hepc.bull

BC's Hepatitis C News Bulletin

"Promoting HCV Wellness"

JANUARY 2001 **Issue No. 30**

HEPATITIS STRATEGY FOR BRITISH COLUMBIA

Finally!! And just when we thought that all the planning we did a few years back trying to get the government to implement a province-wide strategy for British Columbia was going nowhere—*Voila*!

The program will be implemented in stages. "The following elements comprise the initial components of a comprehensive, integrated viral hepatitis strategy for British Columbia: The hepatitis strategy will enhance:

- Prevention by expanding immunization programs for hepatitis A and hepatitis B;
- Access to care and quality of care, for those infected and affected by viral hepatitis through improved co-ordinated health services.

Prevention enhancements of $3.75 million this year include:

- A universal infant and child catch-up hepatitis B immunization program: All newborns and children living in high-risk households with hepatitis-positive people will be eligible to be immunized.
- This will prevent up to 100 cases of hepatitis B infection each year in infants and young children.
- Expansion of the current hepatitis A vaccination program targeting the following groups: persons infected with hepatitis C; injection drug users (IDU); and, men who have sex with men (MSM). The expanded program will protect these people who are at increased risk from hepatitis A infection.

Access to care and quality of care increases of $1.25 million this year include:

- Creation of a Hepatitis Secretariat to coordinate hepatitis information and services in order to improve hepatitis care and outcomes; and,
- Enhanced laboratory testing to determine eligibility for treatment and monitor outcomes to drug therapy. Better surveillance will help identify new cases, their geo-

(Continued on page 7)

SCHERING APPLIES TO FDA TO UNBUNDLE REBETRON

By Alan Franciscus, Editor, HCV Advocate

In a long awaited move by community activists, Schering has applied for a supplemental NDA to market Rebetrol (ribavirin) separately for use in combination therapy for hepatitis C.

On December 14, 2000, Schering-Plough Corporation announced that it submitted a supplemental New Drug Application to the U.S. Food and Drug Administration (FDA) in November 2000 seeking approval to market Rebetol (ribavirin) capsules separately for use in combination with Intron A.

The unbundling has been a hot issue since the FDA approved the bundling of Rebetron (Intron A and Rebetol [ribavirin]) in 1998 for the treatment of chronic hepatitis C. It angered the HCV community for a couple of reasons—it limited the ability of doctors to dose adjust ribavirin and prohibited the use of ribavirin with different brands of interferon, mainly Amgen's Infergen and Roche's Roferon. Price of the bundled product was another big bone of contention with the community because the bundled product costs $18,000 a year.

Subsequently, the community led by Brian Klein of Hepatitis Action and Advocacy Coalition (HAAC) fought with Schering and the FDA to unbundle Rebetron and lower the cost. As a result of community actions, the FDA issued a statement that they would look favorably on Schering to submit an application to unbundle. However, even after pressure from the FDA, HCV community and some doctors, Schering refused to unbundle or lower the price. This resulted in a complete breakdown of communication between Schering and the HCV community and a mistrust of each other, which exists to this day.

However, HAAC and the community did accomplish what the FDA couldn't. They were able to raise the level of awareness, which led a compounding pharmacy, Fisher's Pharmacy, to step in and prescribe ribavirin separately and at about a fifth of the cost for ribavirin in Rebetron.

According to a company spokesperson,

(Continued on page 7)

MARK YOUR CALENDARS: UPCOMING WORKSHOPS

HCV Advocacy Seminar

Kelowna, Jan 18, 2000—9am-1pm, Kelowna General Hospital, 2nd Floor Conference Room. Free admission—1pm-4pm, Okanagan Grand Hotel & Resort Conference Centre. Free admission, pre-registration required

HepCBC, in conjunction with HepCURE, the Legal Services Society & ARC, is holding another HCV Advocacy Seminar. There will be two major areas of focus:

- Community Access to Advocates and Disability Resources—9am-1pm
- Tools Building and Networking for HCV Advocates, Assessors, Social-& Community Support Workers—1pm-4pm

Speakers List

Marjorie Harris, *President of Hepatitis C United Resource Exchange (HepCure)*
Merv McLeod, *HIPPO Coordinator*
Daryle Roberts, *Executive Director, ARC*
Steve Watson, *BCCPD Advocate*
Colleen Harris, *Nutritionist, KGH*
Chris Charbonneau *Poverty Lawyer, Legal Services Society (Kelowna Branch)*

For more information, and to pre-register, call Merv at 1-800-616-2437, or Marjorie at 1-250-546-2953

Living Well with HCV: An Interactive Community Forum

Victoria, Feb 16, 2000, 12:30-4:30, Royal Jubilee Hospital, Begbie Bldg, Woodward Room

Alan Franciscus, editor, *HCV Advocate*, and well-known HCV spokesperson, and **Dr. Chris Fraser**, from the Swift Street Clinic, will be facilitating this conference. Some of the topics for discussion will be:

- Treatment options
- Self-care
- Monitoring disease progression
- Co-infection with HIV and/or HBV
- Community support resources

More details in the next issue of the bull.
Sponsored by HepCBC, VPWAS & AVI

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."

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 Misses Inka Foster and Danielle Creally 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/albertahepatitissingles

Got HepC?... Single?
...Visit
http://clubs.yahoo.com/clubs/ontariohepcsingles
We can't fix the Hep.. but we can help make sure you're not alone..
Drop by and say hello ...

