the hand. Nurses often recap to protect themselves when they take apart a non-disposable device. They recap when carrying several items to a disposal box in one trip, to protect themselves from exposed needles. They recap when the contents will be used again (hopefully in the same patient!). They recap to protect those encountered en route to the disposal box. It is recommended that workers NOT recap, but throw the devices directly into approved containers. Never move a needle towards a hand. If you must recap, use one hand and lay the cap on a table. Scoop it onto the tip of the needle, or use a recapping device.

Disposal: Once used, put the needle directly into the sharps container. Needlestick injuries can occur while carrying the needle to the container (especially if it's uncapped or mixed with other items), while placing it in the container (especially if it's too full), or while emptying the containers, instead of sealing them for disposal. Skin piercing injuries in cleaning staff usually come from needles thrown in regular garbage, or in garbage workers stuck by broken glass or trash that includes needles or scalpels. This may be due to lack of training, forgetfulness or lack of motivation of those throwing the items into the garbage. Dirty laundry should be handled as little as possible, and only while using gloves and leak-proof bags. People have been stuck while cleaning ducts and find

(Continued on page 5)

A few weeks ago, I was feeling pretty discouraged about ever starting a successful hepatitis C support group. But this was before I'd met Gordon McClure, a retiree who is enthusiastic about his support group in Vernon, BC, which has been running non-stop for eleven years. Besides sharing some of his experiences with this successful group, he shared with me his personal goal, that every city and town in BC will have a hepatitis C support group by the end of 2009. At HepCBC's (www.hepcbc.ca) December 3, 2008 Board meeting in Victoria, the society passed a motion of support for Gordon's goal. If I hadn't heard about Gordon's experiences, I would have been very cynical about such an ambitious goal.

I think most HCV+ people would agree that living with a chronic disease can be lonely and depressing at times without the help of a friendly support group. It makes sense that being with others "in the same boat" can be a great way for people to put their own problems into perspective, to share helpful information, to contribute to the community, and to feel better about themselves and life in general. Yet often, groups with the best of intentions encounter major obstacles getting a support group off the ground. In Victoria, it has been quite a challenge for HepCBC to keep a support group going. Office staff and peer volunteers sense their training is inadequate to properly advise people in crisis. However, this is only part of the problem. Often, when volunteers or office staff advise a critically-depressed or suicidal person to phone the community crisis line, they are told the person only wants to talk to another person with hepatitis C. Then we might invite this person to our next Meet and Greet, but to guard anonymity, he or she only wants to talk on the phone, or to meet one-on-one. Frequently a caller will refuse to give his or her phone number, mailing address, or even a real name. Someone who got hepatitis C from a blood transfusion may be uncomfortable sharing their personal information with an IV drug-user co-infected with AIDS and hepatitis C (and vice versa). There seems to be a lot of fear, mistrust, and stigma we must conquer in order to get a successful hepatitis C support group going!

With these deep misgivings, I had to ask Gordon where he got his contagious enthusiasm for support groups. Here are the main points he thinks have contributed to the Vernon group's success over the last eleven years:

HISTORY: A peer-support network in the

Kelowna-Vernon area was started in 1997 by Sharon Grant, a very inspirational lady who developed the initial teaching materials and publicized the group to the public and the medical profession. Eventually she got the support of the Vernon mayor who proclaimed May as "Hepatitis C Awareness Month" in that city. Gordon was diagnosed with the disease in 1991, and when he got involved with the group in 1999, Sharon asked him to be the treasurer. Unfortunately Sharon died of complications of hepatitis C on April 5, 2006. Shortly before this, Gordon agreed to continue leading the support group she had started. In memory of Sharon and others who have died of hepatitis C, the group has held Hepatitis Month marches, vigils, and picnics in Vernon's Paulson Park. Last May there was live music with a large group of enthusiastic young people in attendance, many of whom asked about hepatitis C at the information booth. Gordon says he gets particularly upset when he sees many young people getting this disease which could be so easily prevented with proper education.

