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Canada's Hepatitis C News Bulletin

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UNIVERSAL TESTING FOR HEPATITIS C?

by Will Lawson

According to the American Liver Foundation, more than 10,000 persons who donated blood in the aftermath of the September 11 attacks will be notified they have hepatitis C.

Should we have mandatory testing for hepatitis C in Canada? If so, who should be targeted? What issues do these questions raise? One or more of every 50 Americans (about 4.5 million individuals) is believed to be infected with the hepatitis C virus, *but doesn't know it*. It kills 8,000 to 10,000 Americans each year, and that number is expected to double or triple within a decade. The situation in Canada is similar.

Currently, most doctors just test for hepatitis C when someone shows symptoms of liver disease. This approach is patently inadequate.

New research from the University of Michigan Health System indicates that screening middle-aged Americans for hepatitis C could cut medical costs and increase life expectancy for many.

However, mandatory testing is far from a simple issue.

Target Subjects

There is a wide consensus among policy makers and interested organizations that it would be a mistake to enact laws requiring the entire population to submit to testing. They think that, besides the prohibitive cost, it would have too great a potential for invasion of privacy and discrimination, and it probably would not end high-risk behavior.

In Canada, therefore, mandatory testing usually refers to testing individuals in specific groups, particularly pregnant women, newborns, prisoners, persons accused or convicted of sexual assault, sex workers, users of STD clinics and drug clinics, health-care workers, and patients, and immigrants.

(However, it has been pointed out that the danger lies in high-risk activity, and not necessarily in belonging to a specific group. Or, more precisely, in whether the targeted person is a threat to the community.)

But would the costs of mandatory testing outweigh the benefits? Is there a middle road? Organizations studying policies on AIDS have al-

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ASK THE ADVOCATE !

by Carol Romanow

Where the hell is everyone?

Right now is one of the toughest times in British Columbia's history. Since the Liberals were elected there have been meetings, sleep ins, sleep outs, and 30 thousand people on the legislature lawn protesting the cuts to legal aid, welfare, health, prescription coverage, day care, single moms, housing, and what ever else you think of that will affect us both as people with disabilities and as people with Hep C.

I spent over 100 hours putting together information about how the ministry works, and the details of the cuts.

Currently there are parliamentary proceedings going on that affect financing, budget allocations and cuts, as well as 10,000 other things that will affect us.

So where the hell are you all? I haven't seen more than five discussions on the Hep C email bulletin boards about the cuts, how we will be affected, or the impact that will be felt by any person living in poverty in British Columbia.

The HIV groups have worked for what they have. They now have the help and support of the BC Federation of Labor. Why? Because they get off their butts and go and get something done.

How many have taken a hepatitis banner and marched in a protest? How many have met with "Gordo" or their MLA? We are

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INSIDE THIS ISSUE:

UPDATE 2002: Clinical Management of Viral Infections

February 9-12, 2002
Notes by Darlene Morrow, President of HepC VSG

Special thank to Dr. Stephen Sacks for providing funding to attend the conference.

Unraveling the Pathogenesis of Hepatitis C

Presentation given by Eugene Schiff
Director of the Center for Liver Diseases,
University of Miami School of Medicine (1982-present)
University of Miami School of Medicine,
Professor of Medicine (1978-present)

Introduction

There are many questions that we need answered. We have answers to some of those questions, however, many remain unanswered.

Are There Symptoms in HCV?

Yes. A large number of people present many symptoms, others, however, remain asymptomatic. HCV directly affects quality of life (QOL), and this appears to be linked to the viremia level. Is this the immune response to the high viremia level? Some symptoms are directly related to the virus while others are extrahepatitic manifestations. We see chronic fatigue, cryoglobulinemia, cutaneous vasculitis, arthritis, glomerulonephritis, thyroiditis, and diabetes but this list is not exhaustive. In 50% of the cases it is possible to resolve these with treatment.

Neuropathy is increasingly becoming a real problem, and unfortunately, it is not responsive to treatment.

Subclinical encephalopathy is becoming evident in people with fibrosis (not just cirrhosis). This is very complicated and may be the HCV replicating in the brain.

Certain factors are clearly associated with severity and disease progression. Age at onset is one factor, and alcohol use is another.

Alcohol

Why look at it at all? People like to have a drink with their spouse or significant other. We are dealing with a whole human being here.

We would like the issue resolved because there is no question that regular alcohol intake is driving the progression of the disease in

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PHONE: *TEL: (250) 595-3892*
FAX: *(250) 414-5102*
EMAIL: *jking@hepcbc.org*
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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 Available NOW!!

Peppermint Patti's FAQ Version 5 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; 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, Ian Campsall, Darlene Morrow, Will Lawson, 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. Squeeky, 2741 Richmond Road Victoria BC V8R 4T3.** Give us your name, tel. no., and address.

To respond to an ad: Place your written response in a separate, sealed envelope with nothing on it but the number from the top left corner of the ad to which you are responding. Put that envelope inside a second one, along with your cheque for a donation of $2, if you can afford it. Mail to the address above.

Disclaimer: The hepc.bull and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.

Ad No. 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?
...Visit
http://clubs.yahoo.com/clubs/ontariohepcsingles

May is:
Hepatitis Awareness Month

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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.

NEWS

IVDU INCREASES MOTHER-TO-BABY TRANSMISSION

Until recently it was thought that HIV/HCV co-infection makes transmission from mother to fetus more probable, however this current Italian study says drug use is to blame. 1372 mothers with HCV antibodies and their babies were studied, and 98 of the babies were HCV+.

