hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.org

HEP C COLLABORATIVE CIRCLE British Columbia

Eighty people, representing more than 30 different organizations from all over the province, met for three days in Nanaimo to launch the Circle. Its purpose is to inform, support and strengthen the capacity of individuals and groups throughout British Columbia who are involved with the effects of hepatitis C, and thus assist them to function more effectively, as well as to halt the spread of the hepatitis C virus (HCV).

The Circle is open to everyone involved with hepatitis C. There is no cost involved, and nobody loses autonomy. In fact, the more than thirty agencies committed to making the Circle work include groups dealing with many different priorities. The one thing we all have in common is our commitment to dealing effectively with the often devastating effects of HCV. We thank HepCBC for this initiative and the vision and faith to launch the project as an equal member with everyone else who wishes to join. All of you who read this and are not currently involved are encouraged to join us by contacting Erik Ages at erik@casper.ca.

We want to break the bonds of history and create a world in which all those affected by Hep C can be heard and gain the information and tools that will help them to more effectively achieve their common goals. We believe that the Circle is one way in which this can be accomplished, but only if we can live up to its ideals. It provides a real opportunity to unite all those whose differences would otherwise keep them isolated and powerless.

All of us who have joined the Circle are committed to living up to the following values:

- We put the highest priority on the needs of those suffering from the effects of HCV in all our actions concerning the Circle.
- We will endeavour to meet the challenges that we face with courage, integrity, compassion and understanding.
- We consider it vital that all those infected or affected by HCV be treated with dig-

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A TRANSMISSION RISK?

By Karolyn Sweeting

(Editor's note: Occasionally couples, where the male partner has hepatitis C, need artificial insemination to have children, like any other couple, but some doctors have denied them access to this process for fear of transmitting the disease to the mother and child.)

Artificial Insemination is now a safer possibility for patients infected with HCV. Medical assistance for procreation in a couple where one or both parents has HCV raises the issue of the transmission of infection to the baby through the mother (*Levy et al, 2000*). The Human Fertilisation and Embryology Authority is requiring all sperm donors to be screened for hepatitis C due to the prevalence of this virus amongst the population (*Hart et al, 2001*). The presence or absence of HCV RNA in the semen of an infected man to his partner and its transmissibility remains controversial (*Debono et al, 2000*).

To define the HCV transmission risk in assisted reproduction, a variety of studies were conducted to assess the presence of HCV RNA in spermatozoa and in seminal fluid (*Debono et al, 2000*). The blood and semen from chronically infected HCV patients were analyzed for HCV RNA using PCR- and non-PCR-dependent techniques (*Debono et al, 2000*). This approach failed to demonstrate HCV RNA in semen after

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INSIDE THIS ISSUE:

SEXUAL TRANSMISSION OF HCV

Is HCV sexually transmitted? In the 1990s, mainstream medical journals reported the results of at least 24 studies done mainly in the U.S., but also in Canada, Japan, Italy, and Egypt. The evidence was derived from both epidemiology and molecular biology, but the jury is still split.

Epidemiological evidence

Infection has been statistically associated with sexual exposure to high-risk individuals or with a personal history of high-risk sexual activity. Approximately 12% of patients with acute hepatitis C in the U.S. between 1991 and 1997 did not report drug use or transfusions but had had sexual contact with an HCV-positive partner. In households, the prevalence of infection among non-drug using contacts of HCV-infected persons was consistently higher among sexual contacts than among nonsexual contacts.

But the epidemiological evidence against sexual transmission of HCV is also strong. Other studies of groups at high risk for sexually transmitted diseases (STDs) have not shown an increased rate of HCV infection. For instance, the prevalence of HCV infection among men who have sex with men (and generally have higher rates of STDs) has not been found to be significantly different from that among heterosexuals. A study in southern Italy found no differences in sexual behaviours between 500 HCV-infected individuals and 500 controls.

Geography does appear to be a factor, though. In N. America and N. Europe, the prevalence of anti-HCV antibody averaged 1.3% among sexual partners, compared to 0.7% among nonsexual household contacts. In Asia, the figures were 11% versus 4.3%, and in S. Europe, 27% versus 4.5%.

Molecular evidence

HCV RNA has occasionally been detected in semen and other body fluids. The molecular evidence supporting sexual transmission has relied mostly on showing genetic homogeneity between HCV from long-term sexual partners. Investigators

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Victoria BC
V8R 4T3

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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) 595-3892. 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:
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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.

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HepCBC
2741 Richmond Road
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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.

NEW

Peppermint Patti's FAQ Version 5.1 Available NOW!!

Peppermint Patti's FAQ Version 5.1 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 V5.1; the Advocate's Guide; the Slide Presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. 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, Bruce Lemer, Elsevier Science, Blackwell Science, Massachusetts Medical Association, Health Canada, The Legal Services Society of BC, Pacific Coast Net, Margison Bros Printers, Carousel Computers, Arlene & Frank Darlington, Karolyn Sweeting; Alysn Mika; John Hasell, Gordon Mastine, Chris Foster, Judith Fry and Claire Cassidy.

Special thanks to Roche Canada for an unrestricted grant to help publish this newsletter.

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. Joan, 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. 20

Positive Attitude and Hepatitis C

Creative, independent, attractive 40-something woman, loving and living life, would like to meet active 35 to 40-something man. You have a sense of humor and enjoy the good things in life.

Ad No. 21

Hep C Positive Man 40+

Independent, active, caring, compassionate, romantic, would like to meet Hep C positive woman 30-40+ with positive attitude and similar traits.

Got Hep C?... Single?
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Order Your "Hepper Bear" Now!

$20 CDN each, including postage. This is a GREAT Fundraiser for Support Groups! Call (250) 361-4808, or email info@hepcbc.org to place your order.

THE SQUEEKY WHEEL

As many of you have heard, David Mazoff, aka Squeeky, has decided to take a well-deserved rest from the Hep C movement. I think most of you will agree that David has been one of the hardest workers ever involved with our cause, worldwide. He has worked tirelessly, and tiredly, literally all day, every day, almost single-handedly, for years. It will be impossible to replace him and the work he did. He has many faithful admirers. He has saved many lives.

David has stepped down for many reasons: his almost constant pain and tiredness make it difficult to cope with "politics," and recently he has developed cataracts in both of his eyes, as well as other retinal complications that severely limit his ability to work on the computer. Last, we all feel, and David agrees, that it is time for new blood in the organization.

We can't even begin to tell you about all his accomplishments. We *can* tell you that there was never a dull moment. He was always the life of the party, and he certainly made it feel like a party most of the time.