CONTINUITY: This support group has met for eleven years at exactly the same time and place for the entire time. The only exception is that every December, their only meeting is a big community lunch party, usually for 20-25 people.

COMMUNITY-BASED: Under the auspices of the Hepatitis C Society of the District of the North Okanagan, Gordon works with a street nurse who does harm reduction, with First Nations groups, and with the local volunteer coordination group. The local agency for people with disabilities and illnesses provides the meeting place, and a local transmission-repair company (AMCO) donated a van while other local companies donate repairs and gas.

VISIBILITY/OUTREACH: Gordon sets up an information table in local Health Fairs and shopping malls. Their van is known throughout the community, and is used to take people shopping, to hospital, church, etc. Gordon tries to make pamphlets available in doctors' waiting rooms, but so far only his own doctor allows this; hopefully this situation will eventually improve.

FACT-BASED: The group gives out pamphlets and booklets with only scientifically-supported facts.

SIMPLE RULES: The group supports everyone's right to make their own treatment decisions without any pressure. The rules: No offensive language; show respect for one another; do not be judgmental; preserve confidentiality. One man swore a lot at his first meeting. Gordon told him he was welcome to return if he cleaned up his language, but he never returned.

INCLUSIVENESS: Both HCV+ and HCV-affected people such as friends and family are welcome to participate in the support group.

MAXIMIZE TRUST: The local newspaper publishes Gordon's personal phone number and email address. When someone contacts him, he assures them they are not alone, and can trust him. (Within a more populous, urban setting this sort of openness seems too risky, so only office contact info is provided; we all try to balance our need for self-protection with our contacts' need for assurance)

MINIMIZE STIGMA: Through its inclusiveness, the Vernon group does not label anyone as being HCV+. Also, it meets at a 'generic' venue open to people with disabilities and a variety of chronic diseases. Gordon does not restrict rides in the van to those who are HCV+, and other activities throughout the year are open to the public or people with disabilities or chronic diseases. Finally, the group's upbeat philosophy and community contributions present a very positive face of hepatitis C to the public. HCV+ people see themselves as helpers and contributors, not as victims.

EMPHASIZE LOVE AND FUN: When a new person comes, they are welcomed with open arms and feel love and trust coming at them from the group. Fun activities such as music, picnics, and shared meals are emphasized.

STRUCTURE: At any given time, Gordon usually has about 6 or 7 people with whom he does phone peer-support; these are people who, because of stigma, do not wish to meet face to face. Once they have enough information, they stop calling. However, eventually some are willing to come to the group meetings; for these, a typical session has two regular members (Gordon and the board secretary) and one to three other people. Gordon gives a 10-page pamphlet, "First Steps" to each person. Participants discuss one of the ideas in it, then everyone takes turns opening up, telling stories about their own lives ("free form"). In the past, a lot of time was spent working on

(Continued on page 5)

(SUPPORT GROUPS—Continued from page 4)

compensation issues, and the group was larger. Now that a local social worker is helping people with their compensation forms, and many of the people have received a large payment, the number of participants in the support group has decreased.

FUNDING: The group gets \$2000 every year from United Way plus some from the local disabilities association.

DEDICATED VOLUNTEERS: (This last one is the author's idea, not Gordon's) Every community in British Columbia should find and support its Gordons!



Gordon McClure, of HEPLIFE Support Group, Vernon, British Columbia, November 16, 2008 after the Hepatitis C Council of BC's AGM in Victoria (photo by author)

Gordon McClure is a member of the Hepatitis C Society of the District of the North Okanagan and of the Hepatitis C Council of BC (HCCBC).

Information about the HEPLIFE support group:

WHERE: The People Place, 3402 – 27th Avenue, Vernon, BC

WHEN: Every 2nd and 4th Wednesday of the month, from 10 am to 1 pm.