In this study, transmission rates were similar for mothers with or without HIV. Virtually all mothers who were coinfected had also used IV drugs, which accounted for the previous reports saying that co-infection increased the risk of transmission. The researchers suggest that mononuclear cell infection by HCV is higher in these mothers, or that the mothers are infected with more than one HCV genotypes. They conclude that any HCV+ woman with a history of IV drug use, regardless of whether or not she had continued IVDU during pregnancy or had stopped, has a higher risk of infecting her baby than a woman who has no such history.

Source: J Infect Dis 2002; 185:567-572. Maternal Injection Drug Use Increases Risk of Vertical Hepatitis C Transmission

DUSTY HILL RETURNS

The Rock group ZZ Top had temporarily lost its singer-bassist Dusty Hill when he was diagnosed with Hep C in May 2000. They had to cancel more than 30 concerts from their planned European tour, which they now hope to make up. Dusty Hill has "undergone treatment and is now in good health. ZZ Top, with Dusty Hill, played at the Houston Astrodome last month (February 2002), and plan to release a new album in the Fall of 2003.

Source: Bruce Simon, New York, ZZ Top Playing Only 2002 Show Tonight, First Gig In Two Years For Dusty Hill, Feb 21, 2002

NAT APPROVED

Gen-Probe and Chiron's nucleic acid amplification test (NAT) to detect HIV-1 and Hep C during the very early stages of infection, when the virus normally was undetectable, has been approved. The system has been used to screen about 70 % of the blood supply in the US for more than two years, during which time more than 24 million donations were tested, and 95 donations were identified as positive for either HIV or HCV. The test detects the genes rather than proteins from the virus. This test reduces this detection time, or the "window period," by about 50% for HIV, and by 70% or more for HCV. Now, with FDA approval, Chiron can charge users full price.

Source: Feb 28, 2002 Reuters, FDA Approves Procleix Blood Test, and PRNewswire, First Amplified Nucleic Acid Test for Blood Screening Approved in the U.S.

(PATHOGENESIS—*Continued from page 1)*

some people. Even people that were heavy drinkers in the past have an increased risk to progression to cirrhosis.

How much is OK? The lack of clarity on this issue is very dangerous. Why? Maybe the alcohol impairs or alters the immune response. Furthermore, iron deposition may be increased in some people due to alcohol consumption, which leads to an increase in fibrosis. Alcohol does not seem associated to the level of viremia, but it is not clear and needs to be studied more.

We need to balance QOL issues with risk. However, no alcohol is the best scenario because there are too many questions we don't know the answers to, and the data is inconclusive at this point.

What are the Effects of Virus?

The immune response (in particular the CD4 Th1 component) is critical to clearance of the virus, BUT it is also responsible in a large part for liver injury.

And why do we get such a spectrum of disease–anywhere from someone with very mild disease to someone who needs a transplant?

Why do some people spontaneously clear the virus? Probably more than 15% spontaneously clear the virus. Why probably more? Many of the studies are based on people that have the antibody to HCV. We know now that people that get acute HCV and recover lose the antibody. It is therefore probably much more prevalent than we thought. Losing the antibody is unusual. The titer of the antibody fades over time, which suggests that the body decreases immune response in the absence of the antigen.

Eugene Schiff *Photo: D. Morrow*

RIBAVIRIN LAW SUITS

ICN Pharmaceuticals Inc. is suing Teva Pharmaceuticals Inc. to stop them from selling a low-cost version of the hepatitis C drug ribavirin. (ICN received royalties of $155 million in 2000.)

ICN and Schering Plough have sued Novartis AG's Geneva Pharmaceuticals because it plans to generic ribavirin. Schering Plough also sued Three Rivers Pharmaceuticals over its application to produce generic ribavirin.

Source: ICN Sues Teva to Block Generic Form of Hepatitis Drug (Update1), by Susan Decker Feb. 7, 2002.

The majority of people infected with HCV go on to develop chronic infection.

How is this virus transmitted?

It is largely transmitted by blood. Dr. Schiff believes that there has been an exaggeration of the number of people infected through sexual intercourse. He supports this conclusion by following sexual partners on a case-by-case basis–they almost always remain negative.

Perinatal and sexual transmission does occur, but to a much lesser extent than is currently published.

Fibrosis

What's going on with fibrosis? When you have this inflammation generated by the interaction of the virus and the host immune response, or cytokines, the big player seems to be TNFa. The way it brings about fibrosis (at least in the lab) is by attaching itself to the stellate cells and then activating them. The cells become the site of collagen deposition and fibrosis. There are companies now looking at TgF beta. New antivirals will be focused here.

Cirrhosis

20% of cases develop cirrhosis. 4% of this group develop liver cancer (HCC). The 3.6% of deaths that occur in HCV arise from this latter group. What we see now is the general HCV population aging and the cirrhosis advancing.

However, it is extremely important to note that the vast majority of people will not develop cirrhosis, and liver cancer in the absence of cirrhosis is virtually unheard of.

Cirrhosis is the most severe complication and gets the most attention. The patients are very bright and they come to us asking, "When do I need a transplant?" and they have very mild disease. It's very sad to see.

Mechanisms of Immunologic Injury in HCV- The Host Immune Response

Cellular

The most important are the CD4 Th1 cells which is where the HCV antigen attaches itself stimulating the cytotoxic T lymphocytes (killer cells) as well as more CD4. The cytotoxic T lymphocytes are very important in clearance, but also in injury.

