



hepc.bull

BC's Hepatitis C News Bulletin "Promoting HCV Wellness"

DECEMBER 2000

Issue No. 29

LETTER TO THE US PUBLIC FROM THE SURGEON GENERAL

DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Office of the Secretary
Office of Public Health and Science
Assistant Secretary for Health
Surgeon General
Washington, D.C. 20201

Dear Citizen:

Our country is facing a silent epidemic in the form of Hepatitis C, a liver disease caused by the Hepatitis C Virus (HCV). An estimated 4 million Americans have been infected with HCV, and a majority of them probably are not aware that they are infected. With that in mind, Members of Congress have joined with the Office of the Surgeon General to distribute this letter so you can take the appropriate action for yourself and your family. Hepatitis C spreads by contact with an infected person's blood. You should get tested for hepatitis C if you:

- have ever injected illegal drugs, even if you experimented a few times many years ago;
- received a blood transfusion or solid organ transplant before July, 1992;
- received a blood product for clotting problems produced before 1987;
- have ever been on long-term kidney dialysis;
- have ever been pricked with a needle that has infected blood on it; or were born to a mother with hepatitis C.

In rare cases, you can get hepatitis C by having sex with an infected person, especially if you or your partner have other sexually transmitted diseases. You can NOT get hepatitis C by shaking hands with an infected person, hugging an infected person, kissing an infected person, or sitting next to an infected person.

While some people with hepatitis C experience flu-like symptoms, many don't have any symptoms. If you think you might have

(Continued on page 6)

BC ADVOCACY WORKSHOP



B. Burrill T. McGregor R. Stebeck C. D. Mazoff M. Aldridge J. Wallace

B n November 7, 2000, HepCBC held a panel workshop on hepatitis C and your rights. We were able to videotape it all so that your local support group could have it as a library or advocacy resource. The tape is available for \$10 to HepCBC members, and \$15 to non-members.

WHAT'S ON THE TAPES:

The first speaker is David Mazoff, Executive Director of HepCBC. David gave an overview of the kinds of medical problems people with HCV run into when they get sick, why and how hepatitis C disables, and what many of us have to go through when we eventually have to apply for federal and provincial benefits.

Next, Joyce Wallace, a BC Benefits Officer with the Ministry of Economic Development and Social Security, gave an overview of the legislation. She went into great detail about what the government needs from you and your doctor when you make a claim. She explained the importance of having an advocate represent you, of the Government's decision to deny Schedule C benefits to all persons with hepatitis

C, and of the appeals process.

Joyce was followed by Richard Stebeck, from CPP. Richard went over the procedures involved in applying for Canada Pension Disability Benefits, and clarified some issues having to do with eligibility and policy.

Tom McGregor, a rights advocate from the BC Coalition of People with Disabilities, focused on the nature of disability, on disparities between government policy and the actual legislation, and on the appeals process.

The last speaker was Bill Burrill, President of Together Against Poverty and a past member of the Human Rights Commission. Bill presented an inquiry into nature of rights and discrimination—the problem of why persons disabled by HCV do not have the social support networks those with other disabilities have.

The floor was then opened to questions. The panel was addressed by Deb Drosky, Sue White (President of the Mid Island Hepatitis C Society), Hermione Jeffries, a street outreach worker from the Victoria needle exchange, and Brad Cummings, an advocate with ACPD (Action Committee of People with Disabilities).

To order the tapes: call (250) 361-4808, or email info@hepcbc.org.



Joan King & Hermione Jeffries

SUBSCRIPTION/ MEMBERSHIP FORM

Please fill out & include a cheque made out to
HepCBC - Send to:

HepCBC
2741 Richmond Road
Victoria BC
V8R 4T3

Name: _____

Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

Membership + Subscription (1 year): \$20.00

Membership Only \$10.00
(for those already receiving the bulletin):

Subscription Only \$10.00
(for those already members of HepCBC):

"I cannot afford to subscribe at this time, but I would like to receive the bulletin."

"I enclose a donation of \$ _____ so that others may receive the bulletin."

DISCLAIMER: The hepc.bull[®] cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

SUBMISSIONS: The deadline for any contributions to the hepc.bull[®] is the 15th of each month. Please contact the editors at info@hepcbc.org, (250) 361-4808. 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:

PHONE: TEL: (250) 361-4808
FAX: (250) 414-5102
EMAIL: info@hepcbc.org
WEBSITE: www.hepcbc.org
HepCAN List www.egroups.com/list/hepcan/

HepCBC
2741 Richmond Road
Victoria BC V8R 4T3

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.



**Peppermint
Patti's FAQ
Version 4
Available
NOW!!**

Peppermint Patti's FAQ Version 4 is now available. The new version includes an HIV co-infection section as well as updated Canadian Links and the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only \$5 each plus S&H—but if you can afford more we'll take it. Contact HepCBC.

**This Space
Available**

THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity in the form of grants, personal donations, donations in kind, discounts, and donations of services, or equipment: David Klein, J.J. Camp, Bruce Lemer, Elsevier Science, Blackwell Science, Massachusetts Medical Association, Health Canada, The Legal Services Society of BC, Pacific Coast Net, BC Transit, Margison Bros Printers, Carousel Computers, Island Collateral, David Lang, Alan Franciscus and Arlene & Frank Darlington. Special thanks to Miss Inka Foster for helping with the pamphlets.

NEW VICTORIA WOMEN'S SUPPORT GROUPS

**let's get together
for tea. for more
information call
Joan: 595-3882**



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 HepCBC, and mail to HepCBC, Attn. Squeeky, 2741 Richmond Road Victoria BC V8R 4T3. 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 HepCBC cannot be held responsible for any interaction between parties brought about by this column.

Ad No. 18

Otherwise healthy attractive Hep C pos working male seeks attractive female, 30-40 yrs., similar circumstances, to take advantage of all the good things that are still there.

Ad No. 19

Cute, attractive & active 44 years young lady, Hep C pos, no symptoms, 5'0" 115 lbs, who loves life, animals, country music, long walks, long talks, with a great sense of humour and spontaneity is looking for a gentleman of similar age with a great sense of humour, similar interests, who is positive and loves to live life. Lower Mainland Vancouver Area.

SINGLE? LONELY?

Alberta Hepatitis Singles web
<http://clubs.yahoo.com/clubs/albertahepatissingles>

Got HepC?... Single? ...Visit

<http://clubs.yahoo.com/clubs/ontariohepcingles>

We can't fix the Hep.. but we can help make sure you're not alone..

Drop by and say hello ...



- Customer support
- 30 day money back guarantee
- No busy signals policy
- Multiple high-speed back bone for added reliability

e-mail: info@pacificcoast.net
web: www.pacificcoast.net

250-380-7322 TOLL FREE 1-888-239-7172



SQUEEKY'S CORNER

I have a lot of things I'd like to talk about this month, but most of it has already been said by Carol Romanow, Vikki Boddy, and, of course, Sharon Singh. I guess what they've all been talking about is "rights," but, the way I see it, we can't have any "rights," until we have some "authority."

