



hepc.bull

BC's Hepatitis C News Bulletin

"Promoting HCV Wellness"

August 1999

Issue No. 15

THREE DISCOVERIES

by Will Lawson and Joan King-Diemecke

Researchers reported at least three major advances last month in treating HCV. One team of scientists found a way that the virus escapes the body's immune system. Another team came up with a way to grow the virus in the laboratory, making it easier to study and to try out drugs to combat it. Yet another group may have found the "signals" that trigger the growth of new liver cells.

There is no known cure for hepatitis C, but interferon alfa-2b, or Intron A, and ribavirin, or Rebetol are sold by Schering-Plough, and the combination is sold under the name Rebetron. These drugs are used to treat the disease, but unfortunately, they help only about 40 percent of patients on the drug, and have side-effects so severe that one in five patients stops taking them. The "combo" costs Canadians about \$1600 a month.

Part of the problem of finding a cure is that researchers have not been able to grow the virus in the laboratory to test it. Three papers in the journal *Science* report some progress.

Michael Lai and colleagues at the Howard Hughes Medical Institute at the University of Southern California School of Medicine in Los Angeles discovered that the virus produces a surface protein, called E2, that stops the immune system's attack.

"Not only have we solved a major clinical problem relating to the treatment of HCV, but researchers may be able to use this information to develop more effective HCV therapies," Lai was quoted as saying.

He contends that his paper may show that viruses may be alive. Scientists have long argued that viruses are not true life forms, since they cannot reproduce on their own. It is thought that they must utilise another organism's cells.

"Viruses do things that we don't expect. They adapt to the environment," Lai said. "They change themselves to survive. They can pick up pieces of cellular genes or incorporate their genes into the cell's genome. That means that evolution occurs all the time in viruses."

In another study, Ralf Bartenschlager and his colleagues from the University of Mainz in Germany said they created an artificial version of a cell infected with hepatitis C by putting together a strand of DNA that is a kind of mirror image of the virus's own RNA genetic material. They then used it to "infect" human cells. The model, called a replicon, acts almost like an infected cell.

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Chronic Hepatitis C

by Natalie Rock BSN, RN.,
Hepatology Clinical Research Nurse,
UBC Department of Medicine,
Vancouver Hospital and Health Sciences Center

A chronic carrier is defined as having the virus in the blood for longer than six months without clearance of the virus. Chronic active hepatitis is defined as activity of the virus (based on elevated liver enzymes) for longer than six months. Determining whether the person has recovered from hepatitis C, is a carrier of hepatitis C, or whether they have chronically active hepatitis C is important in how the disease will be managed and treatment options.

Patients with chronic hepatitis have been studied according to two major subgroups. Firstly, those patients with acute disease followed in a prospective manner. Since the confirmatory diagnosis has only been since 1990, these studies are limited to an 8-year course. Secondly, those patients assessed at some point (usually years) after acute infection and prospectively followed. Some studies attempt to determine the point of infection historically, and this may be possible in patients who have had single exposure such as a blood transfusion at a specific date and have no other risk factors. Progression of disease in this group will either be from assumed point of contact, but more often from point of diagnosis.

There are three groups within this subset:

- Patients with normal enzymes: some will have chronic active hepatitis
- Patients with evidence of chronic active hepatitis, elevated serum enzymes, and if biopsied showing active hepatitis
- Patients with already established cirrhosis

There is little controversy over the fact that hepatitis C progresses gradually and inexorably over time, and the clinical severity may increase from mild to moderate, to severe, to fibrosis, cirrhosis, hepatic decompensation, and hepatocellular carcinoma. From point of diagnosis, the rate of progression of chronic hepatitis C is less likely and slower in patients with mild histological disease than in those with more advanced histological disease. It is generally accepted that hepatitis C, very much like herpes virus, may fluctuate in

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MORE ON VACCINES

by Lynn Bahta, RN

The following is the response to an inquiry about Hep A & B vaccines and Interferon treatment:

You have great questions and the problem is that there really is no data from which to base an answer. No studies have been done to provide any type of guidance in this situation. I'll tackle these the best I can, but realize that the information is based on my conversations with the epidemiologist at the Hepatitis Branch at CDC and what they know about the vaccine's efficacy data and have learned in post marketing surveillance.

It is true that hepatitis B vaccine does not always induce antibodies in persons who are immunocompromised. In a person who has a normal immune system who has produced antibody titres (they must be measured within 2 months of completing the vaccine series), it is not uncommon for them to slowly lose measurable antibodies, however, their immune system is capable of regenerating antibodies (through a memory response) if they are exposed to the virus. This is not true for persons who are immunocompromised. They may elicit an antibody response; however, they too will lose the antibodies over time. The difference in this situation is that often the immune system in these individuals is not capable of remembering the antigen in order to make antibodies. In these individuals it is important to receive periodic testing (usually annually) and receive 'boosters' in order to maintain protection against the hepatitis B virus. It is the only situation in which booster doses of hepatitis B vaccine are necessary.