PHONE: 250-260-4122

MAIL: Box 1580, Vernon, BC V1T 8C2

EMAIL: gdmccclure@shaw.ca

WEB REFERENCE: http://livingpositive.ca/hep_support.php

WHAT CAN YOU DO TO ACHIEVE THE GOAL OF ONE SUPPORT GROUP IN EACH BC TOWN BY THE END OF 2009?

- Make it your group's goal as well. Let others know about it.
- Let's continue to share success stories like this one, and to encourage one another.
- If you have started a support group, send details to info@hepcbc.ca by the 15th of the month, and HepCBC will put it on their support group list on the last page of the *hepc.bull*.
- HepCBC will continue to do whatever it can to publicize and spread information for support groups through the *hepc.bull* newsletter and its website at www.hepcbc.ca —even if you're not from British Columbia.
- DON'T STOP! Even if no one comes, keep offering and publicizing it. Eventually people will come.
- Think positively! Gordon says a group should aim "to get rid of all the negativism in

the participant's lives, and give them joy, like the living waters flowing from their hearts into everyone around them. Even though it's a group, the only way you can get joy is to love one another as individuals, as God created us as individuals, not as groups." That's definitely something to bear in mind as we try to live our lives the best we can, as individuals with hepatitis C, helping one another to live long, happily, and well.



(OUCH!—Continued from page 3)

needles that have been hidden, and unfortunately, the people weren't wearing leather gloves.

If you work in an ambulance, decide now to not touch anything in the back without gloves until you personally have cleaned it. You never know what might have blood on it. Staples and glue should be used instead of sutures for wound closure.

If you encounter a syringe, don't touch it. It may be contaminated with body fluids, animal fluids, or soil (possible source of tetanus). Guard the area, especially if children are nearby. Call the non-emergency number for the police to find out who can dispose of it safely. If it's your own needle, put it into a sturdy container and close it with tape. Take it to your pharmacy or clinic.

How common are they?: "According to a recent report, more than one million needlestick injuries to health care workers occur every year." At least 1000 of those contract infections. Some hospitals say that one third of their staff members get needlesticks each year, but many probably don't report these incidents. A report from the Canadian Needle Stick Surveillance Network (CNSSN) presented data from 2000-2001, showing that 52% of needlesticks were injuries to nurses, but their infection rate was only 4.88%, compared to a 42.78% infection rate per injury in phlebotomists, almost 21% in medical residents, 13.59% in nuclear medical technicians, 12.14% in sterilization attendants, and 10.06% in medical specialists.

Too late. I got stuck. What should I do?: First make sure no one else is exposed by cleaning up any blood. Wash skin wounds with soap and warm water for at least 30 seconds and cover. Allow the wound to bleed but don't squeeze or scrub. That could spread the disease. Wash the eyes or

(Continued on page 6)

PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment 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 15th 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

This is a regular segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

January is traditionally a time to review what was accomplished, what didn't meet the mark and then to set goals for the upcoming year. Most people make at least one New Year's resolution. It's often losing weight, quitting smoking, exercising more, spending less, or some type of big life changing goal.

Often within a few weeks the goal is sabotaged and you are back to your old habits. What usually follows is a stream of negative self judgment for "failing once again" and dealing with the humiliation that your big goal has now collapsed.

If you have one New Year's resolution to make this year, I encourage you to choose a goal that is so simple and yet so powerful: "I will be more kind to myself". Yes, that's it. Be kind. If you have other resolutions, add this one to the top of the list.

Being more kind includes letting go of the constant badgering for all the "failures" that happen—big and little. The world is cruel enough at letting you know that you failed without adding to it yourself. Acknowledge that you missed your mark, but also acknowledge you were doing the best that you could.

