hepc.bull

Canada's Hepatitis C News Bulletin

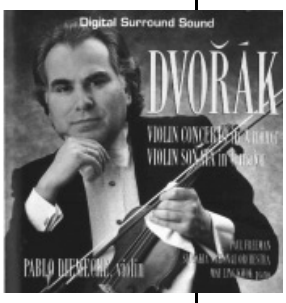
www.hepcbc.org

MAY DAZE GALA TO SHOWCASE PLENTY OF STARS

On Sunday, May 6th, HepCBC will be holding its second annual Musical Gala and Auction. We hope to raise enough money to be able to sponsor the First HepCBC Provincial Roundtable on May 26th (*see next column).*

This year, the event will be hosted by the award-winning poet, **Linda Rogers**, and the auction will be facilitated by Mr. **Howie Siegel**, of radio and TV fame.

Featured performers include: Mandolirium, the Island Chamber Players, the Ragtime Robins (a marimba ragtime ensemble) and **Pablo Diemecke**, the concertmaster of the Victoria Symphony. Mr. Diemecke has an international reputation and has recorded with the Moscow Philharmonic, amongst others.



This year, Joan King, President of HepCBC will again be playing (Joan is a member of the Victoria Symphony and teaches at the Victoria Conservatory of Music).

HepCBC has been very fortunate to have had both Alex Olson and Kate Rhodes come on the board of HepCBC. Alex plays the bass in the Symphony and does quite a few jazz gigs around town; it is due largely to his efforts that these musical events have taken place. Kate is also a symphony member, and plays as well in the Island Chamber Players and the Galiano Ensemble. A big surprise is that Kate is also quite the singer and has a wonderful voice. Last year her performance brought tears to many eyes; so, be forewarned and bring some kleenex.

Another group, Tango Argenta, will also be performing, and perhaps also giving a demonstration of the exotic and erotic art of the tango. It is rumoured that squeeky will play the accordion with them, as well as do a few flashy Parisian tunes with Alex. For those of you who don't know, David Mazoff, our executive director (aka squeeky) has also been a professional musician in his past.

Barbara Pedrick, the well-known photographer, is also a board member of HepCBC, and if not for her amazing energy and networking skills none of this would be taking place.

We have just heard that **Myfanwy Pavelic**, the artist who was commissioned to do the famous portrait of Pierre Trudeau, will be donating something to the auction.

Some of the other items that will be available at the auctions (silent, and not-so-silent) will be:

- Tickets to La Traviata
- Tickets to the Palm Court Orchestra Tea Party
- Tickets for High Tea at the Empress
- A Painting by Joe Fidia
- Tickets for a Carriage Ride
- Tickets for the Fringe Festival
- Computer equipment
- A gift certificate to Tip Top Tailors
- Gift certificates to the Running Room.
- Dinner for two at the Blue Crab
- Dinner for two at Earls
- Dinner for two at Zambri's
- Dinner at the Bird of Paradise Pub
- CD's by Tango Paradiso, and the Mark Atkinson Trio
- Books by Carol Shields and Linda Rogers
- A photographic session with Barbara Pedrick (photographer to the stars)
- *and much much more……..*

The event is being held at the Church of Our Lord, 626 Blanshard Street, corner of Humboldt. Tickets are only $15. Doors open at 7pm. For more information please call 361-4808.

HEPCBC PROVINCIAL ROUNDTABLE: Saturday, May 26 Victoria, BC Royal Jubilee Hospital, Woodward Room, 9 - 5

The purpose of this "roundtable" will be to establish a working group for the HepC Circle of BC. We have invited people from all over the province, and we have been able to help some of them come down. We cannot afford to help everyone, and we have asked Health Canada for financial assistance. If you or your group would like to attend please let us know as soon as possible; if we can help we will.

Morning Session:
The morning session is open to the public. The session is free, but pre-registration is required.

Wayne Penney, BC Hospice Palliative Care Association
Dr. Frank H. Anderson, Department of Gastroenterology, Vancouver General Hospital
John Hamilton, BC Centre for Disease Control
Dr. Stephen Sacks, Viridae Clinical Sciences

Afternoon Session:
The afternoon session is open only to individual members and organisations affiliated with HepCBC and those considering joining the circle. Pre-registration is required.

"Where Are We & Where Do We Go from Here?" A strategic planning session facilitated by **John Hasell**.

Dinner:
The dinner is open only to members of HepCBC. Pre-registration is required

INSIDE THIS ISSUE:

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**

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(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.

HepCBC Resource CD: The CD contains back issues of the *hepc.bull* from 1997-2001; the FAQ V4; the Advocate's Guide and the Slide Presentations developed by Alan Franciscus. The Resource CD costs $10, including shipping and handling. Please send cheque or money order to the address on the subscription form on this page.

THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity: Lexmark, 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 Danielle Hanna for helping with the pamphlets

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.

May Daze Gala

a dazzling musical event
in support of HepCBC
hosted by ***Linda Rogers***

performances by:
Pablo Diemecke,
Argenta String Quartet,
Mandolirium
& many others

Silent and not-so- silent auction
(cash or cheque only please)

Sunday May 6th, 2001
The Church of Our Lord

Ticket price of $15
includes a light snack

Tickets available at
Ward Music, Ivy's Books and Munro's Bookstore
For information call 361-4808

Got HepC?... Single?
...Visit
http://clubs.yahoo.com/clubs/ontariohepcsingles
or
Alberta Hepatitis Singles web
http://clubs.yahoo.com/clubs/albertahepatitissingles

THE SQUEEKY WHEEL

Bruce Devenne

Update on Hepatitis Awareness Month

For those of you who may still not know, the attempt to officially make May "Hepatitis Awareness Month" was killed this month in parliament. This was done when the Parliamentary Secretary Y Charbonneau registered a dissenting vote. The following letters by Bruce DeVenne of Sackville NB and Joan King of Victoria, BC effectively represent the voice of Canadians from one end of Canada to the other—a voice that continues to be ignored.

Dear Editor:

In 1996 I asked then Health Minister Dave Dingwall, to join other countries, including the United States, and pass legislation recognising May as Hepatitis Awareness Month. He refused, with some excuse. Following his appointment as Health Minister, I asked Allan Rock the same thing, and was refused with some other excuse.

Last February, I asked NDP MP Peter Stoffer how this may be done. He took it as a private member's bill, and he and his people put a lot of time and effort into it. The bill was ready to go before parliament when Jean Chretien called his costly, sudden and useless election last year. On his re-election, Peter again took up our cause. The bill, needing unanimous consent to continue, was read on March 30, 2001. For some reason known only to himself, Liberal MP Yvon Charbonneua stood and said, no, killing months of work by Peter and many others.