I just want to add that in persons who have chronic liver disease, hepatitis B vaccination is recommended for those within a high risk group—and is not necessary for those whose risk of exposure is low. (This is a US CDC recommendation and may not match what your provider or what the Canadian Dept. of Health has recommended.) So if you are in a high risk group, you may want to get an additional dose of hepatitis B vaccine now, before you finish your interferon course (if you will finish it)—just remember to check your titres 4-8 weeks following the dose of vaccine, any longer and a negative result is really meaningless.

As for hepatitis A vaccine. The difficulty

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DONATION FORM

Please fill out & include a cheque made out to
HeCSC - Victoria Chapter. Send to:

**Hepatitis C Society of Canada
Victoria Chapter
926 View St.
Victoria, BC V8V 3L5**

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Address: _____

City: _____ Prov. ____ PC ____

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I am applying for a grant." _____

"I would like to make a donation so that others may receive the newsletter without charge" _____

(A limited number of newsletters will be available free of charge at group meetings, as well.)

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 HeCSC, HepCBC or of any other group.

SUBMISSIONS: The deadline for any contributions to the hepc.bull is the 15th of each month. Please contact: **Joan King-Diemecke at (250) 388-4311**, joan_king@bc.sympatico.ca, **Darlene Morrow at 1203 Plateau Drive, N. Vancouver, BC, V7P 2J3**, hepcbc@home.com or **C.D. Mazoff at squeeky@pacificcoast.net**
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:

\$20 for business card size ad, per issue.

There will be a maximum of 4 ads in each issue, and the ads will be published if space allows. Payments will be refunded if the ad is not published. Ads are also posted to the Web.

HOW TO REACH US:

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VICTORIA HeCSC OFFICE: TEL: (250) 388-4311
hepcvic@pacificcoast.net
http://www.pacificcoast.net/~hepcvic/
hepcan@egroups.com

COMING UP IN BC:

Castlegar/Grand Forks/Trail Contact: Robin, 365-6137

Comox Valley Liver Disease Support Group
Meetings: Third Tuesday of each month, 7 PM, .
NEXT MEETING: August 17th. Contact: Ingrid or Nicky, 335-9167 or Jeanne Russell ebus96@island.net for location.

Cowichan Valley Hepatitis C Support Services is in desperate need of a meeting place. Contact: Debbie, 748-5450, dduncan@olink.net, or Leah, 748-3432, r_attig@bc.sympatico.ca

Downtown Eastside Hep C Support Group
Meetings: Wednesdays 7:30-9:30 PM, Carnegie Center 401 Main St., Vancouver. Contact Carolyn: momma@vcn.bc.ca

Enderby HepCURE Meetings: Last Sunday of each month 2-4 PM, for High Tea, The Raven Gallery, 701 George St. NEXT MEETING: August 29th. Contact: Marjorie, 558-7488. www.junction.net/hepcure/index.html

Kelowna HeCSC Meetings: Last Saturday of each month, 1-3 PM, Rose Avenue Education Room in Kelowna General Hospital. NEXT MEETING: August 28th. Contact: Michael, 860-8178 or eriseley@bcinternet.com

Kootenay Boundary Meetings: Second and fourth Tuesday of each month, 7 PM, 1159 Pine Ave. upstairs from Lordco auto parts. NEXT MEETINGS: August 10th and 24th. Contact: Brian, 368-1141, k9@wkpowlink.com or Pat, 364-1555

Mid Island Hepatitis C Society Meetings: Second Thursday of each month, 7 PM, Health Unit-Central Vancouver Island, 1665 Grant St., Nanaimo. NEXT MEETING: August 12th. Contact: Susan, 245-7654, hepc@nanaimo.ark.com

New Westminster Support Group Meetings: Second Monday of each month, 7:00-8:30 PM, First Nation's Urban Community Society, Suite 301-668 Carnarvon Street, New Westminster. NEXT MEETING: August 9th. Contact Dianne Morrisette, 525-3790.

Parksville/Qualicum 1-291 East Island Hwy, Parksville. Open daily from 9AM to 4 PM, M-F. Contact: (250) 248-5551. dbamford@island.net

Penticton HeCSC Meetings: Second Wednesday of

each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: August 11th. Contact: Leslie, 490-9054, bchepe@bc.sympatico.ca

Prince Rupert Contact: April, 627-7083.

Princeton Meetings: Second Saturday of each Month, 2 PM, Health Unit, 47 Harold St. NEXT MEETING: August 14th. Contact: Brad, 295-6510, citizenk@nethop.net

Quesnel Contact: Elaine, 992-3640.

Richmond Meetings: Fourth Tuesday of each month, 7 to 9 PM, Westminster Health Unit, 7000 Westminster Hwy, Main Floor, Room 3. NEXT MEETING: August 24th. Contact: Carmel Tanner at Richmond Health Unit, 276-4069.

