

hepc . bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

HEPATITIS C VS. PHARMACARE

By Jessica Chan, HepCBC

Hepatitis C is a devastating blood-borne liver disease, which is rapidly becoming a world-wide epidemic. Most often transmitted via shared IV drug needles and cocaine pipes, pre-1990 blood transfusions or blood products, tattoos/piercings with unhygienic equipment, or needle-prick accidents, the hepatitis C virus (HCV) slowly but relentlessly attacks various parts of the body, particularly the liver. Symptoms of the damage by this 'silent killer' may be hidden for up to 20 years, at which point patients are typically diagnosed with progressive fibrosis, cirrhosis or liver cancer. This epidemic affects approximately 1–2% of the Canadian population (up to 600,000 people), with 300 new cases diagnosed each month. Although there is no certain cure, an accepted but costly treatment is available. At present, many Canadians must struggle to acquire payment for this treatment by **P h a r m a c a r e**.

In order to qualify for paid treatment, HCV-infected individuals must pass the ALT test. ALT, or alanine aminotransferase, is an enzyme often associated with the liver. It carries out biochemical reactions and has nothing to do with hepatitis C specifically. It's found in the liver cells at almost 1,000 times the level in the blood. When the liver is attacked by HCV or other agent, the ALT leaks out of the liver cells into the blood, indicating ongoing damage. Acute hepatitis can cause the ALT to go over 5,000. Unfortunately, research shows that ALT levels in hepatitis C are unreliable in detecting liver damage or the amount of scar tissue already present. Despite this discrepancy, Pharmacare requires a patient to have an increased ALT level for a few months, even though studies also show that the sooner a patient gets treated, the more success a patient has in getting rid of the virus.

Standard treatment consists of weekly injections of interferon and twice daily pills of ribavirin for up to 48 weeks. Treatment can cause many side effects such as flu-like

symptoms, profound fatigue, shortness of breath, weight loss, hair loss and irritability. One can also develop a low white blood cell count, low red blood cell count (hemoglobin), and other abnormal lab tests. If the levels of red blood cells or white blood cells become too low, a patient's treatment may be reduced or even discontinued, in which case he/she may be deemed to be unresponsive to treatment. Once labeled as "unresponsive," he/she is presently unable to apply again for medication covered by Pharmacare. A patient can personally pay for medications to counteract these treatment side effects, but the cost can run as high as \$10,000 dollars, not to mention the additional costs of medications to deal with the other potential side effects. Pharmacare does not cover any of these "extra" costs, and some doctors will take the patient off treatment for merely exhibiting these common side effects, even though they are not typically harmful.

Dr. Siegfried Erb, a liver specialist from Vancouver, believes that Pharmacare should cover the costs of medications for the side effects of lowered red and white blood cell levels when on treatment. When asked what major obstacles a patient faces when trying to access treatment, Dr. Erb states that,

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HEPATITIS C SUFFERERS HAVEN'T RECEIVED PROMISED FEDERAL MONEY

by Kathy Tomlinson, CBC News

Many claimants can't prove they received tainted blood decades ago



Thousands of Canadians afflicted with hepatitis C who were promised compensation by the Harper government in 2006 have yet to see a dime. According to claimants, doctors and [claimants'] lawyers, many have been unable to obtain hospital and medical records to support their claim because the records are long gone.

"It's not my fault if there is no record kept at the hospital about my operation," Vancouver resident Giancarlo Mocellin said. "They [the claims administrator] just want more and more and more [records] — and they keep asking for something that you don't have."

Most unapproved claimants, like Mocellin, received tainted blood decades ago. They are among those who contracted the disease before 1986 and they were the last to be offered a settlement from the Canadian government through a fund valued at a maximum \$962 million.

'People are already suffering': claimant

"I don't really know why they have to make it so difficult," said Mocellin. "People are already suffering for it."

Mocellin, 65, is a retired welder, who said he was forced to retire early — at age 55 — partly because hepatitis C made him too tired to get through his workday.

He had surgery at St. Paul's Hospital in Vancouver for a bleeding ulcer in 1967. He remembers being told he received three units of blood.

Mocellin received \$10,450 in compensation through an earlier Red Cross class-action claim. Because of that, he received a letter from the administrator for the govern-

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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:

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

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LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter and/or name to appear in the bulletin.