SQUEEKY'S CORNER

IS IT OR ISN'T IT? DOES YOUR DOCTOR KNOW FOR SURE?

by C.D. Mazoff, PhD

This last summer I was invited to give a talk to a gathering in Nelson, sponsored by ANKORS. In the audience were 2 physicians and several nurses. I opened with the following sentence. "I'm not here to cause an argument, and I don't want anyone to get upset. I'm also not a medical doctor, but in my opinion, hepatitis C is NOT a liver disease; it causes liver disease among other things. To my relief, nobody laughed, and nobody left.

This fall I had a chance to repeat myself at the Washington Hepatitis C Summit in Seattle Washington. This time I put the question to Dr. Robert L. Carithers, Director of Hepatology at the University of Washington. His response was "yes, calling hepatitis C a liver disease was more due to lazy infectious disease specialists than aggressive hepatologists."

Last week, most support groups received a package from Health Canada containing the latest literature on hepatitis C from the Canadian Liver Foundation. The first thing that catches your eye? Hepatitis C is a liver disease.

If hepatitis C is NOT a liver disease, why is it called a liver disease? And what does this have to do with you and me anyways? Isn't it just a technicality? A semantic quibble? No.

How many times have we heard the story of someone who, not feeling well, goes to the doctor and is told a version of the following: "Oh, well, you have hepatitis C, but not to worry. It's the best kind to have. And as to your symptoms, well, they must be in your head because your liver isn't scarred enough to be causing them. Here, take these antidepressants and go home." But doctor," you protest, "I'm so tired and achy, it can't be in my head. I'm losing my job. I can't concentrate. I think I might need to apply for disability. Could you write me a letter?"

So, the doctor writes a letter that goes something like this: patient is slightly narcissistic and perhaps undergoing personal problems. The illness is not serious, and most likely temporary. I have prescribed an anti-depressant.

HOW IT WORKS:

When a liver becomes heavily scarred, no matter what the cause, it can no longer do its job of converting food into energy and of cleaning up after itself. It gets sloppy and leaves by-products in your system, some of which act like poisons. These "toxins" can be measured through blood tests. A person with this condition—end stage liver disease—will need to take special medicines to try to help compensate for the liver dysfunction, hence, the term "de-compensated" cirrhosis.

Those who hold that hepatitis C is a liver disease will only acknowledge "symptoms" at the point of decompensation. Up until then, anything you experience is caused by something else, not the hepatitis C, so they believe.

Those who hold that hepatitis C is a systemic disorder see the situation rather differently. They see a system under attack by a virus that multiplies very, very quickly, producing viral loads much higher than in HIV. They see an overworked and confused immune system trying to cope with a virus that mutates rapidly to avoid detection. They see a virus that directly inflames muscle, nerve, joint and heart tissue; that triggers all sorts of immune irregularities.

Is it any wonder, then, that many persons with hepatitis C not undergoing treatment nevertheless experience symptoms similar to those on Interferon: sweats, aches, blurred vision, dry mouth, fever, memory loss, confusion, irritability, and so on. Surely all of these people cannot be making it up, so what then is causing all of this? Answer: a body under attack from a virus—not loss of synthetic liver function.

There are several studies showing that symptoms reported by hepatitis C sufferers often bear no correlation to enzyme levels, stage of scarring or liver dysfunction. Puzzled researchers have come up with various theories to explain the aches and the "fatigue."

1. Fatigue is caused by metabolic dysfunction.
2. Fatigue is caused by a blunting of the stress response.
3. Fatigue is caused by altered transmission of nerve impulses in serotonin pathways.
4. Muscle aches are caused by direct activity of virus on muscle tissue.
5. Confusion and memory problems are caused by the virus hiding in the brain.
6. Tiredness and achiness are caused by heightened immune reaction (cytokines).

In many cases, the above symptoms may also be caused by what are called "extrahepatic" illnesses that have been triggered by the hepatitis C virus and your body's response to it; but there are specific tests for these other conditions, and should you develop one, if your doctor is thorough, he or she should find it.

But what if they don't? Does that mean you're making it up? Sad to say, many doctors around the world still perceive hepatitis C as a slowly moving, non-life threatening, and non-disabling liver disease for the majority of those who have it. And as long as this perspective obtains, it's not going to be easy for you. Some physicians and researchers understand the seriousness of the illness and the effects the viral activity has on many of us, but they are in a minority.

Many hepatitis C groups take an active position with respect to education and advocacy. HepCBC is one; the Hepatitis C Support project in San Francisco and HEP in Seattle are others. Fighting for your rights and educating physicians when you're ill is not fun, but if we don't do it, who will? I encourage you to find a local active support group and to help change the way we are treated, if not for yourself, then for someone you love.

Bibliographical references can be found in *The Advocate's Guide to Hepatitis C: A Handbook of Symptoms and Their Causes*. HepCBC—Hepatitis C Education and Prevention Society, 2000, Victoria, BC. http://www.hepcbc.org/Advocates%20Guide.pdf

TIP OF THE MONTH

If you take a multivitamin, make sure there is no iron in it.

JOURNAL SCAN

by C.D. Mazoff, PhD

FROM AMERICAN JOURNAL OF GASTROENTEROLOGY, OCT 2000, VOL 95, ISSUE 10.

To Peg or Not to Peg. Is It a Question? This month's issue of *AJG* has four articles of note. The first, by Shiffman et al. (pp 2928 ff), compares combo to mono interferon therapy—yet again. Unlike previous studies which have touted the benefits of re-treatment, this one concludes that **retreatment with Rebetron is probably not worth it**, particularly if you are Black or have genotype 1. Of course, the study was funded by Schering, who, now that they have a new product out (peginterferon), may have decided to sing a new tune. Who knows? After all it's Christmas.