How many times a day do you punish yourself with negative self talk, for often the silliest things? "I should have, could have, others would have..." etc. We do it so often that we don't even know we are beating ourselves up. If we are conscious of only a small part of our thoughts, imagine how much negative badgering we do unconsciously. It's a scary thought.

Using EFT tapping is a fantastic way to quickly release the negative badgering and move to a calmer place of acceptance. EFT gives you permission to speak your truth but without making it right or wrong. You took a detour and landed up where you did not want to be (emotionally or physically). EFT allows you to see that from a non-judgmental space. It gets right to the issue, acknowledges it and then allows you choose to course correct and move on to a peaceful space.

Here is what an EFT tapping session on being more kind to yourself could be like: (See 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) and repeat 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 failed once again and I feel humiliated, I deeply and profoundly love and accept myself."

Tapping a phrase on each point:

I am a total failure; I never reach my goals so why bother; I'm such a loser; So many things in life are against me; Dealing with hepatitis C is too exhausting; It's hard enough just coping. How can I reach any positive goals?; I feel so humiliated; I don't deserve to have goals. It's just too hard.

Karate Chop Set-up:

"Even though I am really good at beating myself up and I don't know how to be kind to myself, I deeply and completely love and accept myself anyway."

Tapping a phrase on each point:

I can't possibly be kind to myself; Its easier to be kind to others; I don't know how to be kind to myself; What if I can start to be kind in little ways?; I will never learn to be kind to myself; I deserve kindness; I don't deserve kindness; What if I can learn how to be kind to myself; I choose kind 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 love being kind to myself; it feels so good to have this deep inner peace; I love that feeling of serenity in my body; I can reach my goals; I allow grace to radiate inside me; I choose to be kind to myself; It feels so good to let this kindness in; I love all this joy; I release those negative judging thoughts; I am doing the best I can; I allow compassion to flood my body; I am so grateful for this peaceful feeling.

Goals help move us forward in life and there are always signposts along the way that show us if we are on track or have wandered off course. Sometimes we stop completely and it allows us to re-evaluate the goal. Is this goal truly what you want? Is it someone else's goal and not yours? Did this route get you to a place where you can see your real goal? Perhaps you have reached a plateau for a needed rest stop before moving on again.

They are all just choices and results. There is no right or wrong. When emotions come up and trigger attacking thoughts for failing, start tapping with EFT until you can once again say kind things to yourself.

Being kind to yourself through all the stages and routes you take in life makes the journey so much more enjoyable. Many wise sages throughout time have said, "It's not the destiny, but the journey in life that is the true joy." Set your goals, but enjoy the ride too! May the year ahead be filled with kindness to you and your loved ones.

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 or www.pivotpoint4u.com

(OUCH!—Continued from page 5)

mouth if they have been exposed to body fluids. Notify your superiors and a doctor. Don't think it's not important. Many workers are embarrassed or afraid to blame another worker. Delayed reports mean delay in evaluation and treatment. You may need to prove the workplace injury later on. If possible, collect blood from the patient, with informed consent, whether you were exposed or the patient was, in order to prove lack of infection before the injury. Get tested immediately, and after the incubation period. If possible, get the patient tested. He/she may have more than one infection. Hopefully you've had vaccines against Hep A and B. You may need a dose of Hep B immunoglobulin and/or a tetanus vaccination. If you've been exposed to HIV or HCV, treatment should be started. If the risk of HIV is probable, treatment is best started within 1 hour, reducing the risk by 80%. Get counseling, for you and for your partner if you have to start treatment. Get information about your workplace policies. Take extra precautions until you know your status.

Should you change professions? Car accidents are always a risk, but you don't stop driving. Even if you get injured, a serious infection is not usual.