FAQ version 8.1

Peppermint Patti's **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

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2007; the FAQ V8; the slide presentations developed by Alan Francis; 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.

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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

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.

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:

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

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

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: <http://forums.delphiforums.com/hepatitiscen1/chat>

HEPCBC

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Sign up to be a member of HepCBC before July 1, 2009, and get a FREE 1 year membership.

Fill in form in first column, or contact:

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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

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

“Apart from the major issue of the ALT levels, for various reasons family practitioners are often not sending affected patients for treatment. Even then, patients are often not being treated even if they are sent to a specialist.” When asked about patients having to have a certain ALT level in order to get treatment, Dr. Erb says that, “The need for patients to have 1.5 times the upper limit of normal [in order to get treatment] is arbitrary. We know today that ALT levels do not correlate with liver biopsy findings or outcome.” Although Dr. Erb doesn’t think universal testing of hepatitis C is necessary, he does feel that those with known risk factors for hepatitis C should always be tested.

Joan King, vice president of local non-profit organization HepCBC, was diagnosed with hepatitis C back in 1990. Her doctor had sent her to a specialist who said she was not sick enough for treatment, that her ALT enzymes were too low, and that in order to get treatment with low enzymes, she would have to have a liver biopsy done to prove damage was occurring. Not knowing what a liver biopsy was, she declined, thinking nothing of her illness due to her doctor’s reassurances that she was fine. Five years later when she connected with the Hep C community, they told her a biopsy was just a poke with a needle for a sample of her liver to examine the damage. After her biopsy, Joan was diagnosed with “Stage 2” liver damage, which is moderate scarring of the liver. She discovered that she had probably been qualified to receive treatment the entire time. After a week of treatment, her neutrophil (a type of white blood cell) count appeared to be too low and her specialist removed her from treatment. Later on, Joan did her own research and found that a low neutrophil level was a normal side effect of the treatment and that continuing treatment at her levels would have been perfectly safe. Today, Joan is still struggling to eradicate her hepatitis C. “There are many new treatments for hepatitis C that have not yet been approved, such as the protease and polymerase inhibitors. I hope that these treatments can be fast-tracked so that the majority of patients who still do not respond to, or cannot tolerate, standard treatment can have other options,” says Joan.

Unfortunately, Joan’s story is representative of many Canadians seeking treatment for hepatitis C. Often HCV-infected individuals wait until they need a liver transplant before they get any treatment, causing taxpayers hundreds of thousands of dollars for a transplant, as opposed to the much less expensive cost of treatment.

For more information on hepatitis C please visit www.hepcbc.ca.

HEP C and ASTHMA by Joan King

This has been a terrible season for colds and the flu. Did you have your flu shot? I had mine, as all of us with Hep C are supposed to, only to find that we were receiving the wrong one for the virus circulating this year.

I caught the flu from one of the dear 9 year olds in my life. He was in bed for 2 days and then he was fine. I, on the other hand, still have symptoms 4 weeks later. I finally went to the doctor last week, and was diagnosed with bronchial asthma. I had been diagnosed with asthma at age 6, but after many years of allergy shots, I had no more symptoms, and began to believe that my once-chronic cough was due to both of my parents chain-smoking in the car with the windows rolled up. I never expected the asthma, if that’s what it was, to re-surface, but on the other hand, the diagnosis didn’t surprise me too much.

My doctor mentioned inhalers, but I’m hesitant because I’m afraid of what the medication might do to my liver disease.

I can’t be the only person with Hep C and asthma. I had some questions. Did HCV cause my asthma (maybe I was infected when I got my tonsils out at age 3)? If I take treatment for the asthma, will it worsen my viral load and/or liver damage? Can Hep C treatment affect asthma?

There have been a number of reports lately that associate Hep C with lung problems, including worsening lung function and problems with response to lung therapy. Remember, HCV can affect all parts of your body—not just the liver. It is thought that Hep C may have something to do with interstitial lung disease, which can cause scarring. Its symptoms are coughing and difficulty breathing. Lungs don’t regenerate like livers do.

Can HCV cause asthma?

In the case of a 53-year-old man with Hep C, discussed more below, the doctors believe that the HCV may have been causing his asthma, and that this may be the case especially with patients who get asthma as adults.