Humoral

B cell response produces antibodies but not the protective kind. That's why we've had so much trouble with vaccine development. But what is the evidence that suggests we can come up with a protective antibody?

There was a gamma globulin product prior to the exclusion of donors with HCV that also included many other normal donors. Thou-

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UPDATE 2002: CLINICAL MANAGEMENT OF VIRAL INFECTIONS

February 9-12, 2002
Notes by Darlene Morrow, President of HepC VSG
Special thank to Dr. Stephen Sacks for providing funding to attend the conference.

Treatment for HCV: a Cure or Not?
Presentation by Dr. Averell Sherker, Director, Liver Center, Washington Hospital Ctr.

Interferon
- Works well at stopping new infections
- Predicting benefit/likelihood of sustained response - eradication of virus in 8-12 weeks in serum

Ribavirin - purine nucleoside analog
- Interferes with mRNA synthesis
- Immune effect changing Th1/Th2 response
- Cannot be used unless 2 methods of contraception are used to ensure pregnancy does not occur (ribavirin can cause birth defects).

Favourable Rebetron Treatment Factors
- Low viral load
- Fibrosis less than 3
- Genotype 2 or 3
- Younger age of onset

Difficult Treatment Groups or Treatment Contraindications
- Renal failure
- Significant cardiovascular disease
- Psychiatric disorders; especially significant depression
- Ongoing substance abuse
- Autoimmune disorders
- Various blood disorders including neutropenia, low hemoglobin and low platelets

Pegylated (PEG) Interferon
Low troughs (viral load) in treatment are associated with viral escape so we expect PEG to be better as it maintains a steady blood level.

Goals of Therapy
- Eradication of virus. This has been difficult to maintain.

Secondary Goals
- Slow the progression of the disease
- Reduce risk of HCC
- Improve histology
- Improve QOL

Responders to Therapy
Those that have been virus undetectable for 6 months are 90% likely to remain this way. Responders also often have an improvement in liver histology and we have seen reversals in cirrhosis.

Nonresponders
We are also looking at the possibility of maintenance dosing with PEG in non-responders to stop the fibrotic process. We can also try the low doses if a person has trouble tolerating higher doses until a better treatment comes along.

Advances in Therapy
Therapies in the future will most likely be a variety of combinations**.**

We have a long way to go. Current compounds under investigation include:
- Ursodiol
- Histamine analogs
- Various cytokines including IL12
- IL10 combination therapy
- IMPDH
- Ribozymes

Potential Targets
- Helicase
- Serine protease
- NS5 polymerase
- A number of other protease inhibitors

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Hepatitis C~ The Epidemic With a Voice: Ours

2002 Statewide Awareness and Educational Day
Seattle, WA May 6th at Langston Hughes Performance Center
104 17th Avenue South ~ Noon until 4 pm

This event will feature informational tables hosted by groups throughout the State, Speakers from the Medical and Alternative arenas, Advocates, Patients & Lawmakers

The line up for speakers as of now includes:

Keynote Speaker from the medical field (TBA)
Senator Jim Kastama~
Legislative issues
Charles White~
HCV-HIV Co-infection
King County Department of Public Health Speaker
Ba Hoang, M.D. PhD~
Alternative Treatment
Monica Sarf, Veterans' Advocate
Patient Support Groups

If your department or group wishes to be involved, please contact us at: 206-328-5381 or 866-HEP-GOGO for a table, to speak or just with questions.

(PATHOGENESIS-Continued from page 3)
sands of donors were used for these products. There didn't seem to be a problem of infecting people with HCV when they were given this product. It appears that the normal sample contained protectants to HCV.

When a product that was derived only from volunteers from a high-risk population (i.e., the prison in Arkansas) was used, the gamma globulin was infective. Therefore, some antibody was protective in the first group. So we have the idea of a protective product that can help neutralize HCV. Unfortunately no more of this pool of donors is available due to screening processes.

The manufacturing of a protective antibody to HCV has not panned out, although we are hoping something will come somewhere done the line.

There has been work with chimpanzees that shows when you isolate a very particular strain of HCV it is possible to get protection when you re-challenge. However, there are so many molecular variants that the development of a vaccine is going to have to cover all the genotypes and all of the quasispecies.

Cytokine Response
With the cell mediated response we generate a Th1 and Th2 response. Now the Th1 response is probably inflammatory, but it is an antiviral. The Th2 is an anti-inflammatory and will actually inhibit the Th1 response.

Other cytokines include Tumor Necrosis Factor alpha (TNF-a another Th1 cytokine) which plays a role in necrosis. People are now looking at agents that will block this effect. If we block it, what happens in terms of chronic HCV?

Gamma IFN is another Th1 cytokine, which is thought to reduce the fibrotic process. Clinical trials of this product are now underway.

Th2 cytokines- Interleukin 10 looked promising but has been abandoned.

Genetic factors associated through HLA types may lead to improved responses and may account for spontaneous clearance. This area is very controversial.

Let's look at the example of HBV. In acute HBV we tend to see a massive response by the immune system that attacks the hepatocytes where the virus is. But 85% of the people get better. If you see acute icteric HCV (jaundice), you have a better response of the immune system and a greater likelihood of clearance. But most of HCV is very silent.

Transplantation
40% of US transplants are due to HCV. 15% rapidly decompensate immediately. Why does this happen? It is a real tragedy when it does. If we transplant them a second time (following rapid decompensation), they generally do not do well. We desperately need drugs to prevent re-infection of the new liver. We should see something in 3-5 years.

