

# hepc.bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca



### DANES SWING A MIGHTY SWORD AGAINST HCV

by Douglas Laird

A recent article published in *Science Express* added another drug as a candidate for treatment against hepatitis C Virus (HCV) that has shown very exciting possibilities. Clinical trials demonstrate that it is indeed well tolerated, which may slightly differentiate it from protease and polymerase inhibitors currently in the pipeline as the next addition to the success of treatment. Telaprevir and Boceprevir, when combined with standard therapy, increase the SVR rates in former non-responders with genotype 1 currently are producing increased rates of sustained viral response (SVR) in former non-responders with genotype 1, raising SVR (and chances of a cure) from 15% to around 70%. There are some issues of drug resistance that develop when some of these protease and polymerase inhibitors are used.. Some side effects presently end the treatment for about 14% of participants. Early reporting suggests that this may not be so with this recently announced drug.

The compound in question is called SPC3649. The only side effect noted so far is a cholesterol lowering effect. It has produced a 350-fold reduction in HCV levels lasting for two months following 12 weeks of treatment. There was an additional advantage discovered, as the drug appears to reset the immune system in non-responders. Since there is a genetic disposition involved, some people have their immune system shut down rather than fight off the virus when they start interferon. It appears that this new drug "actually reset a number of interferon responding genes... that were deregulated at the onset of treatment," according to Santaris Pharma scientist Henrik Orum. "These genes are normalized... suggesting that the gene in non responders could be reset... [to responder levels]."

These studies show no evidence of viral escape, indicating that there will be fewer cases of relapse and non-responders. Viral "escape" or rebound refers to HCV genetic

mutation, since the virus has a knack of transforming itself to escape treatment. Incidentally, this response could be followed by a jump of ALT during treatment, which might indicate viral breakthrough. This happens with interferon treatment and still happens with the use of the new complementary drugs nearing development in 10 to 15% of cases. This is a good reason to check your ALT regularly during treatment. They may be able to alter approaches at this point or consider treatment termination.

The target of the SPC3649, microRNA122, that is required for HCV replication. All of the six genotypes and over fifty subtypes of HCV are 'addicted' to microRNA122. The compound likely binds to it making it unavailable to HCV. Since microRNA122 is universal in many living organisms it is possible that the drug will work for everyone. "This paper adds to the growing body of evidence," says Orum, "that the inhibitor platform has the potential to transform the field of RNA targeted therapeutics making specific silencing of RNA targets involved in disease a reality in human medicine in the longer run." Other recent developments with this technology may have significant impacts on treatments for HIV, inflammatory disease and even

cancer. It demonstrates a real potential for HCV treatment in a cocktail with the other inhibitors without the need for interferon.

In the writer's view announcements like this are likely to be counterproductive in BC. It is the practice for the current government to limit access to interferon treatment for arbitrary and contrived reasons. Present standards for qualifying for treatment require abnormally high ALT for three months when we all know that it is possible to die of cirrhosis without any real change to ALT levels. A study by Dr Rob Myers in Calgary demonstrated that forecasts by epidemiologists for hepatitis mortalities were too low, with four time increases in hospital related liver visits; 75% of cases are under reported.

Dr Myer's paper came with the potent metaphor likening the disease to a sleeping giant awaking. Still it is likely that groggy policies will continue with the distorted thinking of BC governance rationalizing that there are more effective treatments on the way. People will continue to fall into the abyss of brain fog and other costly symptoms as long as treatment is denied. Also, the people who suffer increased side effects from interferon such as anaemia will continue to be denied erythropoietin and subsequently have their hopes dashed as they are denied complementary medicine. After all, if the white blood cell count goes down we know the treatment is working, right?

Dr Myer's sleeping giant still lies in a fitful sleep.

Sources:

[www.latimes.com/news/nationworld/nation/la-sci-hepatitis-c4-2009dec04.0.1848983.story](http://www.latimes.com/news/nationworld/nation/la-sci-hepatitis-c4-2009dec04.0.1848983.story)

(Myers, RP, *Can J Gastroenterology* Vol 22 No 4 April 2008 [www.pulsus.com/journals/abstract.jsp?](http://www.pulsus.com/journals/abstract.jsp?)