Hepatitis B Superinfection: The second study (pp 2978 ff) investigates the **impact acute hepatitis B infection** has on chronic hepatitis C (CHC). This very interesting case study investigates why one patient with HBV superinfection cleared HCV, while the other died of hepatic failure. The researchers conclude that the effect of HBV superinfection on those with CHC is similar to superinfection with HAV. Both carry high risk of fulminant hepatitis and death. At the same time, the authors conclude that HBV superinfection may interfere with or suppress HCV replication, at least transiently. Of note is the fact that the reverse is also true: in cases of acute HCV superinfection in persons with chronic HBV, the HCV tends to take over. Let's hope there are no more Dr. Mengele's out there.

Thyroid: That interferon triggers **thyroid disease** is well-documented. This third study (p 2995-6) investigates the effect of Rebetron on **hyperthyroidism**. The doctors ask if there is a way to treat hyperthyroidism in patients who seem to be responding to treatment for HCV, rather than stopping treatment altogther. They conclude that, unless there is evidence of Grave's disease, temporary dose-reduction of interferon and administration of replacement therapy in responders seems to be worthwhile.

Detection of Liver Cancer: The final study focuses on **detection of HCC** in patients with CHC (2996-8). The authors mention that because of better treatment in the West, patients with cirrhosis live longer and thus are at increased risk of developing hepatocellular carcinomas, while immigrants from less developed countries have higher risks because of ineffective monitoring and treatment in their countries of origin. Be that as it may, the authors claim that current methods for screening HCC are ineffective, and often miss tumours. They recommend using Colour Doppler sonography rather than ultrasound.

FROM JOURNAL OF GASTROENTEROLOGY AND HEPATOLOGY, VOL 15, SUPPLEMENT, OCT 2000, ABSTRACTS FOR GASTROENTEROLOGY WEEK 2000.

Death from Variceal Bleeds: A study undertaken in the Department of Gastroenterology in Newcastle, Australia, concludes that, "the usual generalization that a first variceal haemorrhage causes a mortality rate of 30% is exaggerated" (J6). The doctors claim that increased survival rates are due to better treatments and earlier use of endoscopes.

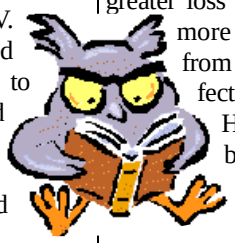
How to Run a Proper HCV Clinic: I've really got to hand it to those people from down under. Maybe being upside down all the time really helps. Who knows? But just read this and then get your passport: "Within our clinics we have become more aware of side effects such as mood swings, depression, anxiety, aggression and weight loss. This has seen the establishment of weekly meetings with the psychiatry team, a referral system to social work and dietetics, producing a support network for patients prior to, during and after treatment as well as additional support to clinical staff. The introduction of a gastroenterology pharmacist, herbal medicine clinic… etc." (J15). And, yes, you can pinch me, I'm not dreaming!

Fibrosis Progression: For the nth time: IF YOU DRINK, DON'T. Other factors are: age at infection, age at biopsy, and duration of infection (J36).

Children and HCV: A study out of Melbourne, Australia concludes that, "HCV infection acquired in infancy is largely asymptomatic in childhood, and that viral clearance occurs in about 30% of the children whether they got HCV at birth or just after birth through a transfusion. They did note, however, that children born with HCV do tend to have higher ALTs (J67).

Neuropsychological Side Effects of IFN: The Australian Federal government—unlike others we know—has been doing its job. Recognizing that fatigue, lethargy, tiredness and neuropsychological/neuropsychiatric side effects are real, they have issued the following recommendation: " All HCV patients on IFNα should be carefully monitored whilst on therapy and should have access to support services" (J68).

Steatosis and Fibrosis in CHC: Steatosis is often found in persons with HCV. And steatosis contributes to accelerated fibrosis. Other factors contributing to increased fibrosis are: high blood sugar and iron levels (J79).



Quality of Life in CHC: Again, maybe it's dodging all those roos and snakes that keeps the Aussies on their toes, but whatever it is, hooray. In this study, the researchers listened to the subjects instead of the clinicians, and this is what they reported They noticed 2 recurrent themes: *Predictable Truths*—fatigue, nausea, dietary fat intolerance, itch, stomach pain, depression, inability to concentrate and mental fatigue; and *Uncertainties*—worrying about your next hep C "attacks" (intense bouts of fatigue, etc., which lasted sometimes for days); worrying about transmission to loved ones; worrying about disclosure to family and co-workers. They conclude that the above must be taken into account for any real quality of life study to succeed (J82).

FROM THE NEW ENGLAND JOURNAL OF MEDICINE VOL 343, DEC 7, 2000, NUMBER 23.

There were two major articles and an editorial on hepatitis C in this issue, all focussing on treatment with **Peginterferon Alfa-2a**. After reading them all several times, I'm not sure there's anything to celebrate.

In the editorial, "Conquering Hepatitis C, Step by Step," Drs. Schafer and Sorrell question the overall efficacy of the treatment. They note that side effects are equally as intolerable as in Rebetron therapy, and that clinical results will not be as impressive as the trials because a) the trials did not contain the same proportion of persons with genotype 1, which is more resistant to interferon—pegylated or not—and b) because Black patients were underrepresented in these trials, and Blacks have a lower response to IFN therapy than do other racial groups. Their conclusions seem to be that there is little or no difference between overall response rates from peginterferon therapy and combination therapy.