His expertise is in "schmoozing." He was able to get donations like no one else. If anyone should give a conference presentation, it should be David, teaching us how to raise money. "Schmoozing à la Squeek" has a good ring to it.

David, perhaps some of you are not aware, is very compassionate. He has spent many hours, if not at the bedside of sick and dying fellow travelers, at home worrying about them and their families, trying to find ways to make them more comfortable. He was always able to make them laugh, and knew exactly what to say to comfort them.

David was, *is*, controversial. He speaks what he thinks, and you always know just exactly where you stand with him. This did not make him very popular with many people, but I think most people, even his detractors, will admire him for that quality and his honesty, if not for his tact.

You all know by now that David has a real, live, honest-to-goodness PhD, as well as a graduate diploma in theology. Did you also know that he has done just about everything else under the sun? He has been a truck driver, a sandal-maker, a hermit, a health food store owner, a commune-inhabitant, the author of two books and many articles, a fruit grower, a classical guitarist and lutenist, a jazz accordionist, a perpetual student, a poet, a university professor, a sailor, a fish dock worker, a computer wiz, a champion gymnast and a triathlete, among other things.

David, Squeeky, Gleek, His Wuzziness, Dr. Mazoff, "The Revired Dr. Squeeky", Captain Blastoff, Sue Denham, Dr. Schlongen von Dongen—David is known by many names, and has many personas to go with those names, some serious, some fun-loving, some deeply religious, some critical, some compassionate, but always generous, with any money he (or anyone else) happens to have, and with time and attention.

Responses from the Hep C community were immediate:

"David M. has had such a large impact, and his exhausting commitment is really amazing."

"God Bless You wherever you put your energy."

"Won't this blow over?"

David will be remembered for his serious commentaries, insightful exposés, and his scathing reviews, as well as his unforgettable, if irreverent "Acid awfullest, and me," "Der Diddly Shqvat" and other stories on the HepCan and HEPV-L listservs.

David, HepCBC thanks you, and regrets that you must leave, but we understand. We will remember you fondly and with much appreciation. You have been the lifeblood of this Society.

—PS: Hey, I ain't dead yet, so what's with the obit?
—squeek

HEPCBC MEETING Victoria

HepCBC will be holding a general meeting to discuss business issues and provide support to its members and prospective members.

When: Tuesday, March 5, 2002 7-9 PM
Where: 541 Herald Street, Victoria, BC
Contact: 595-3892

Refreshments provided

(**SEXUAL TRANSMISSION**—*Continued from page 1)*
demonstrated greater than 99% similarity in HCV RNA between partners in two long-term, monogamous pairs who had not used i.v. drugs. In another study, the similarity in HCV RNA between female patients in an STD clinic who did not use injection drugs and their male partners was 94%, compared to 82% between pairs of infected, non-drug using male patients.

However, the issue may be subtler than simply documenting the total percentage of similar nucleotides in pairs of RNA samples. For example, one study determined that, even though there was 96% similarity between HCV isolates from pairs of sexual partners, genetic divergence would have required a longer time than the duration of the marriage.

The same studies showed that, after 17 years, the crude rate of acquisition among the male partners was 0.2%/17 yr, or 0.01%/yr. A separate study over 2 years estimated a rate of 1%.

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HepCBC and *hepc.bull*: YOUR COMMENTS

"I would like to continue receiving the 'Hep Bull,' but I would also like a membership as well. I will be sending more money shortly. I will donate in the hopes you keep producing such an informative and helpful bulletin. Keep up the good work."

"…the best thing we've seen so far for the Hep C movement in this province... What a great opportunity for us all!!!"

"Congratulations to HepCBC for organizing an excellent weekend and achieving the goal set out - the formation of a Collaborative Circle."

"We thank you and HepCBC for pulling this event off.'

"I am also new on Hepcan although I have been reading posts for a while now. I find the info here and in the Hepcbull very helpful."

"HepCBC is the only voice sufferers have. Every doctor, MLA and MP should have a copy of the Bull."

"The ODSP office is down the street from me. Not only am I going to be running down there this afternoon and posting the pamphlet front and back on their walls, and leaving copies of the Bull on all the little waiting side tables...I'll be letting the staff there know what patients with HCV should know…"

"I started sending my doctor (GP) the HepCBC newsletter. The other day I saw her, and she thanked me, almost falling over herself. Said that she had no idea of the politics behind this disease and was happy to be receiving the info for her other patients."

"I would just like to thank you for the support and help that you guys offer to us here in Australia. If we all work together we will find a cure for our disease. Once again thank you!!!"

"I wanted to let both of you know that your positive thoughts and encouraging words must have been part of reason Polly had a mild reaction to the first injection.... She still has your e-mails next to her bed. I know that your "presence" made her feel braver. Bless you..."

"I like reading the Hep C bulletin each month and appreciate you sending it to me....We don't have a Hep C circle here and we don't have a computer, etc. So I just read whatever I can get my hands on, about it."

"Just a short note, to let you know how much I appreciate all the work you do to provide all this information. You all do a great job. Looks like I'll be starting the combo treatment in Jan, so have been doing a lot of reading on-line, of all your websites."

RESEARCH

ANTI-REJECTION DRUGS

Transplant patients usually have to take drugs to suppress the immune system, but these drugs can have terrible side effects, they leave the patient open to other diseases, and they sometimes don't work anyway. Scientists are now trying to turn off T cells, which cause the body to reject the transplanted organ.

In the current study, researchers found out that, when monocytes and dendritic cells were exposed to T cells, ILT3 and ILT4 levels (inhibitory proteins) increased, making them tolerate foreign substances. The researchers examined blood from patients who didn't reject their transplanted hearts and found high levels of these two proteins, and **they hope to treat transplanted patients with a drug to increase ILT3 and ILT4 levels**. This is isn't as easy as it sounds, and will take time—perhaps 5 to 10 years.

Source: Reuters Health January 28, 2002, Discovery Might Help Organ Recipients Avoid Drugs by Faith Reidenbach. Original article: Nature Immunology 2002;10.1038/ni760.

GM-CSF BOOSTS VACCINE

Researchers have found that has found that granulocyte macrophage-colony stimulating factor (GM-CSF) gene therapy increases the effectiveness of Hep C DNA vaccines in inoculated mice, enhancing their immune response, levels of antibodies, and T-cell activity. Reporter genes were detected near the vaccine injection site and in surrounding lymph nodes, and it was found that dendritic cells seem to help stimulate the immune response after vaccination and GM-CSF therapy.