Most doctors agree that HCV affects the immune system, but studies have been directed mostly at how the virus evades the body’s defense mechanisms, and few if any studies have been done investigating how HCV affects the immune system when it is directed at other disease-causing agents.

It is believed that Hep C is associated with several auto-immune diseases: mixed cryoglobulinemia, porphyria cutanea,

glomerulonephritis, Sjogren's syndrome, etc. It may be that HCV causes an abnormal immune response. Since bronchial asthma is another disease that demonstrates an abnormal immune response, and because it is found in many patients with Hep C, a study was done to see how many patients were involved. A total of 597 pts with chronic HBV or HCV infection were followed at a hepatology clinic. Only 2% of those with hepatitis B had bronchial asthma, while 17% of the Hep C patients had it. The researchers concluded, “Bronchial asthma, in which abnormal immune response to a variety of antigens is elicited, is associated with chronic HCV infection.”

Can IFN treatment affect asthma?

That 53-year-old man I told you about above, with bronchial asthma and Hep C, was treated with oral theophylline. He was given IFN therapy. His asthma attacks decreased after IFN treatment and hypereosinophilia was improved. He had a SVR (sustained viral response), and his asthma went into remission.

Can asthma treatment affect HCV viral load or liver damage?

Anticholinergic drugs affect the muscles around the bronchi (large airways), which can tighten when the lungs are irritated, narrowing the bronchi. Those drugs are different from beta-agonists, which affect the bronchioles (small airways). There are two types of anticholinergics: long and short-acting. They can be given by an inhaler or by a nebulizer. Short-acting drugs work in

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iGive.com

HepCBC is now officially part of iGive.com. You can now shop at www.igive.com and you can donate at the same time. All you have to do is go to the iGive website: www.igive.com. Then you choose the organization you want to support.

iGive works in two ways. If you do your shopping through iGive, a percentage of what you buy goes to HepCBC (or other charity or organization of your choice). If you use the iGive search feature, 2 cents goes to the organization every time you use their search engine. It’s that easy! And it’s free to register with them. They have over 680 stores, including the ones where you would probably shop anyway, like The Gap, Staples, Best Buy, eBay, Expedia... and all from the comfort of home. No long line-ups!

**SEX AND HEP C**

More and more people seem to be getting infected with HCV through sex. Most of them also have HIV and are gay or bisexual men. Though the rate of HCV infections has fallen, there are more cases among this population, whose strains are closely related. 70% of the co-infected population is thought to have been infected through sex. The infection rate for monogamous HIV-negative heterosexuals is less than 5%. People receiving treatment for HIV get tested for HCV, but those who are gay and HIV-negative often don't qualify for testing. These clusters of Hep C have been associated with sadomasochism and snorted drugs. Remember: if there's blood involved, you're at risk.

Source: www.ebar.com/news/article.php?sec=news&article=3699

FIBROSCAN

Researchers studied the benefits of FibroScan for HCV screening among IVDUs (intravenous drug users) who often don't get treatment. From January 2006 to January 2007, 298 IVDUs were offered FibroScan, a non-invasive procedure. All of the patients accepted the evaluation. 69% admitted to heroin injection, 89% admitted to snorting cocaine, and 44% admitted to current alcohol abuse. 83 of the 298 patients were HCV+. 45 of the patients were willing to meet with a liver specialist. FibroScan was well accepted in this type of setting.

Source: www.ncbi.nlm.nih.gov/pubmed/19175876

BRISTOL-MYERS SQUIBB DONATES \$1.17M

The Bristol-Myers Squibb Foundation is to donate \$1.17 million towards the prevention of hepatitis C as part of its Delivering Hope programme in China, India and Taiwan. The company wishes to reach communities where there is great need. The company teamed up with ZymoGenetics last month to develop a type-three IFN, now in phase 1 trials.

Source: www.hayspharma.com/news/news-item/19024463 13 Feb 2009

LIVER CANCER BUT NO CIRRHOSIS

You don't have to have cirrhosis to get liver cancer (hepatocellular carcinoma or HCC).