A close look at the articles themselves reveals some other interesting items. Regarding **side effects**, the study by Zeuzem, Feinman et al., noted significant reductions in depression, cramping, hot flashes, hair loss, nausea and headaches for those taking peginterferon compared to interferon. But there was an increase in impaired concentration, inflammation at injection site and dizziness

The study by Heathcote and Shiffman focused on **cirrhotics**. This study showed increased cough, depression and diarrhoea, greater loss of appetite, increased itching and more dermatological complications from the peginterferon. Other side effects remained largely the same. However, no patients discontinued because of neutropenia, while 2 patients had to discontinue because of thrombocytopenia.

HIV / HCV Co-Infection Information Packet

The following excerpt is from the HCV Advocate in San Francisco: www.hcvadvocate.com

HIV and HCV share many characteristics. Both are viruses and both have similar transmission routes. HIV left untreated can lead to serious complications that can lead to death. HCV is a slowly progressive disease that may take decades before serious damage occurs. In fact, many people with HCV will not have serious complications and will most likely die of causes unrelated to HCV. Treatment for HCV works for some individuals and the word 'cure' is being tossed around for a subset of patients. Future treatments hold even greater promise. However, up to 20% of people infected with HCV have serious consequences that could lead to death.

The introduction of combination antiretroviral therapy has greatly improved and extended the life for many HIV + individuals in the western world. When combination antiretroviral therapy began, many doctors noticed dramatic liver enzyme increases and started testing for HCV. HIV medications can be hard on the liver and some have the potential to be liver toxic. Most people with HCV can tolerate HIV medications as long as they are followed closely for potential liver toxicity. Dose reductions and change in medications may be needed, but most people can be successfully treated.

Diagnosis. Identifying coinfected individuals from a HCV antibody test can be difficult if HIV has severely compromised the immune system. However, more than 97% of patients with HCV and HIV have developed antibody to HCV; thus, HCV RNA viral load test is rarely required to make the diagnosis. The HCV viral load test may be used to completely rule out the possibility of HCV infection in high risk groups. Many doctors recommend testing HIV positive individuals for HCV with both the ELISA II antibody

Treating HIV in the HCV positive individual

It is generally recommended that HIV be under control or treated first before treating HCV. The good news is that HIV can be successfully treated in people co-infected with HIV and HCV. However, since liver toxicities can occur, both an HIV specialist and a liver/HCV specialist should follow coinfected people together.

Drugs that have been associated with some degree of liver toxicity include:

Nucleoside Reverse Transcriptase Inhibitors (NRTIs). AZT (Retrovir) has been found to produce some liver toxicity, especially at high doses; people taking it should be monitored. Other NRTI'S such as ddI (Videx), d4T(Zerit), ddC (Hivid), and abacavir (Ziagen) have the potential to be liver toxic and should also need to be monitored during treatment for liver toxicity.

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs). Nevirapine (Viramune) can produce drug-induced liver abnormalities, including hepatitis, in 8% - 28% of patients. Some individuals using efavirenz (Sustiva) have developed elevated liver enzymes.

Protease Inhibitors (PIs). HIV PIs are generally the hardest on the liver and merit the closest attention. However, the majority of these medications can be well tolerated. Ritonavir (Norvir) seems to produce the majority of liver related toxicity. Indinavir (Crixivan) has also been associated with liver toxicity. Dose reductions or discontinuance may be necessary with these medications. Saquinavir (Fortovase) is much less toxic but the combination of saquinavir and ritonavir increases the potential for liver damage. Severe liver toxicity with nelfinavir (Viracept) is rare. Potential for liver toxicity with amprenavir (Agenerease) is not well-established, but people with impaired liver function may require lower doses of amprenavir. The newest PI, Kaletra, combines lopinavir with ritonavir, and is known to elevate liver enzymes. Since PI's are increasingly given with small doses of ritonavir, liver function needs to be frequently monitored.

The potential for HIV medications to produce liver damage is very real. HIV medications may increase liver enzyme levels and HCV viral load, but they will usually stabilize over time.

HIV medications do not seem to have a direct effect on HCV. However, some experts believe that when HIV is under control, HCV disease progression is slowed.

Treating HCV in the HIV Positive Individual

People with HIV who have been diagnosed with HCV should be evaluated and considered for HCV treatment. The same treatment guidelines for treating HCV can generally be applied to HIV infected individuals. However, HIV positive individuals with CD4 counts of less than 200, or a concurrent opportunistic illness, are not considered good candidates for HCV treatment, until the CD4 count goes up and/or the opportunistic illness is treated.

Studies have shown that HIV positive individuals with HCV will have similar response rates to HCV treatment as HCV positive individuals without HIV. Patients should be monitored closely for possible side effects associated with interferon and ribavirin.

To learn more about HCV medications and their side effects, please see Treatment Options in the Hepatitis C (HCV) Information Packet.

Support groups for coinfected individuals are highly recommended due to the emotional complexities of living with these two life-threatening diseases. Additionally, support groups can be a good resource for information sharing since there is so much misinformation regarding these two diseases.

Conclusion

It is clear that HIV/HCV coinfection is becoming a large public health problem in this country. Recent research has shown that both HIV and HCV can be successfully treated. However, we have a long way to go before we truly understand these diseases and how they interact with each other. Clearly, more research and doctor /patient education is required.