"Authority." What does this word really mean? I know I always think of it as a moral quality: a person with authority is a person with sound judgment and an unbiased heart. One in authority is in a position of power, and ideally, in power to do good, to steer a new course, to bring about change.

Ironically, "authority," has another meaning: it has to do with the bidding in an auction, with the act of increasing value, increasing the bid, getting the best deal.

Most of you out there know that when I fell ill I assumed that I had some authority: I was an "author" (related word), and I had plenty of diplomas, and I can put two and two together. Boy, was I in for a surprise! Despite all of my experience, my "authority," when it came to matters of HCV, didn't exist. Even if I read the latest medical journals, I apparently don't have the "authority" to understand them, so why should a nurse, or a doctor listen to me. I do not have the "authority" to understand my pain, explain my symptoms, or represent myself. I had assumed that my ability to express myself was my natural right; but, apparently, in this country, if you have hepatitis C you do not have any "authority."

Now why is that? Why is it that most of us have no "authority" to advocate on our own behalf? Well to understand this, you have to look at the other meaning of "authority"—a meaning intimately related to the market place, to an auction, to profit. In today's world people with hepatitis C have little exchange value. Point Blank. Why should the government spend money on us? I mean, after all, what's in it for them? It's not going to make them rich, is it?

So what do you think happens when the market looks at Sharon Singh, or Carol Romanow, or you or me? It is rather pointless to constantly remind this government of your rights, when all they see is an unfeasible economic venture standing in front of them.

You know, for the life of me, I could never understand why we were being treated the way we were, but now I think I do. I had always thought that the government would lis-

ten to reason, have compassion, do the right thing. Well doing the right thing for them, as Vikki Boddy points out, means covering their ass-ets!

The sad part of it, though, is that many of you have bought the Government's vision. Last week Carol Romanow kept a promise she made: that she would come to Victoria and camp out at the legislature in protest at the government's inaction. She came. It was and is very cold. She and Chris are manning the fort—almost alone. Frank and Arlene Darlington (no spring chickens!), Joan and I, Edna Brass, Cheyenne, Mario and Hermione from SOS, Brad Cummings from ACPD and Bob and Dave from HeCSC, showed up. Mostly it's just Carol, Chris and Brad. Joan and I do support: we bring coffee and soup and sandwiches and ear muffs, etc.



Chris Laird

Brad Cummings

Carol Romanow

With over 40 000 persons in BC with HCV, you'd think that more people would show up to fight for their rights. But apparently they don't have the authority to do that.

Squeeky



Ms. Carol Romanow
Eastside Community Hepatitis Organization
c/o 401 Main St.
Vancouver B.C.
V6A 4A4

November 14, 2000

An open letter to all Members of Legislative Assembly

While you may not have noticed, a small but desperate group of people has been outside the Legislative Buildings in Victoria. This demonstration is designed to bring awareness to the lack of treatment and services for people with Hepatitis C.

For many years, division has existed within

groups, as one or another disability takes precedence or gets more support than another.

At this time, there are more than 40,000 British Columbians diagnosed with Hepatitis C, including one of your own members. Many of us do not qualify for liver transplants. There won't be enough livers available. But this epidemic is also not being dealt with as to the "Silent Killer" disease that it is.

We have no additional funding to set up an office to deal with the multitude of people who come in and require assistance with Canada Pension Plan applications, B.C. Benefits - Disability II applications, or to assist those who need Schedule "C" help.

People afflicted with this disease often are too ill, too tired, too confused, and too poor to eat properly, live in decent affordable housing, purchase nutritious food, or maintain their vehicle to attend a variety of medical appointments or socialise. Our quality of life becomes destroyed by this illness and yet we have no help from any level of government.

We need to have funding as readily available as people with AIDS. We need to set up specialized advocates, hire people with hepatitis, and have a resource centre and a Premier's Advisory Council on Hepatitis.

We need subsidized housing, housing subsidies, homemaker service and support. Many of us have secondary disabilities, such as rheumatoid arthritis, thyroid disorders, diabetes, polyneuropathy, Reynauds syndrome, Sjogrens syndrome, and a host of

other disorders, ranging from constant nausea and wasting syndrome, to ascites.

The many difficulties that affect us are too many to go into now. However, I urge you to consider the devastating effect that this disease will have on the medical system and our social structure once more and more of us fall ill.

I would ask that this illness be viewed as the epidemic it is, and the recommendations that have been put forth by the Centre for Disease Control, the Federal Government, and this Provincial Government be implemented as soon as is possible.

Yours in trust,

Carol Romanow

**TIP OF THE MONTH
FOR A HEALTHIER LIVER:**

**AVOID EXPOSURE TO
ALCOHOL, DRUGS,
CHEMICALS**

By C.D. Mazoff, PhD

HEP C AND BONE LOSS

Recently the go ahead was given to treat HCV-compensated cirrhotics with Rebetrone, which on the face of it sounds great. However, many of you may already know that one of the complications of cirrhosis is osteoporosis, and that post-menopausal women are also at risk of developing this condition. In a recent study published in *Journal of Hepatology* 2000; 33: 812-817, the authors concluded that "treatment of chronic hepatitis C with combined therapy for 12 months may cause a reduced BMD [bone mineral density] in almost all patients. Although this study does not definitely prove that this treatment was the cause of the reduced bone mass found in this group of patients, we believe that physicians should be aware of the risk of this potential secondary effect of the antiviral therapy." The researchers speculate that "ribavirin interferes with the intestinal transport of calcium."

ASSOCIATION BETWEEN NEONATAL BLOOD MICROTRANSFUSIONS IN THE 1960S AND HEPATITIS C VIRUS INFECTION

Lancet, Volume 356, Number 9241 November 4, 2000: "In the 1960s, a common practice in Italy was to give a few mL of blood or plasma to underweight or preterm newborns. We postulated that this practice might be the cause of hepatitis C virus (HCV) infections seen today in adults with a negative history, and no recall of such transfusions. We examined the transfusion files of children admitted to the Department of Paediatrics during 1968-74, and found that 613 children had been transfused within the first year of life. Of 57 traceable patients, 28 are now positive for antibodies to HCV, 17 of whom received at least one microtransfusion from a common donor who is also positive." Italy? Montreal? New York? Winnipeg? Cultural chauvinism can be criminal!

DID YOU KNOW?

"The frequency with which HCC (liver cancer) develops among hepatitis C-cirrhosis patients is 3.5-7% per year, much greater than in hepatitis B-cirrhosis." *Journal of Gastroenterology and Hepatology*, Vol 15, Supplement, 15.