The recent HALT-C study showed an unexpectedly high rate of liver cancer in patients without cirrhosis. It was 7% in those with cirrhosis, and 4.1% in those without. These patients did have to have advanced fibrosis to be included in the study. These researchers

state that Hep C patients with bridging fibrosis are at risk for HCC, and should have ultrasounds every 6 months to ensure better survival. Lesions smaller than 2 cm have a better cure rate, especially using radiofrequency ablation. Surprisingly of the patients found with HCC in the study, only 54% attempted a cure with resection. The HALT-C study investigated the results of a 2-year, low-dose maintenance program with PegIFN in previous non-responders. This treatment did not halt progression of the disease. Researchers have developed an algorithm to identify patients at risk, but surveillance needs to increase before the death rate is reduced.

Source: [http://www.gastrojournal.org/article/S0016-5085\(08\)02056-8/fulltext](http://www.gastrojournal.org/article/S0016-5085(08)02056-8/fulltext)

LIVER CANCER 10 YEARS AFTER SVR

Japanese doctors found a 73-year old Japanese man who had a sustained viral response (SVR) to IFN therapy for 13 years. He was admitted to the hospital with several large liver tumours and elevated tumour markers. A biopsy confirmed liver cancer (hepatocellular carcinoma or HCC). The patient was treated with intensive combination therapies successfully. The authors of this article recommend careful, long-term follow-up in all patients who have an SVR.

Source: [PMID: 19128460 www.ncbi.nlm.nih.gov/pubmed/19128460?ordinalpos=86&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19128460)

ABT-450 PHASE I

Abbott and Enanta Pharmaceuticals announced the Phase I trial of their oral protease inhibitor, ABT-450, testing the safety and pharmacokinetics of a single dose in healthy volunteers, some of whom will receive a placebo. The drug showed good results for several genotypes in vitro (test tubes).

Source: <http://www.fiercebiotech.com/press-releases/abbott-and-enanta-initiate-phase-1-clinical-trial-abt-450-hcv-protease-inhibitor>

NITAZOXANIDE

Nitazoxanide is one of a type of anti-infective agent called thiazolides, recently found to show anti-viral properties. It is very effective in *in-vitro* (petri dish) trials against genotype 1, and doesn't cause mutations.

Results from the Phase II clinical trials, which evaluated a controlled-release type of nitazoxanide in 41 treatment-naïve genotype 4 patients in low and high doses showed 82% of the low dose group + standard treatment had undetectable HCV after 12 weeks, compared to 100% of the high dose group. No

serious adverse events were reported. Trials are ongoing with genotype 1 patients.

Romark Laboratories is teaming up with Chugai Pharmaceutical Co to develop and market nitazoxanide to treat hepatitis C in Japan. Nitazoxanide was invented by Dr. Jean-Francois Rossignol, chairman of Romark. Chugai is part of the Roche Group, which is based in Switzerland.

Sources: www.romark.com/news/02172009.aspx
<http://dallas.bizjournals.com/dallas/othercities/tampabay/stories/2009/02/16/daily23.html>

ANA-598

Anadys Pharmaceuticals in San Diego, CA, has released more information about human trials of its Hep C drug ANA-598. Three more patients taking a low dose had the same results as those taking a higher dose. Full results are expected for the ASLD meeting in Denmark in April. ANA-598 is a non-nucleoside polymerase inhibitor, which should combine well with some of 40 new drugs being tested now. In mid-2009 trials combining the drug with standard treatment are expected.

Source: www.xconomy.com

READ MORE ABOUT VITAMIN D:

www.natap.org/2004/HIV/101804_03.htm

**HEP C WORKSHOPS****HEP DART 2009: Frontiers in Viral Hepatitis**

6-10 December 2009 - Kohala Coast, Big Island, Hawaii <http://hepdart.com>

5th International HIV and Hepatitis Co-infection workshop

4-6 June 2009 - Lisbon, Portugal
[www.virology-education.com/index.cfm/t/5th International HIV and Hepatitis Coinfection workshop/vid/4F1F5D72-E309-EE61-77D184FE76C2EEF8](http://www.virology-education.com/index.cfm/t/5th%20International%20HIV%20and%20Hepatitis%20Coinfection%20workshop/vid/4F1F5D72-E309-EE61-77D184FE76C2EEF8)

4th International Workshop on Hepatitis C, resistance and New Compounds

25-26 June 2009, Boston, MA
More information available soon
www.virology-education.com/index.cfm/t/Workshops/vid/9E7DF720-C09F-296A-61AF086697A2263C

4th International Workshop on Clinical Pharmacology of Hepatitis Therapy

27 June 2009, Boston, MA
More information available soon
www.virology-education.com/index.cfm/t/Workshops/vid/9E7DF720-C09F-296A-61AF086697A2263C

NATIONAL ENDOWMENT FUND SCHOLARSHIP

This award provides financial assistance to students registered in a post-secondary program in a recognized Canadian institution whose lives or families were affected by the tainted blood tragedy between 1980 and 1989 inclusively.