This information is provided by the Hepatitis C Support Project. Reprint permission is granted and encouraged with credit to the Hepatitis C Support Project.

"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

HEINZ BEANS & SOME SOUPS RECALLED

Beware of Heinz Beans in Tomato Sauce with UPC 057000007034 on the product's bright green label and an eight digit code on one end of the can, starting with 2420. There is a risk of botulism, although no one has been reported getting sick yet.

Several kinds of soups made by Les Produits Freddy Inc. have also been recalled because they were under processed. The soups have been distributed nationally. If you have any of these products, check back with us for the UPC codes. They can be returned to the store for a full refund.

Source: WebPosted Thu Nov 23 2000

METRONIDAZOLE

These authors reported a case metronidazole accumulation in the brain of a Hep C patient with cirrhosis. The 34 year old man was being treated for meningitis and bacteremia. This was the second case of of metronidazole-induced MRI changes in a patient with liver dysfunction.

Source: Horlen CK, et al, Ann Pharmacother 2000 Nov;34(11):1273-5 Toxic metronidazole-induced MRI changes

ST JOHN'S WORT AFTER TX

Many drugs can interact with cyclosporin, which is given to patients after transplant to prevent rejection episodes. A 63 year old liver recipient developed sudden severe rejection 14 months after transplantation, due to a drop in cyclosporin levels. He had begun taking St John's wort 2 weeks earlier. His levels dropped to normal when he stopped taking the herb (Hypericum perforatum--2 x 900 mg/day).

Source: Karliova M, et al, J Hepatol 2000 Nov;33 (5):853-5, Interaction of Hypericum perforatum (St. John's wort) with cyclosporin A metabolism in a patient after liver transplantation.

BIOPSIES FOR ALL HEP C PATIENTS

This author, citing a study done on 35 Hep C + patients with elevated ALTs, compared to 35 Hep C+ patients with normal ALT levels, recommends liver biopsy for all Hep C patients. Although there was generally more damage in patients with elevated ALTs, 20% of the patients with normal ALTs had liver damage. When prescribing medication for patients with Hep C, doctors should consider the state of the liver in their pretreatment evaluations.

Source: JP Callen, Journal Watch Dermatology 24 October 2000 Normal Liver Enzymes Do Not Exclude Important Abnormalities on Liver Biopsy in Patients with Hepatitis C

REPORT FROM THE NORTH WEST

By Doreen Stalker, North West Regional Advisor, HepCBC

We have been very busy at Positive Living North West, getting things going for "The Hepatitis C Project" which is "The North West Regional Hepatitis C Community-Based Support Project." This is a 3-year project funded by Health Canada. It will help our communities in the North West to:

1. Strengthen their response to hepatitis C
2. Support people who have hepatitis C, and their families and friends.
3. Help stop the spread of hepatitis C.

The project coordinator is Deb Schmitz and the Hep C peer support person is I, Doreen Stalker.

Deb and Nancy (our health nurse) started the tour of the North West by going to Prince Rupert, Terrace, Kitimat, Hazelton and Houston. I would have loved to go but during that time I had commitments in Vancouver. They had community meetings where they came together to:

- Identify concerns, resources, strengths
- Support the needs of people with hepatitis C
- Begin planning the setting up of a group called a Community Working Committee in each community.

It is a start, and there are more communities that we will visit. These, I will try to get to.

I talked to an "early parenting" group on hepatitis C. They seemed quite interested and asked lots of questions. Deb arranged for several of us to talk to the radio station and they have been running short clips of our comments for the past few weeks. There were comments by people infected and affected by Hep C and HIV/AIDS. I also made up some bulletin boards to put up at the post office for the month of November. We all have to go to pick up our mail and so I am sure it was well read. Lots of positive comments followed.

Deb made up some peer support pamphlets urging people infected or affected with Hep C to come out to Positive Living to get information or just to chat. I am there every Thursday from 3pm to 7pm. Drop in and spend some time. Family and friends are very welcome. I have been busy putting the pamphlets up all over town. I hope we get some responses as I think it is very important that we talk to someone who has the same problems, fears, hopes and experiences.

Deb and I went to Hazelton last Friday for the World AIDS Day. The group had a walk and then joined the group for coffee and muffins and listened to a few people talk. We sat in on the circle of prayer. It was very moving to listen to some of the people's thoughts.

On Monday, November 11, I get interviewed by "Skeena Journal TV." I hope I don't blow it. I think it will be mainly about myself as a person with Hep C. As I said it has been a busy past month for me but I enjoy it.

Loads of Love, Doreen Stalker,
North West Regional Advisor, HepCBC

CARE AND COMPASSION

REVIEW OF THE SPIRITUALITY & HEALTH CARE CONFERENCE IN VICTORIA.

By C.D. Mazoff, PhD, Dip Th., Executive Director, HepCBC

On November 24th, 2000, Alex Olson, one of our board members, and I attended a Spirituality and Health Care conference in Victoria, sponsored by the International Christian Medical Institute.

I must say that I did have my reservations, but they were dispelled almost immediately. It was a thoroughly enjoyable experience, and I'm glad I participated.

The conference was very well attended, and included speakers from all avenues of professional health care: physicians, occupational therapists, nurses, psychologists, and so forth. As far as I know, Alex and I were the only representatives from a "client group."

The conference focussed on how we can humanize a health care system that puts profit before people. It addressed issues focussing on the true meaning of "care," and how best to express it in a system that discourages holistic/wholistic approaches to medicine.