Sunshine Coast Meetings: Closed for the summer. NEXT MEETING: September 2nd. Contact: Karen, 885-6413. karen_felske@sunshine.net

Vancouver CLF Meetings: Second Thursday of each month, 7:30 PM, Nurses' Residence of VGH (12th and Heather). Signs will direct you. NEXT MEETING: **August 25th**. (See p. 3) **Speakers: Matt Dolan and John Tindall.** Contact: the CLF, 681-4588 or Darlene N, 685-3813, djnicol@ibm.net or hepcbc@canada.com, or Herb, 241-7766, HMoeller@compuserve.com

Vancouver Support Group NEXT MEETING: **No meeting in August.** Contact: Darlene Nicolaas, 685-3813, djnicol@ibm.net, or Darlene Morrow, 987-7378, hepcbc@home.com

Vernon HepCURE Meetings: 1st Tuesday 12-2 PM and 3rd Tuesday of each month, 6-8 PM, the People Place, 3402-27th Ave. NEXT MEETINGS: August 2nd and August 17th. Contact: Marjorie, 558-7488. www.junction.net/hepcure/index.html

Vernon HEPLIFE Meetings: 2nd and 4th Wednesday of each month, 10 AM-1 PM, The People Place, 3402-27th Ave. NEXT MEETINGS: August 11th and August 25th. Contact: Sharon, 542-3092. sgrant@atcanada.net

Victoria HeCSC Meetings: Last Wednesday of each month, 1-3 PM and at 7-9 PM, Steve Orcherton's Office, 2736 Quadra (at Hillside) NEXT MEETING: August 25th. Contact: 388-4311. hepcvic@pacificcoast.net

White Rock Support Group: Meeting Room #2, Peace Arch Hospital. Contact Lisa Peterson at 538-8704.

THANKS!!

Victoria Chapter HeCSC acknowledges the personal donations, donations in kind and memorial donations received to date, and the following for discounts, donations of services, or equipment: JJ Camp, David Klein, Bruce Lemer, David Anderson, Steve Orcherton, Barbara McVagh, United Commercial Travelers, PECSF, CFAV 1070 Radio, Pacific Coast Net, Island Internet, Inc., Microsoft of Canada, Jim Pattison Group, Paradon Computers, and CompuSmart. We also wish to acknowledge an anonymous agency which has generously supplied us with government surplus computer equipment, London Life, Uncle Dave and some wonderful anonymous donors.

Reminder: Any change of address, phone number or postal code, please let your phone contact (in Victoria) or your chapter secretary know ASAP
HeCSC Victoria Tel. (250) 388-4311
hepcvic@pacificcoast.net



REPRINTS

Past articles are available at a low cost. For a list of articles and prices, write to the *hepc.bull*, via Darlene Morrow at 1203 Plateau Drive, N. Vancouver, BC, V7P 2J3, hepcbc@home.com



SQUEEKY'S CORNER

Yodie fokes: Cap'n Blastoff here:

We is recovering. Pooped, flooged and some of us too ill to even think about it. Hepfest was a success—if you call having hepc in the papers, on the radio and on tv for 3 days a success.

The quilts were absolutely breathtaking. The food was absolutely delish—thank you to Judith, Joan, Dave Fitz; Arlene Darlington; Tricia Plunkett and all the other volunteers in the kitchen.

The rummage sale made money (a great big thanks to Jean Day who made herself ill doing this), and to the many volunteers who showed up to help—Brad Cummings; Michelle Christianson; Alda Anderson; Wayne Dawe; Joy Hull; Nancy, Sue Kokkinis; Pat Holman and Linda Styles from PECSF—and Dave the Fitz who organized the pickup and delivery of the rummage.

The Hepcats actually played in tune (sometimes); people danced; & the PA showed up on time (THANKS Mucho to Ken Crews).

Thanks to Dave Smith, Sharen Barnard and Ed Conroy for showing up and doing the Transplant forum, which was well attended. Thanks to Jarad Gibbenhuck for the keynote address; to CHEK TV for being there, to CTV-VTV for coverage; to CFAX Radio and to Rick Wiertz of AM 900.

Thanks to Jim Wiggins of the Running Room for organizing the Run and a big one to Fatima Jones for putting it all together (really big hug); thanks to Ocean Promotion for doing the t-shirts (which are bootiful); and to the many sponsors who provided excellent prizes.

Thanks to Mel Kraiden at the BCCDC for last minute help with the pamphlets and to Steve Orcherton for help with the FAQ's. Thanks to CLF for sending pamphlets; thanks to the speakers from the Canadian College of Chinese Medicine for their presentation; to Dr. Bob Hogg from St Paul's for his presentation on the Quality of Life Survey; and to Mike Orsini who came out to interview everyone as part of a PhD project on HCV. Thanks to Theresa and Werner Rothlisberger, Carolyn Romanow and Brad Cummings of the ACPD for speaking out on advocacy issues.

To JJ Camp, a special thanks for coming out and presenting his position and for offering to help our HepC community on the advocacy front with respect to disability pensions and disability benefits denied.

Thanks to Mount Royal Bagels for do-

(Continued on page 4)

MID ISLAND HEPATITIS C SOCIETY

Bring a Friend!

Meetings on 2nd Thursday of every month.
At the Health Unit-Central Vancouver Island,
1665 Grant Street. Nanaimo BC
Next meeting August 12, 1999 at 7:PM
Contact Susan (250) 245-7654
or Rose (250) 714-1937
E-mail hepc@nanaimo.ark.com

This is our little Heppy Face!

You can stretch him, bounce him,
Copy him, animate him,
But you can't make him smile.
(kinda like silly putty)



Hi everyone! Gee, where's the summer going? Squeeky!!! Saw you on the news tonight and you were great! You said it like it IS — good for you and thanks from everyone.