Source: Vaccine Weekly, Feb. 6, 2002, p. 3, DNA Vaccine Hepatitis C Vaccine Enhanced By GM-CSF Gene Therapy by Sonia Nichols NewsRx.com

MIGHTY MOUSE

The HCV-Trimera mouse is proving very helpful in research. The HCV-Trimera model is developed by transplanting HCV-infected human liver fragments into mouse bone marrow cells. The scientists can tell if the virus is multiplying by finding a special negative strand of HCV RNA. Thanks to this animal model, they have found both an IRES inhibitor and an anti-HCV human monoclonal antibody (XTL 68) which reduce amounts of the HCV virus in these mice.

Source: Ilan E, et al, J Infect Dis 2002 Jan 15;185 (2):153-61 The Hepatitis C Virus (HCV)-Trimera Mouse: A Model for Evaluation of Agents against HCV. PMID: 11807688

(TRANSMISSION RISK?)—*Continued from page 1)*

purification took place (*Debono et al, 2000, McKee et al, 1996*). HCV RNA detection was performed in the semen and sperm fractions obtained after Percoll gradient centrifugation from infected infertile men (*Levy et al, 2000*). This process separates the components in the sample based on size and density. HCV RNA was detected in 5% (2/39) of the semen samples tested before Percoll selection (*Levy et al, 2000*). There were no traces of HCV RNA in the semen after the separation process (*Levy et al, 2000*).

Thirty-two HIV-1-infected clinically asymptomatic men, infected with both HIV and HCV, were tested using the motile spermatozoa process (*Pasquier et al, 2000*). This process reduces the transmission of HCV from an infected male during artificial insemination (*Pasquier et al, 2000*). Motile spermatozoa were isolated from 51 semen samples by density gradient and 'swim-up' (*Pasquier et al, 2000*). This form of purification reduced the HCV genomes in the semen of infected individuals to undetectable levels (*Pasquier et al, 2000*). This method, associated with a standardised virus assay, could be useful for couples where the male is infected (*Pasquier et al, 2000*).

Nevertheless, epidemiological studies are required to definitively assess the absence of sexual transmission of HCV (*Debono et al, 2000*). This knowledge allows measures to be taken to reduce the risk of transmission and enables couples to make an informed decision regarding proceeding with treatment (*Hart et al, 2001*).

References:

Debono E, et al, Liver 2000 Jun;20(3):257-61. Absence of hepatitis C genome in semen of infected men by polymerase chain reaction, branched DNA and in situ hybridization,

Hart R, et al, BJOG 2001 Jun;108(6):654-6. Screening for HIV, hepatitis B and C infection in a population seeking assisted reproduction in an inner London hospital.

Levy R, et al, Hum Reprod 2000 Apr;15(4):810-6. Transmission risk of hepatitis C virus in assisted reproductive techniques.

McKee TA, et al, Fertil Steril 1996 Jul;66(1):161-3. Risks for transmission of hepatitis C virus during artificial insemination.

Pasquier C, et al . AIDS 2000 Sep 29;14(14):2093-9. Sperm washing and virus nucleic acid detection to reduce HIV and hepatitis C virus transmission in serodiscordant couples wishing to have children.

(SEXUAL TRANSMISSION-*Continued from page 3)*

Risk factors

If we accept that sexual transmission occurs at some low level, the factors associated with infection appear to be

· an increased risk of infection among female partners of HCV-infected men but not among male partners of HCV-infected women,

· "high-risk" sexual practices by women,

· co-infection with HIV (the overall level of viremia may be significant),

· older age (sometimes confused with the risks of a long-term relationship with an infected partner),

· a history of more than 24 sexual partners,

· a history of other STDs,

· sexual contact with an i.v. drug user,

· failure to use condoms, and

· cigarette smoking.

Monogamous transmission

Data from heterosexual couples often suggest a correlation between HCV infection in the partner and the number of years of marriage. However, although hemophiliacs are often HCV infected, in three large studies infection between partners averaged only 3%. And two studies of 487 young HCV-infected women showed that the prevalence of HCV antibody in their long-term sexual partners nearly 20 years later was less than 0.6%.

Sharing an identical HCV genotype does not prove mode of transmission, but we can estimate from the studies that, in monogamous relationships averaging 30 years, the maximum possible sexual transmission rate was roughly 3.9%, or 0.1%/yr.

Mere long-term cohabitation with an HCV-infected person, without sexual contact, can present a risk due to household practices. For example, Italian households once commonly shared glass syringes for injecting medicines and tonics.

It seems reasonable to confirm that sexual transmission within monogamous relationships may rarely occur, with a chance of somewhere between 1 in 10,000 and 1 in 100 per year [*sic*]. The often quoted cumulative risk of 5% over 20-30 yr is in the middle of that range. This can be considered too low a risk to necessitate preventive measures such as condoms.

100% of recent HCV infections are essentially curable with interferon. Therefore, the partner of the affected person should have baseline screening for anti-HCV antibody every 1-2 years. If positive, evidence of infection should be sought with a qualitative test for HCV RNA. However, the partner will almost always be found to be antibody negative.

Source: J. B. Gross, "Hepatitis C: A Sexually Transmitted Disease", American Journal of Gastroenterol. 96, no. 11 (2001), 3051-3.

AN OPEN LETTER TO THE MEMBERS AND THE BOARD OF DIRECTORS OF HEPCBC

"Where there is no vision, the people perish." (Proverbs 29:18)

As a founding member of HepCBC, and a lifetime member, I felt that I should remind you all of some very important principles that were, are, and should be at the heart of this organisation.

Why Was HepCBC Founded?

HepCBC was founded because many members of the grass roots community felt that the hepatitis C organisations at the time (Canadian Liver Foundation, Hepatitis C Society of Canada) were not listening to people with hepatitis C, nor were they educating the public.

HepCBC exists to be an umbrella group to give a voice to those groups not encompassed by CLF or HeCSC, and the individuals throughout the province who fall between the cracks. As volunteers we also felt frustrated that major decisions were made by a distant Board often with an agenda that looked more like it was trying to please government or the medical and pharmaceutical industries, rather than serve its members. We also felt that the larger organisations did not use the funds we raised wisely, or as we, the fundraising members, felt they should be used.

Pamphlets:

The pamphlets that Joan and I designed were ground-breaking: there was nothing available on the Health and Beauty Industry, or Sexual Transmission, on Pregnancy or on Advocacy. Despite our asking many times that the larger organisations (HeCSC, CLF) help us publish this needful information, or do it themselves, for a variety of reasons they declined. The local community did not have the capacity to get the pamphlets out to public, and that's where I came in.

Newsletter:

Although the *hepc.bull* existed, it had limited circulation and was less polished and accurate. This was due mostly to our lack of resources—access to information, computer equipment, programs and money, and necessary skills.