There were moving stories from doctors and frontline nurses about how important it was to have a spiritual approach to care. The issue of vocation, or "calling," also came up, and how this concept has almost disappeared in today's materialistic world.

There were discussions about therapeutic touch, prayer, Reiki, as well as strategies to somehow put "care" back into health care. There was also a review of literature that demonstrated a direct link between spiritual practice and improved health outcomes.

I don't know how successful, ultimately, the project will be, but I do know this: a roomful of nurses and doctors talking about how they can treat us with more respect, how they can learn to really listen to us, is really encouraging.

(Unbundling—Continued from page 1)

Schering did not unbundle Rebetron due to safety concerns of use with another interferons. Additionally, Schering was worried that doctors would prescribe ribavirin without interferon.

Ribavirin used by itself is not effective against HCV. Now, Schering maintains that data from Europe where interferon and ribavirin are sold separately has dispelled their fears. Ribavirin has not been used as a monotherapy and the use of ribavirin with other interferons has not presented any medical problems.

Recently, it has been widely speculated that Schering would unbundle because of the favorable results of its clinical data on their pegylated interferon (Peg-Intron) and Rebetol (ribavirin) presented at the 2000 AASLD conference. This trial reported a 54% sustained response rate for all genotypes and that ribavirin was more effective if dosed by body weight.

"Make no mistake, this has nothing to do with any concession to the community," states Brian Klein of HAAC." It has everything to do with what they think will help them sell their drug." There is speculation that Peg-Intron (Schering) is less effective than Pegasys (Roche) and Klein believes this might be driving the request for unbundling Rebetron.

Unfortunately, there have not been any head to head clinical trials to answer this question. The other big question is how much ribavirin will cost if sold separately. "We will have to wait and see if they lower the exorbitant cost of their ribavirin," says Klein.

FDA approval of pegylated interferon is expected soon. Recent clinical data has shown that the combination of pegylated interferon and ribavirin is superior to regular interferon and ribavirin. The potential of unbundling is very good news for patients and will allow doctors to individualize treatment dose and treatment choice. Two pegylated interferons are pending FDA approval - Peg-Intron (Schering) and Pegasys (Roche).

GET WELL

Get well wishes to **Dennis Hutchinson** from ANKORS, who recently suffered a heart attack, **Kathy Lambert** who is in hospital, and **Ron Thiel** who broke a rib. Also: **Doug Cornwall**, who desperately needs a transplant, is in intensive care. He is in our thoughts and prayers.

COMPASSION SOCIETY BUSTED

Hep C sufferer Phillipe Lucas, went to the Oak Bay police to report a theft, and ended up having his society raided. He is the director of the Vancouver Island Compassion Society. What was stolen were $400 cash, a pound and a half of marijuana, and 30 cannabis cookies. The non-profit organization, active for just over a year, buys marijuana for its members to be used for medicinal uses. They have about 130 members. Police have recommended charges of possession for the purpose of trafficking and trafficking under the controlled substances act. Recently, Health Canada started providing section 56 exemptions for people to grow and possess marijuana for medical uses, and is reviewing a contract for Canada's first legal marijuana farm, but police say there is no legal source of marijuana or marijuana seeds. The stolen goods were recovered, but not returned to the owners.

HCV IN CANADIAN PRISONS

Source: Hamilton Spectator (Thursday November 16, 2000) HIV soars in prison inmates

A Correctional Service of Canada (CSC) report on infectious diseases says an estimated one-third of federal inmates are infected with hepatitis C—a rate 50 times higher than in the general population. Needle sharing for IV drugs is thought to be the chief cause of the soaring prison numbers. A Corrections spokesperson said around 70 per cent of prisoners have drug-related problems when they enter the system. Those inmates who come into the prison already infected share needles and spread the disease. Homemade tattoos are also a source of infection. Inmates are eventually released into society, where they can spread the disease to anyone in contact with their blood. Those infected become a burden on the health-care system and taxpayers. Programs in prisons including bleach kits for cleaning needles, a methadone program and easier access to condoms are being used, but a needle exchange program has not been set up. Bleach does not always kill HCV. The number of inmates receiving treatment for hepatitis C is only around 2 per cent of those infected.

(BC Strategy—Continued from page 1)

graphic distribution and information that can be used to improve prevention programs. Improved laboratory testing and better integration of data between organizations will improve the quality and efficiency of surveillance and of care."

For more information call the Ministry of Health's Toll Free Health Information Line: 1 - 800 - 465 - 4911.

Source: http://www.bchealthaction.org/hepatitis.html

OUR COVER GIRL: SHARON SINGH

Sharon Singh finally got her liver transplant last month (December). If you recall, Sharon, a victim of tainted blood, was turned away on Halloween because of a lack of beds. A fund has been set up to help her and her family deal with the high costs of medicine, and with home care since her husband is legally blind.

Source: CKNW/AM980

FREDDY FENDER SEEKS TX

Freddy Fender, age 63, has joined the ranks of famous Hep C sufferers. He is also being evaluated for a transplant. Fender's hits include "Wasted Days and Wasted Nights" and "Before the Next Teardrop Falls." He is getting dialysis for kidney complications resulting from his liver problem.

Source: Victoria Times Colonist, 11/21/2000, LIVER TRANSPLANT: Freddy Fender may need one

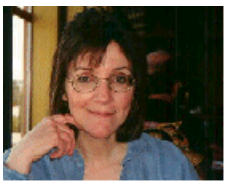
NEW VANCOUVER DRUG POLICY

The new drug policy in Vancouver calls for safe-injection sites which would provide free heroin for hard-core addicts. It also will deal with drug courts, special treatment beds for young people, testing of street drugs to prevent overdoses, and increased police action against upper-level drug dealers. The policy hopes to respond to the high rates of HIV and hepatitis C infections in Vancouver.