TREATMENT

TREATMENT STATS

Most patients with Hep C virus infection aren't eligible for IFN-based treatments

Of a total of 327 patients with antibodies to HCV in this study:

- 34 patients had undetectable virus.
- 23% were treated (83 patients) and only 13% of these had a sustained response.
- 72% were not treated for several reasons:
- 37% did not follow evaluation procedures,
- 34% had contraindications
- 13% had ongoing substance or alcohol abuse.
- 11% refused treatment
- 5% had normal liver enzyme levels.

The researchers concluded: "Most patients with HCV infection are not candidates for interferon-based therapies. Alternative interventions should be sought for these patients."

Source: Ann Intern Med 2002; 136: 288-92, Surprisingly small effect of antiviral treatment in patients with hepatitis C

HEP B VACCINES

We PWHepC's (Persons with Hep C) don't respond so well to Hep B vaccines, but it is important that we be immunized. Researchers tested 152 people with chronic Hep C, giving them 40 mcg of vaccine each month for 3 months, and comparing them to 26 people with no liver disease. Only 72% of Hep C patients responded, compared to 92% of those with no Hep C. Those Hep C patients who didn't respond were given a booster dose of 80 mcg. Those with cirrhosis responded less to the vaccine than non-cirrhotics.

The authors suggest that Hep C patients will respond to a high dose with a short interval between vaccinations.

Source: Idilman R, et al, Am J Gastroenterol 2002 Feb;97(2):435-9 The effect of high dose and short interval HBV vaccination in individuals with chronic hepatitis C.PMID: 11866284, UI: 21855120

HCV & THE HEART

We may have a risk of heart disease, according to a Japanese study. Many kinds of infections can increase the risk of heart disease, for unknown reasons. 104 people with Hep C were found among a group of 4,784 receiving general health tests. Ultrasounds of these people found they were twice as likely to have clogged arteries. They had 3 times more thickening of the wall of the carotid artery, which is a risk factor for heart disease. More studies are needed, but Hep C patients should consult with their doctors about their risks, and adopt a heart-healthy style of life.

Source: WebMD Medical News, Liver Virus Linked to Clogged, Thickened Arteries By Daniel DeNoon Jan. 11, 2002

PROPRANOLOL

Since propranolol causes constriction of the arteries, these researchers studied 19 patients with cirrhosis and thrombocytopenia (low platelet count, or bleeding problem) and tested them after an overnight fast. They studied their arteries with Doppler ultrasonography, and took platelet counts. 9 of the patients received a placebo.

Propranolol was found to increase the platelet count and improve clotting, possibly due to hemodynamic changes in the spleen.

Source: Sakai, K et al, J.Gastroenterol. 2002; 37-2: 112-118 Propranolol Ameliorates Thrombocytopenia in Patients with Cirrhosis

ZINC FOR CRAMPS

One of the more painful complaints of those with liver disease is muscle cramps: in the legs, feet and hands, especially. They can affect quality of life. In this study, 12 cirrhotic patients with zinc deficiency and muscle cramps at least 3 times a week were given 220 mg of oral zinc sulfate twice a day during 12 weeks, and then answered a feedback form about their symptoms.

Zinc improved cramps in 10 out of 12 patients, and in seven of these patients the cramps disappeared. Only one patient had side effects (diarrhea).

Source: Kugelmas, M, J Am Coll Nutr 2002;19-1:13-15 Preliminary Observation: Oral Zinc Sulfate Replacement is Effective in Treating Muscle Cramps in Cirrhotic Patients
www.am-coll-nutr.org/jacn/vol_19/no_1/pg13.htm

RHEUMATOLOGICAL SYMPTOMS

The investigators in this report recommend that doctors who encounter patients with rheumatological symptoms be tested for HCV. They found that, of 114 patients with Hep C and cryoglobulinemia, more than 44% had rheumatological symptoms, usually nonerosive oligoarthritis involving large and medium-sized joints. Of the subjects, 16.6% had seronegative arthritis, 8.5%, Sjogren's syndrome, 6%, carpal tunnel syndrome, and 3.5%, Raynaud's disease. Symptoms were more common in patients with cirrhosis. Rheumatologists are now being taught to look for hepatitis C in patients with rheumatological symptoms such as achy joints and muscles, fatigue, certain skin rashes and ulcers, neuropathies, kidney problems, arthritic pain, and vasculitis. It is difficult to treat some patients, since drugs like methotexate can damage the liver. Any patient with this sort of symptom should be screened for Hep C before receiving them.

Source: Reuters Health, Feb 18, 2002 http://www.medscape.com/viewarticle/426262 Rheumatologic Symptoms Often Associated With Hepatitis C Infection, J Med Virol 2002;66:200-203.

TRIALS

The Viridae Clinic (1134 Burrard St - across from St. Paul's) is currently recruiting volunteers for a clinical trial using gamma interferon. You must meet the following criteria:

1.Rebetron therapy has failed to maintain viral clearance
2. Fibrosis stage 3 or greater

The purpose of the trial is to see if the gamma interferon will help with the fibrosis, i.e., cause a regression in scarring.

For more information please call:
604- 689-9404

RESEARCH

IFN-GAMMA

These researchers in this study (see below) are examining the body's natural immune response against HCV. They have found that, not only IFN-alpha (used now in most treatments), but also IFN-gamma fight the virus. IFN-gamma has specific tasks such as inhibition of protein synthesis. They suggest T cells and natural killer cells may help fight HCV by producing IFN-gamma.