After HepCBC was born, the funds that the Victoria hepatitis C community raised were used to publish the bulletin and channelled into various projects: bus ads, pamphlets, newsletters, community computers, and so forth.

Editorial Policy:

The bulletin never had an editorial policy. The reason for this was to ensure that it would never become the voice of a Board, as HeCSC was wanting to do, when we were part of them, years ago. Joan and I discussed this at length, and often printed things with which we did not agree because we knew we had to *let the community speak.*

It was the desire to give the community a voice that led to the establishment of www.hepcbc.org, and the HepCAN list. Both of these efforts were strongly resisted by the parent organisation (HeCSC), which wanted to censor as needed, and, as dictated by the board. The problem was not so much whether they were right or wrong in their eventual decisions: the problem was that Board level decisions excluded the community, and thus did not reflect it. This is not my idea of a Society, nor was it Leslie Gibbenhuck's or Joanne Manser's, who, as past Board Members of HeCSC, tried unsuccessfully to change this.

Vision:

Many times, before he passed away, Ron Thiel reminded us of the danger of an organisation turning inwards and ceasing to represent it members—its sole purpose being self-preservation.

Should HepCBC lose its community and grass roots focus, first it would be redundant, since CLF and HeCSC already cover the other bases, and it would abandon the only independent voice the community now has.

The BC Hepatitis C Collaborative Circle:

The reason I invited representatives from HEP in Seattle to the conference was so that the attendees might understand that the relationship between Schering and the Community Coalitions is very similar to the relationship between Health Canada and the Hepatitis C initiatives it supports. I'm not sure many people understood, or wanted to understand.

Joan and I often, in fact Joan more so, insisted on the necessity for HepCBC to remain independent and not rely on government funding; hence, all our local initiatives.

HepCBC and the Hep C Circle are not the same, and they serve different purposes. HepCBC has no vote in the hub, and is merely the agency of record. It has as much influence as any other organisation in the plenary session. The Circle is funded solely by the government, and the government will watch very closely to see that its purposes are fulfilled.

At the Circle, I, in the name of HepCBC, raised money to help pay for meals for those attendees too poor to feed them-

selves. And, yes, this is true, and no joke. A person on welfare or disability gets only between $500 - $810 a month. Even with a scholarship to the conference, how were they to eat supper, when they had no money for restaurants?

I asked the gathering to contribute. I mentioned that, of the 30 agencies represented, surely some of them could afford to put in maybe $500 - $1000 each. The only people who put money in the pot were HepCBC and a few poor individuals. I heard that Karen Muirhead of ANKORS went out of her way to ensure that the hungry were fed. In the end, HepCBC gave away 4 internet-ready computers, and almost $300 in cash. The computers went to Positive Living NorthWest (Terrace), ANKORS (Castlegar), North Island AIDS Coalition Hepatitis C Support Project (Port Hardy), and Action Committee of People with Disabilities (Victoria). There were also enough leftovers to upgrade the computer of a HepCBC volunteer. This last computer is in process at the moment. The total value of the computers is well above $2000.

What does this say, and why am I mentioning this here? Because, had the other agencies contributed, the Circle might have been able to move away from government control. It would have been a start, a symbolic declaration. As far as I know, HepCBC remains the only INDEPENDENT voice of the hepatitis C community, and who is going to protect that?

What is the vision? Has it changed? Are we giving in to corporate and government pressure? Are you being properly represented? This is your organisation and you have a vote. Board members are also needed. Is there a focus we're missing? A broader board means better coverage of diverse community issues. Does the Board have the power of censorship? If it serves me right, I managed to find a way to pay for Board Insurance so that the Board wouldn't have to worry about litigation; or is the Board worried about losing grant money—something Joan told me was irrelevant?

During our short history, I was charged with certain tasks: incorporate us, get a charity number, increase community participation, raise funds, help other struggling members, preserve our autonomy and the autonomy of the associate groups under the HepCBC umbrella. All of these tasks have been achieved, and we have been instrumental in helping other groups stay alive, as well, through provision of cash, work incentive programs, and computer equipment.

None of the above was done for either self-aggrandisement or empire building. It was all done to strengthen and preserve the voice of the "individual" with hepatitis C.

Conclusions:

My understanding is that the voice of the individual with hepatitis C is perilously close to being extinguished, as it always has been with our community. HepCBC is a very small voice in the larger corporate world. We need more volunteers to ensure that the voice of the Hep C sufferer is not drowned out by the Hep C industry.

A community's voice, like that of a baby's cries in the middle of the night, may not be what we want to hear, but it is real, and should not be ignored. Are we able to listen?

Please attend the General Meeting on Tuesday, March 5, 2002 7-9 PM
Where: 541 Herald Street, Victoria, BC
Contact: 595-3892, or 361-4808

Sincerely

Dr. C.D. Mazoff, PhD
Founding Member, HepCBC

TREATMENT

IFN + ANTIPSYCHOTICS

This article discusses the use of interferon (IFN) in psychiatric patients infected with hepatitis C, and includes a report of a 28 year old man treated with both clozapine and IFN. This man developed a severe case of agranulocytosis. The reaction could have been caused by either or both drugs, however many drugs given to psychiatric patients can be toxic to the liver, and can interact with IFN, causing more problems in patients with hepatitis C. The authors recommend more **liver-friendly medications be used, and that the white blood count be checked weekly.**

Source: Schafer M, et al, Nervenarzt 2001 Nov;72 (11):872-5 PMID: 11758095

TIPS vs. DRUG THERAPY

In Spain, 91 patients who had a bleed were studied, and were randomly given TIPS (transjugular intrahepatic portosystemic shunt) or drug therapy (propranolol and isosorbide-5-mononitrate) to compare efficacy, safety and cost. After an average of 15 months, further treatment (angioplasty in the TIPS group, and endoscopic therapy for the drug therapy group) was done in a similar number of cases in both groups. Although there were more rebleeds with drug therapy, **drug therapy caused less brain fog, more improvement in health (Child-Pugh score), cost less, and had the same survival rate**. The authors suggest that TIPS should only be used to rescue patients when other treatments have failed.

Source: www.gastrohep.com/news/ Hepatology 2002; 35: 385-92, 06 February 2002, TIPS versus drug therapy in preventing variceal rebleeding in advanced cirrhosis

LIVER CANCER & TRANSPLANTS

Many patients with liver cancer must wait for a transplant for a year or more, and die waiting, although transplantation can provide excellent results for some of these patients.