Source: Bula, Frances, Ottawa Citizen (www.ottawacitizen.com) 11/21/00, "Vancouver Attacks 'Hard Drugs Crisis'" P. A3

HAPPY NEW YEAR TO ALL OF OUR MEMBERS

As you've probably all guessed by now, David Mazoff, aka "squeeky" has put together this issue. That's because Joan is quite busy preparing to have her family over for Christmas, teaching students, and playing in the symphony with Santa Claus. So, while she plans and bakes and generally fiddles around on me, it's left to me to update everyone on what's been happening.



This year has seen great growth for HepCBC. Membership continues to grow daily, and we have accomplished more than we originally imagined.

There are currently 17 Organizations that have taken out Associate Membership in HepCBC These are:

1. ANKORS in Nelson, reaching out to the Kootenays.
2. ARC in Kelowna, reaching out to the Okanagan.
3. Trail Support Group.
4. Coast Garibaldi Health, reaching out to the Sunshine Coast.
5. Northern Interior Health, in Prince George.
6. Victoria Persons With AIDS, reaching out to the co-infected.
7. New Westminster Support Group
8. Mission Support Group
9. Comox Valley Community Health.
10. Victoria AIDS Respite Care Society.
11. HepCURE.
12. Princeton Support Group.
13. Positive Lives North West, reaching out to Smithers, Terrace, Queen Charlotte Islands.
14. Hepatitis C Foundation of Quebec.
15. HepMAN, in Winnipeg.
16. Positive Lives, in Whitehorse, reaching out to the Yukon.
17. HepTalk in Chilliwack.

If you are not listed and want to be drop us a note.

Our Mandate:

The purposes of HepCBC are:
a) To provide education and support to people infected with HCV, their families and physicians.
b) To further research into HCV.
c) To advocate for the rights of those infected with hepatitis C.
d) To facilitate fundraising for activities related to hepatitis C education, research and advocacy.

In keeping with the above, we have accomplished the following in the past year:

- HepCBC now has the copyright for Peppermint Patti's FAQ and has updated it to Version 4. It is currently being translated into French by the Hepatitis C Foundation of Quebec, and into Spanish.
- We have sponsored several advocacy workshops to help our members with disability issues.
- We produce an Advocate's Guide to symptoms and their causes
- We have invited the class action lawyers to come and speak, so that those members seeking compensation might be better served.
- We have partnered with Veritas Medicine to bring our members better access to clincal trials.
- We have again managed to put ads up on the buses in Victoria, urging universal testing.
- We have established an excellent treatment library, providing free online access, videos, books and journals.
- We have continued to improve the quality of the *hepc.bull*, seeking always to provide honest coverage of the issues.
- We continue to speak out in the media for our community rights.
- We maintain the HepCAN list, an online, cross-Canada, information and support network
- We have partnered with many organizations in our attempts to get you, our members, the services and treatment that you require.

All "staff" at HepCBC are volunteers, and we receive no salary. Every penny donated to HepCBC goes into production of educational materials, or is put back into the community in other ways. If you would like to volunteer, please drop us a line.

We wish you all the happiest and healthiest New Year you can have, and we promise to be there for you all in any way that we can to help make the journey a bit easier.

Dr. C.D. Mazoff, PhD
Executive Director,
HepCBC

Photos—Top: Frank & Arlene Darlington; 1st Row: Alex Olson, Fatima Jones, Mike Aldridge, Joyce Wallace, CD Mazoff; 2nd Row: Gordon Mastine, Joan and squeeky, Dave Hillman; 3rd Row: Marjorie Harris, Ron Thiel and Joey Hache, Kate Rhodes.

Letter from the BC Minister of Health, to Bradley Kane

Brad Kane is the moderator of the HepCan list, and coordinator of the Princeton Support Group. Brad has been quite active on many fronts. Recently he has been pushing the government to make pneumonia vaccines available for those with hepatitis C. We are certain that Brad's efforts helped persuade the government to do the right thing. Here is the letter that Brad recently received and which he forwarded to us to print.

Bradley Kane
Box 1988
Princeton BC V0X 1W0
Email *citizenk@nethop.net*

Dear Bradley Kane

The Honourable Corky Evans, Minister of Health and Minister Responsible for Seniors, has asked me to respond to your email of November 29, 2000, regarding funding for a provincial Pneumococcal Immunization Program for at-risk persons aged 2 to 64 years.

I am pleased to advise that funding has been approved. This Program will be implemented starting January 2001. The catch-up component of this Program, whereby current at-risk persons are immunized, is expected to take up to two years.

Pneumococcal immunization will be undertaken by physicians and public health nurses across the province throughout the year. There will be no "left over" pneumococcal vaccine from this province-wide Program. Several health authorities in British Columbia have been considering undertaking special initiatives this fall to offer pneumococcal vaccine to at-risk persons.

Therefore, in regard to your request that any unused pneumococcal vaccine from such initiatives be directed to persons with hepatitis C, I would direct you to your local public health unit, who are better able to discuss specific local circumstances.

Thank you for your continued interest and support of pneumococcal immunization.