This action angered the many Canadians who are members of the HepCan network, and was so mean spirited and childish, it even had people involved with hepatitis from the States writing to Mr. Charbonneau to voice their disappointment.

700,000 Canadians are affected by this disease 300,000 with hepatitis C alone. I wish everyone of them and their family members would write to Charbonneau and Jean Chretien to voice their disappointment over this. They can do this, postage free. Write to any MP at....

What's His Name MP
House Of Commons
Ottawa, ON K1A 0A6

Yours truly,

Bruce DeVenne
122 Phoenix Cres
Lr. Sackville NS
B4C 2B4
1(902)864-6376 email bdevenne@sprint.ca

The following was sent to the "honourable" Mr. Charbonneau by Joan King. She has not yet received a response, and so we could not print it here.

Dear Mr.Y. Charbonneau

I will be placing an article on your defeat of Bill C-243 to make May Hepatitis Awareness Month in Canada, to be published in the May issue of the hepc.bull, and to be fair, I would like to add your commentaries. I hope you will share with our readers, and with the listservs to which I subscribe, the reasons behind your decision to vote against this bill which was so important to us. As we understand, the bill had to pass unanimously, and yours was the only dissenting vote.

I don't know if you are aware, but May is already Hepatitis Awareness Month to us hepatitis C sufferers all over the world (isn't the Internet wonderful?), and has been, for several years now, whether it is designated as such by a bill, or not.

It would have been nice to have the official support of the government. Perhaps the additional publicity would have helped reach even one more person, who could then avoid spreading hepatitis to others.

It would have been comforting for those affected by the blood scandal to know that the government was doing something to make up for its negligence.

I'm sure you must have had a very strong reason to vote against every single one of your colleagues in the House, and I would like to be able to share these reasons with my friends who are asking the same question. I hope you will give us the answer.

Joan King
2741 Richmond Road
Victoria, BC
V8R 4T3
President, HEPCBC
Editor, *hepc.bull*
jking@hepcbc.org

THANK YOU DR. PELTEKIAN

Source: "Shame Mr. Muir," Saturday, April 14, 2001 The Halifax Herald Limited

CANADIANS WHO contracted hepatitis C from tainted blood can always count on one thing: Governments will recognize their duty to help you only when shamed into it. And never underestimate their capacity to backslide.

This was true nearly a decade ago when Dianna Parsons, reduced to welfare after getting hepatitis C from blood, sat in the Nova Scotia legislature until government was shamed into providing drugs.

It was true in 1998 when Canadian governments paid compensation only to those infected between 1986 and 1990 - ignoring the Krever Commission's call to help all people infected because blood authorities were complacent for many years.

It was true later in 1998, when Health Minister Allan Rock offered some consolation to those not compensated - $300 million for new health coverage for hepatitis C.

In Nova Scotia today, it's still true. Unbelievably, the Health Department has just dumped the first $300,000 of Mr. Rock's inadequate guilt money, clearly intended for new Hep-C services for the people left out in the cold, into general revenues.

Fortunately, QEII liver specialist Dr. Kevork Peltekian blew the whistle on Wednesday. Dr. Peltekian rightly says the money should go, as intended, to cover uninsured services, such as drugs and tests to determine the best course of treatment.

So here we go, again. Shame, this time, on you, Health Minister Jamie Muir. Now live up to the deal and use the money as promised.

Bill C-243 CHARRED By CHARBONNEAU

Legislation Effectively Killed by MP from Quebec March 30, 2001
Are Canadians with Hepatitis Being Told to Go Quietly to Hell?

The Month of May as

HEPATITIS Awareness Month

Is Charbaby Saying...

LET THEM BURN IN SILENCE?

YVON CHARBONNEAU
Charbonneau.Y@parl.gc.ca
Ph. 1-613-995-0580 Fax 1-613-992-1710

JOURNAL SCAN

by C.D. Mazoff, PhD

American Journal of Gastroenterology

When Will They Ever Learn?

You'd think that by now, especially with all the articles on the subject, that doctors—especially hepatologists and gastroenterologists—would know that **all liver biopsies should be ultrasound guided**. But I guess not because yet another article on the subject has appeared. I know that I read this stuff, but *do the doctors?*

The February Issue (Vol 96, Number 2) has a really good article called "Can One Predict When Ultrasound Will Be Useful with Percutaneous Liver Biopsy," (p.547-549).

This study wanted to know if a doctor could determine the best position to insert the biopsy needle by tapping on the outside of the abdominal cavity (percussion). The spot was marked, and then compared to the entry point located by ultrasound.

The study found that "using criteria of difficult percussion, obesity, and unusual chest shape" the doctors could not "predict when ultrasound would be useful. This is in contrast to the belief that ultrasound can be applied to selected liver biopsies considered in advance to be more difficult . . . and suggests that to avoid intervening structures [i. e., puncturing a lung, or gall bladder] **one should apply ultrasound to all cases."**

The study also found that patients who underwent liver biopsies with ultrasound guidance had less post-operative pain, required less medication and could leave the hospital earlier. While one of the main reasons cited for not using ultrasound was cost and lack of availability, the study found that ultrasound guided biopsies are ultimately cheaper.

To Scope or Not to Scope. Is It a Question?

One of the editorials in the March Issue (Vol 96, Number 3) focuses on **screening for bleeds**. I'm about to repeat myself—who reads this stuff? The article "Screening for Varices in Patients with Cirrhosis: Where Do We Stand" (623-24), concludes that despite recommendations and guidelines "screening for high-risk varices has not become the standard of care in clinical practice"—and this despite the fact that "variceal bleeding is perhaps the most dreaded complication in patients with cirrhosis."

One study conducted found that of 125 patients who were referred for transplantation, just 46% of these had been screened for varices despite having had the diagnosis of cirrhosis for 3 years. It concluded not only that screening is underused but that "such underuse may contribute to morbidity and mortality among cirrhotics."

And guess who's the culprit this time: you guessed it, good old Filthy Lucre: Why don't they screen? Who's going to pay for the screening and the endoscopes? Marie Antoinette was right when she said, "Let them eat cake." Tennis, golf, what's the difference?

Hep B: Now You Have It, Now You Don't

A study was conducted to determine the **best vaccination strategy for persons with hepatitis C**, not so much to help the little guy, but more to help Big Daddy keep his bucks in the bank.

The study found that there were 2 population groups: those at risk for hepatitis A tended to be a result of poverty and race, rather than "drug use *per se*," while those at risk for hepatitis B tended to be IVDU.

Hepatitis A only has a fatality rate up to 2% in the general population; but fatalities from hepatitis A superinfection in hepatitis C carriers is as high as 35%!