Two therapies were studied to prolong the life of liver cancer patients on the transplant list: surgical resection (removal of the tumor) and percutaneous ablation (alcohol injections). Both therapies increased survival probabilities. Both were cost effective when considering gains in life expectancy, resection costing less than $40,000, and ablation costing less than $23,000 per year of life saved when waiting times were more than one year. The ablation therapy should be recommended with shorter waiting times, according to the authors, and controlled, randomized trials should be done.

Source: www.medscape.com, Reuters Health, Jan 23, 2002 Gut 2002;50:123-128. Adjuvant Therapy Cost Effective for Liver Cancer Patients Awaiting Transplant

AFP vs. TGF ß 1

Plasma transforming growth factor ß1 (TGF ß1) can help diagnose the presence of small hepatocellular carcinomas (liver tumors). It is more sensitive and as specific as alpha-fetoprotein (AFP), according to this study of 38 patients in Korea. The estimated values for small liver tumors are 800 pg/mL for plasma TGF ß1 and 200 ng/mL for serum AFP.

Source: A review of Cancer 2002;94:175-80. "Transforming growth factor-beta 1 as a useful serologic marker of small hepatocellular carcinoma" TGF ß 1 Helps Diagnosis of Hepatocellular Carcinoma by

SHOOT FOR SAFETY

Shoot for Safety: Youth and Hepatitis C
Friday, March 22, 2002 9 AM -5 PM
St. Paul's Hospital, Vancouver, BC

A One-Day Conference for:

- Hep C + Youth
- Hep C Affected Youth
- Educators
- Health Care Providers
- Aboriginal Youth / Youth Workers
- Get to know about Hep C and the experiences of Hep C + Youth!
- Learn prevention strategies that you can use!

Workshops on:

- Aboriginals and Hep C
- Street-involved and other marginalized youth
- Info for Health Care Providers
- Education strategies for Youth
- A full performance of YouthCO's Forum Theatre!
- Breakfast & Lunch will be provided.
- Scholarships are available to youth traveling to Vancouver for overnight stay.
- Other travel expenses may be covered-call us!

Contact: 604-688-1441
Email laure_youthco@yahoo.ca

TRIALS

XTL-002 LATEST RESULTS

XTL Biopharmaceuticals announced that the results of the Phase Ia study of 15 patients with HCV showed that their viral load was reduced in more than half the patients after one single intravenous dose, and no side effects were reported, showing that the product is effective against the virus. XTL is a monoclonal antibody against HCV.

Source: PRNewswire Jan. 14, 2002 First Monoclonal Antibody in the Clinic to Show Activity Against The Hepatitis C Virus. www.xtlbio.com

OMNIFERON/ALFANATIVE

Viragen and Umea have merged to form "ViraNative." Viragen produces Omniferon, a natural alpha IFN derived from human leukocytes, and which is presently in Phase II clinical trials. With the merge, since both companies had virtually identical products, Phase II trials are considered complete and the product already licensed in the UK and other EU countries. Patients still in Omniferon trials will be allowed to complete those trials. ViraNative has requested that Swedish authorities expand the use of Alfanative to treat patients resistant to treatment with any synthetic interferon, possibly due to the formation of neutralizing antibodies.

Source: PRNewswire Oct. 11, 2001 Viragen's CEO Details New Strategies www.viragen.com

Canadian Liver Foundation & HepCBC

LIVING WITH LIVER DISEASE

The Living with Liver Disease Program will commence on March 12, 2002 from 7 to 9 PM each Tuesday evening at the PWA Office, 541 Herald St., Victoria , BC.

March 12- General info on viral hepatitis and how the liver works

March 19– Naturopathy and Hep C

March 26- Diet/Nutrition and Hep C

April 2- Family issues and emotional stress

April 9 - Acupuncture, Herbs and Hep C

Contact the CLF at 1-800-856-7266 for registration.

CANADIAN LIVER FOUNDATION / FONDATION CANADIENNE DU FOIE

WARNINGS

IRON

Although iron deficiency causes anemia, an excess of iron is toxic and can be fatal, and not just for those with hepatitis C. One can be born with iron overload, or it develop it later in life. It is also called hemochromatosis. The liver stores iron, and too much can cause fibrosis, cirrhosis and liver cancer. You can imagine the problem if it is combined with viral hepatitis. Those of us with hepatitis C should be **tested for iron overload**. There are methods to deal with this problem, such as long term iron reduction (blood letting, or phlebotomy) and chelation (removal of the iron from the blood with oral iron chelators such as deferiprone.)

Source: Bonkovsky, Herbert L., M.D, American Journal of Gastroenterology, Jan 2002, Vol 97, No. 1, pp 1-4, Iron as a Comorbid Factor in Chronic Viral Hepatitis www-east.elsevier.com/ajg/issues/9701/ajg5390edi.htm

MERCK VACCINES

The FDA says that Merck's procedures for sterility, testing and documentation, among other things, were not properly performed, and production at their plant has been brought to a standstill so new supervisors can be trained. Some of the problems found at Merck were that prompt inspections weren't performed after noticing sterility failures, discrepancies in the number of rejected batches weren't documented, questionable results weren't verified, and adequate air pressure in the building was not maintained. Merck produces such products as Varivax, a chicken pox vaccine; a vaccine for MMR, or measles, mumps and rubella; and **vaccines for Hepatitis A and B**.

Source: http://www.mercola.com/2002/jan/30/vaccine_plant.htm FDA Closes Vaccine Plant for Violation by Ed Silverman

ACTOS

ACTOS is a drug used to treat type 2 diabetes. There were no problems of liver damage noted in clinical trials of over 4500 patients, and the few cases of elevated ALTs seemed to be unrelated to the drug. Since approval, there have been reports of ALT levels 3 or more times normal, rarely involving liver failure, although there is no evidence to blame the drug, other than that it is related to troglitazone, which has been blamed in cases of severe liver damage. Changes are being made to the label, and **patients treated with ACTOS should have frequent liver enzyme tests**. More trials are being done.

Source: http://www.fda.gov/medwatch/SAFETY/2001/jul01.htm

SEN VIRUSES

SEN D and SEN H viruses can cause post-transfusion hepatitis. Of 31 patients with hepatitis C studied, 6 were found to have SEN D and 7 had SEN H (one was positive for both). All of those with SEN D and 5 of those with SEN H failed to respond to therapy. The authors concluded that **co-infection with SEN viruses is common in hepatitis C patients** and **might be related to non-response** to interferon and ribavirin.

Source: Rigas B, et al, Lancet 2001 Dec 8;358 (9297):1961-2 Effect on treatment outcome of coinfection with SEN viruses in patients with hepatitis C.