Sources: www.ccohs.ca/oshanswers/diseases/needlestick_injuries.html, www.hse.gov.uk/healthservices/needlesticks/, www.impactnurse.com/?p=334, http://access.health.qld.gov.au/hid/InfectionsandParasites/SexuallyTransmittedDiseases/accidentalNeedleStickInjuryInPublicPlaces_ap.ap.p, <http://ezinearticles.com/?Needle-Stick-Injury--->



more housing. There is also a need for support in conducting more research to back up their needs. They run a needle exchange that hands out 800–1200 needles a day. The folks at Insite emphasized a need for increased access to treatment.

Darron, from Surrey, who runs a positive attitude program, also emphasizes a need for housing. He has success with educating youth about hepatitis C within a casual group setting.

All in all, on the first day of the conference there was a major emphasis on the social issues that need to be addressed in order to better deal with hepatitis C. The major take-home message was that stigmas need to be broken down and people need proper access to housing, harm reduction and health care for them to take better care of themselves and the hepatitis C.

First Day notes (Ana Maria): The panelists were Karen Lehman, ANKORS; Tyler Cuddahy, YouthCO; Terry Howard, BCPWA, Prison Outreach program; Fairlie Mendoza, Cowichan Tribe Health Service; Russ Maynard and Beverly Lighfoot, Insite; and Darron Cound, Kila How Eya Aboriginal Centre. They spoke about different experiences with IVDUs who have hepatitis C and AIDS. Their purpose is to identify existing community service support and the resources required to better meet the needs of people living with hepatitis C and those at risk for infection. People who need better home, health and education opportunities are very vulnerable to get infectious diseases. They agreed that organizations need to work in partnerships especially with liver clinics, infectious disease control clinics and nurses. There are a lot of small organizations with small budgets who try to do virtually everything. That is the reason to work together.

Second Day notes (Jessica): Stephen Smith, Manager, Blood Borne Pathogens with the Ministry of Healthy Living and Sport emphasized the need for a lot of collaborative action between different organizations. He also emphasized the need for improved health and wellness and for harm reduction. (The subject of the lack of a needle exchange in Victoria was brought up at this point!) The ministry has a lot of goals for managing the hepatitis C epidemic. Some of these goals included:

- Preventing new infections and incidences of risk of disease
- Enhancing programs that reach out to and engage with vulnerable populations
- Decreasing stigma
- Collecting best practices from other disease management models
- Delivering “seamless” service

- Forming partnerships, logical integration

Some of the priorities of the ministry were:

- Creating an integrated community based on service models
- Expanding and enhancing partnerships

The message I received from the Ministry of Health Living and Sport was the need to collaborate with other organizations to deal with lack of resources. They also suggested choosing 2 issues to focus on which is more realistic in goal making.

The HIV/AIDS Program (PHSA) presentation by Bubli Chakrabatz and Ms. Chakrabatz emphasized coordination with other organizations as well as the strength in partnerships. Jeff Potts of PHAC was also present, and he presented Layla Peterson as the “go-to” person. Slides of the event will be available on the HCCBC website. Mr. Potts also emphasized partnership. The major message I got from all of the government branches present was the need to coordinate and collaborate with other organizations to pool resources and get more done. They also suggested focusing on a maximum of 2 projects to get the maximum amount of work done. Dr. Jenny Heathcote made the keynote presentation, which included a lot of information on hepatitis C, such as these facts:

- The incidence of acute cases of hepatitis C is increasing.
- There is a higher incidence of HCV compared to HIV.
- The biggest risks in transmitting HCV are multiple dose vials and unsafe injection practices.
- Diagnosis is most often missed because of three issues: lack of local health care, lack of symptoms, and stigma.
- There should be universal screening because 50% of infections are curable and once discovered, the patient can make lifestyle changes to improve the outcome.
- There is a higher incidence of HCV developing into cirrhosis of the liver if it is contracted at an older age.
- Obesity is a major factor in making the liver less healthy. 30–40% of HCV infected people have diabetes.
- Telaprevir is expected to be the next big breakthrough in treatment, probably used in conjunction with interferon/ribavirin.
- There is a need for more harm reduction via education, needle exchanges and vaccines (hard to develop due to the chameleon-like nature of virus).
- Doctors also need to be educated. There is a need to show people how to inject safely
- There is a need for peer-based support.