Co-infection with hepatitis B and C, while not as deadly as hepatitis A superinfection, is considered to present a "more severe disease," and some studies have linked progression to liver cancer as the result of having B and C.

It is currently believed that roughly 85% of all persons who contract hepatitis B will be able to clear the virus. When this happens the individual will present with what is called an "anti-HBc," and no detectable HBV DNA.

In this study, it was found that 50% of the hepatitis C infected population was also positive for "anti-HBc," which "likely represents resolved HBV infection."

Now here's the interesting part: "In clinical practice the presence of anti-HBc IgG is equated with immunity to HBV. **However, chronic HBV infection**, as demonstrated by positive HBV DNA by PCR testing in liver and serum, **may be present in almost half of HCV patients with isolated anti-Hbc and even in some patients with no positive HBV serology**."

What this means is that not only is the antibody test, which shows that you've had hep B but you've "cleared" it, unreliable, but now, even if they go in and look for the virus with a PCR test and don't find it, this doesn't necessarily mean that you don't have it!

How they found all this out was that they have to test donor livers thoroughly when performing transplants, and they found that many people who had never had hep B developed hep B after being transplanted with an apparently "clean" liver.

At any rate, I don't know what to say about this one or how to advise. The implication, of course, is that those who are apparently not infectious with hepatitis B may in fact be infectious. And remember, hepatitis B **can** be spread through kissing and sex. I hear that the local monastery is recruiting.

Not Just the Liver

As the man says: "Chronic hepatitis C virus infection (HCV) is known to induce clinical and laboratory signs of autoimmunity." In the article "LKM3 Autoantibodies in Hepatitis C Cirrhosis" (910-911), the authors present evidence for liver-kidney antibodies. This means that they have found the agent responsible for causing a certain kind of liver and kidney damage, and it is an autoimmune response triggered by hepatitis C. The authors mention, as well, that "**markers of immunity and clinically apparent immune-mediated extrahepatic syndromes may be present in up to 70% of patients with chronic HCV**." They remind us that HCV is a cause of chronic liver disease, but it is **not** a liver disease. And this is important. If we only see hepatitis C as a liver disease we will never come to terms with all the other illnesses it causes. And how many times have we just been told that it's all in our heads, so just go home and quit complaining.

Get Rid of It All!

This last bit is from the "you really didn't want to know" department. It appears that one way to get rid of hepatitis C is to get gastric cancer and then have your guts completely removed. No kidding!

In the article "Spontaneous Elimination of Serum HCV-RNA after Total Gastrectomy for Early Gastric Cancer in a Patient with Chronic Hepatitis C" (922-23) the authors discuss the case of a 64-year-old man in whom HCV disappeared, but they also did a little more investigating and this is what they found:

"After our experience with the present case, we examined serum HCV-RNA amounts in three other CHC patients who underwent a total gastrectomy for early gastric cancer." All had genotype 1b. While these three patients did not clear the virus, they did, however, experience very noticeable drops in their viral load.

The authors explain this phenomenon in terms of "surgical stress." In other words, it got so bad, the hepatitis C just hightailed it right out of there.

PEGASYS

Source: Canadian Newswire, Mississauga, ON, April 10 /CNW/ -

Starting this week Canadian patients with hepatitis C will be eligible to participate in a trial that will provide access to PEGASYS(TM) (peginterferon alfa-2a), at no cost, as part of a worldwide expanded access protocol involving over 10,000 patients in 40 countries. PEGASYS will be available as a monotherapy and as a combination therapy using PEGASYS and the anti-viral drug ribavirin. The study is open to a wide range of patients at various stages of the disease.

Trial centres will be located in Vancouver, Calgary, Edmonton, Winnipeg, London, Toronto, Montréal and Halifax.

PEGASYS is a new, investigational, longer lasting form of interferon alfa-2a for the treatment of hepatitis C, developed by Hoffmann-La Roche Limited. Ribavirin is a nucleoside analogue that inhibits the replication of many different viruses, including hepatitis C.

PEGASYS has been submitted to Health-Canada for approval and is currently under review.

"I'm pleased that we are able to offer early access to PEGASYS for our patients here in Canada," says Dr. Morris Sherman, Assistant Professor of Medicine, University of Toronto. "Long acting interferons such as PEGASYS are an innovative and effective treatment option from a medical perspective.They also are more convenient for the patient and cause fewer of the unpleasant side effects compared to regular interferons.

PEGASYS is the next generation of treatment for Canadians with hepatitis C." Two landmark clinical studies published December 2000 in the *New England Journal of Medicine*, have shown that PEGASYS successfully treats the disease even amongst the most difficult to treat patients -- those with chronic hepatitis C virus and cirrhosis (liver scarring).

One study (Heathcote et al, NEJM) of 271 chronic hepatitis C patients with cirrhosis showed that PEGASYS, as compared to standard interferon, increased the ability to clear the virus four fold. A second study (Zeuzem et al, NEJM) of 531 patients, with and without cirrhosis, showed that the use of PEGASYS cleared the virus in 39 per cent of patients. The results are consistent with the current standard level of care but have fewer side effects and only one injection a week.

Pegasys is manufactured by Hoffmann-La Roche Limited.

ALBUFERON

Human Genome Sciences Begins Phase I Clinical Trial of Albuferon in Hepatitis C Patients. First Albumin Fusion Protein Trial. ROCKVILLE, Md., March 23 /PRNewswire/—

Human Genome Sciences, Inc. today announced that it has begun a Phase I human clinical trial of Albuferon(TM) in patients infected with Hepatitis C.

David C. Stump, M.D., Senior Vice President, Drug Development, said, "Hepatitis C is a significant public health problem in both developed and developing countries. A need exists for more effective and better tolerated treatments that will allow patients to avoid the long-term liver damage associated with this serious and insidious disease. We hope that Albuferon will become a useful therapy and meet an important need for these patients. We are excited to begin clinical trials with this novel product of a new class of drug."

Albuferon is created by fusing the gene for a human protein, interferon alpha, to the gene of another human protein, albumin. Based on preclinical studies, Albuferon should provide patients with a longer acting therapeutic activity and may offer an improved side-effect profile when compared to the current first line therapy, recombinant human interferon alpha.

The Phase I clinical trial is a multi-center, open-label study to determine the safety and pharmacology of single and double escalating doses of Albuferon in approximately 40 patients infected with Hepatitis C.