Source: Frese M, et al, Hepatology 2002 Mar;35 (3):694-703 Interferon-gamma inhibits replication of subgenomic and genomic hepatitis C virus RNAs. PMID: 11870386

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

(**UNIVERSAL TESTING?**—*Continued from page 1)*
ready debated this issue, so we can borrow from their findings.

Costs

- How could mandatory testing be reconciled with the Charter of Rights? What level of consent would be required? Mandatory testing comes at a cost to individual freedom. Non-consensual testing could be a Criminal Code offence.
- What policies would prevent discrimination in insurance, in employment, and elsewhere when it becomes known that a person has tested positive?
- The available treatments are harsh and can cause permanent harm. Can society force an individual to take such risks? Many persons cannot work while being treated. Is society willing to care for them?
- Would a perceived threat to personal privacy or safety cause a candidate for testing to go underground and thus defeat the purpose of testing? The Ontario Law Reform Commission and the American Civil Liberties Union believe that this has been the reaction among some sex workers. The history of public health has demonstrated that programs that do not respect the rights and dignity of individuals are ineffective: If an individual is reluctant to be tested and then tests positive, how could society force him or her to be treated? If it could not, then should it resort to measures like publishing the individual's name?
- What use is mandatory testing if we cannot afford to treat everyone? There is an immediate threat to universal health care, and the current treatments are extremely costly—about $20,000/year. Either governments will have to find more money, or costs are going to have to plummet, or both. This would likely mean lower profits for drug manufacturers and changes in patent law.
- What use is mandatory testing if the supply of drugs is inadequate in the face of increased demand? Peg-Intron is already being rationed.
- What measure would oblige a physician to administer a test or to give counseling?
- Testing will require some level of counseling, which will take time and money. Who has either? If that counseling were ineffective, how would it affect the public's trust in the medical system?
- Would the high cost of mandatory testing divert resources from possibly more effective approaches to prevention? For example, our prisons are rife with hepatitis C. Perhaps the problem is not so much the virus, but the nature of the prisons themselves. The World Health Organization states that education, voluntary testing, and counseling can achieve the same results.
- Would mandatory testing create a false sense of security? Firstly, would the untested population relax precautions? Secondly, tests are not fully reliable, nor can they predict the future. A newly infected person may test negative; a person who tests negative today could become infected tomorrow.
- What do you do with a health worker who tests positive? Bar him or her from practice? Inform the patient? (Before or after?) What constitutes an "invasive" procedure?
- What is the aim of testing? The Ontario Law Reform Commission considers the rate of HIV infection among male clients of female prostitutes to be extremely low. And the Canadian AIDS Society, along with other influential regulatory bodies, all agree that the possibility of transmission of the virus from a health care worker to a patient during an invasive procedure is extremely remote.
- In terms of cost to Medicare, what's the difference between immigrating with hepatitis and immigrating with a heart condition, or perhaps some other serious condition of which no one is aware?
- What do we do with an immigrant who tests positive? The immigrant's status at home might be changed by the diagnosis, and, in an extreme situation, a refugee might be created.

Benefits

- Early testing offers a person the best chance to fight his or her own infection.
- It also could help to protect the health of uninfected persons.
- By identifying the extent of the problem more clearly, it could redirect attention to increasing research and improving treatment. (Antiviral medicines are currently only about 30 percent effective.)
- Testing allows for early drug treatment that can substantially reduce the risk of passing the infection from a mother to a child. Testing a fetus raises three questions: Where is the line between the need for parental consent and the rights of the child? (Testing without parental consent then implies that the state may have to intervene to treat the child, but it has limited discretion to exercise this power.) Since testing a fetus involves testing the mother, how are her rights affected? Could the state end up in a position of recommending or demanding abortion?
- What's the use of testing without reliable treatment? The antiviral medicines we have are effective in only about 2 to 3 of every 10 patients.
- How frequently is testing necessary in order to be effective? Should the answer vary with the individual? Who should decide?

Conclusions

As of the late 1990s when this information was collected, the situation in Canada regarding testing for AIDS was basically this:

- The consensus of influential organizations in Canada was generally that mandatory testing is an invasion of human rights, and that it is more economically and effectually realistic to place the emphasis on prevention, on education, and on making testing readily available. Testing of donors and for insurance purposes might be exceptions to this.
- Routine counseling and voluntary testing of mothers and babies was recommended, but in a case where it is strongly suspected that the newborn is positive, intervention and mandatory testing may be justifiable. (Doctors have been routinely testing for VD in newborns for years.) BC had the strongest policy, recommending routine counseling and testing for all pregnancies.
- The National Advisory Committee on AIDS recognized that mandatory testing of prisoners would have to be justified in individual cases. It would have to be determined when such testing would be the least restrictive, the least invasive, and the least likely-to-be-effective means reasonably available to assist in preventing a person from forcibly or non-consensually exposing others to HIV within the prison. Nevertheless, the emphasis should be on prevention.
- Mandatory testing of sex workers was not recommended, although Canadian courts had occasionally required testing from an individual sex worker.
- All Canadian organizations that have commented on the issue of mandatory testing of health-care workers for HBV or HIV have rejected such an approach, stating that it would not materially change the already extremely low risk for patients, and that there is no scientific consensus on how often testing should be repeated.
- Canada's immigration policy holds that persons living with HIV/AIDS do not represent a danger to public health and safety, but would place excessive demand on Canada's health and social service systems. Therefore, such applicants would not normally be allowed to immigrate, however, testing was not routinely required without a valid reason.

Perhaps the real issues at this stage are: Why has the government not acted on these almost unanimous calls for education and prevention? Why do we not have affordable, effective, and available treatment? We will eventually subdue this plague—Why not do it *now*?

A few years before the Mayflower landed, the Patuxet First Nation of New England enslaved the survivors of a wrecked French ship. Not long after, an epidemic set in which, in the ensuing years, is thought to have killed off 90 percent of the native population. That epidemic, scholars think, was viral hepatitis.

(Hep-C ALERT, a national non-profit organization in the US, is now offering low-cost hepatitis C antibody blood tests to the public anywhere in the US. Organizations interested in strategic partnerships for hepatitis C testing are invited to contact Andi Thomas at (877) 435-7443 x 101 for more information.)

Sources: http://www.cnn.com/HEALTH/bioethics/9810/pregnancy.aidstest/template.html; http://health.yahoo.com/search/healthnews?lb=s&p=id%3A9993; http:www.aidslaw.ca/Maincontent/issues/testing/TESTING-G-MANDATORY.html; Mann, C.C. "1491". The Atlantic 289 no. 3 (2002) 41-53.

TIP OF THE MONTH:

Put your toothbrush in the dishwasher once a week to sterilize it.

WARNINGS *by Karolyn Sweeting*

SERZONE

Pharmaceutical Care Network (PCN) is alerting physicians, pharmacists and health care professionals in their December issue of the Drug Therapy Council Newsletter of the new black box warning for Serzone (nefazodone), a medication commonly used for the treatment of depression. Cases of life-threatening hepatic failure resulting in transplantations or death have been reported for every 1 in 250,000 patients treated with this medication. FDA has advised that treatment should not be initiated in individuals with active liver disease or with elevated baseline serum transaminases. PCN identified all patients in PCN administered programs currently receiving Serzone and alerted the physicians to ensure their safety. The newsletter is accessible at the PCN website at http://www.pharmcarenet.com/publications_dtc.asp.

Source: PR Newswire. http://www.safetyalerts.com/Default.htm. January 15, 2002.

HERBAL SUPPLEMENTS.

Health Canada is warning consumers not to use Hua Fo tablets, PC SPES and SPES supplements. Hua Fo is an unapproved herbal product that claims to enhance sexual function. Tests showed that they contained sildenafil that has the potential to cause severe adverse reactions. PC SPES and SPES, manufactured by BotanicLab, are herbal products that contain prescription drugs that have the potential to cause serious health effects if not taken under medical supervision.

Source: Health Canada. February 8, 15, 2002.
http://www.hc-sc.gc.ca/english/protection/warnings/2002/2002_09e.htm
http://www.hc-sc.gc.ca/english/protection/warnings/2002/2002_06e.htm

INFECTED GUMS LEAK TOXINS

People with severe periodontal (gum) disease may be prone to releasing bacterial poisons (endotoxins) into their bloodstream resulting in inflammation of the blood vessels. This may help explain the link between gum infections and heart disease. The focus of the study was to determine whether there is such a link. Researchers chose 42 people with periodontal disease and 25 people with healthy gums to chew gum 50 times on each side of their mouth and then measured the level of endotoxins circulating in each individual's bloodstream before and after chewing. The amount of endotoxins present in the blood was higher in all the patients after chewing. Those with severe periodontal disease were four times as likely to have significant levels of endotoxins after chewing than those with healthy gums. These findings provide additional evidence for a link between the amount of bacteria present in the bloodstream and those with periodontal disease.

Source: Journal of Periodontology January 2002;73:73-78.

INVASIVE PROCEDURES SUBJECT TO HIGHER BACTERIAL INFECTION RATES

Epidemiologists in Spain have determined that the number of liver cirrhosis patients experiencing bacterial infection as a result of undergoing invasive procedures has grown over the past couple of years. Growing rates of cirrhosis risk factors, such as alcohol consumption or viral hepatitis, have increased the number of patients at risk for the liver disease and invasive procedures may be the only way to diagnose and treat them appropriately. Doctors and epidemiologists at the University of Barcelona in Spain recently reported a total of 405 patients presented 572 bacterial infections in 507 admissions. Of the 572 cases of bacterial infections, spontaneous bacterial peritonitis was the most common finding. Other bacteria found were Gram-positive cocci and Gram-negative bacilli. Many of these bacteria are drug-resistant. Investigators concluded that an extensive use of invasive procedures and long-term use of antibiotics might have contributed to the rise of bacterial infections in patients with cirrhosis of the liver.

Source: Nichols, S. NewsRx.com. www.newsrx.com. Feb. 19, 2002.

THE DRUG THAT IS SUPPOSED TO MAKE YOU SICK

Mitzi Kay Morris-Beeman and Melissa Lake say that a court-ordered regimen of Antabuse, which causes violent illness when mixed with alcohol, is often given to alcoholics and convicted drunken drivers. In a lawsuit filed this month against Boulder County, the two convicted drunken drivers suffer from toxin-induced hepatitis, liver damage and other physical and psychological maladies after being put on Antabuse without seeing a doctor. The county's policy has always been to administer Antabuse only after a thorough exam, including liver-function tests. Morris-Beeman was put on Antabuse after her second drunken driving conviction and was given her prescription before an examination. Since Antabuse isn't considered addictive, federal regulations don't require a medical checkup for prescriptions. She didn't see another doctor until she got sick and sought help on her own. The incident highlights the tension that's inherent in the use of drugs to deter drinking and driving.

Source: Drunk-driver drug brings suit, by Jim Hughes, Denver Post Staff Writer. February 18, 2002

VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

_____

CITY:_____

PC:_____**PROV:**_____

TEL: ( )_____

FAX: ( )_____

EMAIL:_____

ABILITIES OR AREA OF INTEREST:

Library Printing Copying Phoning Fundraising Counseling Research Refreshments Special Events Publications Computer Help Errands Grant Applications Board Member Other

Experience:

_____
_____
_____
_____
_____
_____

Time available:

_____
_____

SEX M F

Date of Birth: ____/____/_____

Mo Day Year

Contact: HepCBC
2741 Richmond Rd, Victoria, BC V8R 4T3
Tel. 595-3892 or Email: info@hepcbc.org

DEB'S STORY

Posted to the HepCAN List Feb 2002

Hi. I'm new to HepCAN and I love all the info I can get through your collective knowledge. *Prescription for Nutritional Healing* has been my bible for the last three years as I've been searching for the reason for my health problems. I was diagnosed with chronic fatigue, multiple chemical sensitivity, fibromyalgia, and migraines. What with the memory loss, brain fog, indecisivness and confusion, I thought I had Alzheimer's. My M.D. offered me Tylenol 3 and antidepressants plus Imitrex for migraines. He didn't know the cause and I wasn't interested in medicating my symptoms. I told him some of my patients (I'm a dental hygienist) were getting good results from chelation for mercury toxicity from a certain doctor in Nanaimo. My M.D. said, "Do you know that doctor sells supplements from his office and makes money from it?"

I said "So? People see you, get a prescription, go buy drugs and you make money off that.

The M.D. said, "Your time is up," wrote down a website for me to look at and walked out the door.

Oops. Did I say something wrong? Then I looked at the website he gave me: quackwatch.com. I knew I wouldn't get any help from this M.D., but I did get a good laugh. I've been watching "quackwatch" for 3 years. It's run by a de-licensed doctor facing fraud charges and we think he's being funded by pharma cartel. Anyway, I went to check my mercury level, and found it was 180. The safe level is 0 to 3. I started chelation and mercury removal 1 year ago. This process included supplements (I'm already taking Usana), high fiber, lots of veggies, filtered water, enemas, and colonics.

I also separated from my partner at this time. I got a whole lot of garbage out of my life, and lost 10 lbs! I'm feeling much better, my symptoms decreased, but I'm still not back to normal. Normal was bouncing out of bed at 6 a.m., singing on the way to work, working out 2 hrs a day, 6 days a week. I was a body builder and wanted to get back to it. I do yoga now. So, on with the research. I was learning how important the liver is in detoxing everything we eat, drink, breathe, and touch.

Mmmm, liver huh? I thought I better have some liver tests done as I had liver cancer 12 yrs. ago and had two thirds removed. Funny. My doctor didn't think about that! But then, my last doctor didn't believe me when I told him the cyst in my liver was getting bigger and had me wait a year before the operation! Needless to say, I don't trust the medical "profession" as far as I could throw them, which wouldn't be far, as I only weigh 100 lbs. right now. I'm not too sure about the cancerous state of my liver, but I'm treating it along with the Hep C. My enzyme levels are just above normal: 58. I've had no genotyping or biopsy. The powers that be decided it is not needed and won't pay for it. My chelation therapist ordered the PCR test. He feels this is a truer indication of liver health. Mine is 1.5 million. He has prescribed glutathione suppositories until my last 2 fillings are removed, and then I.V. glutathione. My colon is a busy, busy, place!

Then I went to a support meeting and met Sue White. I was already on info overload in my quest to cure myself, and then learned all about politics and compensation! Well, now I'm the new secretary for the Mid Island Hep C Society, and I'm a new member of HepCAN. I just wanted to introduce myself and hope I can make some positive contributions from time to time. I'm back working 5 days a week, and, with chopping, juicing, supping, herbing, and colon-izing, sometimes I only have the energy to read the messages. I really appreciate the humor, creativity, and knowledge after a long day!

This feels like catharsis. I'm exhausted! I think I'll go try Squeeky's juice recipe. I usually do carrots, beets, garlic, and ginger. Very spicy!!!

i believe in miracles....deb.

STATS

43,454 people have been diagnosed with hepatitis C in BC as of December 31, 2001, according to the CDC.

*(**ASK THE ADVOCATE**—Continued from page 1)*

now in the process of getting the royal shaft, and yet there is no discussion on any of the three of the Hep email groups in BC.

Write a letter to your MLA and ask about health for people with hepatitis. Set up e-mail groups for process and presentations. Many of you will soon be losing your DBII status. I gave you the information. Did you even read it? I have attended 3-4 meetings or protests per week. I have arranged two in Victoria. I have been at others meeting and spoken on poverty or hepatitis.

Personally, I am damn tired, and sick of putting out my welfare money in order to try to get information out to the public and to you.

This is the same as what happened when Chris Laird and I sat outside the Legislature for 10 days and saw 5-6 people in the hepatitis community and heard from two or three.

Unless we get off our collective arses and start to get the information to the powers that be, we are going to go the way of the dodo bird.

I'm taking a holiday for a couple of weeks. That's only so that I can work on the Golden Piggy Awards and set up to attend the March 23 Rally in Vancouver, protest at the Romanow commission tomorrow, have a meeting at our office about the outreach/education groups of the Victoria Community Solidarity Coalition, get my house cleaned, and I'm sure something will jump up. Hang in people. The worst is yet to come!!!

Carol Romanow

TO SPEAK BEFORE WE THINK
TO THINK BEFORE WE SPEAK
THAT IS THE USUAL!
THAT IS THE OBJECTIVE!
ADVOCACY & NETWORKING FOR
THOSE WITH disABILITIES
ACTION COMMITTEE OF PEOPLE
WITH disABILITES (250)383-4105

*(**CLINICAL MANAGEMENT**—Cont'd from p.4)*

In the absence of a good tissue culture it is very difficult to test these compounds and to get them from the test tube into practice.

So while it seems that we can "cure" hepatitis, it is only in a very small percentage of people. For the nonresponders or relapsers prolonged maintenance dosing of existing therapy may buy time until new therapies come into practice. For the remainder we hope that novel therapies will modify the natural history of HCV.

FEWER QUEBEC VICTIMS THAN FORECASTED

BY PASCALE BRETON

Translation of article in LaPresse

Quebec – The number of victims of contaminated blood in Quebec is not as high as predictions made six months before the end of the investigation indicated.

In 1998 the Quebec government earmarked 80 million dollars to compensate victims infected by contaminated blood before 1986 and after 1990. At that time the government placed the number of victims at 8,000, and provided $10 000 in compensation for each person.

By the end of January 2002, four years after the implementation of the program, only 584 persons were found to be infected and were subsequently compensated.

The RAMQ (Régie de l'assurance maladie du Québec) has the mandate to trace back the persons likely to have been infected by hepatitis C by using the hospital information banks. This program will be closed at the end of September, and, as of this date, 54% of the people sought have been contacted.

Yesterday Anne Marcotte, Press Secretary to the Minister of Health, François Legault, explained: "The number of infected persons was estimated from a scientific study. It was the most reliable information we had, but Pauline Marois [Minister of Health at the time] indicated that it was possible that the number was over estimated."

Since the program started, Russell Williams, the MP for Nelligan and speaker for the official opposition for social services matters, has continued to state that Quebec's evaluation is wrong. "To this date, the Quebec government has spent only six million of the 80 million available to compensate the victims. I have always said that the government overestimated the number of victims."

Williams has invited the Landry government to show "courage and compassion towards the victims" by increasing the amount of the compensation. He states: "It would be possible to give $25,000 per person instead of $10,000, without going over the 80 million forecasted."

Marcotte says people must be patient. "We must wait until the end of the investigation before making further decisions. What is important now is to ensure that the persons at risk of being infected be contacted. We will then adjust the level of compensation according to the number of persons. The minister will have to make decisions at that time."

Ontario and Manitoba have a program similar to Quebec's, while the rest of the country has a federal-provincial-territorial (FPT) program with a budget of 1.3 billon dollars. However, only those contaminated between 1986 and 1990 will receive any compensation from the FPT program.

Mr. Williams also made a request to the federal Health Minister Ann McLeillan to start a Pan-Canadian program so that all persons infected prior to 1986 and after 1990 will be compensated.

HepHIVE and HepC VSG

The September 11 has attacked us all in surprising ways. Here is a note from Darlene Morrow in Vancouver:

I've just heard from the BC CDC where our support group meetings take place. They have informed us that they can no longer support external meetings because of the security involved in their level 3 status. Therefore we will no longer be facilitating support groups.

March 6, 2002 was the last meeting for HepC VSG/HEPHIVE hepatitis C support group.

Darlene Morrow

DIAL-A-DIETITIAN

732-9191 (Vancouver Area)
1-800-667-3438 (Toll-free elsewhere in BC)

Are you in the 86-90 Window?
Are you having any problems?

Contact: Terry Waller
(250) 642-6766

(Terry is not a lawyer but a concerned victim)

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/YUKON:

Armstrong HepCure Office and library, by appointment. Contact: Marjorie, 546-2953, amberose@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 Apr. 16th 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 Apr. 2nd & 16th. Contact: 426-5277 or 1-866-619-6111 hepc@cmha-ek.org, ww.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: Apr. 27th. 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 Apr. 1st. Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Apr. 9th 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: Apr. 24th. Contact Peter (604) 463-0223 or madclark@telus.net

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

- **Ladysmith** Friendship & Support Group. meets monthly, Ladysmith Health, Centre. 224 High St
- **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 Apr. 17th. Contact Gina, 826-6582 or Patrick, 820-5576. mission-support@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Apr. 16th. 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: Apr. 4th. 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 Apr. 8th. 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: Apr. 10th Coast Hotel, Contact: Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Apr. 9th. 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 Apr. 13th. 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: Apr. 10th. Speaker: Kathy Graham, Naturopathic Physician. Contact: Deb. 877-0042, 1-866-877-0042, or Doreen, 847-2132, plnw_hepc@bulkley.net for times.

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

Vancouver HepHIVE and HepC VSG (See note on page 7.) 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 Apr. 10th & 24th. 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: June 4th. 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 Apr. 17th. 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/

HeCSC NB Meetings:

- **Fredericton, NB** 2002 schedule: 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
- **Saint John & Area**: 3rd Thurs. bi-monthly, with speakers. 7 PM, Community Health Centre, 116 Coburg Street. Next meeting: Apr. 18th. Contact Allan Kerr 672-4372, hepcsj@nb.aibn.com, www.isaintjohn.com/hepc/4.shtml

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-800-521-0572, 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

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. Next meeting: Apr. 11th. Speaker: Peter Richtig, AIDS Committee Durham, discusses co-Infection. 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 Chapter 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 of the month, 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