Number of awards available: Variable, according to the interest generated by the Fund

Value of the award: Variable, up to a maximum of \$3,000

Eligibility criteria:

- Canadian citizen, permanent resident or protected person status;
- Victim or child of a victim of tainted blood in Canada between 1980 and 1989 inclusively;
- Full-time or part-time in any Canadian post-secondary institution;
- Good academic standing and financial need.

Only applications completed with supporting documents will be processed. When applying, include the following:

- The application form
- An official transcript including your most recent year of completed studies.
- Written confirmation from an authority who can confirm you are a victim or the child of a victim of the tainted blood tragedy in Canada, between 1980 and 1989 inclusively.
- A letter explaining your current financial situation.

How did the 2007 National Endowment Fund Scholarship recipients get selected?

In 2007, the University of Ottawa received 37 applications. We awarded scholarships to all applicants who met the eligibility criteria, and each recipient was granted \$1,800.

Does the University of Ottawa receive money for managing the endowment fund?

No. The University does not get compensated for managing the National Endowment Fund Scholarship.

What will happen to the National Endowment Fund Scholarship if applications cease over time?

If applications stop, the endowment will be used to fund research projects in our Faculty of Medicine on patient safety and the reduction of medical errors.

Note: Applicants no longer need to include a letter describing how their life was affected by tainted blood or tainted-blood products.

More information:

www.pretsetbourses.uottawa.ca/Default.aspx?tabid=2687#endowment

(HEP C & ASTHMA—Continued from page 3)

about 15 minutes. But they work well, and have fewer side-effects than the beta-agonists. (Beta-agonist drugs are quicker.) The short acting drugs are ipratropium bromide and oxitropium bromide. The long-acting drug, taken only once a day, is called tiotropium. All of these drugs have liver warnings and can have other side-effects.

A study was done in Japan to see if there were differences in response to inhaled anticholinergic agents in well-matched, asthmatic patients, 36 with and 16 without HCV. All of the Hep C patients received IFN for 6 months. The patients were given methacholine, a substance that can cause breathing problems in asthmatics, and then they were treated with oxitropium bromide, a muscarinic antagonist. The resulting increase in breathing volume (FEV or forced expiratory volume) was significantly greater in the chronic Hep C patients than those with no Hep C or those with inactive Hep C. The average flow of exhalation was also greater in Hep C patients. Strangely, the Hep C patients had a stronger than normal response to these substances. The researchers think that may be because infection with HCV might change the tone of the airways. This fact should be taken into account if you are prescribed this kind of drug.

This is confusing! So what do I do?

Make sure your family doctor consults with your liver specialist. Your liver enzymes should be tested often when you start any asthma medication, and regularly after that. Your doctors should work together to find out how you can take the minimum amount of medication to control your asthma. Be sure to tell them about any other medications you are taking and conditions you have. (You can also check with your pharmacist.) Remember that both asthma and hepatitis C are potentially life-threatening diseases. Consider allergy testing and vaccination, and removing any allergy-causing substances and dust-collectors from your home.

Sources: www.ingentaconnect.com/content/ftd/eci/2006/00000002/00000005/art00014
www.wjnet.com/1007-9327/11/7545.pdf
www.aaaai.org/aadmc/ate/category.asp?cat=1064
www.hepcprimer.com/more/asthma.html
www.thoracic.org/sections/copd/for-patients/what-kind-of-medications-are-there-for-copd/what-are-anticholinergic-medications.html
www.chestjournal.org/content/125/4/1368.full#abstract-1
www.medal.org/visitor/www%5CActive%5Cch8%5Cch8.01%5Cch8.01.03.aspx



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

EFT TAPPING RELEASES THE STRESS OF DOING MORE WITH LESS

by Karen Hodson, BA, EFT-ADV EFT Practitioner

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

There never seems to be enough time. The day goes by too fast, seasons seem to slip past, and the years grow fainter into memory. The “to do list” is never complete, the goals often fall short, and dreams fade. “If only I had more time to...”