HepFest is this weekend and some of us are looking forward to coming down, but some are too sick to make it. They send their best and wish they could be though. *I was thinking that if everyone could make it that is really sick, Victoria would have to move over to let them in.*

Our last meeting on July 8th saw 40 people show up, and I suspect everyone enjoyed the coffee break more than the meeting. Compensation issues can sure bring people down. It gave people a chance to mingle and chat.

We are delighted that Dr. Robin Hutchinson, (our Central Vancouver Island Medical Director) accepted the invitation to be on our board. Having workshops to educate the public and medical professionals about Hep C is very high on his priority list. He spoke about the importance of research and a little about himself. Very interesting man. Everyone enjoyed what he had to say and that he was very accessible to talk with. He hopes to make all our meetings in the future.

We couldn't be any happier to have Merv Unger publisher/journalist/reporter (*and he says floor sweeper, too*), join us also. He has great media and promotion ideas.

Thank you, Diane Sheppard for taking over as our new our secretary/treasurer.

Please everyone, keep coming back to our meetings, and remember — we need volunteers, even if all you can give is your smiling face and encouragement. We hope and pray for a downtown office by fall so we'll have a place where heppers can mingle for support.

CALGARY

Our monthly meeting place will change in the near future, from Chapters, Southside (3227, Calgary Trail South - next meeting July 22/99, 6-8 PM) to hopefully the Glenrose Rehabilitation Hospital. This is in the works...nothing definite, but when it's set, we can book in advance.

Tracey Peddle
traceyrn@telusplanet.net

VANCOUVER CLF SUPPORT GROUP

No meeting is planned for July. The August meeting is rescheduled for Wednesday the 25th of August at 7 PM in the nurses residence. The guest speaker will be **Matthew Dolan, author of the *Hepatitis C Handbook***, and John Tindall, practitioner of traditional Chinese medicine. Both are from London, England, where John Tindall operates a large clinic, treating Hep C and AIDS.

This is an open invitation to all to attend. This should be a very informative session, since Dolan is speaking at the Oakland conference on behalf of the WHO.



(VACCINES—Continued from page 1)
with checking antibodies for this vaccine is that the available commercial tests are very unsophisticated and are not reliable in determining the response to the vaccine. When talking with Dr. Beth Bell at CDC, she felt that because this vaccine is very immunogenic—even after 1 dose, so that the majority (probably 60-70%) of immunocompromised individuals will respond—that vaccination is worth the investment. There is no information as to whether one additional dose of hepatitis A vaccine is necessary in this situation. It may not be necessary, but it will not harm you to get an additional dose. Testing afterward may not provide helpful information regarding your response to the vaccine. It is important to discuss this with your hepatologist and decide together on a course of action.

Lynn Bahta, RN
Immunization Action Coalition / Hepatitis B Coalition
1573 Selby Avenue
St. Paul MN 55104
tel (651) 647-9009
fax (651) 647-9131

CLEANING UP BLOOD SPILLS

By Will Lawson and Joan King-Diemecke

Have you ever wondered how to clean up blood when you cut yourself? Recent tests at the University of Trieste have confirmed the value of two polyphenolic disinfectants in instrument decontamination and environmental disinfection against the hepatitis C virus. However, a chlorine (bleach) compound was found in the same study to be an *ineffective* decontaminator. Lysol and Intrepid are two of many phenolic disinfectants, but the article did not mention the brand name of the products used. Phenolic compounds may contain phenol, cresols, hexylresorcinol and/or hexachlorophene.¹

The purpose of the study was to evaluate the inhibitory activity of the polyphenolic disinfectants and a chlorine compound (NaDCC) on hepatitis C virus (HCV) binding and infectivity.

VERO cells (a continuous cell line derived from kidney cells) suitable for analyzing HCV binding and replication, and the competitive reverse transcription (cRT-PCR) technique for HCV RNA molecules quantitative evaluation were chosen as a methodologic approach for testing antiviral activity.

The polyphenolic disinfectants inhibited HCV binding and replication at their recommended use dilutions. The chlorine compound was ineffective probably because of its low concentration in the presence of protein substances in VERO cell cultures.

¹ <http://biology.rwc.uc.edu/HomePage/micro/CONTROL.out>

From *Am J Infect Control* 1999 Jun;27(3):236-239
Effect of Chlorine and Phenolic Disinfectants Against Hepatitis C Virus
CONTACT: G. Agolini, A. Russo, & M. Clementi, Department of Biomedical Sciences, University of Trieste, Hospital Division, Eurospital SpA.

(SQUEEKY—Continued from page 3)

nating 100 bagel holes (with frames); and to all of Fatima's friends for marshalling the run and setting up the tent etc. etc etc. etc.-----and for cleaning up the mess we all made. Thanks to Bob Edwards for the pickies and the bonfire permit.

Thanks to Dr Ian Courtice, President of the BCMA for the address at the run and for his promise to get involved with the movement, push for testing and public awareness and for his encouragement and support.

Thanks to all of you who supported us with your words, your presence and your material goods.

And now I must ploop.

gleek

DAVID VS GOLIATH

By Joan King-Diemecke

My friend "Harry" finally decided to have a biopsy. With his results in his hand, the doctor told him last May, "Harry, you are a perfect candidate for combo therapy. The treatment consists of interferon and Ribavirin, or Rebetron, and it will cost you about \$300 a week. Unfortunately, Pharmicare will not pay for it at this time."