Dr. Heathcote’s presentation was a thorough overview of how hepatitis C affects people and what problems people face when dealing with the disease.

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/class/settled/hepc/

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca/cms/index.php?page=108

Roy Elliot
Roy Elliott Kim O'Connor LLP.
hepc@reko.ca www.reko.ca/html/hepatitisc.html

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 – 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

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

ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361

preposthepc@crowco.ca

www.pre86post90settlement.ca

Settlement Agreement: http://www.reko.ca/html/hepc_settlementagreement.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

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

HepCBC info@hepcbc.ca,

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 1-800-661-7541 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, Lisa 1-866-637-5144, ljmortell@shaw.ca

Mid Island Hepatitis C Society

2nd Thurs. monthly, 7 PM, (Location to be arranged.) Contact midisland-hepc@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

Nakusp Support Contact. Contact Vivian 250-265-0073 Claire@columbiacable.net

Nelson Hepatitis C Support Group

1st 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 alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Dianne Morrissett, 604-525-3790 before 9 PM. dmorrissett@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@dcnet.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 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 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 hepcprincerupert@citytel.net

Queen Charlotte Islands/Haida Gwaii

& Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

Slocan Valley Support Group

Contact Ken 250-355-2732 ken.forsythe@gmail.com

Sunshine Coast-Sechelt Healthy Livers

Support Group Information/resources, contact Catriona, 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 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 www.vandu.org

Vancouver: Pre/post liver transplant

support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support

Group 3rd Wed. 7-9 PM monthly, VGH, Lauener Room, LP2809, near Sassafras Cafe, Jim Pattison Pavilion, South. Contact Gordon 778-898-7211, ggcoburn@canada.com to confirm, or to talk or meet for coffee.

YouthCO AIDS Society HepCATS

900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Vernon HeCSC HEPLIFE

2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact 250-542-3092, hecsc@hepc.vernon.bc.ca or Gordon at 250-260-4122, gdmclure@shaw.ca

Whitehorse, Yukon—Blood Ties Four

Directions Contact 867-633-2437 bloodties@klondiker.com

OTHER PROVINCES:



ONTARIO:

Barrie Hepatitis Support Contact Jeanie info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com

www.creativeintensity.com/smking/ <http://health.groups.yahoo.com/group/CANHepC/>

Hamilton Hepatitis C Support

Group 1st 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

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. <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS

Regional Service. Contact 613-545-3698, hars@kingston.net, www.hars.ca

Kitchener Area

3rd 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 or Mavis 519-743-1922 elroy222@rogers.com

Niagara Falls Hep C Support

Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support.

Contact Debby Minielly, 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, dminielly@publichealthgreybruce.on.ca

www.publichealthgreybruce.on.ca/

Peel Region

(Brampton, Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca

St. Catharines

Contact Joe 905-682-6194 icolangelo3@cogeco.ca

Sudbury Circle C Support

Group 1st Tues. monthly. Contact Ernie 705-522-5156, 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. Contact Billie 416-491-3353, 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

York Region Hepatitis C Education

Group 3rd 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

www.hepcyorkregion.org

QUEBEC:

Quebec City Region

Contact Renée Daurio 418-836-2307

ATLANTIC PROVINCES:

Cape Breton Island, NS

The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486

info@hepatitisoutreachsociety.com

PRAIRIE PROVINCES:

Regina, Saskatchewan HepC SK

Contact Doug 306-545-1628 hepc-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hepc-c.regina/>

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 www.wbhas.ca

Manitoba Hepatitis C Support

Community Inc. Each 2nd & 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 www.mbhepc.org

Medicine Hat, AB Hep C Support

Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave.

Contact 403-527-7099

bettyc2@hivnetwork.ca



If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month.