ARTIFICIAL LIVER CAN BE BENEFICIAL

A paper presented at the Liver Diseases in the New Millennium Conference in Shanghai concludes that an artificial liver support system (ALSS) "is a reliable therapy [for] advanced liver disease and treatment in early or middle stages is appropriate." This is in contrast to present standards in North America, where one available ALSS, the Hemocleanse unit, is only recommended for end stage liver disease. The ALSS was used successfully to bridge patients to transplant, and the reports show that while on treatment, liver function greatly improved, and viral load and toxin levels "were significantly decreased." *Journal of Gastroenterology and Hepatology*, Vol 15, Supplement, I127, O-H-6.

PROVIDER TO PATIENT TRANSMISSION OF HEPATITIS C

Where did you get yours? A report in the *Journal of Gastroenterology and Hepatology*, Vol 15, Supplement, I193, P-H-23, discusses an outbreak of hepatitis C in a Western European municipal hospital, tracing the epidemic back to a "wound on the third finger of the anaesthesiology assistant's right hand." It also notes that the assistant "usually did not wear gloves." Hmmm.... London? Paris? Berlin? Question: Where is safe?

NOT ONLY THE LIVER

A study published in the *Journal of Gastroenterology and Hepatology*, Vol 15, Supplement, I203, P-H-58, shows that "HCV could replicate in infected extrahepatic tissue cells." Replicating HCV was found in the heart, kidneys and pancreas.

WHAT ARE THE ODDS?

An article in *Gut* 2000; 47: 845-51 16 November 2000, asked the question: What happened to haemophilic patients infected with HCV 15-39 years ago? It concluded that 25 years after exposure to HCV 47% of those infected died from any cause and 19% died from liver related illness.

PEG-COMBO RESULTS RELEASED

Two companies, Schering-Plough and Roche, presented results of their new pegylated interferon studies at the AASLD annual meeting in Dallas last month. Both products were shown to be more effective than standard combo therapy. Both companies have applied for FDA approval for their "time-release" IFN.

Schering-Plough's **Peg-Intron, combined with ribavirin, reduced HCV to undetectable levels in 54% of patients**, compared to 47% with the combo. When the dosage of the new combination was adjusted for a patient's weight, the rate of positive results rose to 61%. Of the study participants, 68% had HCV genotype 1—the hardest to treat.

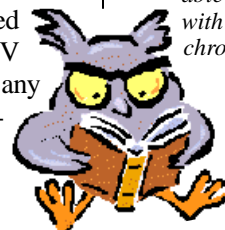
Roche's **Pegasys plus ribavirin and amantadine**, after 24 weeks of a planned 48-week course of therapy, caused a **drop in virus levels in 61.5%** (48% for genotype 1 and 88% for genotypes 2 and 3) compared to 56.8 percent under the standard Rebetrone combination. Surprisingly, **Pegasys plus amantadine alone gave a rate of 69.2%**.

Source: Reuters, Oct 30, 2000, Schering-Plough, Roche see gains against hepatitis C

IFN + COLCHICINE

Researchers did a study to see if colchicine, an antifibrotic drug, could be combined effectively with interferon. The study included 65 Hep C patients who received 3 different treatment regimens. Thirty-four received IFN alone, and thirty-one received IFN + colchicine. The reports after 18 months showed that **the results of the combination of colchicine and interferon were worse than those with IFN alone**. The trial was stopped at this stage.

Source: Angelico M, et al, *Aliment Pharmacol Ther* 2000 Nov 27;14(11):1459-1467 *Unfavourable effects of colchicine in combination with interferon-alpha in the treatment of chronic hepatitis C.*



HIV/HCV CO-INFECTION IN CIRRHOTIC PATIENTS: PARIS

Two presentations commented on the natural history of hepatitis C. The first was from Paris, and dealt with cirrhosis. They looked at about 300 cirrhotics, about 50 of whom had HIV for a mean time of 28 months (one month to 13 years). Overall, the HIV positive patients were more likely to be younger, have a history of intravenous drug use and to drink more than five drinks per day (that is the French definition of excessive alcohol). The mean CD4 T cell count was 324 cells per microliter, and 28% had HIV viral load <200 copies/mL. 75% were receiving highly active antiretroviral therapy (HAART). The death rate at three years was 56% in the HIV positive group and 19% in the HIV negative group, which was significant. The risk factors for early death were HIV, 3.4 times, alcohol 2.3 times and age >40 years. This demonstrates that even in people with end stage liver disease, HIV has a serious effect on the outcome of hepatitis C.

IMMUNOLOGY OF HIV/HCV CO-INFECTIONED PATIENTS

The immunology of HIV and HCV was explored in an abstract from Bruce Walker's lab at Harvard University. Interestingly enough, virtually all of the patients were able to mount an effective immune response to HIV, but most were not able to mount a broad and strong response to HCV. This implies that HCV is an even wiler adversary than HIV and is expert at avoiding the immune system's response to its presence. This theme was echoed in numerous abstracts in HIV negative patients that demonstrated that the size and breadth of the cell-mediated immune response in HCV patients is the key to both beating the acute infection and eradicating the chronic infection.

PREVALENCE OF HIV IN HCV PATIENTS

From the Bronx Veterans Administration (VA), a report on the prevalence of HIV in HCV positive patients revealed that 21% were positive for HIV in contrast to a European report that in 1998, 57% of HCV patients were HIV-infected. Also from the Veterans' Administration (VA) system, although Manhattan this time, Ed Bini reported on the Quality of Life of HCV patients compared to HIV patients. The HCV patients have a significantly reduced quality of life when compared to HIV patients. Co-infected patients

are not worse and actually fall in between HCV and HIV mono-infected patients.

HIV/HCV CO-INFECTIONED PATIENTS SHOW INCREASED LYMPHOID FOLLICLES

The reasons for this are not at all clear. In a small study of 25 HIV/HCV co-infected patients from Jacksonville, FL, the only new finding was that of increased lymphoid follicles on liver biopsy. That may warrant further investigation, especially when combined with the data from Texas on ballooning of hepatocytes associated with protease inhibitor use. That was an interesting finding and also unexplained. There may be something else going on in the liver of co-infected patients that we are not understanding yet.

COMBINATION THERAPY IN HIV/HCV CO-INFECTIONED HEMOPHILIACS

From Barcelona, Spain. A small treatment trial of co-infected hemophiliacs showed a sustained virological response rate of 32% with combination interferon 3 times weekly and Rebetol (ribavirin). Side effects were standard and neither HIV RNA nor CD4 counts changed significantly on therapy. They did see a significant amount of anemia from the ribavirin (about a 2 gram drop), which [other groups] would treat with Epopo (epoetin alfa), although they did not indicate if they did.

DATA SUGGEST BENEFIT FROM HIGHER REBETOL (RIBAVARIN) DOSING

With the data from McHutchison, in HIV negative patients, that the sustained virologic response was significantly lower (24% vs. 42%) in people who took less than 10.6 mg/kg per day of Rebetol, (basically 800 mg for a 165 pound man), it becomes even more important to keep Rebetol doses at or above 800 mg.