I decided to try to help Harry out. On June 7th, after doing some investigation, I got a response to a query I had directed to Craig Knight, Director of the Intergovernmental Relations Division at the Ministry of Health: "Ribavirin is under review by Pharmicare for approval as a covered drug therapy. There should be a decision made on this drug within the next 2-3 months." In the meantime, the virus is munching away on Harry's liver.

One of the problems involved is that the price of Ribavirin is under investigation by Pharmicare.

In a letter from Laura Reinhard, Director, Compliance and Enforcement Branch of the Patented Medicine Prices Review Board, dated July 2, 1999, she states, "Rebetron is a new patented medicine and the price of this drug product is currently under review by Board staff. As part of our price review, the price of Rebetron will be compared to the prices in the seven countries listed in the Patented Medicines Regulations. These are France, Italy, Germany, Switzerland, Sweden, U.K. and the U.S."

What is the cost of Rebetron in these countries? There is no price in the European countries, because those have refused to accept that the two products, interferon and Ribavirin, be "bundled," or sold together. In the US, Ribavirin cannot be sold unless it is sold with Intron-A brand of interferon.

A little compounding pharmacy in Pittsburgh is about to try to solve the problem. They will be making their own version of Ribavirin, whose patent expired on July 8. The pharmacy, Fisher's Specialty Pharmacy Services, will import the main ingredient from overseas, and will then pack the powder into capsules, like the pharmacists in the "olden" days, according to the doctor's prescription. This should bring the price down to 20% of the actual price. Apparently, the July 8 patent expiration provides a loophole. It prevents a generic drug maker from copying Ribavirin, but it doesn't prohibit compounding.

The price is not the only problem. Some people haven't responded to Intron-A, or have had an adverse reaction of one sort or another. They would like to try the Ribavirin with another brand of interferon. Thanks to this tiny pharmacy, they may have that chance, without having to buy the whole package and throwing out the Intron-A.

AIDS groups have long been dispensing low-cost Ribavirin to people through "Buyers' Clubs," and customs officials at borders have usually been helpful, if the patient is armed with a prescription from his/her doctor.

(Continued on page 5)

AMOXICILLIN/ CLAVULANATE WARNING

Clinicians should be aware that amoxicillin/clavulanate is capable of causing hepatitis with eventual systemic dysfunction. Reported hepatic reactions have been mainly cholestatic, with some mixed cholestatic/hepatocellular liver function test abnormalities.

Most cases of liver injury have been benign and reversible on discontinuation of the drug, and recovery is usually complete. However, signs and symptoms of jaundice and pruritus (itchiness) may appear up to six weeks after therapy has been stopped.

In patients with rash associated with hepatic dysfunction, renal insufficiency, or other unusual symptoms, clinicians are advised to consider earlier initiation of systemic steroids or liver transplantation referral, in hopes of avoiding progressive systemic response.

In one recent case, a 37-year-old white male without significant past medical history died of progressive hepatic failure, renal failure, and Stevens-Johnson Syndrome after receiving a 10-day course of amoxicillin/clavulanate for treatment of pneumonia.

Thirty-two days after starting his treatment, the man developed jaundice, rash, pruritus, and increasing fatigue. The time of development of cholestatic jaundice correlated with the use of amoxicillin/clavulanate. The likelihood of toxicity from other drugs or diseases was excluded.

CONTACT: D.L. Limauro, N.H. Chan-Tompkins, R. W. Carter, G.J. Brodmerkel Jr, & R.M. Agrawal, Division of Gastroenterology, Allegheny University Hospitals/Allegheny General, Pittsburgh, PA 15212, USA.

[Medline record in process]

From *Ann Pharmacother* 1999 May;33(5):560-4
PMID: 10369618, UI: 99296309





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 cheques payable to **HeCSC Victoria Chapter**, and mail to **HeCSC, Attn. Squeeky, 926 View St., Victoria, BC V8V 3L5**. Give us your name, tel. no., 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 HeCSC cannot be held responsible for any interaction between parties brought about by this column.

Ad No. 10

Respectful, respectable man (49) but looks younger who is very active and loves life. I'm 6' tall, 210 lbs. and considered nice looking, emotionally and financially secure and non-symptomatic. I won't let Hep C rule my life and am looking for a positive female to share a long-term happy life together. Vancouver area.

Letter to the Editors

After reading the article "Vaccine Woes" in the July 99 issue of *hepc.bull*, I asked my family doctor to do a blood test to ensure that the Hep A & B vaccines took. To my surprise and horror the Hep A vaccine didn't take. Now I am going in to repeat the vaccinations to hopefully build up some immunity to this potentially fatal virus. I read between the lines every month and I can hear your frustration because compensation matters aren't moving ahead for us not covered by the 86 - 90 plan. I feel your frustration at the lack of support by the National Hep C organizations. Take a moment, feel pride and accomplishment, because today you and your staff have made a difference. You may have saved my life and you surely have improved the quality of it by giving me so much information about the disease. Not all vaccines come in the form of needles. The "hope vaccine" comes from people like you.

Thanks from my family.

Sincerely,

Ingrid Anderson
Terrace, BC

(CHRONIC HEP—Continued from page 1)

its activity, at times being active with liver inflammation and elevation of liver enzymes, at other times inactive with less inflammation and normal liver enzymes. More than 90% of patients with an original diagnosis of transfusion-related hepatitis C remain positive for antibody to hepatitis C. Two thirds of anti-HCV-positive patients have elevated serum enzymes whereas one third have persistently normal enzymes. The fact of persistently normal enzymes, however, does not always mean that there is no active hepatitis or that the liver pathology is normal. The activity may vary from person to person and from time to time. Certain independent factors such as route of infection, age at onset, male or female sex, and alcohol use have all been shown to influence the progression. The average time from point of infection to the diagnosis of chronic hepatitis of any degree is approximately 10 years. One study showed that following patients for 20 years after infection, 20.6% had mild hepatitis and 22.9% had moderate to more severe hepatitis.

KITCHENER

The Kitchener Chapter of the Society is not having any meetings for July & August this year. We hope to have a speaker for September.

*Carolyn Caveney
fran@lillieinvestments.on.ca*

(DAVID vs GOLIATH—Continued from page 4)

The producers of Rebetrone say that it is dangerous to try Ribavirin with another kind of interferon, because no trials have been done to prove its safety. They fear liability issues.

The success rate of Rebetrone is about 40%.

Randy Juhl, chair of the FDA's advisory committee on pharmacy compounding, was quoted as saying, "It's very easy to say the pharmacy is providing a valuable service . . . but you need to look at the risks."

And other people speculate that the pharmacy will not be able to provide enough Ribavirin to fulfill the needs of Hep C sufferers. If you want to try, here's the address:

Fisher's Specialty Pharmacy Services
3904 Perrysville Avenue
Pittsburgh, PA 15214
Phone: (412) 231-3777
Toll Free Phone: (888) 347-3416
Toll Free Fax: (877) 231-8302
<http://www.spsdrug.com>

More info:

<http://www.aidsinfonyc.org/network/access/drugs/riba.html>
<http://www.thebody.com/pwa/NFUspr99/schering.html>

HEP C QUILTS

We in Victoria were privileged to have both the International and the Canadian quilts present at our NorthWest HepFest. For those of us who were able to see them, it was a moving experience. Many of us were moved to tears. Others felt "embraced" by the hepatitis C community through the quilts. People were able to see tangible evidence of their internet pan pals--their hand prints, their handwriting.

We sent quite a few new squares for the Canadian quilt back to HeCSC in Toronto. It's not too late for you to add yours, and you may send two squares if you wish, one for the Canadian and one for the International quilt.

The squares should measure **12" by 12"**. For the Canadian quilt, you should use red cloth with a yellow hand print, or yellow cloth with a red hand print. You should use black for your name and any message. You may use different colors on your square for the International quilt, but it should be the same size as the Canadian square. For both quilt squares, please leave a **1 inch border**, so that a seam is possible.

You may also make a memorial square for a family member who has passed away with Hep C. You should mention the date of death, and any other pertinent data. A family member may place a square on either quilt, as well, preferably stating how s/he is affected, for example: "My mom has Hep C."

Send your square for the Canadian quilt to:

**HeCSC
383 Huron St.
Toronto, ON M5S 2G5**

Send your square for the International quilt to:

**Marie Stern
4918 W. 135th Street
Hawthorne, CA 90250**

Thank you, Tim at HeCSC and Marie!

(THREE DISCOVERIES—Continued from page 1)

"It replicates under its own control," Bartschlagler said. "...We now can identify and evaluate antiviral drugs by using this system." He said they will be able to use these replicons to study hepatitis C. This could not be done before because when human cells are infected with the virus, they do not grow in the laboratory. Chimpanzees are the only other animals that can be infected with the virus.

"In principle, viral RNAs can be generated in unlimited quantities, and the viral genome can be manipulated for genetic analyses of HCV functions that are essential for replication," Bartschlagler's team wrote in *Science*.

Researchers at Brown University at Providence, RI, say they now know the means by which the cells of a mouse embryo begin liver development. If scientists can learn how to control tissue growth of major organs and identify which cells are key players in organ development, they may be able to fight illnesses more effectively when an organ becomes diseased. This report appears in the June 18 issue of *Science*.

Thank you, Anne McIlroy Re: The Globe and Mail article, Wed. June 30, 99 by Ann McIlroy!

You wrote that The Red Cross didn't stop taking prison blood in Canadian prisons until 1971. I've been informed the only time window the RCMP is investigating now lies between 1980 - 1990. I suggest they follow the trail back further to get a clearer picture and they might find someone was making a whole whack-load of money off our own Canadian prisoners.

I faxed the following articles showing that the Red Cross and Canadian government knew in 1970 that the blood was bad among IV drug users in 1970 and long before then. Our prisons were full of drug users infected with Hep B and C. The government and health officials knew this was not the same as infectious hepatitis, and that donors appeared healthy. Here are local findings from old Victoria newspaper clippings found at my local library. You, too, can dig in your own local papers' archives by subject of blood or hepatitis. This is some of what the articles said:

(From The Daily Colonist November 5, 1970, Title: Hepatitis Drugs Breed Danger) Sgt. John Gelling, who became Central Saanich's Police Chief January. 1, 1971, warned "Next year it is going to double and it has got nothing to do with sewage. Dr. J.L.M. Whitehead (Victoria's senior medical officer 1971) and other local health people are always screaming that last year our hepatitis rate in Greater Victoria was on the increase." Gelling said, "The increase will come because of the increased flow of drugs, especially from speed and heroin users, who, he says, often use dirty needles to inject the drugs."