Not only is there a time issue, with shrinking budgets and higher costs – professionally and personally – we are required to do even more, but with fewer resources. It’s a double hit. There is never enough time and resources to accomplish everything on the list. The “in” tray has morphed into piles of general, important, serious, critical, and crisis level items. Something has to give: quality, quantity, or your personal life. Overload can result in mistakes happening and crucial time is wasted. Often the end result is a downward spiral of more stress and a feeling of being overwhelmed and in despair.

When that hectic feeling shows up and there doesn’t seem to be an end in sight, tap with EFT. The work load will still be there and extra resources will not magically appear, but what it will do is enhance your ability to remain calm and more balanced.

EFT creates a space of neutrality. In this space you can release the clutter of negative emotional triggers that are depleting your energy and move to a calmer place of self acceptance. EFT allows you to speak your truth but without judgment. Yes – it’s crazy busy, there is no end in sight, I don’t have enough time and resources and yes I am OK in this moment.

From that calmer place you can determine what your options are: a) get extra help; b) add more resources; c) prioritize the list and determine what can be moved to the back burner; d) decide what can be dropped off the list; e) let go of “perfection” and settle for average; f) transfer or leave the position; g) learn to better deal with the overload. Tap on the emotional triggers each option brings up, including the fear of taking that step and the fear of not having that opportunity. When you have clarity, stress is released.

Here is what an EFT tapping session on steps toward releasing stress 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 am so stressed with all of the things on my plate and I don’t have enough time and resources to complete everything, I deeply and completely love and accept myself.”

Tapping a phrase on each point:

I am so stressed; I am asked to do more and more; I can’t handle it; I don’t have any time for me; There is so much to do; I feel so overwhelmed; I don’t like these angry feelings; I feel so hopeless; I can’t keep up; I resent having to do more with less and less; I am such a failure; It’s just too hard.

Karate Chop Set-up:

“Even though I don’t know how I can get everything done that I need to, in the way that I want to, I deeply and profoundly love and accept myself anyway.”

Tapping a phrase on each point:

I can’t handle all this work; I’m doing the best that I can; It’s just too much; What if I can accomplish everything that absolutely needs to be done?; I don’t want to give up my higher standard of quality; I manage my time with ease and grace; I am such a failure; I choose to be kind to myself; I trust that it will all work out.

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:

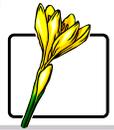
It feels so good to be kind to myself; I allow calmness to radiate from inside me; It feels so good to have this inner peace; I love this feeling of serenity; I trust my ability to use discernment; I choose to be self accepting; I admire my ability to get the important things done; I am compassionate to myself; I am so grateful for this peaceful feeling.

In the midst of chaos when adding one more thing to the plate can easily tip you over the edge, that overwhelming sensation can leave you feeling stuck with no hope. The great thing about EFT is that you can tap

throughout the day when triggers are hit. Just start tapping and when that peaceful moment is reached, it becomes clearer what options are available. Next, tap on the fear the options bring up. Finally, action steps can be taken and you are once again moving forward in your life. With EFT tapping, you can find that quality inner peace and balance in your life and in this rapidly changing world, it is a great gift to yourself!

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



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250-382-6270**



(NO PROMISED MONEY—Continued from page 1)
ment settlement, inviting him to apply for money from the new fund.

Since then, he has been unable to convince the administrator, Crawford Class Action Services, that he did receive blood, despite an exhaustive search of records and letters of support from his doctor.

"It's depressing," said Mocellin. "It can really put you down. It's an insult, in a way."

St. Paul's Hospital wrote a letter saying Mocellin had been there in 1967, but that the hospital was unable to find any detailed records from the time.

The Red Cross wrote that its system could not trace a blood recipient that far back.

Mocellin's family doctor, Man Kon Leung, wrote a letter stating, "The only risk factor is the blood transfusion. It is without hesitancy that I state that the probable cause of his infection was through his surgery."