HCV CAUSES DELETION OF MITOCHONDRIAL GENE

Another liver toxicity-related abstract came from Ireland: Alan Bohan and colleagues showed that HCV seems to cause a deletion of a mitochondrial gene and that it is associated with more fatty liver and fibrosis than when it does not happen. This is particularly pertinent to mitochondrial toxicity

of nucleoside analogues in HIV patients because HCV may begin to injure mitochondria and make co-infected patients more susceptible to mitochondrial toxicity. A 1999 article using electron microscopy also showed mitochondrial injury in 92% of HCV patients, setting them up for nucleoside analogue hepatotoxicity.

HIV/HCV CO-INFECTION IN COHORT WITH 92% GENOTYPE 1 PATIENTS

Mark Sulkowski, MD, from Johns Hopkins presented his data on the HIV clinic at Hopkins. 45% had HCV, 49% were self-described alcohol abusers. Of the HCV patients, 92% were genotype 1. However, 97% of the African Americans were genotype 1 versus 80% of the Caucasians. 48% of the liver biopsies showed at least grade 3 fibrosis, on the Ishak scale, which shows that half of the patients were well on their way to cirrhosis. Risks for cirrhosis in this HIV/HCV cohort were alcohol, 5.2 times, Caucasian race 5.9 times and female sex 6.5 times. Of particular note was that HIV <400 copies/mL was a risk (2.9 times) for cirrhosis. This flies in the face of previous data. However, we also know that controlling HIV does nothing for HCV infection and this may just be confirming that data. This is a very interesting finding and deserves follow up and confirmation.

Source for all abstracts: *Studies on Co-Infection with HIV/HSV and HIV/HCV Presented at 51st AASLD Meeting*, by Douglas Dieterich, MD. www.hiv&hepatitis.com



"Dancing With the Dragon" Productions HCV Benefit Dance

Event Date:
Jan 27, 2001 8:00PM

Location:
VFW Post 3063
2812 NW Market Street
Seattle WA 98107

Admission: \$25.00, plus food

Frontline Hepatitis Awareness

- Anonymous, free HCV testing
- Food will be available
- Silent auction of quality items
- Live Music

WARNINGS

PREGNANCY MAY MAKE HEP C WORSE

The authors of this study found evidence that **Hep C worsened after pregnancy** when they compared liver biopsy results from 12 Hep C patients, before and after delivery, to the biopsy results of 12 non-pregnant Hep C women patients. The biopsy results showed an increase in inflammation in 83.3% of the women who gave birth, compared to 25% of the women who did not. Fibrosis scores were 41.6% and 8.3% in those same groups.

Source: Fontaine, H et al, *Lancet* 2000;356:9238 *Effect of pregnancy on chronic hepatitis C: a case-control study*

LAMOTRIGINE

Lamotrigine, a drug to control epilepsy, seems to provoke serious liver damage in some patients, according to this article. The reaction, which is rare, **can be deadly**. One 28 year old woman developed signs of liver damage after only 2 weeks of using the medication. Her symptoms included headaches, drowsiness, low body temperature, and a rash. Her liver enzymes skyrocketed, only to return to normal six days after coming off the Lamotrigine. Two previous cases were reported. In all cases the **patients were also taking valproic acid**. Patients' **enzyme levels should be monitored** when this medication is introduced.

Source: *Dig Dis Sci* 2000;45:1874-1877, *Case Report Adds to Evidence of Possible Hepatotoxic Side Effects With Lamotrigine*



CONGRATULATIONS

to Victoria friends who have recently become complete responders after the Combo treatment:

**Barbara P.
Sharen B.
Dave S.**



(SURGEON GENERAL—Continued from page 1)

been exposed to hepatitis C, go to a doctor. The doctor will test your blood. For many people, hepatitis C is treatable with a drug called interferon, taken either alone or in combination with the drug ribavirin.

It is important to get help, because, over time, hepatitis C can cause your liver to stop working. For more information, please contact the Centers for Disease Control and Prevention's Hepatitis C Hotline at (888) 443-7232 or check the following web sites:

<http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm>
<http://www.niaid.nih.gov/information/search.htm>

Sincerely,
David Satcher, M.D., Ph.D.
Assistant Secretary for Health and Surgeon General

Note:

This would be a perfect time to send letters out to Canadian households, warning about hepatitis C. The last time a US Surgeon General sent out such a letter, the reason was AIDS.

How about this for a response from the community?

Everyone who believes that this is an important issue, send our new Health Minister, Corky Evans, one stamp (more if you wish) to help get the word out to Canadians. We have the capacity to make a difference for 46 cents each. Can't this community make one big statement about how important this is and how much this community cares about hepatitis C awareness? Shouldn't every Canadian household be told about the risks of hepatitis C? The Surgeon General thinks so, and so do I.

A Thank You to Some of our Unsung Heroes

To the left you can see a picture of **Brad Cummings**, Advocate-at-Large, and **Sue White**, whose notoriety precedes her.

Brad Cummings is an advocate at the Action Committee of People with Disabilities, and a hep C sufferer himself. Brad is the kind of guy that—despite the fact that he's nearing the transplant list, and he has lots of other complications—is always there when you need him. He has been out there for you and me, in the cold and in the rain, carrying signs and fighting for justice. He has taken courses in advocacy so that he can be there for you.

Sue White is the President of the Mid-Island Hepatitis C Society. She has accomplished so much that there is not enough room here to list all of her achievements.

If you agree, let's get this rolling. Give this letter to everyone you know. Tell your friends, co-workers, everyone. Make sure everyone has the opportunity to be heard. Post to message boards everywhere. Suggest others do the same and let's let this government know this matters to us as a united group on this one issue ... awareness.

Flood the Health Minister with one postage stamp at a time. I guarantee the impact it makes will make a difference and a statement that cannot be ignored. Let's leave no doubt where we stand on this issue. Vote to improve the status of hepatitis C. Be heard!

Send the stamps to:

Corky Evans
Minister of Health and
Minister Responsible for Seniors
133, Parliament Buildings
Victoria, B.C.
V8V 1X4
FAX # (250) 387-3696
Corky.Evans.Office@leg.bc.ca

Emails won't do it for this effort. You must send a letter. Please, let your voice be heard. Send your own message or copy of this one and enclose it, but let it be known the stamp is intended to help the Health Minister get the word out. Let them know it matters. Let them know you matter. Let them know you are doing your part.

The letter from the Surgeon general can be found on this website:

<http://www.surgeongeneral.gov//topics/hepatitisc/letter.htm>

Adapted from a letter by Teresa Hanbey, Executive Director, Hepatitis C Outreach Project, www.hcop.org, (503) 285-8712, PO Box 248, Vancouver, WA 98666

Joan King

TAINTED BLOOD VICTIM DENIED TRANSPLANT

Sharon Singh, 47, from Sooke, BC, a subscriber to the *hepc.bull*, finally received "The Call" last Halloween, and was transported to Vancouver. The transplant team had finally located a liver for her, which had been hard to find due to her rare blood type. Just 20 minutes before the operation, it was cancelled. Sharon was told there was no bed for her. The health system, having already infected her with tainted blood in 1984, failed her once again.