(From The Daily Colonist June 25, 1971, Title: Blood from Donors Tests Based on Hepatitis) All blood distributed by the Red Cross transfusion service in BC is being tested for an elusive form of hepatitis, the origins of which have been discovered only during the past two years. A spokesman for the Red Cross blood service said from Vancouver, that blood collected in the province now is screened for a biochemical particle called the Australia antigen, which induces serum hepatitis. The Red Cross warned a Serum hepatitis, long linked with contaminated blood transfusions and inadequately sterilized needles and syringes is as damaging as infective hepatitis, which has been connected with impure water. The inference to blood transfusions was alarming—people who appear healthy donors might be spreading this serious disease. In addition to curbing the spread of serum hepatitis, the Red Cross tests may be identifying persons with early liver cancer and cirrhosis of the liver. In one study, a 20% incidence of the antigen has been found in cases of liver cirrhosis and a 14% incidence in cancer cases.

These articles were taken from 1970 and 1971 newspapers! Was this the ALT test (available in 1958)? It would have shown the Non-A Non-B suspicious results. Didn't they have just and reasonable cause to use the ALT test; knowing there was an insidious, hepatitis virus concealed in healthy appearing donor's blood? I had a lacerated liver in a MVA December 15, 1962 (transfused with 8 pints) and another pint of blood for a booster in January of 1971 after an operation.

Hep C victims' medical records have been destroyed. Doesn't it make you feel as though we're in Kosovo? They destroyed the Albanians' birth records, deeds, driver's licenses—all personal documents. Isn't it ironic our libraries hoard mountains of volumes of useless, redundant records that show how much government has pried into people's personal lives (such as fertility questions on census data), but they trashed our very own personal history, medical records. They allowed and encouraged hospitals and doctors to destroy them ... they were worried perhaps? I urge all of you who know anything at all about the 1960's - 70's blood donors, where blood was collected (such as skid row or jails), who collected, how much money received for blood, who paid or who processed the blood to share with us and the RCMP, also. That old article or information you have is doing no good on your kitchen counter or coffee table as you stare at it. It may make us feel better to show friends and family how rotten is all is, but it's doing no good unless we compile our information. I urge you to join the Hep-CAN e-mail group, too. There is strength in numbers and we want you to know that U DO COUNT!

If you have any information, contact the Royal Canadian Mounted Police c/o Blood Task Force 345 Harry Walker Parkway South, Newmarket, Ontario L3Y 8P6 Fax: (905) 953-7747 Phone Toll free TIPS telephone line (1-888-530-1111)

Sue White
Mid Island Hepatitis C Society

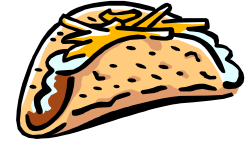
*Photo
Bob Edwards*



Squeeky's Most Excellent Wraps

Ingredients:

1 package of California wraps (any flavour will do, but curry is nice)
1 container red pepper hummus (or another flavour of your choice)
1 avocado
1 large potato
salsa
mixed salad
red pepper
smoked salmon, or other fish



Microwave the potato until done (4 minutes on high). Mash in a bowl. Add the avocado and some salsa (about 3-4 tablespoons). This is enough for 4 wraps.

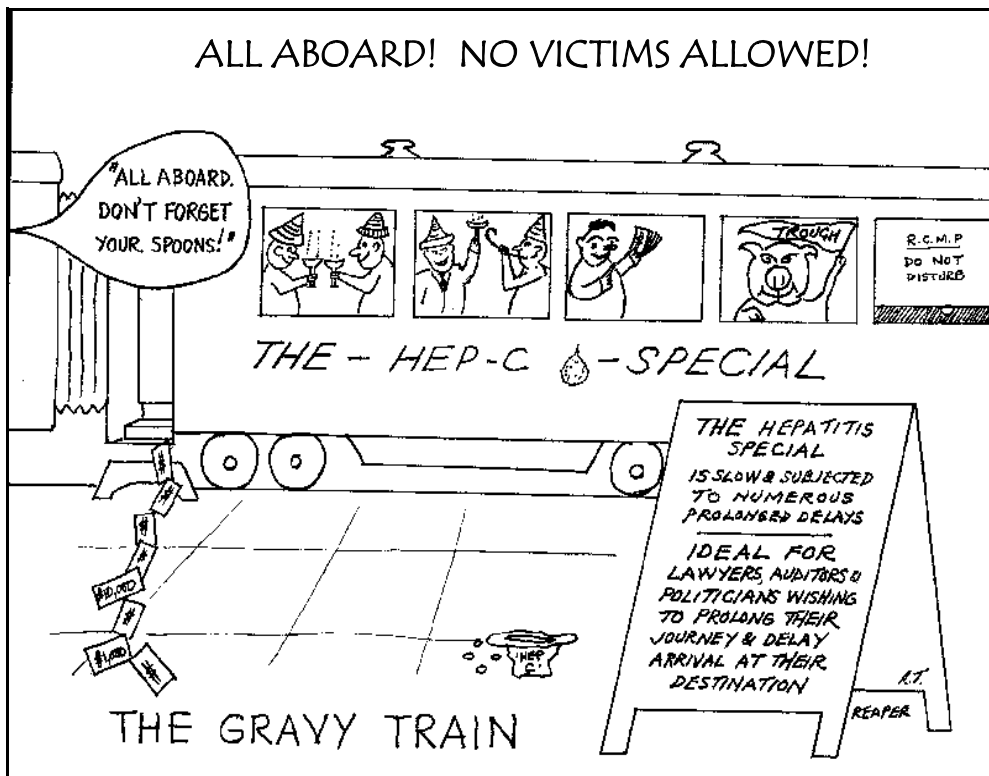
Slightly heat the wraps in a skillet. Remove wrap. Spread hummus on the wrap, put in the avocado-potato mixture, put in some fish, top with salad and sliced red pepper, roll up and eat.