HEP C & ARTERY PLAQUE

Of 4784 individuals having a general health screening test, the blood samples were used to study the relation between HCV and carotid-artery plaque and carotid intima-media thickening. 104 (2.2%) samples were found infected with HCV. After considering risk factors, **HCV infection was found to be related to an increased risk of carotid-artery plaque and carotid intima-media thickening**.

Ishizaka N, et al, Lancet 2002 Jan 12;359(9301):133-5 Association between hepatitis C virus seropositivity, carotid-artery plaque, and intima-media thickening. PMID: 11809259, UI: 21668737

NEVIRAPINE

In a study of 70 persons with HIV taking nevirapine, 33 developed elevated ALT levels, indicating liver damage. Higher doses seemed to cause more toxicity, and elevated ALT was present in 92% of those co-infected with hepatitis C who were given more than 5 g/ml of nevirapine. **ALT levels should be checked regularly** during the first 12 weeks in those taking this medication. Doctors should be aware that toxicity might not show up until 3 to 12 months later.

Source: (www.natap.org) González de Requena, D, et al AIDS 2002;16:290-291 Liver toxicity caused by nevirapine

KAVA-KAVA

Health Canada says people **shouldn't use kava** until it has checked it for safety. Kava is used to treat anxiety, nervousness, sleeping problems, pain and muscle tension. There have been at least 25 reports of severe liver damage in Germany and Switzerland; one person needed a liver transplant. 18 of these patients were taking other medication, as well. There have been no reports in Canada. Please contact your doctor if you have any side effects from kava like yellow skin or eyes, brown urine, nausea, vomiting, fatigue, weakness, stomach pain, appetite loss. Doctors should **report kava side effects** in Canada to 1 (866)234-2345 and in the US to 1 (800) 332-1088

Source: CATIE News, 5 February 2002, Health Canada advises against kava

WARFARIN AND RIBAVIRIN

There has been a case of a 61-year-old man on the Combo treatment who was taking warfarin to prevent blood clots after heart valve replacement. His dose had to be increased by 40% to maintain blood clot control while he was on the Combo. IFN alone usually works the opposite way, but ribavirin seems to make the warfarin less effective. **Doctors should monitor patients taking warfarin with the Combo carefully, especially during the first 4 weeks after starting or stopping ribavirin.**

Source: Schulman S., Ann Pharmacother 2002 Jan;36 (1):72-4 Inhibition of warfarin activity by ribavirin. PMID: 11816263

HOT TUBS

This isn't exactly Hep C related, but we with liver problems have difficulty with toxins, and here is another one: A widely used disinfectant used to clean hot tubs has recently caused pneumonia in two people after bathing in a hot tub. The culprits were **bromine and hydrobromic acid**. Beware.

Source: Burns MJ, et al, Chest 1997 Mar;111(3):816-9 Another hot tub hazard. Toxicity secondary to bromine and hydrobromic acid exposure. PMID:

TIP OF THE MONTH:

Don't brush your teeth before sex. It can cause your gums to bleed.

(**BC CIRCLE**—*Continued from page 1)*

nity, respect and understanding in a spirit that recognizes their humanity and the struggles that they face.

- We are determined to include people living with HCV in all decisions that affect them.
- We will ensure that the BC Hepatitis C Collaborative Circle operates by consensus to the greatest extent we can.
- We agree to put the values and principles of the BC Hepatitis C Collaborative Circle ahead of our personal agendas.

For further information on the Circle and its activities, please visit our Web Site at www.casper.ca/hepcircle

WHO'S GETTING THE MONEY?

Dear Editor:

Who's getting the money in the Hep C compensation deal? Short answer: We don't know. What is true is that the Hep C victims of the tainted blood scandal aren't getting what the public probably thinks we are.

To begin with, they have made us, the victims, responsible for assuring that there is money in the fund for future claims. When the deal was made, local (Halifax) class action lawyer Dawna Ring held a press conference. I attended the conference and asked her about the amount of the deal, and if there was enough money there to look after everybody, since they didn't know for sure how many victims they were dealing with. She assured me, the press and Hep C victims of the blood throughout Atlantic Canada that this was not an issue, and there was lots of money. Ms. Ring made this statement knowing full well that there was a $5,000 hold back from each victim to assure the financial sustainability of the fund—slightly different from Ms. Ring's assurances.

There are pages in the Tax Laws of Canada stating that money received as settlement for damages in a law suit or negotiated settlement is not taxable, yet we lose all taxes, CPP, unemployment, etc., up front, and then they deduct another 30% for good measure. What this deal is worth is about 45% of your wage replaced. They then deduct any CPP disability pension you may be getting, and in some cases private plans may claw back what they are paying you. In one case a father of a young family, whose income would have been in the high 30 to low 40 thousands bracket, received more money taking the "loss of services in the home" part of the deal, rather than the wage replacement. He was better off accepting $12,000 a year than receiving what was left of the wage replacement from his job after they tore it apart. How could lawyers, taking $54,000,000 from our fund as payment for services, ever sign a deal like that?

Who's getting the big money? We're not sure. The big winners seem to be the class action lawyers, Crawford's (aka Garden City) and Price Waterhouse, among others. While everybody is being paid from the victims' fund, they don't seem to feel they have an obligation to divulge where the money is going. I have requested a detailed accounting from Crawford's, with no response on more than one occasion. I have requested an accounting showing where the money has gone, including the millions ex-Health Minister Rock paid to HIV infected people from our fund to have his foot removed from his mouth, with no success. Crawford's are silent.

Crawford's, who have such control over our lives, have opened a special office under the name, I am told, "Garden City," to administer our fund. They have unpublished phone numbers and fax numbers, will not give out their street address, operate on a 1-800 number and never seem to "be at their desk" when you call to speak to a certain person—Government re-created.

It's hard to believe the performance we have gotten and continue to get daily from these people and companies who, in reality, are being paid by us, and therefore, working for us.

Bruce DeVenne

PEG-INTRON PROBLEMS?

Reports of people not being able to get refills of PEG-Intron have been denied by Schering. Just in case, here is a suggested procedure if this happens to you, since it is important not to miss your scheduled doses. This is ONLY for those ALREADY taking PEG-Intron:

1. Call 1-888-437-2608 and report the problem M-F 9 AM to 12 midnight, and 9-5 on Saturdays, Eastern Standard Time.
2. Problems with the access program? Call 1-800-222-7579.
3. Report the problem to HAAC haac_sf@hotmail.com You will remain anonymous.

Source: Hepatitis C Action & Advocacy Coalition February 2, 2002

KPMG CONTACT INFO

Application to Pre-1986/Post-1990
Hepatitis C Settlement Fund
KPMG Inc.
Claims Administrator - Hepatitis C
2000 McGill College Avenue
Suite 1900
Montreal (Quebec)
H3A 3H8

1-888-840-5764 (1-888-840-kpmg)
HepatitisC@kpmg.ca
www.kpmg.ca/microsite/hepatitisc/english/forms.html

COMPENSATION

LEGAL ACTION

Hepatitis C Class Action Suit Line:
1-800-229-LEAD (5323)

1986-1990
Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699 Fax: 1-604-609-6688

Pre-86/Post-90
Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/pages/class_actions/Hepatitis_C.htm

Mr. David Harvey/ Goodman & Carr
Toronto, Ontario
Phone: 1-416-595-2300, Fax: 1-416-595-0527

Ernst & Young Law Office (Ontario)
1-800-563-2387

Lauzon Belanger S.E.N.C. (Quebec)
www.lauzonbelanger.qc.ca.

Goodman and Carr LLP
pre86hepc@goodmancarr.com
www.goodmancarr.com

Forms: www.kpmg.ca/microsite/hepatitisc/english/forms.html

Other:

William Dermody/Dempster, Dermody, Riley and Buntain
Hamilton, Ontario L8N 3Z1
1-905-572-6688

LOOKBACK/TRACEBACK

The Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 207)
Lookback Programs, Canada: 1-800-668-2866
Lookback Programs, BC: 1-888-770-4800
Canadian Blood Services Lookback/Traceback & Info Line: 1-888-462-4056
Hema-Quebec Lookback/Traceback & Info Line: 1-888-666-4362
Manitoba Traceback: 1-866-357-0196

RCMP Blood Probe Task Force TIPS Hotline
1-888-530-1111 or 1-905-953-7388
Mon-Fri 7 AM-10 PM EST
345 Harry Walker Parkway, South Newmarket, Ontario L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

National Compensation Hotline: 1-888-726-2656
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/ post-90 Registration: 1-888-840-5764
Ontario Compensation: 1-877-222-3977
Toronto Compensation: 1-416-327-0539, 1-877-434-0944
Quebec Red Cross Compensation: 1-888-840-5764
1986-1990 Hepatitis C Class Actions Settlement 6/15/99 www.hepc8690.ca/

ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1-888-726-2656 or 1-877- 434-0944. or 1-888-840-5764
www.hepc8690.com info@hepc8690.com

MISCELLANEOUS

Questions about the status of your claim (86-90)? Please contact the administrator. If you still have questions,please contact Bruce Lemer who has promised me he would answer your questions at no charge.—C.D. Mazoff

Excellent Website!!: HCV Tainted Blood, Canada: http://members.rogers.com/smking/tainted.htm

COMING UP IN BC:

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

Castlegar Contact: Robin, 365-6137

Chilliwack BC HepTalk Contact: 856-6880.

Comox Valley HeCSC 3rd Tues. monthly, 7-9 PM, St. George's United Church, Fitzgerald St. Next meeting Mar. 19th Contact: Rae Supeene 334-2434 or the North Island Hep C Community Support Project 1-877-650-8787

Cowichan Valley Hepatitis C Support Contact: Leah, 748-3432.

Cranbrook HeCSC-EK: 1st & 3rd Tues. monthly, 1-3 PM, #39 13th Ave South, Lower Level. Next meetings Mar. 5th & 19th. Contact: 426-5277 or 1-866-619-6111 hepc@cmha-ek.org, www.hepceastkootenay.com

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

Grand Forks Hep C Support Centre Each Mon, 3:30-5:30 PM, & 1st Mon. monthly, 6:30 PM, 7215 2nd St. (Boundary Women's Resource Centre) Contact Ken, 1-800-421-2437

HepCBC INFO Line. Free medical articles & other info. Contact: (250) 595-3892, jking@hepcbc.org, www.hepcbc.org

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Education Room, Kelowna General Hospital. Next Meeting: Mar. 30th. Contact Elaine Risely (250) 768-3573, eriseley@shaw.ca or Lisa Mortell 766-5132 lmortell@silk.net

Kimberley Support Group 1st Mon. monthly, 1-3 PM. Next meeting Mar. 4th. Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Mar. 12th Topic: Nutrition and Hep C. For individual support, info & materials, contact: 368-1141, k-9@direct.ca.

Maple Ridge Last Wed. monthly, 7-8:30 PM, 22470 Dewdney Trunk Road. Meet in underground parkade before 6:50. Next meeting: Mar. 27th. Contact Peter (604) 463-0223 or madclark@telus.net

Mid Island Hepatitis C Society Contact Sue 245-7635. mihepc@shaw.ca

- **Ladysmith** Friendship & Support Group. 2nd Fri. monthly, 7 PM, Ladysmith Resource Centre.
- **Nanaimo** Friendship and Support Group 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo.

Mission Hepatitis C and Liver Disease Support Group 3rd Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting Mar. 20th. Contact Gina, 826-6582 or Patrick, 820-5576. missionsupport@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Mar. 19th. Contact: Vivian, 265-0073 or Ken, 1-800-421-2437

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: Mar. 7th. Topic: Nutrition and Hep C. 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 2nd Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Carnarvon St, New Westminster. Next meeting Mar. 11th. Contact: Dianne Morrissettie, 525-3790.

Parksville Support Group Contact Ria, 248-6072

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

Penticton Hep C Family Support Group Contact: Leslie, 490-9054, bchepc@telus.net

Powell River Hep C Support Group 2nd Wed. monthly, 7 PM. Next meeting: Mar. 13th Coast Hotel, "Look After Your Liver: a naturopathic approach to good health," with Dr. David Bayley, BSc.K. ND Contact: Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Mar. 12th. Contact: Gina, 963-9756, gwrickaby@telus.net or Ilse, ikuepper@nirhb.bc.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Mar. 9th. Contact: Brad, 295-6510, citizenk@nethop.net

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

Quesnel HeCSC Last Mon. evening every other month. Contact Elaine Barry, 992-3640, ebarry@goldcity.net

Richmond: Lulu Island AIDS/Hepatitis Network: Meetings/drop-in dinner each Mon. 7-9 PM. Contact Phil or Joe, 276-9273.

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

Smithers: Positive Living North West 2nd Wed. monthly, 7-9 PM, 3731 1st Avenue, Upstairs. Next meeting: Mar. 13th. Contact: Deb. 877-0042, 1-866-877-0042, or Doreen, 847-2132, plnw_hepc@bulkley.net

Sunshine Coast—Sechelt: Contact: Kathy, 886-3211, kathy_rietze@uniserve.com—**Gibsons**: Contact Bill, pager 740-9042

Vancouver HepHIVE and HepC VSG 1st Wed. monthly, 10:30-12:30, BCCDC Building, 655 W. 12th Tom Cox Boardroom 2nd floor. Next meeting Mar. 6th. Contact: Ken (604)254-9949 local 232 hepcvsg@canada.com

VANDU Vancouver Area Network of Drug Users Each Mon., 1 PM, 327 Carrall St. (off Pigeon Park) Bus fare and snack. Contact: Ed or Ann, 683-8595, vandu@vcn.bc.ca, www.vandu.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Next meetings Mar. 13th & 27th. Contact: Sharon, 542-3092, sggrant@telus.net

Victoria HeCSC Last Wed. monthly. Contact: 388-4311, hepcvic@coastnet.com

Victoria Support and Information Each Wed., 7-11 PM, or weekdays 9-4, Street Outreach Services. Contact 384-2366, hermione.jefferis@avi.org

Victoria HepCBC General Meetings quarterly, 1st Tues., 7-9 PM, 541 Herald St. **Next meeting: Mar. 5.** Contact: 595-3892.

YouthCO AIDS Society HepCATS Hep C advocacy, training and support for youth 15-29 living with Hep C or co-infected with HIV. #203-319 W Pender St., Vancouver. Contact Jessica, (604)688-1441, (604)808-7209 or jessica@youthco.org

Yukon Positive Lives 3rd Wed. monthly, Whitehorse. Next meeting Mar. 20th. Contact Heather 660-4808, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

OTHER PROVINCES

ATLANTIC PROVINCES:

Cape Breton HeCSC 2nd Tues. monthly. Contact 564-4258

Cape Breton-HepC-CB 2nd Wed. monthly, 7 PM YMCA Board Room, Charlotte St., Sydney. Contact: Maria Mac Intosh at 567-1312 http://www.accb.ns.ca/

Fredericton, NB HeCSC 2002 schedule: Jan 24, April 25, Sept 26, Dec 5, 7 PM, Odell Park Lodge. Contact: Sandi, 452-1982 sandik@learnstream.com or Bob, 453-1340, bobc215@netscape.net

Hepatitis C Moncton, (NB) formerly Moncton Hepatitis C Society, Meetings 2nd Tues. monthly, 7 PM, 77 Vaughan Harvey Blvd. Contact Debi, 858-8519, hepcmonc@rogers.com.

Hepatitis Outreach Society, Simpson Hall, Suite 452, 300 Pleasant Street, Dartmouth, P.O. Box l004, NS, B2Y 3Z9. l-800-52l-0572, or 902-420-1767, r.ahcc@ns.sympatico.ca, www.ahcc.ca **Meetings:**

- **Bridgewater:** Last Wed. monthly, 7 PM, South Shore Regional Hospital, 90 Glen Allen Dr., Private Dining Room
- **Halifax:** 3rd Tues. monthly, 7 PM, QEII Health Sciences Centre, 1278 Tower Rd, Dickson Bldg, Rm 5110
- **Kentville:** 2nd Tues. monthly, 6:30 PM, KingsTech Campus, 236 Belcher St, Rm 214
- **New Glasgow:** 3rd Mon. monthly, Aberdeen Hospital, Conference room #l South.
- **Truro:** Last Tues. monthly, 7 PM, Colchester Regional Hospital, 25 Willow St, Conference Room
- **Yarmouth**: 1st Tues. monthly, 7 PM, Yarmouth Regional Hospital, 60 Vancouver St, Lecture Room 1—Main level

Saint John & Area/HeCSC: 3rd Thurs. monthly, 7 PM, Community Health Centre, 116 Coburg Street. Contact Allan Kerr 653-5637, hepcsj@nb.aibn.com, www.isaintjohn.com/hepc/

ONTARIO:

Barrie HepSEE Chapter 3rd Tues. monthly, 7-9 PM, AIDS Committee of Simcoe County, 80 Bradford St, Suite 336 Contact: Jeanie, 735-8153 hepseebarrie@rogers.com

Durham Hepatitis C Support Group : 2nd Thurs. monthly, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contact: Smilin Sandi, smking@rogers.com, http://members.rogers.com/smking/ Ken Ng, (905) 723-8521 or 1 (800) 841-2729 (Ext. 2170)

Kitchener Area : 3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, (519) 880-8596 lollipop@golden.net

Niagara Falls Hep C Support Group Last Thurs. monthly, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thorold. Contact: Rhonda, (905) 295-4260, Joe (905) 682-6194 jcolangelo@cogeco.ca or hepcnf@becon.org

Trenton ON support. Contact: Eileen Carlton 394-2924 carfam@quintenet.com

Windsor Support Group Each Thurs., 7 PM, 1100 University Ave. W. Contact 739-0301 or Ruth or Janice (Hep-C), 258-8954, truds@MNSi.Net

PRAIRIE PROVINCES:

HeCSC Edmonton: Contact Jackie Neufeld: 939-3379.

HepC Edmonton Support Group: Contact Fox, 473-7600, or Cell 690-4076, fox@kihewcarvings.com

HepSEE WPG: Last Mon., monthly, 7 PM, Crossways and Common United Church, corner Broadway & Maryland, Winnipeg. Contact David: HepSee@shaw.ca or 1(204)897-9105 for updates.

Winnipeg Hepatitis C Resource Centre 1st Tues. monthly 7-9 PM. Next meeting: Mar.. 5th. # 203-825 Sherbrook St. (south entrance—parking at rear) Speaker: Jayne from Jayne's Herbal Market Contact: 975-3279, hcrc@smd.mb.ca

QUEBEC:

Hepatitis C Foundation of Quebec, Contact Eileen, 769-9040 or fhcq@qc.aibn.com. **Meetings:**

- **Hull:** Each Tue. 7-8 PM, 57 Rue Charlevoix.
- **Montreal:** 4th Tues. monthly, 7-9 PM, Montreal General Hospital, room A1.109, 1650 Cedar Ave.
- **Sherbrooke** 2nd Monday monthly, 7-9 PM, Les Grandes Coeurs D'Artichauts Au Centre Jean-Patrice Chiasson (2e etage) 1270 Galt Street West. Contact: 820-7432
- **Verdun:** 3rd Wed. monthly, 7-9 PM (English), 1st Wednesday monthly, 7-9 PM, (French) 4341 Verdun Ave.

HeCSC

- **Montreal** 3rd Wed. monthly, 7 PM, YMCA 255 Ash Ave. Contact John, 450-926-2237. http://communities.msn.ca/Hepatitiscmontrealchapter
- **Quebec City Region**, 1st Wed monthly, 7 PM, 876 rue D'Alençon, St. Nicolas, QC. Contact: Renée Daurio, 836-2467, reneedaurio@hotmail.com