Complementary/Alternative Medicine and Hepatitis C

Treatment of Hepatitis C Special Situations, Steven K. Herrine, MD

Background

Few areas of healthcare carry more emotional baggage than "complementary and alternative medicine (CAM)." A quick review of the vociferous entries to the Medscape forum on the subject will confirm the heated debate that accompanies the topic. Those conditions that are least effectively treated by allopathic methods are most likely to attract patients to CAM. Examples include chronic inflammatory conditions, chronic fatigue syndrome, HIV, and, of most interest here, chronic viral hepatitis, especially hepatitis C. The medical literature has shown a recent change from descriptions of CAM use and case series to a call for controlled studies and understanding of the pharmacology of these compounds.

CAM

Compared with last year's meeting, there were scant data presented this year on the use of CAM in hepatitis C, but several interesting reports were noted.

Sho-saiko-to, also known as minor bupleurum combination, xiao chai hu tang, and TJ-9, is a mix of herbs including bupleurum, scutellaria, pinellia, ginseng, jujube, glycyrrhiza, and ginger. Previous studies have shown that 2 alkaloids extracted from sho-saiko-to, baicalcin and bacalein, inhibit lipid peroxidation, but the compound has come under recent scrutiny as a hepatic antifibrogenic agent.

Hironaka and colleagues reported at this year's meeting of the American Association for the Study of Liver Diseases that TJ-9, when cultured with hepatic stellate cells, tips the balance of the system in the direction of fibrinolysis over that of fibrogenesis. A second group from Japan reported that proliferation of hepatic stellate cells was inhibited in a similar cell system. As acceptance of "alternative" approaches to medical care increases, we are sure to see further such well-designed trials elucidating the mechanism of action and possible clinical application of these substances. A "Meet the Professor" luncheon discussion on CAM and liver disease that took place as part of the annual postgraduate course was hosted by Dr. Doris Strader and Dr. Douglas LaBreque. This session focused on review of the current literature, with particular attention on the growing problem of possible interactions between botanical preparations and allopathic antiviral drugs.

Source GASTROENTEROLOGY CONFERENCE SUMMARIES - AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES 51ST ANNUAL MEETING http//www.medscape.com/conferences/AASLD2000

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: Jan.. 8th and 22nd. Contact: HepTalk@fraservalleydir.every1.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: Jan. 16th. 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: Jan. 2nd and 16th. Contact: 426-5277, hepc@cyberling.bc.ca

Creston / Golden / Invermere 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

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

Kelowna HeCSC Meetings: First Saturday of each month, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital. NEXT MEETING: Jan. 6th. Contact: Doreen, 769-6809 or eriseley@bcinternet.com

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

Kootenay Boundary Meetings: Second and fourth Tuesday of each month, 7 PM, 1159 Pine Ave, Trail. NEXT MEETING: Jan. 9th and 23rd. Contact: Brian, 368-1141, k-9@direct.ca.

Mid Island Hepatitis C Society Meetings: Second Thursday of each month, 7 PM, Central Vancouver Island Health Centre, 1665 Grant Street, Nanaimo. NEXT MEETING: Jan. 11th. Contact: Sue 245-7635, Floyd 741-1595, or mihepc@home.com

Mission Hepatitis C and Liver Disease Support Group Springs Restaurant. 7160 Oliver St. 3rd Wed at 7:00 NEXT MEETING: Jan. 17th. Contact: Gina, 826-6581 or Patrick, 820-5576.

Nelson Hepatitis C Support Group Meetings: ANKORS Offices, 101 Baker St., Nelson. For Information on the next meeting call Alex Sherstobitoff at ANKORS 1-800-421-2437 or (250) 505-5506, or Ken Forsythe (250) 355-2732

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: Jan. 8th. Contact: Dianne Morrissettie, 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: Jan. 10th. Contact: Leslie, 490-9054, bchepc@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: Jan. 10th. 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: Jan. 9th. Contact: Gina, 963-9756, gwrickaby@telus.net or Ilse, ikueper@pgrhosp.hnet.bc.ca

Princeton Meetings: Second Saturday of each Month, 2 PM, Health Unit, 47 Harold St. NEXT MEETING: Jan. 13th. Contact: Brad, 295-6510, 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: Jan. 9th. Contact Marjorie 546-2953, mharris@junction.net. www.junction.net/hepcure

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

Smithers: Postive 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: Jan. 3rd—**Gibsons**: Last Thursday of each month. NEXT MEETING: Jan. 25th. Both meetings—Health Units, 7 PM. Contact: Kathy, 886-3211, kathy_rietze@uniserve.com

Vancouver CLF Vancouver CLF Meetings: Cancelled. Call if you are interested in starting an evening meeting: CLF, 681-4588.

Vancouver HepC VSG Meetings: Last Wednesday of each month, 10:30-12:30, BCCDC Building, 655 West 12th **Tom Cox Boardroom- 2nd floor** (Park in Cambie City Square Mall). NEXT MEETING: Jan. 31st. 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: Jan. 10th and 24th. Contact: Sharon, 542-3092, sggrant@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, kidsturn@home.com; for women, contact Joan at 595-3882, or jking@hepcbc.org

Yukon Meetings: Third Wednesday of each month, Whitehorse. Next meeting: Jan. 17th. 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: Jan. 25th. 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: Jan. 18th. 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: Jan. 9th. 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@learnstream.com

Greater Moncton, N.B. HeCSC Meetings: **NEXT MEETING:** Contact Debi, 1-888-461-4372 or 858-8519, monchepc@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: Jan. 16th 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: Jan. 9th. 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: Jan. 11th. 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: Jan. 25th. 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: Jan. 17th. 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: Jan. 25th. 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