Crawford responded that was not enough — that Mocellin now has to find a doctor who specializes in ulcer surgery and will say it is "more likely than not" that he received blood during surgery.

"If they can't accept my own doctor to do this, how am I going to get somebody who doesn't know me to do it? That is a big problem," said Mocellin. "It's very difficult for me to understand what they are talking about."

The government set more stringent criteria for proving claims than the Red Cross did when it settled with the same claimants in 2004.

I have a couple of people who are exactly in that situation who were previously transfused and there is no record," said Sigfried Erb, one of Vancouver's top liver specialists. "One was a hemorrhoid operation; the other was an operation on his hand. The patients don't know how to get proof — that's where the problem is," Erb said. "The government should help them."

Less than half of fund paid out

Kerry Eaton, vice-president of Crawford Class Action Services, said the agency has received 9,098 claims since August 2007 and 3,863 — [roughly] 40 per cent — have not yet been approved. He said \$398 million — less than half of the money available — has been paid out to claimants. Crawford was contracted by the government to process all the claims at a cost to taxpayers of \$20 million. The deadline to apply is June 30, 2010 — and any monies not paid out will be returned to government coffers.

"I'm sure they [the government] are trying to make it very difficult, very difficult, to avoid paying people," said Mocellin.

Chronic infection by the Hep C virus can

cause inflammation of the liver, leading to scarring of the liver, cirrhosis and other complications including liver cancer.

Erb estimates one-quarter of his eligible patients have been unable to get approval for what he's convinced are legitimate claims. The ones having the most trouble, he said, are often those who need help the most.

"The longer ago you were transfused, the more likely you are to have worse disease, the more likely you are to be sick — and the less likely you are to have access to records that prove your case," said Erb.

"Most of them have no other source of income. Most of them are very poor. Most of them can't earn any money any more. They are waiting ... for a transplant, not earning any money ... and filling in paperwork."

Settlement documents show the minimum available payment is \$8,453 and the maximum \$408,834 — depending on the patient's age and severity of illness.

Millions in legal and administration costs

Claimants can hire a lawyer to assist with their claims, but the lawyer takes a significant cut of the final payment.

According to David Klein, a Vancouver lawyer who handles many of these cases, fees range from 20 per cent to 33 per cent of the payout. Klein said his firm charges a flat fee of 29 per cent. But its failure rate on claims is "quite high," he said — about 40 per cent of the cases.

"These are people I believe contracted the disease through blood transfusion, but I just couldn't prove it," Klein said. "There are a lot of areas where you get bogged down in this." He added, "And, unfortunately, if you have to hire a lawyer, you have to pay the legal fees — and what you pay also goes to cover the costs of all the firm's unsuccessful claims."

The cost of the settlement to taxpayers, so far, includes \$37.29 million for legal fees and \$20 million for administration.

"Pretty depressing, I would say," said Mocellin. "[Lawyers and administrators] can keep on making money out of people that should have received the money."

CBC News asked to speak with the new federal Health Minister Leona Aglukkaq about this, but her office replied by email that the minister "will not be available for this interview."

Even though he is entitled to compensation, Mocellin said he is abandoning his claim — out of sheer frustration.

"I'm just giving up. That's it. This is the end," he said.

Source: www.cbc.ca/canada/british-columbia/story/2009/02/09/bc-hepcbureaucracy.html Feb 10, 2009

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 Elliott
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

CLAIMS 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_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

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 Wellness Centre) HIV/HEPC Peer Support Group each Thurs. 11-2 PM, 433 Tranquille Rd. 250-376-7558 Support/ Referral. info@askwellness.ca 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 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. hepctxpeer-support@hotmail.com

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

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Diane Morrissette, 604-525-3790 before 9 PM. dmorrissette@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@dccnet.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.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 hepcprince-rupert@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

Smithers: Positive Living North West Contact the Prince George group, please.

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 Contact 604-454-1347 or 778-898-7211 if you would like 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

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com



OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for 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 Chapter 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 Support Contact Joe 905-682-6194 jcolangelo3@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 reneeaurio@hotmail.com

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 hep-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hep-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 wbbhas@telus.net www.wbbhas.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-

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

REPORT ADVERSE EVENTS

Report problems with medical products, including product use errors, product quality problems, and serious adverse events.

www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm