A placebo-controlled trial is planned.

Researchers had noted in earlier studies that retinoic acid had a positive effect on liver cancer cells in vitro and increased the effectiveness of pegylated interferon and ribavirin (peginterferon plus ribavirin) would improve the response rates. Caution: The treatment did not include a placebo, and the doses of vitamin A were quite high, so one would probably not want to add high doses without the results of this trial being confirmed. The recommended daily dose of vitamin A in the US is 2310 to 3000 IU daily and the vitamin can be toxic.

The study was presented as an abstract, but has not yet been published in a journal where it has been reviewed by other experts, so the results should be taken as preliminary.

The results of the trial were impressive. After 48 weeks of treatment, 61% of those who added 30,000 IU daily of vitamin A to standard treatment achieved an SVR (sustained viral response) compared to 34% of those taking placebo. AST and ALT levels were reduced in the vitamin A and the pioglitazone groups, compared to placebo, and both of those treatments showed reduced steatosis and inflammation, but no improvement in fibrosis or portal inflammation. Pioglitazone had improved insulin resistance, patients gained more weight than the other two groups. The insulin resistance returned to baseline levels after treatment, but the weight did not.

The researchers concluded that vitamin E treatment was better than placebo for NASH patients without diabetes, and that there was some benefit related to pioglitazone, as well. It is thought that the patients will relapse if they discontinue the treatments.


VITAMIN A MAY BOOST STANDARD TREATMENT

Researchers did a small study on 42 patients to see if adding vitamin A to standard treatment (pegylated interferon plus ribavirin) would improve the response rates. Caution: The treatment did not include a placebo, and the doses of vitamin A were quite high, so one would probably not want to add high doses without the results of this trial being confirmed. The recommended daily dose of vitamin A in the US is 2310 to 3000 IU daily and the vitamin can be toxic.

The study was presented as an abstract, but has not yet been published in a journal where it has been reviewed by other experts, so the results should be taken as preliminary.

The results of the trial were impressive. After 48 weeks of treatment, 61% of those who added 30,000 IU daily of vitamin A to standard treatment achieved an SVR (sustained viral response) compared to 34% of those taking pioglitazone and 19% taking placebo. AST and ALT levels were reduced in the vitamin A and the pioglitazone groups, compared to placebo, and both of those treatments showed reduced steatosis and inflammation, but no improvement in fibrosis or portal inflammation. Pioglitazone had improved insulin resistance, patients gained more weight than the other two groups. The insulin resistance returned to baseline levels after treatment, but the weight did not.

The researchers concluded that vitamin E treatment was better than placebo for NASH patients without diabetes, and that there was some benefit related to pioglitazone, as well. It is thought that the patients will relapse if they discontinue the treatments.


(Continued on page 3)

INSIDE THIS ISSUE:

Alternatives / D. Morrissettie / H. Holmes 1
Hep C on the Internet / 8 Years of Interferon 3
Hep C Basics: Alternative Medicine 4
Hep C & Me / Recipe 5
From a Wife’s Point of View 6
Conferences/Acquisition of Erythropoietin 7
PegCARE/PegAssist/Neupogen/Compensation 7
Coming Up 8
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

HepCBC Resource CD

The CD contains back issues of the hep.c.bull from 1997-2010; the FAQ V8.3; the slide presentations developed by Alan Franciscus; and all of HepCBC’s pamphlets. The Resource CD costs $10 including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

DISCLAIMER: The hep.c.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. If you receive medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

REPRINTS

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

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, 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.

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.

REMEMBER:

For anyone who was infected with HCV by tainted blood between 1986-1990, the deadline for initial claims is June 30, 2010 or within 3 years of first learning of the infection.

http://groups.yahoo.com/group/NewHepCingles
www.hcvanonymous.com/singles.html
www.hepc-match.com/
www.hepcsinglesonline.com
CHAT: http://forums.delfihost.com/hepatitisen/chat

DIAL-A-DIETITIAN

(604) 732-9191 or 1 (800) 667-3438
dialadietitian.org

Dietitians of Canada: www.dietitians.ca

MEET NEW FRIENDS!

We need experienced board members to occupy key positions. Also needed: summarizing, telephone buddies, translation English to Spanish. 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.
You read that right: 8 years of interferon. If anyone else has been through more, I am wondering if they’ve grown an extra pair of ears or something like that! All kidding aside, treatment was a challenge, but if you are thinking of getting on treatment, don’t let any of the horror stories scare you from doing it. They are coming out with better and better treatments now, and in the near future, treatments are going to be more successful with far fewer side effects.

If you’re reading this and have gone through some of the earliest treatments, like me, or some of the treatments that they still use today, you can relate. However every person is different and what was hard for some wasn’t so hard for others. This is my story, what I have gone through, and what I face today.

I did not clear the virus, but I still have hope that someday this disease will be defeated! I am not on any treatment right now. My doctor took me off the interferon maintenance that I was on for over 2 years. The maintenance was half a dose of Pegasys (90 mg) without the ribavirin, and I believe the thinking at the time was that it might keep the virus from getting any worse. Whether that has been proven I have yet to find out. My doctor had taken me off it, and stated that if I needed a transplant, I should have it before I was 60. I’m 57.

My journey with the HCV started in the early 80’s. I was having blood work done and the doctors at the time said some of my levels were high. At some time I believe the virus was called non-A/non-B. In 1991 I had a blood test and the doctor said, “Congratulations. You have America’s newest disease, hepatitis C.” He referred me to a specialist who took a biopsy. The biopsy showed I had stage 2 damage and stage 2 inflammation. He said that they were having people use interferon and it was showing some promise. He said that interferon was being used at the time to help with the AIDS virus, however many people were having side-effects of depression. He said they were working on other drugs at the time, also, so he left it up to me whether I wanted to get on it. He also said he thought at about age 60, I would have cirrhosis. He stated that the worst things that I could do was to drink or use speed. I believe at that time I gave up, and fell deep into my addiction.

I believe that is where I picked up the HCV—in the 1960’s from sharing needles. If you’re reading this and you didn’t get the HCV that way, I’m truly sorry for you because I did behaviour where that was part of the game. You didn’t. But there are many people who don’t know how they picked it up. I have been corresponding with some one from the hepc.bull who doesn’t know and said that someone else didn’t know either, but said he may have picked it up because of unprotected sex with a bull moose. I may have slept with the same moose. I truly don’t know how.

So—fast forward to December 1998. I was truly dying. I was in jail and my liver was pickled. I was throwing up blood, my stomach was out about a foot (not because I was fat), and I was sick and tired of being sick and tired. To be continued….
There have been few research trials to check the effectiveness of natural therapies, but many people report positive benefits. If you decide to use natural therapies, it's vital that you see a practitioner who is properly qualified, knowledgeable and well-experienced. It's also advisable to continue seeing your regular doctor or specialist. If a natural therapist suggests that you stop seeing your medical specialist or doctor, or stop a course of pharmaceutical medicine, consider changing your natural therapist. Ask searching questions of whichever practitioner you go to:

- Is the treatment dangerous if you get the prescription wrong?
- How have natural therapies helped people with hepatitis C?
- What are the side effects?
- Are you a member of a recognized natural therapy organization?
- How much experience have you had of working with people with hepatitis C?
- How have you measured the health outcomes of the therapy?
- How do you plan to help me?

Most typical health insurance will not cover alternative medical procedures, but that's beginning to change. Many alternative procedures are now covered under medical insurance in the states of Washington and Oregon, and it looks like it's a trend which is beginning to spread.

Alternative Health Insurance Services of Thousand Oaks, California covers both allopathic and complementary/alternative treatments.

Patients may choose any provider, M.D. or N.D., or D.O. or D.C. Subscribers must meet a deductible of up to $1000, and the plan pays 80% of the first $5,000 eligible medical expenses in a year, then 100 percent thereafter, with a $2 million maximum. The plan includes prescription drug cards, with a $5 co-payment, as well as "named partner" coverage for homosexual or non-married couples and their families. Alternative Health Insurance Services: 1-800-966-8467.)

Another plan is offered by American Western Life Insurance Co. in Foster City California: Prevention Plus. It covers a full range of alternative therapies. Enrollees use a naturopath as their primary care physician, or the gatekeeper who refers to other alternative practitioners. There is a $5 co-payment for prescriptions, including herbal medicines. The company also has a 24-hour 800 Wellness Line staffed by naturopathic physicians, saving on doctor visits where possible. (American Western Life: 1-800-925-5323)

**KNOWN HERB-DRUG INTERACTIONS**

Although the area of herb-drug interactions is under-researched, there are some interactions we do know about.

**Echinacea**, if used for more than eight consecutive weeks, could cause liver toxicity and should not be used with drugs such as anabolic steroids, amidarone and methotrexate which are toxic to the liver as the effect may be additive.

**Feverfew** is most commonly used for the treatment of migraines. Non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen (Motrin, Advil) may reduce the effectiveness of feverfew. It can also inhibit platelet activity and should not be taken together with blood thinners such as Coumadin. Feverfew contains tannin, which has the ability to inhibit iron absorption, and should not be used for longer than four months without medical supervision. The recommended dosage is 125 mg daily; each dosage unit should contain at least 0.2% parthenolide.

**Garlic**: Most recent uses for garlic focus on its ability to treat high cholesterol and high blood pressure. Garlic can increase the risk of bleeding and should not be used concurrently with blood thinners. It has been reported to induce heartburn and flatulence, sweating, lightheadedness and allergic reactions. The German Commission E (Germany's equivalent to the FDA in the United States) recommends a dosage of 4 g of fresh garlic daily.

**Ginger** is often recommended for motion sickness, nausea and for loss of appetite. It has also been shown to prolong bleeding time and its use with aspirin or Coumadin should be avoided. Excessive consumption of ginger may also interfere with cardiac and anti-diabetic therapy. It is usually well tolerated but may cause stomach upset or heartburn in some people. For motion sickness it is taken one hour before traveling. The total daily dose is 2-4 g.

**Ginkgo biloba** is one of the most popular plant extracts in Europe and has recently received approval in Germany for the treatment of dementia. There have been reports of spontaneous bleeding in people taking ginkgo, and again, it should not be used with blood thinners. People who take anti-convulsant medications, such carbamazepine and phenytoin, or phenobarbital should not take ginkgo without the knowledge of a physician, because it reduces the efficacy of these medications. Ginkgo is generally safe and well tolerated with the most common adverse reactions being stomach upset, headache and dizziness. German Commission E recommends a dosage of 40 mg of ginkgo three times daily with meals for at least four to six weeks. Preparations should be standardized to contain 6% terpene lactones and 24% ginkgo flavone glycosides.

**Ginseng** is used to combat overall debility, as well as lack of energy and concentration. It has also been used as an aphrodisiac. There is tremendous variation in products labeled as ginseng; in one study, only 25% of the commercially available products actually contained ginseng. Nevertheless, ginseng enjoys widespread popularity. Siberian ginseng has been associated with falsely elevated digoxin levels (a heart drug used to treat congestive heart failure) by interfering with the test used to determine digoxin blood levels. Ginseng may also affect fasting blood glucose levels, so people who need to control their blood glucose levels should take ginseng with caution. Concomitant use with warfarin, heparin, aspirin and NSAID's should be avoided. Additionally, ginseng may cause headache, nervousness, and manic episodes in patients with manic-depressive disorders or psychosis or those on anti-depressants, particularly the monoamine oxidase inhibitors (MAOI) such as phenelzine (Nardil). Side effects include high blood pressure, restlessness, nervousness, insomnia, skin eruptions, edema and diarrhea. German Commission E recommends Asian ginseng be taken as 1-2 g of crude herb daily or as 100-300 mg of ginseng extract three times daily. Commercial products should contain at least 4%-5% ginsenosides.

**Kava Kava** is used for anxiety, as a sedative and as a relaxant. Excessive sedation may result when it is taken with other sedatives (flurazepam, temazepam) or anti-anxiety drugs, particularly alprazolam (Xanax). The toxicity is increased if taken with alcohol. Until the clinical significance of Kava's action on platelet activity is determined, its use with blood thinners should be cautioned. Long-term use is not advised and is characterized by dry, flaking, discolored skin and reddened eyes. The herb is contraindicated in patients with certain types of depression because it may increase the risk of suicide. The daily dosage is the equivalent of 60 mg to 120 mg kava pyrones. Heavy consumption has been associated with increased concentrations of glutamylntransferase, suggesting potential hepatotoxicity. A case of recurring necrotising hepatitis has been reported. Health Canada issued a stop-sale order for kava kava, and it is banned in several European countries.

**St. John's Wort** is most widely used to treat mild to moderate depression, anxiety and seasonal affective disorder. Adverse reactions reported include stomach upset, aller-
The Line in the Sand

So then, we keep asking ourselves, who is right and who is wrong? Is there a difference anymore? Who is it, exactly, that has the power or the authority to draw the line? I think that we all draw our own lines in the sand. I have learned, as my life has whizzed by, that it is a very personal thing. I have re-drawn and re-measured and curved the lines, but what has always saved me, and what I truly believe and always will, is that I have never crossed the line, and have stayed true to myself.

In order to live without fear or guilt or regret, we must draw our own line in the sand, and not allow others to drain that energy by not agreeing with us. I have been told recently by someone very close and dear to me, whom I thought I really understood, and who I thought understood me, that I have lost all credibility in my home town because I told the world the truth about my past. It should be no one else's burden to bear but my own, and it ought to be no one's business to "be ashamed for me." It is my life and my business as to whom I tell, and I am not ashamed, so what gives anyone else the right?

I was also scolded for potentially costing someone else's business and their clients' respect, because "everyone is looking at me differently, since they know you are an addict."

How am I to apologize for wanting nothing more than to help other people, by opening my world and experiences, not for one moment in time, even thinking the thought that it might affect someone else's career? Most of my own business community has turned their back since they have learned that I have Hep C, so I get it...the butterfly effect is large. After careful reflection, I am at peace with all this, because I have made a clear choice to help others, as opposed to worrying about being judged. I suppose I have come to terms with the fact that nothing is perfect. Go figure!

What would you do, do you figure, if you were handed these cards? Would you hold your hand out to educate and help the world, or continue to please the people that do not understand, due to nothing more than the lack of knowledge? My vote, clearly, is to give them the knowledge, if they will accept it.

Do you know that you DON'T have it? 170 million people worldwide do, but more than that have Hep C, and don't know it.... Hepatitis C is a growing global EPIDEMIC....1 in 12 has it....Please HELP spread awareness and tell us your story!

Please follow my Journey: www.youtube.com/petrabilities and www.petrabilities.com
When my husband was first diagnosed with Hepatitis C, I automatically thought that I must have it as well. Strange as it sounds, I was the one who seemingly had been experiencing symptoms, and he wasn't. Being completely uneducated about the disease, my first thoughts were, “Who will raise our four year old daughter? We are both going to die”. My husband and I have been together for 20 years, and he is my best friend. He is also a son to my mother, and a brother to my baby sister. I asked him if I could tell them about the devastating news, and he said, “I don’t care.” That proved to be a tragedy of sorts. My brother-in-law had just had a liver transplant, and so I really wanted to talk to my sister. My sister, mom, and I have always been very close. I told my husband that they would not say anything to anyone else, as they would want to protect us and our daughter from the terrible stigma that HCV carries. My mom had once undergone chemo herself, so she was definitely able to relate.

Then, suddenly, having changed his mind about sharing his plight, I had to go back and tell them that his antibody test had turned out to be a false positive. It became even worse when he now felt as though he had to hide things from me as well, and tried to drive off to a few doctor’s appointments without me. I jumped in the car anyway, and he ended up driving like a maniac to get there, and then forbade me to go in with him. During the entire one hour drive there, he ranted and raved at me, and nothing made sense anymore.

When I was finally allowed to accompany him to see the gastroenterologist he made it clear that he wished that he had had someone else to go with him. I cannot describe the pain I felt, to know that he felt so betrayed and hurt by me somehow. His own mom suffers from delusional depression, and they have a couple of family members whom have had Hep C and fortunately beat it, so she is familiar with the disease. She came right out and asked him if he had been checked for HCV & HIV. My husband then lied to her, and told her that what he had was a bleeding ulcer that required the need for procrit injections.

I honestly think it’s the stigma he’s afraid of most. Since finding out that his sister also has Hep C, his mom has told me countless times to have him checked. He blames my family somehow, for his mother's own concerns. He has always been self employed, and that permits him to spend a lot of time with our daughter, who is daddy’s girl. Since I recently got laid off, and he is at home sick, we have been able to get very close to her. It has been hard to convince her that daddy’s sick and he didn’t catch the flu from her. She blames herself somehow, as children often seem to do, and I find myself constantly reassuring her about how much he loves her, and that he will get well again. I feel as though it is my little girl who has held me together, since I have felt so disconnected from my own husband.

I can only imagine how much easier this would all be if we could only tell our friends and family, so that they could help.

ATTENTION: I Need Your Personal Hepatitis C Story

This is the blog address that will include everyone’s Hep C Story:

http://bettyhepatitisc.blogspot.com/

Please send me your personal Hepatitis C Story so I can include it on this blog and in May, Hepatitis C Month, I will get it out to congressmen, newspapers and all the media I can think of, and any other suggestions you may have. This is one way of making sure our voices are heard. I would like to gather as many stories as possible and have this done soon. I have been clear of Hep C for nearly 5 years and am a patient advocate in New York. Thanks, guys. Together we can make a difference!

Please email me your stories to BettyV444@aol.com I will cut and paste your stories onto the blog.

I wear lots of Hep C Hats:
Hepatitis C Support Group Facilitator
Hepatitis C Task Force
Patient Advocate
Hepatitis C Survivor

FROM A WIFE’S POINT OF VIEW

CONFERENCES
2010

XIII International Symposium on Treatment of Viral Hepatitis
1st Meeting on the Management of Liver Cirrhosis of the
Brazilian Society of Hepatology
14 - 17 July, 2010
Bahia Othon Palace Hotel
(simultaneous translation into English)
Tel: (55) (71) 2104-3477
Fax: (55) (71) 2104-3434
E-mail: eventus@eventussystem.com.br
www.hepatologiadomilenio.com.br.
***************************

Australasian Viral Hepatitis Conference 2010
6 - 8 September 2010
Sebel Albert Park
Melbourne, Victoria, Australia
Tel: +61 2 8204 0770
Fax: + 61 2 9212 4670
Email: info@hepatitis.org.au
***************************

Hepatitis 2010 Viral Hepatitis World Congress
13-14 September 2010
St Hilda’s College, Oxford, UK
Hepatitis2010/Home.htm
Registration deadline: 5 August 2010
Contact: Dr M Sohail
Tel: +44 (0)1865 275743
Email: HepatitisOxford@gmail.com
www.libbrowser.co.uk/Conferences/
***************************

The Liver Meeting 2010
AASLD’s 61st Annual Meeting
29 October -2 November 2010
John B. Hynes Convention Center
Boston, Massachusetts
Registration: Mid-July
www.aasld.org/thelivermeeting/
THE ACQUISITION OF ERYTHROPOIETIN

Erythropoietin may be prescribed to some Hep C patients to help reach and maintain a sufficient red blood cell count. However, this drug is very expensive. The following is a summary of the steps I pursued to help alleviate the prescription cost.

Step 1: I contacted my MLA, who sent me to the Ministry of Health.

Step 2: The Ministry of Health notified me of the restrictions in place for Hep C patients requiring the prescription and coverage for Erythropoietin.

Step 3: I contacted the Food & Drug Liaison Office. They suggested I contact the distributors of the drug directly for possible assistance with the prescription cost.

Step 4: I found the brand name and provider of this specific drug prescribed for patients in Canada.

Step 5: I contacted the drug company provider. In turn they passed me on to their Prescription Assistance Program.

Step 6: I contacted the Assistance Program, where I was put in direct contact with the Distribution Manager for Canada, who in turn, was very surprised I had been able to contact him directly.

Step 7: My request was submitted to their “Compassion Care” program. This would qualify me to have my prescription at no cost.

Step 8: The drug company faxed a form to my prescribing physician so he could provide the specifications for the drug I needed.

Step 9: My physician submitted the form to complete my acquisition of the drug at no cost.

Note: The above steps were pursued by my own initiative; and were in no way influenced by any other outside source.

By A. York

PEGCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any copayment they might have, whether through their provincial coverage (i.e., Pharmacies) 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.

A 24/7 Nursing Hotline and bilingual assistance is available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Ask your doctor or nurse to enroll you 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 Pegasisys or Pegasisys 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.

NEUPOGEN VICTORY PROGRAM

Amgen has a program for patients who have been prescribed Neupogen. A reimbursement assessment is conducted by a specialist who will help you navigate through your personal or provincial coverage options. Dependant on specific criteria, some patients may be able to obtain Neupogen on a compassionate basis free of charge. Please note that Amgen will only provide Neupogen to patients on a compassionate basis as long as it is prescribed and dosed in accordance with the approved product monograph. This service is accessed through the Victory Program: 1-888-7064717.
**OTHER PROVINCES:**

**ONTARIO:**
Barrie Hepatitis C Support Contact Jeanie for info/appointment jjeanievienne@gmail.com

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

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@hcvchc.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 hepnetwork@dgmec.com, http://hepnetwork.com/

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Waterloo Menonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706, Mavis 519-743-1992 or waterlooregionhepsupport@gmail.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support. Contact Debbi Minnely dminnely@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, www.publichealthgreybruce.on.ca/

Peel Region ( Brampton, Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca St. Catharines Contact Joe 905-682-6194 (colangelo3@cogeco.ca)

Sudbury Circle C Support Group 1st Tues. monthly, Contact Ernie 705-522-5156, hepccsupport@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

Contact Billie 416-491-3353, bpriokonjak@live.ca

Thunder Bay Hep C support. Contact Sarah Tychoz 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, B-69, Unionville. Contact 905-940-1333, 1-800-361-5653 info@hepcyorkregion.org

**QUEBEC:**

Quebec City Region Contact Renée Duriao 418-836-2307 reneecduri@gmail.com

**ATLANTIC PROVINCES:**

Hepatitis Outreach Society of NS. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 info@hepcoutreach.com

**PRAIRIE PROVINCES:**

Edmonton Contact Jackie Neufeld 780-939-3379.

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort Mc Murray, AB Contact 780-743-9200 wbhas@telus.net www.wbhas.ca

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, 595 Broadway Ave. Everyone welcome. Contact Kirk 204-772-8925 info@mbhepc.ca www.mbhepc.ca

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly. 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance St, 1st Thurs. monthly. 7 PM, 595 Broadway Ave. Everyone welcome. Contact Kirk 204-772-8925 info@mbhepc.ca www.mbhepc.ca

**TIP:**

IF YOU ARE TAKING HERBAL MEDICINE OR SUPPLEMENTS, DON'T TRUST BLINDLY. FIND OUT EXACTLY WHAT YOU ARE TAKING AND INVESTIGATE IT.

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