Source: Jim Beatty, Vancouver Sun, Nov 13, 2000, jbeatty@direct.ca, Symbol of a broken health system waits for a second chance at life.

More on transplant activism:

Transplant recipient George Marcello walked across Ontario last summer, and plans to walk across Canada.

<http://www.stepbystep.ca/can500p1.htm>

In October 2003, the Yacht, "Gift of Life," manned by 15 organ and tissue recipients, will take part in an around the world yacht race, which will take 10 or 11 months to complete.

If you have had a liver transplant and would like to be part of the crew, please contact: giftoflife@mswaters.globalnet.co.uk <http://www.gift-of-life.org.uk>

COLLEGE ORGAN DONORS

Catherine Pollock, the daughter of a liver transplant recipient, has started an organization to inform college students about organ donation. College students were among the smallest population of organ donors in the US. Pollock works without pay for 40 hours a week, and works as a bartender on weekends. She gets volunteers from among the University students. She finds the hardest part is getting the students and their parents to discuss death, and that, if they are a minority, they think doctors won't work hard to save them. Some think their religions oppose organ donation.

Source: Dierksheide, C Cavalier Daily, 10/31/2000, New U. Virginia organization pitches importance of organ donation

MAY AS HEP C AWARENESS MONTH

Bruce Devenne reported on the HepCAN list that the bill to declare May as Hepatitis C Awareness Month, has died with the dissolution of this secession of Parliament. Hopefully the bill will be re-introduced after the elections. He asks that each of us please get out and see our local candidates, especially when there is a chance to question them and ask them for their stand on the matter, and to please write letters to the editors on this matter, as well.

SCHERING'S PR FIRM THREATENS HEP C GROUP

Brian Klein, the head of the Hepatitis C Action and Advocacy Coalition (HAAC) in California, received a "cease and desist" letter from Perry Communications Group, Schering's public relations firm. The firm was hired to set up the California hepatitis C "grassroots coalition." The coalitions set up in some states by Schering are being turned over to separate non-profit organizations. The group HAAC wants this to happen in California, as well, and has made it known they will not be intimidated. The FDA is reportedly investigating possible violation of marketing regulations on the part of the pharmaceutical company in this regard. HAAC has been active in fighting the bundling of IFN with Ribavirin. The Texas attorney general opened an investigation into the pricing of Rebetron last year. Schering insists it received approval to sell Rebetron only as a kit, and that if any patient were harmed by taking Ribavirin with another drug, they could be held liable.

Source: HAAC ALERT, October 27, 2000, California public relations firm hired by Schering tries to silence patient advocacy

HEMOLINK

Hemosol Inc. has agreed to partner with Dompé Farmaceutici S.p.A. to form a marketing alliance for Hemolink(TM) for Southern and Eastern Europe. Hemolink(TM) is a human-derived hemoglobin replacement product, safe from viral and bacterial contamination and compatible with all blood types. It provides efficient oxygen delivery to vital organs and tissues, carries less risk of allergic reaction; and has a longer extended shelf life. Hemolink(TM) has been submitted for approval in Canada.

SOURCE: <http://www.newswire.ca/releases/October2000/31/e8735.html> Hemosol and Dompé to Forge Marketing Alliance for Hemolink(TM) in Southern Europe

ZADAXIN IN CANADA

SciClone has received an issued patent in Canada for Zadaxin (thymosin) for the treatment of hepatitis C, one of the world's most common blood-borne infectious diseases. The company now holds issued patents covering the use of Zadaxin to treat hepatitis C throughout North America, Europe, Japan, and numerous emerging markets worldwide.

In the U.S., a Phase III Zadaxin hepatitis C program and two Phase II Zadaxin cancer programs (liver cancer and malignant melanoma) are scheduled to start by the end of 2000.

Source: NewsRx.com, 2000 NOV 8 Canadian Patent Position Completed for Zadaxin in Hepatitis C

HEP C EMPLOYEE SUES MICROSOFT

A hepatitis C-infected ex-employee of Microsoft just won more than \$2 million in a disability lawsuit. Tom Davis was a former Microsoft systems engineer, who was terminated after 11 years of service because of hepatitis C. A law in Washington State requires businesses to find other work for disabled employees. Davis was told by his doctor to limit himself to a 40 hour week to protect his health. The company refused to provide him with such a position, and his office was moved to a storage room. Microsoft says it works hard to help its disabled employees, and will probably appeal the case.

Source: Cydney Gillis, Eastside Journal, 2000-10-31, Hepatitis C related case against Microsoft.

CLINICAL TRIALS ONLINE

HepCBC has entered into an exclusive relationship with VeritasMedicine to bring you access to clinical trials in hepatitis C. Most of these trials are in the US, but you still might be eligible to enrol, and they may not be too far from where some of you live. Any trials coming up in Canada will also be in the Veritas database. You can access the Veritas link from the HepCBC site as well. Just scroll down the page, click on "Next Page" and you'll see the logo and link

At this site, patients and doctors are matched against a current database of 1,200 government- and pharmaceutical-sponsored trials, and provided with information about only the most relevant treatment options. The site takes into account the stage of disease, age and sex of the patients, without revealing their identity.

Happy New Year



REDUCTION OF AMMONIA LEVELS

Standard treatment to reduce ammonia in the blood for people with cirrhosis usually includes antibiotics, lactulose, and the reduction of protein to reduce disorientation. However, **zinc supplements and sodium benzoate**, which occurs naturally in **cranberries and prunes**, can also prove beneficial. "Sodium benzoate also absorbs ammonia in the gut and carries it out of the body in the stools. It also helps reduce ammonia toxins in the liver itself."

Source: Cohen, MR et al, "The Hepatitis C Help Book" p. 88

LIVE LIVER DONORS

Japanese researchers reported in the September issue of *Transplant International* that they performed 470 liver transplants involving live donors, who usually donated the left lobe, most including the middle hepatic vein. Some were done without the vein, and some were done with right lobes, without the middle hepatic vein. **All the donors recovered completely.** Right lobe donors had a bit more bleeding, longer hospital stays, and higher AST levels, which normalized 1 month later in most donors. Two patients needed operations for adhesions years after their surgeries.

A large single-center Japanese report on living liver donors confirms that death rate after the donor surgery is low, even when right lobes are taken.

Source: *Transpl Int* 2000;13:333-339.

LOW PLATELETS AND THE COMBO

Dr. Vinod Rustgi from Georgetown University Hospital may have found a way to treat the 25% of Hep C patients who **could not receive the Combo** (IFN + Ribavirin) because of blood clotting problems (thrombocytopenia). In a small study, Dr. Rustgi treated four of his patients with Interleukin-11 (Oprelvekin, marketed under the brand name Neumega(R)), and all of those patients **were able to complete therapy.** In two of his patients, he began giving them Neumega before starting the Combo. Neumega is approved by the U.S. FDA for patients on chemotherapy, and should be used with caution in patients with heart problems.