[jnlKy=2&atlKy=7977&isuKy=779&isArt=t&HCtype=Consumer](http://jnlKy=2&atlKy=7977&isuKy=779&isArt=t&HCtype=Consumer)

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[www.hivandhepatitis.com/2007icr/aasld/docs/110607\\_a.html](http://www.hivandhepatitis.com/2007icr/aasld/docs/110607_a.html)

### INSIDE THIS ISSUE:

<i>Danes Swing a Mighty Sword against HCV</i>	1
<i>Hep C on Facebook / HCV &amp; Treatment</i>	3
<i>New Year's Resolutions / Hank Johnson</i>	4
<i>Liver Biopsy / Occult HCV Infection</i>	5
<i>Blood Spills / Losartan reverses Fibrosis</i>	6
<i>Conferences / PegCARE / PegAssist</i>	7
<i>Compensation</i>	7
<i>Coming Up</i>	8



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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 8.3

Peppermint Patti's **FAQ Version 8.3** 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 2009. Place your orders now. Over 140 pages of information for only \$12 each. Contact HepCBC at (250) 595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

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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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### REPRINTS

Past articles are available at a low cost in hard copy and on CD ROM. For a list of articles and prices, write to HepCBC.

## THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, Health Canada, Community Living Victoria, Provincial Employees Community Services Fund, Dr. C. D. Mazoff, Lorie FitzGerald, Michael Yoder, Chris Foster, Judith Fry, Ernie, Bruce Lemer, United Way, and the newsletter team: Beverly A., Diana Ludgate, Alp, Judy Klassen, and S. J.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Samuel's Restaurant, Margison Bros. Printers, Roche Canada, VanCity, Schering Canada, Shoppers Drug Mart, and the Victoria Conservatory. Heartfelt thanks to Blackwell Science for a subscription renewal to [gastrohep.com](http://gastrohep.com).

Special thanks to Thrifty Foods for putting our donation tins at their tills in these stores: Greater Victoria: Quadra, Cloverdale, Hillside Mall, Tuscany, Broadmead, Fairfield, James Bay, Admirals Walk, Colwood, Central Saanich, and Sidney. Lower Mainland: Tsawwassen, Coquitlam, Port Moody. Also: Salt Spring and Mill Bay.



## CUPID'S CORNER

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

To place an ad, write it up! Max. 50 words. Deadline is the 15<sup>th</sup> of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send a cheque payable to **HepCBC**, and mail to **HepCBC, Attn. Joan, #306-620 View Street, Victoria, BC V8W 1J6, (250) 595-3892**. Give us your name, tel. number, and address.

To respond to an ad: Place your written response in a separate, sealed envelope with nothing on it but the number from the top left corner of the ad to which you are responding. Put that envelope inside a second one, along with your cheque for a donation of \$2, if you can afford it. Mail to the address above.

*Disclaimer: The *hepc.bull* and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.*

Hello Fellow Hep. C'ers, **Ad 29**

I am a single white female, 5' 10", approx. 140 lbs, with long auburn hair. I am in my mid 50's, living in Metro Vancouver. I would like to meet a single man of the same persuasion, to share conversations with, perhaps over coffee. Please, only serious inquiries—not interested in a one night fling. I would prefer our meeting to focus on other mutual interests between us.  
Sincerely, A.

### Got Hep C? Single? Visit:

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

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

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

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

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We need experienced **board members** to occupy the positions of **secretary and treasurer**. Also needed: **summarizing**, telephone buddies, translation English to Spanish. Please contact us at (250) 595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

### PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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# Hep C Sites on facebook.

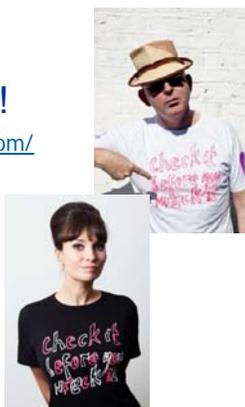


<http://www.facebook.com/pages/GET-TESTED/77324568758>

<http://www.facebook.com/photo.php?id=577479851&pid=4339082#/pages/Hepatitis-C-Trust/107063971566?ref=search&sid=577479851.2372293423..1>

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## UNABLE TO START TREATMENT FOR HEP C BECAUSE OF LOW PLATELETS?

We are conducting a clinical research trial with a platelet-building investigational medication. Once required levels of platelets are achieved, subjects are started on the pegylated interferon medication of the physician's choice. At that point the subject receives either placebo platelet builder or the active medication. There is no cost to participate and all medications and study visits are provided at no cost. If you are interested please call:

**PerCuro Clinical  
Research Ltd.  
250-382-6270**

## HCV & TREATMENT: SHOULD I BE TREATED?

Hepatitis C generally progresses slowly. You have time to think about what you want to do.

### You should get these tests:

1. A liver panel (blood test—measures enzymes such as the ALT and AST, clotting time, etc.)
2. An HCV-antibody test.
3. A PCR test (looks for the virus itself)
4. Genotype test
5. Alpha-fetoprotein test or AFP (looks for cancer)
6. Ultrasound (looks for tumours)
7. Biopsy

The first 5 are blood tests. They will give you and your doctor some important information.

The AFP and ultrasound should be done at least yearly, and more often if you have cirrhosis (scarring).

The only way to know how much damage has been done to your liver is from a biopsy. You may have a lot of virus, but no damage to your liver, or the other way around. You may have a high ALT, and no damage to your liver, or a low ALT and quite a bit of damage. If your liver is not damaged, you may wish to wait before being treated. On the other hand, if your liver is damaged, and you have signs of rapid progression, you may wish to be treated as soon as possible.

### Remember:

1. The earlier you start treatment, the more likely you are to respond.
2. The younger you are, the more likely you

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will respond.

3. The disease progresses faster in men than in women.
4. The genotype test will tell you how likely you are to respond to treatment. Genotypes 1 don't respond so well as other genotypes. People with genotype 1 need longer treatment.

### What is treatment like?

The standard treatment is pegylated interferon plus ribavirin. The patient injects the interferon under the skin, usually of the abdomen or thigh, once a week, and takes 5 to 6 capsules of ribavirin each day. There are two brands of treatment approved in Canada: Pegatron and Pegasys. The side effects of either treatment can be much like having a bad case of the flu. They last about 2 weeks, and then get better. Some side effects can be permanent, like thyroid disease or eye problems. Some people lose weight and have hair loss. Both the weight and the hair return.

### What Else Can I Do?

Some people can continue working, while others are not able to do so. There can be more serious problems. Some people can't be treated because of heart problems, immune system problems, or serious depression. There are more side effects and reasons people can't be treated. Talk to your doctor.

### Other Things You Can Do:

- Stop drinking.
- Get vaccinated against hepatitis A and B.
- Get a pneumonia vaccine.
- Get a flu shot each year.
- Avoid toxins like paints, gasoline and insecticides.
- Check out all medications, even non-prescription medications, with your pharmacists.
- Exercise regularly, even if you're tired.
- Eat a balanced diet.
- Join a support group.
- Read all you can about Hep C.
- Be careful with any herbs; some may hurt your liver.
- Ask a registered dietician about vitamins; avoid mega-doses.

*From HepCBC's pamphlet series, downloadable at [www.hepcbc.ca](http://www.hepcbc.ca)*



### OF MICE AND MEN: AGING AND EXERCISE

Researchers in Germany investigated the effect of physical exercise on aging by observing both mice and men. It is known that exercise seems to protect the vascular system, and that the breakdown of telomere is an important part of aging, but they wanted to know how and why.

First they studied mice, dividing them into two groups: those participating in voluntary running-wheel exercise or those doing no exercise. Voluntary running for 3 weeks had no effect on fat levels, body weight, or blood pressure. The men were also divided into two groups. The first group were professional track-and-field athletes (average age 20 years) and middle-age endurance runners (average age 51), who had been training for an average of 35 years. They were compared with subjects of similar ages who rarely exercised.

The researchers studied the telomerase in all of these subjects—mice and men. Telomeres are disposable buffers that block the ends of chromosomes and are used up during cell division and replenished by an enzyme, the telomerase reverse transcriptase.

In the mice, there was no change in the length of the telomere, but those who took part in physical activity had improved telomerase activity in the thoracic aorta and in circulating mononuclear cells. The effects in mice could be seen only after 3 weeks of voluntary running.

Similar changes in telomerase activity were found in the white blood cells of the track and field athletes. The researchers observed both young and middle-aged marathon runners and found that endurance training over time results in production of telomere-stabilizing proteins, less telomere destruction, and less vascular programmed cell death compared to their inactive counterparts. The study showed that exercise regulates the proteins that stabilize the telomeres, protecting them from programmed cell death induced by stress. Exercise protects the vascular system and reduces age-related diseases.

"This is direct evidence of an anti-aging effect of physical exercise. Our data improve the molecular understanding of the vasculoprotective effects of exercise and underline the potency of physical training in reducing the impact of age-related diseases," said one of the researchers. "Our

study population may have been too small and too young to detect subtle differences in telomere length, but the data show that beneficial antisenescent [anti-aging] effects of physical activity are observed more rapidly than effects on telomere length itself," said Ulrich Laufs, MD, one of the researchers.

Sources: [www.natap.org/2009/HIV/120109\\_03.htm](http://www.natap.org/2009/HIV/120109_03.htm) November 30, 2009  
[www.medpagetoday.com/PrimaryCare/ExerciseFitness/17221](http://www.medpagetoday.com/PrimaryCare/ExerciseFitness/17221)



### INTENSITY or DURATION?

I know you've heard this before, but it's the time of year many of us make resolutions, and this information may affect what you put on your list—and this may be a time saver!

A report presented at the AASLD conference last Fall showed that the intensity of your exercise regime may be more important than the duration of your workout.

Many of us have been diagnosed with fatty liver, or technically speaking, non-alcoholic fatty liver disease (NAFLD). US federal guidelines recommend a minimum of 150 minutes a week of moderate workouts, or 75 minutes a week of vigorous exercise. This study wanted to see how following that recommendation affects fatty liver, so they enrolled 609 patients with NAFLD who had a biopsy within the past 2 years. They reported time spent in various physical activities each week, and they were categorized as being sedentary, being moderately active or participating in vigorous physical activity. Their biopsies were reviewed and the levels of fat in the liver were compared to activity levels.

Of those participating, 56% were sedentary, 19% had moderate activity levels, and 26% were vigorous exercisers.

Compared to the sedentary subjects, those who did moderate exercise had similar levels of fat in their livers and similar fibrosis scores. But those who did 150 minutes vigorous exercise per week decreased their chances of having fatty liver and advanced fibrosis by 95%. The authors believe that intensity of a workout may be more important than the length of time spent exercising.

Please check with your doctor before beginning an exercise regime. And remember that for some you, vigorous exercise may be climbing a flight of stairs, so don't overdo it.

Source: [natap.org](http://natap.org)

### FIGHT LIVER CANCER WITH A LOW-FAT DIET

A study done at the University of Pennsylvania School of Medicine and Case Western Reserve University compared a strain of mice prone to cancer to another strain that was not, and found that a high-fat diet made the first strain more likely to develop liver cancer. But if those mice switched to a low-fat diet early into the experiment, they avoided getting cancer, and had healthy livers by the end of the study (500 days). All of the mice kept on a high-fat diet developed liver tumours at the end of the study.

Thirty percent of cases of hepatocellular carcinoma are often seen together with obesity and type 2 diabetes, but the connection between them is not understood. The other 70% are caused by Hep B and C, aflatoxin, alcohol, or genetic liver disease.

Source: [natap.org](http://natap.org)

### CONGRESSMAN HANK JOHNSON

Fifty-five year old US Congressman Hank Johnson, a former judge, serves on the US House Armed Services Committee—a strange position for a Buddhist. His mother was a teacher, while his father worked for the Federal Bureau of Prisons until his alcohol addiction forced him to retire.

What concerns us is that Congressman Johnson has recently come forward declaring that he is a hepatitis C sufferer. He says the worst thing he has ever had to battle is this disease. He was diagnosed in 1998, but didn't make the news public until last month (Dec. 2009). When he was diagnosed, he was told he had 20 years to live. He decided then that his goal in life was to become a member of Congress.

There has been speculation about his health. He had been through treatment twice before, but this third treatment has left him with undetectable virus for almost a year. He will be running for office again.

Mr. Johnson's goal is world peace, and he is a critic of the war in Iraq. He considers himself to be a pacifist, but says that there are times when fighting is necessary. He is becoming known for his willingness to speak his mind. Hopefully, he will be an excellent spokesperson for our cause.

Source: [www.ajc.com/news/dekalb/hank-johnson-wont-back-240704.html](http://www.ajc.com/news/dekalb/hank-johnson-wont-back-240704.html) Dec 14 2009

Patients with chronic hepatitis often do not experience symptoms. On the other hand, others complain of excessive fatigue, weakness, and a reduced capacity for exercise.

Since liver damage may occur even in asymptomatic cases (no patient complaints), it is important to perform a biopsy and determine whether there is ongoing liver damage. As chronic hepatitis progresses, damage to liver cells may impair liver function. A biopsy of the damaged liver indicates the degree of cellular necrosis (death of liver cells), inflammation (cellular infiltration and swelling), and scarring (scar tissue beginning to replace functioning liver cells).

“Understanding Chronic Hepatitis” - Schering - 10/92 INH-001/17098403

### WHAT IS A LIVER BIOPSY?

A liver biopsy is a diagnostic procedure used to obtain a small amount of liver tissue, which can be examined under a microscope to help identify the cause or stage of liver disease.

The most common way a liver sample is obtained is by inserting a needle into the liver for a fraction of a second. This can be done in the hospital with a local anesthetic, and the patient may be sent home within 3-6 hours if there are no complications.

The physician determines the best site, depth, and angle of the needle puncture by physical examination or ultrasound. The skin and area under the skin is anaesthetized, and a needle is passed quickly into and out of the liver. Approximately half of individuals have no pain afterwards, while another half will experience brief localized pain that may spread to the right shoulder.

Some persons, however, have had to be hospitalized afterwards due to extreme pain, shock or puncture of another organ. Many patients have commented that taking ativan, a tranquilizer, before the procedure helped reduce the pain, since this drug will relax the internal muscles and prevent spasms.