Individuals interested in Albuferon are encouraged to contact Human Genome Sciences at 301-610-5790, extension 3550 or via the Internet at http://www.hgsi.com

BIO-ARTIFICIAL LIVERS

WAYNE, Pa., April 4 /PRNewswire/ -- Covalent Group, Inc. announced today the signing of a $2.9 million contract with VitaGen, Inc., a privately held biotechnology and medical products company located in La Jolla, CA. Covalent will provide advanced consultative and clinical development services for four Phase 2 clinical trials that utilize a proprietary bio- artificial device [The Extracorporeal Liver Assist Device ELAD(TM)] in patients with severe hepatic disease.

Among the clinical populations to be evaluated are patients awaiting liver transplantation and patients who require medical support pending improvement in their intrinsic liver function.

Kenneth M. Borow, M.D., Chief Executive Officer at Covalent, commented, "We are honored to have the opportunity to provide important research and development services for this exciting and innovative clinical program. ELAD(TM), which uniquely combines biological and device technologies, represents a major advancement in the struggle for survival in patients with severe liver disease.

In order to understand ELAD(TM)'s potential impact, the following should be considered. In the United States alone, nearly 15,000 people await life-saving liver transplants. Due to a longstanding and continuing paucity of donor organs, many patients die while awaiting available livers.

More than 1,300 patients needing a liver transplant died in 1998, the last year such data were available. The most ill patients—those with acute liver failure or severe complications of chronic liver disease—often do not survive the wait or become too sick to qualify for liver transplantation. ELAD (TM) could provide these patients with the real possibility for survival.

From Covalent's perspective, the ELAD (TM) program is an excellent example of Covalent's ability to (1) establish relationships with new clients who have novel state-of-the-art approaches to satisfying unmet medical needs and (2) provide high-quality, customized, full-service research and development capabilities to the drug, biologics, and device industries worldwide."

Company Contact Thomas Dean, Investor Relations, 212-421-2545.

Contact them on-line http://www.covalentgroup.com.

TIP OF THE MONTH:

Don't forget your sense of humour

UPDATE FROM ANKORS

Specialist Speaks in Nakusp and Nelson

Vancouver infectious diseases and internal medicine specialist, Dr. John Farley spoke in the West Kootenay recently. On Friday, March 30, he spoke to local doctors at the Kootenay Lake Regional Hospital, then travelled to Nakusp for a community meeting. On Saturday, he travelled back to Nelson to speak to the Nelson Hepatitis C Support Group. The bonus for all this travel? An absolutely phenomenal display of the northern lights!

Dr. Farley began each session with a brief overview, then opened it up for questions and answers. The meetings were an obvious success with discussions continuing well past the closing times. Some of the points that stand out were his assertion that people on methadone maintenance and those with early stage cirrhosis should be considered for treatment. He also pointed out that it has recently become easier for physicians to requisition HCV-PCR studies. Both evening meetings were videotaped for the benefit of those who couldn't make it. The tapes are available at the ANKORS office in Nelson (1-800-421-2437). A copy has also been made available to HepCBC.

A regular, monthly Nakusp Hepatitis C Support Group meeting will be starting as soon as the best time and location is sorted out. To get the details, call Ken at 1-800-421-2437.

COMING UP IN POWELL RIVER

On Monday night, **May 14th**, Natalie Rock RN, BSN is coming to talk about Hep C in the New Millennium. There will be an update on treatment, coping with symptoms, questions and answers, and more. This takes place at the Coast Garibaldi Health Unit, 7-9 p.m.

This presentation is geared for those with Hep C, their family and friends.

Natalie is part of Dr. Anderson's treatment team from Vancouver General Hospital.

She will also be speaking **May 15th** 9-11 a.m. at the Inn about Hep C in the Workplace.

This workshop is for those working with Hep C clients and their families, with a focus on prevention and basic information about Hep C.

MAY FIRST PROCLAMATIONS IN YOUR AREA

The 2nd Canadian National MAY 1st HEP C CANDLELIGHT MEMORIAL DAY

"It's better to light a candle than curse the darkness"

In Remembrance of loved ones and friends with hep C who have died, To reach out and support those infected with or affected by hep C Candlelight brings Awareness, Education and Support for one another!

Victoria BC
May 1st, 2001 at 7:30 PM
Victoria Parliament Buildings on the lawn
Congratulations all of you individuals in Victoria!. On April 27th Mayor Lowe will officially proclaim May 1st as "Hepatitis C Awareness Day."

Vancouver BC
May 1st, 2001 at 7:30 PM. Vancouver City Hall 12th and Cambie Join us at your City Hall !!! Congratulations Vancouver!

Vernon BC
North Okanagan Candlelight Healing
May 1st, 7:30 pm , 2001
Justice Park (32 ave and 27th) in Vernon

Nanaimo BC
May 1st, 2001 7:30 pm, Nanaimo City Hall
Nanaimo just proclaimed May 1st to 7th Hep C Awareness Week. Congratulations Mid Island!

Penticton BC
Hep C candlelight vigil will be held 11th of May, 2001 at Gyro Park. In conjunction with George Marcello arriving in Penticton. Pass the flame!! Congratulations Penticton - proclaiming May Hepatitis Awareness Month

Prince George BC
May 1st, 2001 7:30 pm
Prince George City Hall
Congratulations Prince George!

Ottawa ON
Ottawa officially proclaimed May 1st as "Hepatitis C Awareness Day."
Congratulations Joey for your hard work and getting Ottawa on board!

Fredericton NB
May 1st, 2001 7:30 pm
Legislature building on Queen Street
Congratulations Fredericton!

Cranbrook BC
May 1st, 2001 8:30 PM
At the Clock Tower on Baker Street
Congratulations on your official Proclamation. 2nd week of May is being planned for Hepatitis Awareness Month activities

Chilliwack BC
May 1st, 2001 7 PM
Municipal Hall Corner of Young & Hocking
Congratulations Chilliwack!

Halifax NS
May 1st, 2001 7:30 PM
The Halifax Grand Parade Grounds
Halifax Mayor Peter Kelly will be declaring May as Hep C month on April 24th
Congratulations Halifax!

Moncton NB
May 1st, 2001 7:30 PM
City Hall
Congratulations Moncton!

Kitchener ON
May 1st, 2001
Kitchener celebrating Hep C Awareness by writing and a TV interview. Thanks Kitchener! We know you'll light a candle too!

Canada's Candlelight Web Site
http://victoria.tc.ca/Community/HepC/candle.html

GO CANADA GO !!! SUPPORT! AWARENESS! EDUCATION! CO-OPERATION! HOPE!

Where two or more with candles gather in memory; that is a candlelight memorial ceremony.