Source: *PRNewswire*, Oct. 30, 2000 Study Results Offer Treatment Promise For Previously Untreatable Hepatitis C Patients

RECYCLING BLOOD

Doctors in the UK are allowing patients in surgery to have **their own blood collected during operations**, centrifuged and filtered, and the red cells transfused back into them, thus avoiding blood transfusions from other people who may carry viruses, and lowering the cost by not using donated blood. This process **has been possible for more than 20 years**, but few hospitals

in the UK use it even today, despite the fact that even matched blood is still seen as foreign by the immune system, distracting it from fighting off other infections after surgery. The procedure avoids having to dispose of the blood as hazardous waste. Since the price of blood has shot up, this procedure, including the leasing of the equipment, **could save thousands of pounds a year** in an average hospital.

Source: http://news6.thdo.bbc.co.uk/hi/english/health/newsid_998000/998287.stm, 30 October, 2000

LIVER DONORS WITHOUT A HEARTBEAT

Usually doctors transplant livers only from donors who still have beating hearts, but in 1998, a liver transplant program in Philadelphia got almost 1 out of its 10 livers from donors without a heartbeat. The results of 8 such livers were reported. The donors were withdrawn from life support after consent for donation was given. Once death was confirmed (cardiac arrest in their donors occurred within 3 to 27 minutes) the kidneys and liver were harvested. Two other donors' hearts did not stop within an hour, and 6 other donors were found to be unusable.

Patient and organ survival rates were 100% at an average follow-up of 18 months, and patients were discharged from the hospital an average of 10 days after transplant.

Source: *Transplantation* 2000;70:1158-1166, Liver Transplant Team Reports Use of Controlled Non-Heart-beating Donors

LOOSE WEIGHT, TAKE ANTIOXIDANTS, DON'T DRINK

In a study of approximately 2500 adolescents between 12 and 18 yrs of age, Vajro et al. (*J Pediatr* 2000;136:739-43) confirmed that weight loss was an effective means of lowering ALT and that ultrasound images also improved with weight loss. The addition of **vitamin E (400-1200 IU a day)** showed benefit in 11 children with fatty livers, but ALT rose once the vitamin E was stopped. The researchers concluded that the best therapy for obesity-related health problems remains **weight reduction**, as well as **avoiding alcohol** and alcohol-containing products like cold medicines. It has not been determined if antioxidants will prevent long-term complications of fibrosis and cirrhosis that occurs in some overweight people.

Source: Mack, DR, *Amer J of Gastr*, Nov 2000; 95(11) 3031 Body Mass, ALT, and Antioxidants

BIOPSY ALTERNATIVE: SERUM HYALURONAN TEST

Serum hyaluronan was measured in 221 patients with biopsy-proven chronic liver disease, including hepatitis C. All patients were fasting, and received blood tests and biopsies. Hyaluronan levels corresponded to the severity of cirrhosis. Overall, a hyaluronan level over 100 microg/l generally indicated cirrhosis (78% speci-

ficity and 83% sensitivity) and levels over 300 microg/l. increased the specificity to 96%. The researchers concluded that measurement of hyaluronan in the blood could distinguish cirrhotic from non-cirrhotic liver disease and is **a useful test in the diagnosis of liver cirrhosis**, particularly when a liver biopsy could be dangerous.

Source: Plevris JN, et al *Eur J Gastroenterol Hepatol* 2000 Oct;12(10):1121-7, Serum hyaluronan--a non-invasive test for diagnosing liver cirrhosis. J.Plevris@ed.ac.uk

EBV + HCV = HCC

These researchers showed that HCV in test tubes is made more active by the Epstein-Barr virus (EBV). They looked for EBV in liver cancer cells from Hep C patients, and found EBV in 33% of the liver cancer cell samples. They found EBV in 40% of samples from Hep C patients, and in only 14% of Hep B patients. They concluded that having **EBV could play a part in the development of liver cancer in Hep C patients.**

Source: Sugawara Y, et al, *Scand J Gastroenterol* 2000 Sep;35(9):981-4, Detection of Epstein-Barr virus DNA in hepatocellular carcinoma tissues from hepatitis C-positive patients.

RAPAMYCIN STOPS LIVER FIBROSIS AFTER TRANSPLANT

Liver transplant patients tend to have a high fibrosis rate in their new livers, which may be caused by the antirejection drugs they must take. These researchers tested rapamycin with rats and found that it stopped fibrosis and decreased hepatic stellate cells, so rapamycin may become a "valuable addition to the immunosuppression armamentarium."

Source: Zhu J, et al, *Gastroenterology* 1999 Nov;117(5):1198-204

MORE OPERATIONS FOR LIVER CANCER POSSIBLE

Some patients with liver tumors have so many that they can't afford to have them taken out because too little liver tissue would remain. A new procedure called portal vein embolization (PVE) can be done before the operation to make the liver grow. Dr. Daniel Azoulay, from Hopital Paul Brousse in Villejuif, and colleagues studied 29 patients with cirrhosis or fibrosis of the liver. Ten of those patients had livers that were not operable because of the size of what would remain of the liver. **PVE increased the size of the liver enough in 9 of 10 patients to allow the removal of 3 or more segments of the liver.** No deaths occurred, and the complication rates were similar in both groups. Five year survival rates were 53% of those without PVE and 44% of those who underwent the procedure.

Source: *Ann Surg* 2000;232:665-672. Portal Vein Embolization Safe in Injured Livers Before Liver Cancer Resection

A HEPATITIS C POINT OF VIEW

The fight for justice for those infected by hepatitis C from tainted blood has been going on for far longer and with less than meaningful results for those infected, than anyone should be comfortable with.

The "results" amount to: a \$ 20 million inquiry that was largely ignored; an out-of-court settlement agreement for those infected between 1986-1990, that becomes redundant in light of the fact that traceback is mandatory and it was already established during the Krever Commission that records had somehow gone "missing"; a care-not-cash plan by Allan Rock for those outside the time frame that has never been implemented for lack of agreement between the provinces and the federal government (blame is assessed according to who you talk to -- federal blames provincial and vice versa) who must have decided between themselves that all those infected outside the tainted blood scandal don't require any treatment or care; and the Red Cross plan of compromise for those infected pre 1986, post 1990. This is a plan that proposes to pay HIV claimants approximately \$500,000.00 and hepatitis C claimants approximately \$ 3,000.00 (do the math). Before you start howling that the proposed payment is \$10,000.00 to \$12,000.00, stop and think for a minute here; by the time HIV claimants are paid, lawyers are paid, Canadian Blood Services is paid (for those redundant tracebacks most likely), the administrators (including Ernst Young) are paid, and the expenses associated with those who will reject it, what do you suppose will be left?