Low fat, balanced and really delish.



Judith Fry telling it like it is to the TV crew

Photo: Bob Edwards



TRIPLE THERAPY FOR IFN NON-RESPONDERS

By Will Lawson

A recent pilot study at the University of Bologna has concluded that triple antiviral therapy seems to be able to induce biochemical and virological responses in interferon alpha non-responders with chronic hepatitis C.

Until now, there has been no effective therapy for interferon non-responding chronic hepatitis C patients.

The study involved twenty consecutive adult patients with chronic hepatitis C who had failed to respond to a 6-month course of interferon-alpha. They were randomly given either double therapy (a combination of interferon-alpha and oral ribavirin), or triple therapy (the same combination plus oral amantadine), for 6 months.

By the end of therapy, a normal biochemical response (alanine transaminase) was obtained in 7 out of 10 patients on triple therapy ($p < 0.05$), but only in 2 out of 10 patients on double therapy. A desirable negative virological response (serum hepatitis C virus RNA) also occurred in 7 out of 10 patients on triple therapy ($p < 0.01$), but only in 1 out of 10 patients on double therapy.

Six months after therapy, the normal biochemical response was sustained in 4 triple-therapy patients, but only in 1 double-therapy patient. The negative virological response was sustained in 3 patients on triple therapy, but in no patient on double therapy.

From *Ital J Gastroenterol Hepatol* 1999 Mar;31(2):130-4 CONTACT: S. Brillanti, M. Foli, M. Di Tomaso, L. Gramantieri, C. Masci, & L. Bolondi, Department of Internal Medicine and Gastroenterology, Policlinico S. Orsola, University of Bologna, Italy. sbrillanti@csi.com



Jarad Gibbenhuck cutting his birthday cake at the First Annual Northwest Hep-Fest. Jarad was eleven years old on Saturday, July 17, 1999

Photo:
Bob Edwards

CLASS ACTION SUITS:

BRITISH COLUMBIA

Camp Church and Associates
Sharon Matthews / Kim Graham
4th Floor, Randall Building
Vancouver, BC V6B 1Z5
1-(888)-236-7797



Grant Kovacs Norell
Bruce Lemer
Grosvenor Building
930-1040 West Georgia Street
Vancouver, BC, V6E 4H1
Phone: (604) 609-6699 Fax: (604) 609-6688

Before August 1, 1986
Klein Lyons
David A Klein
805 West Broadway, Suite 500
Vancouver, BC V5Z 1K1
(604) 874-7171 or 1-(800) 468-4466
(604) 874-7180 (FAX)

also:

Dempster, Dermody, Riley and Buntain
William Dermody
4 Hughson Street South, 2nd Floor
Hamilton, Ontario L8N 3Z1
(905) 572-6688

The toll free number to get you in touch with the Hepatitis C Counsel is 1-(800)-229-LEAD (5323).

ONTARIO AND OTHER PROVINCES

Pre 1986/post 1990
Mr. David Harvey
Goodman & Carr
200 King Street West
Suite 2300
Toronto, Ontario, M5H 3W5
Phone: (416) 595-2300
Fax: (416) 595-0527

CLASS ACTION FOR CHILDREN

Poyner Baxter Blaxland
Jim Poyner or Ken Baxter
Tel. (604) 988-6321
Fax (604) 988-3632
poyner.baxter@bc.sympatico.ca

or

Siskind, Cromarty, Ivey and Dowler
Michael Eiazenga
Tel. (519)672-2121 Local 332
Tel. 1-(800) 461-6166

TRACEBACK PROCEDURES:

INQUIRIES-CONTACT:

The Canadian Red Cross Society
4750 Oak Street
Vancouver, BC, V6H 2N9
1-(888) 332-5663 (local 207)

This information is for anyone who has received blood transfusions in Canada, if they wish to find out if their donors were Hep C positive.

CLASS ACTION/COMPENSATION

If you would like more information about class action/compensation, you can contact:
Ron Thiel Tel. (250) 652-0608
E-mail: thielron@pacificcoast.net

National Compensation Hotline
Tel. 1-(888) 780-1111