Brian Brownrigg taking the torch from George Marcello at the BC/Alberta Border

Thanks to Sue White for putting this together

IN CASE OF A NEEDLESTICK…

1. **Reassure** the needle-stick patient. Studies show only 5-10% of needle-stick accidents will result in hepatitis C.
2. **Test** for the virus 2 weeks after exposure. ALT and AST are not sufficient. The anti-HCV antibody test (ELISA) usually does not test positive until 6-8 weeks after exposure. If the HCV RNA is negative, repeat the test 4 weeks later. If it is still negative, there has probably been no transmission.
3. **Test** for antibodies. In the case of a positive HCV-RNA test, an anti-HCV antibody study should be done 8-12 weeks after exposure.
4. **Treat.** In the case of an acute infection, high-dose (780 million international units/52 weeks) IFN therapy should be considered. There is a decrease in the rate of chronic infection in patients treated with IFN during the acute phase of the disease (1-4 months after symptoms start or ALT levels rise.) Although studies have not been done, the combo of IFN plus ribavirin in the treatment of acute hepatitis C should be more effective, and if pegylated IFN is available, that should be better still. Studies have not proven that IFN before a positive PCR can prevent infection.

Source: MedScape, What is the current recommendation for accidental needle-stick injury while operating on a patient who is positive for hepatitis C? by Paul J. Pockros, MD, 02/06/01

LIPIODOL: LIVER CANCER TREATMENT

Chemoembolization (a treatment that clogs small blood vessels and blocks the flow of blood to the tumor), with transarterial lipiodol (iodized poppy seed oil) improves survival in Asian patients with inoperable liver cancer (HCC), according to this study. Patients still alive after one year were 57% for the chemoembolization group versus 32% in those not so treated, and 31% and 11% at 2 years. There were no serious adverse effects on the liver function of the survivors. The study was done on 80 patients, 60% of whom had tumors larger than 5 cm. The treatment was repeated every 2 to 3 months, unless contraindications developed or there was disease progression. A variable dosage was used, according to tumor size and blood flow. The maximum dose of cisplatin used was 30 mg and the median dose was 10 mg., unlike the higher doses used in a previous, unsuccessful French study.

Source: Reuters Health 2001-03-01 Transarterial lipiodol benefits patients with unresectable liver cancer

HOSPITALS CRITICIZED FOR REJECTING METHADONE PATIENTS FOR LIVER TRANSPLANT

One third of liver transplant programs do not accept patients on methadone maintenance therapy, despite the lack of evidence to suggest it could be harmful to treatment, according to a report in the Journal of the American Medical Association.

Dr Monica Koch and Dr Peter Banys of the University of California, San Francisco, USA, surveyed all 97 adult liver transplantation programs in the USA to identify addiction-related criteria for admission to the United Network of Organ Sharing liver transplantation waiting list. They found hepatitis C accounted for almost half of all liver transplantation cases (46%) followed by alcoholic liver disease (25%).

About 5.8% of people with HCV are prescribed methadone maintenance therapy to help them overcome their opioid habit.

Of the 87 programs that responded to the survey, 56% accept patients who receive methadone maintenance, but one third require discontinuance of the treatment.

The researchers say requiring methadone patients to cease the treatment in order to qualify for a liver transplant can cause additional harm, and unfairly deprive them from receiving a transplant.

"There is no evidence base to support the practice of discontinuing methadone maintenance as a precondition for liver transplantation. Such a policy may induce relapse in formerly stable patients, and then, because of this, may disqualify these patients for surgery," they wrote.

They called for prospective liver transplant outcomes to be monitored, with particular emphasis on addiction and methadone maintenance therapy data.

JAMA 2001; 285 (8) 1056-8

INDIVIDUALIZED TREATMENT

This study included 538 naïve (no previous treatment) HCV-positive patients without cirrhosis. Quantitative PCRs and genotyping was done for each patient, to measure how much of which type of virus they had. The patients were divided into 7 groups, accordingly, and given different treatment regimens.

Researchers concluded that more aggressive IFN protocols, such as induction therapy, do not appear to significantly improve the rate of sustained response in patients with chronic hepatitis C genotype 1 and high viral loads, compared with standard therapy, and that patients with even one unfavourable predictive factor (genotype 1 or high viral load) do not gain major benefits from high doses of IFN.

Source: Saracco G, et al, Treatment with interferon-alpha2b of naive non-cirrhotic patients with chronic hepatitis C according to viraemia and genotype. Results of a randomized multicentre study PMID: 11246614

SCHERING AG RECEIVES FIRST APPROVAL FOR RESOVIST(R)

BERLIN, Mar 28, 2001 /PRNewswire via COMTEX/ -- Schering AG, leader in the market for magnetic resonance imaging (MRI) contrast media, announced today that it has received its first approval for the liver-specific contrast agent Resovist(R) in Sweden.

Resovist(R) is a new and innovative, organ-specific contrast agent from Schering's own R&D developed in co-operation with Meito Sangyo, Japan. This MRI contrast agent is used for the detection and characterisation of especially small focal liver lesions, which is relevant for the early detection of hepatic carcinoma or metastases. Resovist(R) is injected as an intravenous bolus, allows immediate imaging of the liver, and therefore reduces the overall examination time. In comprehensive clinical trials, Resovist(R) demonstrated an excellent safety profile.

"Resovist(R) will significantly improve the assessment of patients with suspected liver tumors. It offers the opportunity to make a reliable diagnosis at an earlier stage as compared to today's methods. This will essentially support the appropriate choice for the most promising therapy," said Michael Rook, Head of Diagnostics and Radiopharmaceuticals at Schering AG.

Based on the approval in Sweden, which is the European Reference Member State for the Mutual Recognition Procedure, marketing authorisation of Resovist(R) in the EU is expected within the next six months. Resovist(R) has been submitted for registration in several other countries worldwide. The launch of Resovist(R) in Sweden is scheduled for mid 2001.

New Test Detects Antibody to HCV in Minutes

(Reuters Health) Apr 10 - A new test detects antibody to hepatitis C virus in about 3 minutes and exhibits a sensitivity of 98% and specificity of 100% compared with enzyme immunoblot assay, report investigators from the University of Hong Kong.

The SM-HCV Rapid Test (SERO-Med Laborspezialitaten GmbH, Eichstatt, Germany) is based on the principle of sandwich enzyme immunoassay and is semiquantitative. According to the investigators, the test can be conducted with 30 to 40 µL of serum or whole blood, individual samples can be tested and no technical expertise is required.

Dr. Ching-Lung Lai and associates tested the SM-HCV Rapid Test using serum from 100 patients who were positive for hepatitis C according to the third-generation enzyme immunoblot assay (EIA-3, Abbott Laboratories, Chicago). Also included were 95 patients with other chronic liver diseases and 95 healthy subjects.

As reported in the American Journal of Gastroenterology for March, two patients who tested positive by EIA-3 were negative by the Rapid Test. According to the authors, acute hepatitis C infection in these subjects had probably resolved and antibody titers were too low to be detected by the Rapid Test.

Source: Am J Gastroenterology 2001; 96838-841.

PRISONS IDLE ON HEPATITIS

Prison administrators had failed to take responsibility for halting the rampant spread of hepatitis C in Australia's jails, an expert said.

Kate Dolan, from the National Drug and Alcohol Research Centre in Sydney, said that in New South Wales about one-third of male and two-thirds of female inmates were infected.

Dr Dolan, a senior lecturer at the University of NSW, said in an editorial in the *Medical Journal of Australia* that hepatitis C was being spread through injecting drugs and tattooing in jails.

Research shows that about one-quarter of prisoners inject drugs while behind bars, mostly with shared equipment.

Dr Dolan said strategies were needed to reduce the number of injecting drug users going into prison, such as providing more treatment for addiction.

Some of the strategies are: community based methadone treatment, boosting methadone prescriptions, having different punishments for prisoners who used non-injectable drugs compared with injectables and prison needle exchange, and allowing selected inmates to be trained to tattoo and providing them with sterile equipment.

But Dr Dolan said most of these strategies required the cooperation of prison commissioners who so far had not accepted that their jails played a major role in the hepatitis C epidemic.

Source: http://www.theage.com.au/news/2001/04/17/

TYLENOL

We know too much Tylenol is bad for our livers. Dangerous misuse is more common than thought. Not everyone knows that combining alcohol with acetaminophen can be deadly, as can taking too many for too long, or mixing it with other medicine. In a study of 300 sudden liver failure cases, 38% were linked to acetaminophen. In another study in 307 adults with severe liver injury, 35% of the cases were linked to acetaminophen. British authorities restrict how many tablets are sold at once. Recently, a man from Virginia sued and won $8 million because moderate Tylenol doses with his wine at dinner caused him to need a liver transplant. Parents confuse doses of infant Tylenol drops with children's Tylenol liquid, and give babies a possibly deadly dose of 1 teaspoon, instead of a dropper-full. Doctors have been known to accidentally prescribe more Tylenol, not knowing that their patient's flu-like symptoms resulted from an overdose.

Adults **without** liver disease should take a maximum of eight extra-strength pills in 24 hours, and a maximum of four would be safer. Taking maximum doses for days, or high doses without eating, or combining it with painkillers or cold and flu remedies already containing the substance can be dangerous.

Source: Associated Press -NY-03-26-01 By Lauran Neergaard

MAD COW DISEASE IN SUPPLEMENTS?

Some herbal dietary supplements contain bovine protein. Check your labels! Watch out for products that contain thymic extracts, so popular among people with Hep C. A lady in the US began taking one such supplement to lose weight. She died of Mad Cow Disease. The family believes that it was caused by the supplement, although this was not proven. Authorities in England say more than 800 medicines may be contaminated, and the manufacturing process may not destroy the protein.

Between 1979 and 1998 there were 4,751 documented deaths from Mad Cow Disease in the U.S., none caused by eating meat tainted with the current strain of Mad Cow Disease. The US FDA just found out that some common childhood vaccines contained ingredients from cows, and as of last month, are having the vaccines reformulated, just in case. It is also reviewing labels on supplements, which often don't give the origin of the contents.

Source: 29-Mar-2001 http://www.Unknowncountry.com, Family Says Supplement Caused Mad Cow Death

BAO JI WAN and CHINESE MODULAR SOLUTION

Health Canada says that Bao Ji Wan pills and Chinese Modular Solution chest relief Tablets, labelled for children, contain tricosanthes kirilowii and magnolia officinalis bark. Both are considered highly toxic, and could cause serious health problems or even death.

Source: Times Colonist Thurs March 1 2001

SIGNIFICANT AMOUNTS OF HCV RNA FOUND IN SALIVA OF HIV-COINFECTED PATIENTS

WESTPORT, CT (Reuters Health) Mar 07 - Individuals infected with both HIV and hepatitis C virus (HCV) often have significant amounts of the latter pathogen in their saliva, according to a report published in the February issue of the Journal of Medical Virology.

Dr. D. Rey, from Hopitaux Universitaires in Strasbourg, France, and colleagues assessed the levels of HCV RNA in serum and saliva samples from 59 HIV-HCV coinfected patients. Nested-PCR was used to detect the presence of HCV RNA and positive results were then quantified with b-DNA analysis.

More than a third of patients had detectable levels of HCV RNA in their saliva and the mean level was 1.15 million genome equivalents per milliliter, the authors state. While age, immune status, and HIV risk group had no bearing on salivary positivity, a significantly greater proportion of men than women had detectable levels of HCV RNA in their saliva.

The researchers detected HCV RNA in the serum of 76.3% of patients and the mean level was 25.2 million genome equivalents per milliliter. Serum positivity was not influenced by the patient's age, gender, or CD4+ cell count.

There was no correlation between quantitative saliva and serum results, but qualitative results did show a significant direct association, the investigators note.

"To our knowledge, this study is the first to find significant amounts of HCV RNA in saliva," the authors point out. This "could have important implications for hepatitis C epidemiology, as the origin of infection remains unknown in up to 40% of cases."

J Med Virol 2001;63117-119.

GEORGE MARCELLO: SCHEDULE

David Smith, chairman of the Hepatitis C Society of Canada's Victoria BC chapter has joined George Marcello on the 500 Day Walk.

David Smith, himself a liver recipient, is glad to be able to give back to his community for the precious gift of life that he received 5 years ago. David needed a liver transplant due to a hepatitis C infection. In the fall of 2000, David finished an effective course of treatment for the disease and hasn't felt this great in years.

David has taken on many duties from driving the team van to carrying the Torch of Life along with volunteers in each community. Organ donation awareness and a national organ donation registry for Canada is a shared common goal of these two men.

Please check the 500 Day Walk schedule to see when it is coming to your community and help out the campaign by letting your City Hall know that you would like to support the awareness event in your community.

Please call George or David at (416) 540-7872 to volunteer to carry the Torch of Life.

Marjorie Harris, www.junction.net/hepcure

For more information, about organ and tissue donation and liver disease please visit the following websites:

Step by Step Organ Transplant Association
www.stepbystep.ca
BILL C-227
http://www.parl.gc.ca/36/2/parlbus/chambus/house/bills/private/c-227/c- 227_1/362032bE.html
HepCURE *(Hepatitis C United Resource Exchange) www.junction.net/hepcure/*

May 1-6 Montreal, Que	June 22-24 Whistler
May 7 Grand Forks	June 25 Squamish
May 8 Greenwood	June 26 Lion's Bay
May 9-10 Osoyoos	June 27-28 North Vancouver
May 11-13 Penticton	June 29-July 1 Port Moody
May 14-15 Kelowna	July 2 Coquitlam
May 16 Vernon	July 3 Port Coquitlam
May 17 Coldstream	July 4 Langley
May 18-20 Armstrong	July 5 White Rock
May 21-22 Enderby	July 6-8 New Westminster
May 23-24 Salmon Arm	July 9-10 Vancouver
May 25-27 Revelstoke	July 11 Harrison Hot Springs
May 28-29 Chase	July 12 Hope
May 30 Pritchard	July 13-15 Chilliwack
May 31 Monte Creek	July 16 Mission
June 1-3 Kamloops	July 17 Matsqui
June 4-5 Merritt	July 18 Abbotsford
June 6 Lytton	July 19 Campbell River
June 7 Clinton	July 20-22 Courtney
June 8-10 100 Mile House	July 23 Port Alberni
June 11-12 Williams Lake	July 24 Parksville
June 13-14 Quesnel	July 25 Nanaimo
June 15-17 Prince George	July 26 Duncan
June 18-19 Vanderhoof	July 27 Victoria
June 20-21 Pemberton	

THE CO-INFECTION SECTION

French Study Finds Low Death Rate Due to Hepatitis C Virus in HIV-Positive Patients — By Brian Boyle, MD

French researchers reported in Clinical Infectious Diseases that the annual death rate from hepatitis C virus (HCV) is "very low" in HIV-positive patients and did not significantly change between 1995 and 1997. They noted, however, that during the same time frame that AIDS-related deaths decreased dramatically following the introduction of highly active antiretroviral therapy (HAART).

The reported findings are from a retrospective, multi-center cohort study that utilized 2 patient surveys performed in France in 1995 and 1997. The surveys involved 17,487 and 26,947 HIV-positive patients in 1995 and 1997, respectively. In the 1997 survey, the overall prevalence of HCV was 16.8%, similar to the prevalence rates found in several other HIV-positive patient cohorts.

In 1995, 1,426 deaths occurred among the 17,847 patients surveyed, an overall mortality rate of 8.15%. 1,307 of these deaths were due to AIDS (91.5%), 21 to cirrhosis or hepatocellular carcinoma (1.5%) and 99 from other causes (7%). Of the 21 patients that died from cirrhosis during 1995, HCV alone or in conjunction with alcoholism was involved in 12 of those deaths.

In 1997, 543 deaths occurred among the 26,497 patients surveyed, an overall mortality rate of 2.04%. 459 of these deaths were due to AIDS (84.5%), 36 due to cirrhosis or hepatocellular carcinoma (6.5%), and 48 (9%) due to other causes. Of the 36 patients that died from cirrhosis during 1996, HCV alone or in conjunction with alcoholism was involved in 20 of those deaths.

The authors note that the only significant difference between the 1995 and 1997 surveys was the decrease in death due to AIDS, which was attributed to the use of HAART. The overall mortality rate due to cirrhosis or hepatocellular carcinoma remained stable at 0.12% in 1995 and 0.13% in 1997. However, it should be noted that among those HIV-positive patients who died in 1995 and 1997, the percentage of deaths due to cirrhosis or hepatocellular carcinoma increased from 1.5% in 1995 to 6.5% in 1997.

The findings of this study indicate that the overall incidence of death from cirrhosis and hepatocellular carcinoma remained "very low" and stable in HIV-infected patients between 1995 and 1997, however, due to the significant decrease in AIDS-related deaths, these conditions are becoming an increasingly important cause of mortality in HIV-positive patients. Accordingly, the prevention and treatment of HCV and other conditions that cause cirrhosis and hepatocellular carcinoma in HIV-positive patients will become increasingly important in the future in decreasing mortality in those patients.

Source: ***http://groups.yahoo.com/group/HepCNews***

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: Carol Anton or Jeanette Cheung
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 Wed. each month, 7-9 PM, Chilliwack. Next meetings: May 19th & 23rd. Contact: HepTalk@fraservalleydir.every1.net, or 856-6880.

Comox Valley HeCSC Meetings: 3rd Tues. each month, 6-8 PM, St. George's United Church on Fitzgerald. Next meeting May 15th. 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 Tues. each month, 2-4 PM, #39 13th Ave South, Lower Level. Next meetings May 1st & 15th. Contact: 426-5277, hepc@cyberling.bc.ca

Creston / Golden / Invermere Educational presentation and appointments: Contact Katerina 426-5277

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

Kelowna HeCSC Meetings: 1st Sat. each month, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital., Next meeting: May 5th. Contact: Doreen, 769-6809 or eriseley@bcinternet.com

Kimberley Support Group Meetings: 1st Mon. each month, 1-3 PM. Next meeting May 7th. Contact Katerina 426-5277

Kootenay Boundary Meetings: 2nd & 4th Tues. each month, 7 PM, 1159 Pine Ave, Trail. Next meetings May 9th & 23rd. Contact: Brian, 368-1141, k-9@direct.ca.

Mid Island Hepatitis C Society Meetings: 2nd Thurs. each month, 7 PM, Central VI Health Centre 1665 Grant St, Nanaimo **Contacts—Ladysmith:** Sue 245-7635 **Nanaimo:** Barb 756-9631 **Parksville** Ria 248-6072 mihepc@home.com

Mission Hepatitis C and Liver Disease Support Group Meetings: 3rd Wed. each month, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting May 16th. Contact Gina, 826-6582 or Patrick, 820-5576.

Nelson Hepatitis C Support Group Meetings: ANKORS Offices, 101 Baker St., Contact: Ken Thomson, 1-800-421-2437, 505-5506, info@ankors.bc.ca, or Ken Forsythe 355-2732, keen@netidea.com

New Westminster Support Group Meetings: 2nd Mon. each month, 7:00-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Camarvon Street, New Westminster. Next meeting May 14th. 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

Penticton Hep C Family Support Group Meetings: 2nd Wed. each month, 7-9 PM, Penticton Health Unit, Board rooms. Next meeting May 9th. Contact: Leslie, 490-9054, bchepc@telus.net

Powell River Hep C Support Group "Living With Liver Disease" sessions, 2nd Wed. each month, 7-9 PM, Public Health Unit, 4313 Alberta Ave. Next meeting May 9th. Contact: Cheryl Morgan 483-3804.

Prince George Hep C Support Group Meetings: 2nd Tues. each month, 7-9 PM, Health Unit Auditorium. Next meeting May 8th. Contact: Gina, 963-9756, gwrickaby@telus.net or Ilse, ikuepper@pgrhosp.hnet.bc.ca

Princeton Meetings: 2nd Sat. each month, 2 PM, Health Unit, 47 Harold St. Next meeting May 12th. Contact: Brad, 295-6510, citizenk@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy: 557-9362, e-mail: wmm@island.net

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

Richmond: Lulu Island AIDS/Hepatitis Network: Meetings/dinner each Mon. evening. Contact Phil or Joe at 276-9273.

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

Smithers: Positive Living North West Meetings: 2nd Wed. each month. 7-9 PM, 3731 1st Avenue, Upstairs. Next meeting: May 9th. Contact: Deb. 877-0042 or 1-866-877-0042, plnwhepc@bulkley.net, or Doreen, 847-2132, aws@mail.bulkley.net

Sunshine Coast—Sechelt: 1st Wed. each month. Next meeting May 2nd. Contact: Kathy, 886-3211, kathy_rietze@uniserve.com—**Gibsons**: Last Thurs. of each month. Next meeting May 31st. Both meetings—Health Units, 7 PM. Contact Bill, pager 740-9042

Vancouver: Downtown Eastside Hep C Support Group Meetings: Each Mon., 4:30-6:30 PM, Carnegie Center, 401 Main St., Vancouver. Contact: Carolyn, momma@vcn.bc.ca

Vancouver: HepHIVE and HepC VSG Hep C and HIV/HCV Coinfection. Meetings: Last Wed. each month, 10:30-12:30, BCCDC Building, 655 West 12th Tom Cox Boardroom 2nd floor. Next meeting May 30th. Contact: Darlene, 608-3544, djnicol@attglobal.net, or info@hepcvsg.org.

Vancouver: Positive Outlook. 441 East Hastings Street. Hepatitis C and Coinfection with HIV. The first and third Thursday of every month from 2-3PM. Facilitated by HEPHIVE. Call 254.9950 or email hephive@mdi.ca for more info.

Vernon HeCSC HEPLIFE Meetings: 2nd and 4th Wed. each month, 10 AM-1 PM, The People Place, 3402-27th Ave. Next meetings May 9th & 23rd. Contact: Sharon, 542-3092, sggrant@netcom.ca

Victoria HeCSC Meetings: 1st Mon. each month, 6:30-9 PM, CHR 1947 Cook St. Multi-Purpose Room. Next meeting May 7th. Contact: 388-4311, hepcvic@coastnet.com

Victoria Support and Discussion Group Meetings: 1st Wed. each month, 7-9 PM, Next meeting May 2nd. Contact Hermione, Street Outreach Services 384-1345, hermione@avi.org

Victoria HepCBC Support Groups Small support groups for men or women. Men, contact David at 361-4808, cdm@hepcbc.org Women, contact Joan at 595-3882, or jking@hepcbc.org

Yukon Positive Lives Meetings: 3rd Wed. each month, Whitehorse. Next meeting May 16th. Contact 456-2017, positivelives@yknet.yk.ca or Heather, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

OTHER PROVINCES

ATLANTIC PROVINCES:

Atlantic Hepatitis C Coalition, QEII Health Sciences Centre, Bethune Building, Rm 223, 1278 Tower Road, Halifax, TEL: 420-1767 or 1-800-521-0572, r.ahcc@ns.sympatico.ca, www.ahcc.ca **Meetings:**

- **Antigonish:** 2nd Wed. each month, 7 PM, St. Martha's Health Centre, 25 Bay St, Level 1 Conference Room
- **Bridgewater:** Last Wed. each month, 7 PM, South Shore Regional Hospital, 90 Glen Allen Dr., Private Dining Room
- **Halifax:** 3rd Tues. each month, 7 PM, QEII Health Sciences Centre, 1278 Tower Rd, Dickson Bldg, Rm 5110
- **Kentville:** 2nd Tues. each month, 6:30 PM, KingsTech Campus, 236 Belcher St, Rm 214
- **Truro:** Last Tues. each month , 7 PM, Colchester Regional Hospital, 25 Willow St, Conference Room
- **Yarmouth**: 1st Tues. each month, 7 PM, Yarmouth Regional Hospital, 60 Vancouver St, Lecture Room 1—Main level

Cape Breton Hepatitis C Society Meetings: 2nd Tues. each month. 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. Contact: Sandi, 452-1982 sandik@learnstream.com

Greater Moncton, N.B. HeCSC Contact Debi, 1-888-461-4372 or 858-8519, monchepc@nbnet.nb.ca

Saint John & Area/HeCSC: 3rd Thursday each month, 7 PM, Community Health Centre, 116 Colburg Street. Contact Esmonde, 653-5637, hepcsj@nb.aibn.com, www.isaintjohn.com/hepc/

ONTARIO:

Durham Hepatitis C Support Group Meetings: 2nd Thurs. each month, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby,. Contact: Smilin' Sandi, smking@home.com http://members.home.net/smking/index.htm, Jim (905) 743-0319, Ken Ng , (905) 723-8521, or 1-800-841-2729 (Ext. 2170)

Hep C Niagara Falls Support Group Meetings: Last Thurs. each month, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thurold. Contact: Rhonda, 295-4260 or hepcnf@becon.org

Kitchener Area Chapter Meetings: 3rd Wed. each month, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, 893-9136 lollipop@golden.net

Ottawa Support Group Meetings: 7 PM, 309-1729 Bank St, 3rd floor. Use rear door off parking lot. Contact: Ron, 233-9703, ronlee@attcanada.ca

Windsor Support Group Meetings: Last Thurs. each month, 7 PM, 1100 University Ave. W. Contact 739-0301 or Ruth or Janice (Hep-C), 258-8954, truds99@hotmail.com

PRAIRIE PROVINCES:

Edmonton, AB Hepatitis C Informal Support Group Meetings: 3rd Thurs. each month, 6 PM, 10230-111 Avenue, Conference Room "A" (basement) Contact: Jackie Neufeld, 939-3379

Edmonton, AB Meetings: 2nd Wed. each month, #702-10242 105 St. Contact Fox, 488-5773, 473-7600, or fox@kihewcarvings.com

HepSEE WPG Winnipeg Meetings: Last Wed. of each month., 7-9 PM, Young United Church, 222 Furby St., Rm AB, Main Floor. Contact: Bill, 489-1405, bbuckels@escape.ca

QUEBEC:

Hepatitis C Foundation of Quebec Next Meeting: Montreal General Hospital 1650 Cedar Ave. 7-9 PM. Contact Eileen: 769-9040 or fhcq@qc.aibn.com