This is the sum total of the "results" of fighting for equal compensation for those infected with hepatitis C from tainted blood since 1993. Pitiful isn't it?

Unfortunately, it does not even end here. Hepatitis C is now the leading cause of liver transplantation in Canada. It costs a small fortune and there are not enough livers available. In 3 to 5 years, re-transplantation will also become a problem for people infected with hepatitis C. The hepatitis C virus is in the blood and liver transplantation does not get rid of the virus. We can't cope now.

What do you think will happen in the future? If you don't believe that Canada has a problem with transplants, I offer the case of Sharon Singh in Vancouver.

The drugs available for the treatment of the hepatitis C virus are prohibitively expensive. Each province treats this differently or ignores it, as the case may be. Politicians tend to forget that shelling out \$20,000.00 for the treatment drugs is only the beginning. These drugs make you really ill, so the cost is added to by other drugs to combat side effects. I ask you to consider this: if you have a choice to make between paying for drugs that may help you and eating, what would you choose?

There are approximately 300,000 Canadians infected with the hepatitis C virus. In the next 10 years this number will likely triple, and so will the costs associated with treating it. Health care costs are spiraling out of control now, and will not be easing in the future either. Why must politicians ignore the obvious, even when they can see it coming? Why not plan appropriately now for the inevitable increases in the future?

As a taxpaying citizen of Canada who was also infected with the hepatitis C virus by tainted blood outside your window period, I would like to know just when you plan to get off your collective asses and become part of the solution, instead of continuing to be part of the problem? At the moment, 1,000 people die a year in Canada due to hepatitis C and its related complications, and I doubt this is a fast enough rate for the governments of Canada to shut all of us up.

I am urging all Canadians to take a moment to think during this election about just how much of a problem the government has become and how little follow through there is on any solutions. Problem-solving is supposed to be for the greater good of the Canadian people, not the Government of Canada.

Vikki Boddy
Lethbridge, Alberta



COMPENSATION

BRITISH COLUMBIA

1986-1990
Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: (604) 609-6699 Fax: (604) 609-6688



Before August 1, 1986 or 1990-1991
David A Klein/ Klein Lyons
Legal Assistants: Lisa Porteous and Candace Wall
Vancouver, BC (604) 874-7171, 1-(800) 468-4466,
Fax (604) 874-7180

also:

William Dermody/Dempster, Dermody, Riley and Buntain
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
Toronto, Ontario
Phone: (416) 595-2300, Fax: (416) 595-0527

TRACEBACK PROCEDURES:

INQUIRIES-CONTACT:

The Canadian Blood Services
Vancouver, BC
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.

RCMP Task Force TIPS Hotline
(Toll free) 1-(888) 530-1111 or 1 (905) 953-7388
Mon-Fri 7 AM-10 PM EST

CLASS ACTION/COMPENSATION

If you would like more information about class action/compensation, or help with a lookback, contact:
Leslie Gibbenhuck Tel. (250) 490-9054

E-mail: bchepc@telus.net

She needs your name, address, birth date, transfusion dates, and traceback number.

National Compensation Hotline: 1-(888) 726- 2656

ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1(888) 726-2656 or 1 (877) 434-0944.

www.hepc8690.com info@hepc8690.com

***Should you have any questions about the status of your claim (86-90), please contact the administrator. They should answer all of your questions. If, however, they do not, then please contact Bruce Lemer who has promised me that he would answer your questions at no charge.—C.D. Mazoff*

COMING UP IN BC/YUKON:

Armstrong HepCure Office and library, by appointment. Contact Marjorie, 546-2953, amberose@sunwave.net, www.junction.net/hepcure

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

Chilliwack BC HepTalk Meetings: 2nd and 4th Wednesdays of each month, 7-9 PM, Chilliwack United Church, 45835 Spadina. NEXT MEETINGS: Dec. 13th and 27th. Contact: HepTalk@fraservalleydirevery1.net, or 856-6880.

Comox Valley Liver Disease Support Group Meetings: Third Tuesday of each month, 6-8 PM, St. George's United Church on Fitzgerald. NEXT MEETING: Dec. 19th. Contact: Jayne, 336-2485 or Dan, 338-0913, Rhagen@mars.ark.com

Cowichan Valley Hepatitis C Support Contact: Debbie, 715-1307, or Leah, 748-3432.

Cranbrook HeCSC : Meetings: 1st and 3rd Tuesday of each month, 2-4 PM, #39 13th Ave South, Lower Level. NEXT MEETINGS: Dec. 5th and 19th. Contact: 426-5277, hepc@cyberling.bc.ca

Creston Educational presentation and appointments: Contact Katerina 426-5277

Downtown Eastside Hep C Support Group Meetings: Each Monday, 6 to 8 PM, Carnegie Center, 401 Main St., Vancouver. Contact: Carolyn, momma@vcn.bc.ca

Golden: Educational presentation and appointments: Golden Health Unit. Contact Katerina 426-5277

HepCBC Hepatitis C Education and Prevention INFO Line. Free medical articles or other info. Contact: David, (250) 361-4808, info@hepcbc.org, www.hepcbc.org

Invermere Educational presentation and appointments: Invermere Hospital. Contact Katerina 426-5277

Kelowna HeCSC Meetings: First Saturday of each month, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital. NEXT MEETING: Dec. 2nd. Contact: Doreen, 769-6809 or eriseley@bcinternet.com

Kimberley Support Group Meetings: First Monday of each month, 1-3 PM. NEXT MEETING: Dec. 4th. Contact Katerina 426-5277

Kootenay Boundary Meetings: Second and fourth Tuesday of each month, 7 PM, 1159 Pine Ave, Trail. NEXT MEETING: Dec. 12th and 26th. Contact: Brian, 368-1141, k-9@direct.ca.

Mid Island Hepatitis C Society Meetings: Second Thursday of each month, 7PM, Central Vancouver Island Health Centre, 1665 Grant Street, Nanaimo. NEXT MEETING: Dec. 14th. Contact: Sue 245-7635, Floyd 741-1595, or mi-hepc@home.com

Mission Hepatitis C and Liver Disease Support Group Contact: Patrick, 820-5576.

Nelson Hepatitis C Support Group Meetings: 2nd Floor 333 Victoria St., Multi-Purpose Room NEXT MEETING: Contact: Alex at ANKORS 1-800-421-2437 or 505-5506, or Ken 355-2732, keen@netidea.com

New Westminster Support Group Meetings: Second Monday of each month, 7:00-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Carnarvon Street, New Westminster. NEXT MEETING: Dec. 11th. Contact: Dianne Morrissette, 525-3790.