Patients are monitored for several hours after a biopsy to make sure serious bleeding has not occurred. Some patients occasionally have a sudden drop in blood pressure after a biopsy that is caused by a vagal reflex and not by blood loss; this is caused by sudden irritation of the peritoneal membrane. The characteristics that distinguish this from a bleeding event are: 1) slow pulse rather than rapid, 2) sweating, and 3) nausea.

### WHAT ARE THE DANGERS OF LIVER BIOPSY?

The risk of a liver biopsy is minimal. The

primary risk is bleeding from the site of needle entry into the liver, although this occurs in less than 1% of patients. Other possible complications include the puncture of other organs, such as the kidney or lung. A biopsy should not be done if: 1) you have taken aspirin in the last 5-7 days, 2) the hemoglobin is below 9-10 grams/dl, 3) the platelets are below 50,000-60,000, or 4) the prothrombin time INR is above 1.4. Those with bleeding disorders such as hemophilia, which can be temporarily corrected with transfused clotting factors, can safely have a biopsy, or they may be able to have a transjugular biopsy.

### WILL IT HURT?



Most doctors will not do percutaneous needle liver biopsies under anesthesia. This is because the liver is directly under the diaphragm and moves as you breathe. When the needle is inserted through the skin and body wall, the liver must not be moving or else there is danger of a laceration. To keep the liver from moving, the patient has to stop breathing momentarily. Doctors prefer to have you alert and able to follow directions, but if you are very anxious, you may want to ask for a sedative to help you relax.

The injections of local anesthetic, and the actual puncture of the liver capsule can be a little painful for some people, but it only takes a second and is over very quickly. Other people feel no pain at all, and don't realize it's happened until the doctor tells them they're finished.

Occasionally there will be a small to moderate amount of pain afterwards. If you find that you are uncomfortable, your doctor will generally prescribe a light painkiller immediately after the biopsy. The pain may be far away from the biopsy site, possibly in the pit of your stomach or typically in the right shoulder. Be aware that some doctors are hesitant to give pain killers to those with hepatitis C. It is advisable to discuss this matter with your doctor before hand to avoid unnecessary discomfort.

The liver itself has no pain-sensing nerve fibers, but a small amount of blood in the abdominal cavity or up under the diaphragm can be irritating and painful. Very occasionally, small adhesions (scar tissue) may form at or near the biopsy site, and can cause a chronic pain that persists near the liver area after the biopsy.

Source: Peppermint Patti's FAQ v. 8.3, [www.hepcbc.ca](http://www.hepcbc.ca)

### Occult HCV Infection: An Unexpected Finding in a Population Unselected for Hepatic Disease

Occult Hepatitis C virus (HCV) infection is a new pathological entity characterized by presence of liver disease and absence or very low levels of detectable HCV-RNA in serum. Abnormal values of liver enzymes and presence of replicative HCV-RNA in peripheral blood mononuclear cells are also observed. Aim of the study was to evaluate occult HCV occurrence in a population unselected for hepatic disease.

We chose from previous epidemiological studies three series of subjects (n=276, age range 40–65 years) unselected for hepatic disease. These subjects were tested for the presence of HCV antibodies and HCV-RNA in plasma and in the peripheral blood mononuclear cells (PBMCs) by using commercial systems. All subjects tested negative for HCV antibodies and plasma HCV-RNA and showed normal levels of liver enzymes; 9/276 patients (3.3%) were positive for HCV-RNA in PBMCs, identifying a subset of subjects with potential occult HCV infection. We could determine the HCV type for 8 of the 9 patients finding type 1a (3 patients), type 1b (2 patients), and type 2a (3 patients).

The results of this study show evidence that occult HCV infection may occur in a population unselected for hepatic disease. A potential risk of HCV infection spread by subjects harbouring occult HCV infection should be considered. Design of prospective studies focusing on the frequency of infection in the general population and on the clinical evolution of occult HCV infection will be needed to verify this unexpected finding.

Source: De Marco, Laura, et al. Abstract [www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0008128](http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0008128)

A HAPPY  
NEW YEAR



## BLOOD SPILLS: DO YOU KNOW HOW TO SAFELY CLEAN UP A SPILL OF BLOOD OR BODY FLUID? THIS ARTICLE WILL TELL YOU HOW

by Mark Bigham, MD, FRCPC, British Columbia Centre for Disease Control

(Reprinted from the *hepc.bull* December 1999, Issue 18.)

Hepatitis C virus (HCV) is transmitted mainly by exposure to HCV-contaminated blood. HCV infection is not generally associated with exposure to other body fluids, such as saliva, urine, feces or vomit, but if HCV-contaminated blood is present in these or other body fluids, then the risk of infection will be greater. Therefore, it's important to treat any environmental contamination of blood or body fluid as potentially infectious. The simple principles of cleaning and disinfecting, which are effective against HCV, are also very effective against other micro-organisms.

Viruses can only reproduce inside cells and HCV will not survive very long outside the human body (usually no more than a few hours). Survival of HCV in the environment is limited by such factors as lower temperature and dryness. HCV is also readily killed by standard household products, such as 5% household bleach or 70% isopropyl alcohol.

If you encounter a spill of blood or body fluid, the most important infection control principle is to avoid direct contact. This is easily and effectively achieved by wearing rubber gloves—preferably single use, disposable vinyl gloves, or even household rubber gloves. Litter, such as broken glass should be picked up first. Try not to handle broken glass that could tear the gloves. Pieces of stiff cardboard or newspaper folded over can be used to pick up glass. When disposing of glass, wrap it in a newspaper before throwing it in the garbage bag, to protect municipal waste disposal workers from being cut when handling the bag.

Next, clean up the visible blood or body fluid with plain water and disposable paper towel. Using water will dilute the spill, reduce its infectivity, and facilitate wiping up the spill. Cleaning the visible spill will also remove organic matter that can reduce the effectiveness of disinfectants. The used paper towel can be put in a plastic bag (double bag if very wet and dripping) and disposed of in the regular household garbage.

A disinfectant should then be used. Regular 5.25% household bleach is an excellent disinfectant choice—it is inexpensive; has low toxicity and is not usually irritating to the skin; is fast acting; and is very effective not only against HCV, but also other blood-borne viruses (e.g., HIV, Hepatitis B virus), bacteria and fungi. It can be diluted with

water to make a 1:10 to 1:100 bleach solution. The diluted solution should be prepared fresh, since bleach degrades over time when exposed to air or light. It can be wiped onto the surface with a towel and left to air dry, or poured onto the affected area and then wiped up with disposable paper towels after 10 minutes. An effective, alternative disinfectant for use on colour-sensitive fabrics or materials is 70% isopropyl alcohol, full strength, and applied in the same manner as described for bleach.

Gloves can then be carefully removed and disposed of in the regular household garbage along with the used paper towels. Reusable gloves can be rinsed in water and dipped or wiped in disinfectant and allowed to air dry. Finally, don't forget to wash your hands.

## CANADIAN YELLOW SPLIT-PEA SOUP

### Ingredients:

- 4 ½ oz sorted uncooked yellow split peas
- 1 qt water
- ½ t. salt
- 2 t. vegetable oil
- 2 oz diced Canadian-style bacon
- 1 C each chopped onions and sliced carrots
- ¼ t. each crumbled sage leaves and ground allspice
- Dash white pepper
- 2 T. chopped fresh parsley



Rinse peas. In a 4-quart saucepan, combine peas, water and salt. Bring to a boil. Remove from heat and let soak for 1 hour. In a 10-inch non-stick skillet heat oil over medium-high heat. Add bacon and cook, stirring frequently, until browned. Stir in onions and carrots and cook, stirring occasionally, until onions are translucent. Add to peas in saucepan and stir to combine. Add remaining ingredients except parsley and bring to a boil. Reduce heat to low, cover, and let simmer, stirring occasionally to prevent mixture from sticking to bottom of pan, until peas are softened and mixture thickens, about 45 minutes. If soup becomes too thick, add up to an additional cup of water. Serve each portion sprinkled with fresh parsley.

*Yield: 4 servings*

*Source: www.dietandfittnesstoday.com*

## LOSARTAN REVERSES FIBROSIS

Researchers at Newcastle University studied 14 patients in Spain. All of them suffered from hepatitis C. They were given 50 mg/day losartan, a drug already approved for treating high blood pressure, for 18 months. All of the patients had advanced fibrosis. Half of the patients' scarring improved and the liver was able to repair itself.

We patients think of fibrosis as scarring. Technically, it is a collection of extra fibrous connective tissue produced by a special cell called a liver myofibroblast. When the liver is damaged, a pathway is created to send a signal instructing the myofibroblast to activate. That pathway makes scar tissue, causing liver damage.

The researchers studied that process in rats and mice to see what happened when losartan was given to them. They believe the drug blocks the pathway so that the myofibroblasts die, the scar tissue breaks up, and the liver is repaired by the body.

During this project, the researchers found a biological marker, NF-kB, which was needed to form the scarring. Before losartan treatment, half of the patients had high levels of NF-kB, and after treatment, the levels fell so the scars were no longer created, and actually shrunk, so testing a biopsy sample for the marker could show which patients would benefit from losartan. This treatment could possibly help thousands of Hep C sufferers.

*Source: ScienceDaily (June 2, 2009) via natap.org*



## CONFERENCES 2010

### 5th National Aboriginal Hepatitis C Conference

Focus on addiction  
17-19 February 2010  
Ramada Plaza Hotel  
Toronto, ON  
[www.caan.ca](http://www.caan.ca)

### Hepatitis C 2010:

Strategies for the New Decade  
16 March 2010  
City University of New York-  
Graduate Center  
New York, NY  
*More info in January*

### 5th International Workshop on Clinical Pharmacology of Hepatitis Therapy

23 - 24 June 2010, Boston, MA, USA  
Marriott Courtyard Boston Hotel, Boston  
Registration and Abstract submission open on  
1 March 2010

[http://www.virology-education.com/  
index.cfm/t/Registration/vid/09F5AE11-  
B857-1BE3-4F9A34758693B81E](http://www.virology-education.com/index.cfm/t/Registration/vid/09F5AE11-B857-1BE3-4F9A34758693B81E)

### The International Liver Congress 2010

45th Annual Meeting of the EASL  
April 14-18 2010  
Vienna, Austria  
[www.easl.eu/liver-congress](http://www.easl.eu/liver-congress)

### Australasian Viral Hepatitis Conference 2010

6 - 8 September 2010  
Sebel Albert Park  
Melbourne, Victoria, Australia  
Phone: +61 2 8204 0770  
Fax: + 61 2 9212 4670  
Email: [info@hepatitis.org.au](mailto:info@hepatitis.org.au)

### The Liver Meeting 2010

AASLD's 61st Annual Meeting  
October 29-November 2, 2010  
John B. Hynes Convention Center  
Boston, Massachusetts  
Registration: Mid-July

### The Combo Survival Guide from A to Z

[http://www.hepcsurvivalguide.org/  
comboguide.htm](http://www.hepcsurvivalguide.org/comboguide.htm)

## 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 needs writers for the *hepc.bull*, and will pay \$50.00 for a featured article. The article should be original, 500 to 800 words, and 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 Hep C, or a call for action. Submissions must be in by the 15<sup>th</sup> of next month, *stating interest in the bonus*. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. [info@hepcbc.ca](mailto:info@hepcbc.ca)

## 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/](http://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](http://www.lauzonbelanger.qc.ca/cms/index.php?page=108)

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

#### Other:

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

### LOOKBACK/TRACEBACK

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

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

Canadian Blood Services, Vancouver, BC

1-888-332-5663 (local 3467) or 604-707-3467

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

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

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

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

[Irene.dines@Blood.ca](mailto: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 Registra-  
tion: 1-888-840-5764 [HepatitisC@kpmg.ca](mailto:HepatitisC@kpmg.ca)

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

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

### CLAIMS ADMINISTRATOR

#### 1986-1990

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

#### Pre-86/Post-90

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



## COMING UP IN BC/YUKON:

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

**AIDS Vancouver Island** The following groups provide HCV info, harm reduction, support, education and more:

♦ **Campbell River:** Drop in, 1371 C - Cedar St. Contact 250-830-0787 leanne.cunningham@avi.org

♦ **Comox Valley** Drop in, needle exchange. 355 6<sup>th</sup> St. Courtenay. Contact Sarah 250-338-7400

sarah.sullivan@avi.org

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

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

♦ **Victoria** Drop in, disability applications. 1601 Blanshard St., 250-384-2366 info@avi.org

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

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

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

**Burnaby HCV Support** Contact Beverly at 604-435-3717 batlas@telus.net

**Cowichan Valley HCV Support** Contact Leah 250-748-3432 r-l-attig@shaw.ca

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

**HepCBC** [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://www.hepcbc.ca)

♦ **Victoria** Peer Support: 4<sup>th</sup> Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Drop-in/Office/Library, 306-620 View St. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-3891

♦ **Fraser Valley Meeting 3rd Wed monthly 7PM**, N. Surrey Rec Centre. Info: 604-576-2022.

**Kamloops AIDS Society** of Kamloops (ASK Wellness Centre) HIV/HEPC Peer Support Group each Thurs. 11-2 PM, 433 Tranquille Rd. Support/Referral. [info@askwellness.ca](mailto:info@askwellness.ca) 250-376-7558 1-800-661-7541 [www.askwellness.ca](http://www.askwellness.ca)

**Kamloops Hep C support group**, 2<sup>nd</sup> and 4<sup>th</sup> Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cheri 250-376-1296 Fax 250-376-2275

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

**Mid Island Hepatitis C Society** 2<sup>nd</sup> Thurs. monthly, 7 PM (Location to be arranged.) Contact midislandhepc@hotmail.com

**Nanaimo Hepatitis C Treatment Peer Support Group** 1<sup>st</sup> & 3<sup>rd</sup> Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact

Fran 250-740-6942. [hepctxpeersupport@hotmail.com](mailto:hepctxpeersupport@hotmail.com)

**Nelson Hepatitis C Support Group** 1<sup>st</sup> Thurs. every 2<sup>nd</sup> 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](mailto:information@ankors.bc.ca) alex@ankors.bc.ca [www.ankors.bc.ca/](http://www.ankors.bc.ca/)

**New Westminster Support** Contact Diane Morrissette, 604-525-3790 before 9 PM. [dmmorrissette@excite.com](mailto:dmmorrissette@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, 3<sup>rd</sup> Floor-5000 Joyce Ave. Contact Rosemary rosemary.moran@vch.ca 604-485-3310

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

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

**Princeton** Contact the Health Unit (Princeton General Hospital) 250-295-4442

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

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

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

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

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

**VANDU** The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061 [vandu@vandu.org](mailto:vandu@vandu.org) [www.vandu.org](http://www.vandu.org)

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

**Vancouver Hepatitis C Support Group** Contact 604-454-1347 or 778-898-7211, or call 604-522-1714 (Shelley), 604-454-1347 (Terry), to talk or meet for coffee.

**Vernon telephone buddy**, M-F 10-6 Call Peter, Tel. 250-308-7756

**YouthCO AIDS Society** 900 Helmcken St, 1<sup>st</sup> floor, Vancouver 604-688-1441 or 1-877-YOUTHCO [www.youthco.org](http://www.youthco.org) Support program manager: Sasha Bennett [sashab@youthco.org](mailto:sashab@youthco.org)

**Whitehorse, Yukon—Blood Ties Four Directions** Contact 867-633-2437 blood-

## OTHER PROVINCES:

### ONTARIO:

**Barrie Hepatitis Support** Contact Jeanie for info/appointment [jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

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

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

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

**Kingston Hep C Info HIV/AIDS** Regional Service. Contact 613-545-3698, 1-800-565-2209 [hars@kingston.net](mailto:hars@kingston.net), [www.hars.ca](http://www.hars.ca)

**Kitchener Area Chapter** 3<sup>rd</sup> Wed. monthly, 7:30 PM, Waterloo Menonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706, Mavis 519-743-1922 or [waterlooregionhepcsupport@gmail.com](mailto:waterlooregionhepcsupport@gmail.com)

**Niagara Falls Hep C Support Group** Contact Rhonda 905-295-4260, [kehl@talkwireless.ca](mailto:kehl@talkwireless.ca)

**Owen Sound** Info and support. Contact Debby Minielly [dminielly@publichealthgreybruce.on.ca](mailto:dminielly@publichealthgreybruce.on.ca) 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, [www.publichealthgreybruce.on.ca/](http://www.publichealthgreybruce.on.ca/)

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

**St. Catharines** Contact Joe 905-682-6194 [icolangelo3@cogeco.ca](mailto:icolangelo3@cogeco.ca)

**Sudbury Circle C Support Group** 1<sup>st</sup> Tues. monthly. Contact Ernie 705-522-5156, [hepc.support@persona.ca](mailto:hepc.support@persona.ca) or Monique 705-691-4507.

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

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

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

**York Region Hepatitis C Education Group** 3<sup>rd</sup> Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 [info@hepcyorkregion.org](mailto:info@hepcyorkregion.org) [www.hepcyorkregion.org](http://www.hepcyorkregion.org)

### QUEBEC:

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

### ATLANTIC PROVINCES:

**Halifax, NS Hepatitis Outreach Society** Support. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 [program@hepatitisoutreach.com](mailto:program@hepatitisoutreach.com). [www.hepatitisoutreach.com](http://www.hepatitisoutreach.com)

### PRAIRIE PROVINCES:

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

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

**Manitoba Hepatitis C Support Community Inc.** Each 2<sup>nd</sup> & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone welcome. Contact Kirk 204-772-8925 [info@mbhepc.org](mailto:info@mbhepc.org) [www.mbhepc.org](http://www.mbhepc.org)

**Medicine Hat, AB Hep C Support Group** 1<sup>st</sup> & 3<sup>rd</sup> Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 [bet-tyc2@hivnetwork.ca](mailto:bet-tyc2@hivnetwork.ca)

If you have a Canadian HCV support group to list here, please send details to [info@hepcbc.ca](mailto:info@hepcbc.ca) by the 15<sup>th</sup> of the month. It's free!



**TIP OF THE MONTH:**  
Keep copies of all your lab reports.