Parksville/Qualicum 102a-156 Morison Avenue, PO Box 157, Parksville, BC V9P 2G4. Open daily from 9AM to 4 PM, M-F. Contact: 248-5551, sasg@island.net

Parksville/Qualicum MIHepCS support and contact: Ria 248-6072

Penticton Hep C Family Support Group Meetings: Second Wednesday of each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: Dec. 13th. Contact: Leslie, 490-9054, bchepe@telus.net

Powell River Hep C Support Group "Living With Liver Disease" sessions, second Wednesday of each month, 7-9 PM, Public Health Unit, 4313 Alberta Ave. Second session: Dec. 13th. Contact: Cheryl Morgan 483-3804.

Prince George Hep C Support Group Meetings: Second Tuesday of each month, 7-9 PM, Health Unit Auditorium. Next Meeting: Dec. 12th. Contact: Gina, 963-9756, gwickaby@telus.net or Ilse, ikuepper@pgrhosp.hnet.bc.ca

Princeton Meetings: Second Saturday of each Month, 2 PM, Health Unit, 47 Harold St. NEXT MEETING: Dec. 9th. Contact: Brad, 295-6510, [cizenk@nethop.net](mailto:citizenk@nethop.net)

Queen Charlottes: Phone Support. Contact Wendy: 557-9362

Quesnel: Contact Elaine Barry. Meetings last Monday evening every other month. 992-3640

Richmond: Lulu Island AIDS/Hepatitis Network: Meetings/dinner every Monday evening. Contact Phil or Joe at 276-9228

Salmon Arm Support Group Meetings: Second Thursday of each month 7-10 PM, Salmon Arm Health Unit. NEXT MEETING: Dec. 14th. Contact Marjorie 546-2953, mharris@junction.net, www.junction.net/hepcure

Slocan Valley Support Group Meetings: Contact: Ken, 355-2732, keen@netidea.com

Smithers: Positive Living North West, 3731 1st Avenue, Upstairs, open 9-5 daily. Peer Support Drop-In 3-7 PM Thursdays. Contact Doreen or Deb, 877-0042 or 1-866-877-0042, plnw_hepc@bulkley.net or Doreen, 847-2132, aws@mail.bulkley.net

Sunshine Coast—Sechelt: First Wednesday of each month. NEXT MEETING: Dec. 6th—**Gibsons:** Last Thursday of each month. NEXT MEETING: Dec. 28th. Both meetings—Health Units, 7 PM. Contact: Kathy, 886-3211, kathy_rietze@uniserve.com

Vancouver CLF Meetings: Second Thursday of each month, 7:30 PM, Nurses Residence, VGH (12th & Heather). Next Meeting: Dec. 14th. Contact: CLF, 681-4588, or Herb, 241-7766, herbmoeller@cs.com

Vancouver Morning Support Group Meetings: Last Wednesday of each month, 10:30-12:30, BC CDC Building, 655 West 12th (Park in Cambie St. City Square Mall). NEXT MEETING: Dec. 27th. Contact: Darlene, 608-3544, djnicol@attglobal.net, or info@hepcvsg.org

Vernon HeCSC HEPLIFE Meetings: Second and fourth Wednesday of each month, 10 AM-1 PM, The People Place, 3402-27th Ave. NEXT MEETINGS: Dec. 13th and 27th. Contact: Sharon, 542-3092, sgrant@netcom.ca

Victoria HeCSC Contact: 388-4311, hepcvic@idmail.com

Victoria HepCBC Support Groups We have small support groups for men and for women. For men, contact Guy at 382-9888, kidstum@home.com; for women, contact Joan at 595-3882, or jkjng@hepcbc.org

Yukon Meetings: Third Wednesday of each month, Whitehorse. Next meeting: Nov. 15th. Contact Positivelives@hotmail.com or Heather, fromme@marshlake.net for place and time.

OTHER PROVINCES

ALBERTA:

Central Alberta CLF Hepatitis C Support Group Meetings: Last Thursday of each month, 6-8 PM, Provincial Building, Room 109, 4920 51 St., Red Deer. Enter at southeast entrance. NEXT MEETING: Dec. 28th. Contact: Shane, 309-5483, shane-hepc@hotmail.com

Edmonton, AB Hepatitis C Informal Support Group Meetings: Third Thursday of each month, 6-8 PM, 10230-111 Avenue, Conference Room "A" (basement) NEXT MEETING: Dec. 21st. Contact: Cathy Gommerud, yzcat@telusplanet.net or Jackie Neufeld, 939-3379

ATLANTIC PROVINCES:

Cape Breton Hepatitis C Society Meetings: Second Tuesday of each month. NEXT MEETING: Dec. 12th. Contact: 564-4258 (Collect calls accepted from institutions) Call toll free in Nova Scotia 1-877-727-6622

Fredericton, NB HeCSC Meetings: 7 PM Odell Park Lodge. NEXT MEETING: Contact: Sandi, 452-1982 sandik@leanstream.com

Greater Moncton, N.B. HeCSC Meetings: NEXT MEETING: Contact Debi, 1-888-461-4372 or 858-8519, monchepe@nbnet.nb.ca

Halifax Atlantic Hep C Coalition Meetings: Third Tuesday of each month, 7-9 PM, Dickson Centre, VG Hospital, Rm 5110. NEXT MEETING: Dec. 19th Contact: 420-1767 or 1-800-521-0572 or ahcc@ns.sympatico.ca

Kentville Atlantic Hep C Coalition Meetings: Second Tuesday of each month, 6:30-8 PM, Kingstec Campus, Rm 214. NEXT MEETING: Dec. 12th. Contact: 1-800-521-0572 or ahcc@ns.sympatico.ca

ONTARIO:

Durham Hepatitis C Support Group Meetings: Second Thursday of each month, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby, ON. NEXT MEETING: Dec. 14th. Contact: Smilin' Sandi, smking@home.com <http://members.home.net/smking/>, Durham Region Health Department (905) 723-8521 or 1-800-841-2729 Ext. 2170 (Ken Ng)

Hep C Niagara Falls Support Group Meetings: Last Thursday of each month, 7-9 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thurold, ON. NEXT MEETING: Dec. 28th. Contact: Rhonda, 295-4260 or hepcnf@becon.org

Hepatitis C Society of Ottawa-Carleton Meetings: Centertown Comm. Health Centre, 420 Cooper St. (Ottawa) between Bank and Kent St. One on one peer counselling Mon. afternoons. NEXT MEETING: Contact 233-9703 or ronlee@attcanada.ca

Kitchener Area Chapter Meetings: Third Wednesday of each month, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. NEXT MEETING: Dec. 20th. Contact: Carolyn, 893-9136 lollipop@golden.net

Windsor Support Group Meetings: Last Thursday of each month, 7-9 PM, 1100 University Ave. W. NEXT MEETING: Dec. 28th. Contact truds99@hotmail.com

QUEBEC:

Hepatitis C Foundation of Quebec Meetings: Dawson Community Centre, 666 Woodland Ave., Verdun. NEXT MEETING: Contact Eileen: 769-9040 or fhcq@qc.aibn.com