

# hepc.bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### THE WRONG END OF THE NEEDLE

*Story of Mike Aston,  
Consultant Gastroenterologist, UK  
Re-printed with the kind permission of the  
author, the article also appeared in the journal  
Sharp Thinking, Spring 2010 edition.*



*Dr. Mike Aston, Consultant Gastroenterologist,  
Chesterfield Royal  
and Rob Egan, B Braun Medical*

It was the end of a busy afternoon endoscopy list, nearing 5pm. My next patient was 'fitted in' at the end of the list. Despite being a prerequisite on the endoscopy checklist, the patient had no IV access. I inserted a flexible cannula (as per British Society of Gastroenterology guidelines) into the patient's right hand. As I withdrew the hollow bore needle, the patient moved and the needle penetrated my left index finger. This was my first needlestick injury in 36 years of practice.

#### The nurse informed me that the patient was known to have hepatitis C.

As I took off my gloves to squeeze and irrigate my finger under the tap, the nurse informed me that the patient was known to have hepatitis C. My heart sank and my legs felt weak as a survey of the patient's notes confirmed this. I immediately went to A&E as per hospital protocol for a sample of serum to be taken. While I was there, I received a hepatitis B booster and counselling. Meanwhile, as per protocol the source patient was approached to seek consent for further testing

*(Continued on page 2)*

### LINDA'S BLOG Continued from April

On the 9<sup>th</sup> of May, the day of my appointment with Marianne, the nurse, we got all the paperwork done for me to start treatment. She figured a week or two should be the timeline, because Gilead was very busy with all the people being treated at the moment. It took 3 weeks, but my drugs were approved by Pharmacare, and I got them on June 4<sup>th</sup>. Gilead is paying for the deductible, so there is absolutely no cost for me. I started taking them on June 5<sup>th</sup>. I had just had my ultrasound on the 1st of May. A new technician at the hospital, who had not been there before, suggested I have an MRI, so Dr. Kaita is sending a requisition to their MRI department for me.

**I have been on Harvoni now for 3 weeks and no side effects. That is wonderful!**

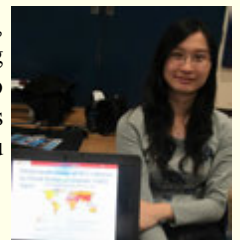
On June 25<sup>th</sup>, I had the MRI. I got a call from Dr. Kaita on the next day. He said they found a small spot on the lesion which they have been keeping an eye on. He will be referring me to the liver surgeon. That appointment was on the 15<sup>th</sup> of July. Apparently, the second small spot is cancer, and he is going to refer me to the transplant doctor and team. There is another option for treatment, which is ablation of the cancer spot with laser beams to fry it. This transplant doctor, Dr. Peretz,

*(Continued on page 2)*

### HEALTH FAIR 健康一日談

#### CHINESE HEALTH FAIR

HepCBC had two information tables at the Chinese Health Fair, which focused on "Healthy Aging" at Burnaby's Bonsor Recreation Complex on September 20, 2015. We provided materials about hepatitis C in Chinese translation from CATIE and the World Hepatitis Alliance to several hundred visitors. Our best assets, however, were two talented, outgoing, caring young women from China who attend Royal Roads University. Xing Chi Lu (Cindy)



and Song Zhe (Echo) are HepCBC Translation/ Interpretation Volunteers, and on this day they were stars, as most of the visitors preferred to speak in Mandarin instead of English. Thank you for your exceptional kindness, Xing Chi and Song Zhe!

We also found ourselves working in cooperation with the Vancouver Infectious Diseases Clinic, who offered very popular free hepatitis C tests (oral swabs!) and Fibrosan tests as well. We brought many people to their table, and many from their table found us as well. We met other groups who requested presentations from us to their members about hepatitis C.

The Asian community is dealing with a double epidemic of liver disease, with a significantly higher percentage of its population positive for both hepatitis B and C than the rest of Canada. This is due in most cases to immigrants having contracted it in their home countries through the medical system (blood

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(Note: Nothing mailed to you from HepCBC will have ANY reference to hepatitis on the envelope.)

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**SUBMISSIONS:** The deadline for any contributions to the *hepc.bull*® is the 15<sup>th</sup> of each month. Please contact the editors at [jking2005@shaw.ca](mailto:jking2005@shaw.ca), (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

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### LETTERS TO THE EDITOR

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you *do not* want your letter and/or name to appear in the bulletin.

(NEEDLE—Continued from page 1)

for other blood-borne viruses. I was informed that two other needlestick injury cases had been seen in A&E earlier that day, one of which was a Consultant Anaesthetist.

#### Hollow bore needles present an increased risk factor.

In retrospect, this was undoubtedly the worst time for anxiety, as I searched for information on my prospects of contracting hepatitis C. Where else to look but on the internet which revealed risks ranging from an acceptable 3 or 4% to an alarming 10%? The relevant point being that hollow bore needles present an increased risk factor enabling fresh blood to reach subcutaneous tissues. The 10% risk seemed depressingly more applicable to my situation. The next morning I was informed that no other virus had been found in the source patient. I then visited the Occupational Health Sister who explained the post exposure protocol; blood tests at 6, 12, 24 and 52 weeks. Counseling was offered.

Over the next few days, the anxiety resolved a little as the 'this can't be happening to me' factor won the day. However, I was still looking out for flu-like symptoms to strike. Thirteen days later I had a slight sweat on one evening but not really like flu.

#### I now knew I had acute hepatitis C.

On day sixteen whilst packing a roof rack on our car prior to a holiday, I fell backwards onto our gravel forecourt and was rendered momentarily unconscious and subsequently concussed. A CT scan and cerebral angiography confirmed a traumatic subarachnoid haemorrhage requiring three days in hospital and six weeks off work. On day 42, I went to Occupational Health for my first set of blood tests and that very morning noticed transient nausea. Over the next few days the nausea reoccurred without a headache and on day 46, I vomited twice, producing clear sweet vomit (no bile). The following day I noticed my urine was dark brown and that drinking extra fluids failed to clear this. On day 50 a visit to my GP confirmed bile in my urine. I now knew that I had acute hepatitis C.

I started combination therapy of peginterferon and ribavirin which is a demanding therapy, so much so that about 20% of patients have severe side effects which requires cessation or reduction of therapy. I feared the development of significant depression, crippling fatigue and neutropenia as well as pancreatitis, colitis and eye complications. My injections led to flu-like reactions, aches, pains and tiredness. I also lost weight and had a few nights of insomnia. I cleared the virus by week 10 and this was sustained at the end of

(LINDA'S BLOG—Continued from page 1)

will make a decision on what treatment would be best at this time, but they want to do something fast, because it could be malignant, and they don't know how fast this spot will grow.

I told Allison about this and asked if she would still consider being a living donor and she said yes. The problem is that she is now an American and does not have Manitoba Medical anymore. That means her surgery would not be free. Oh, the complications that come up!

When we got home, we talked to Christie and Mike and the need for fund raising, if that happens, to pay for Allison's surgery. I hope they are thinking about that this morning.

When I see Dr. Peretz, I will ask about what can be done in Allison's case, should that come to pass. I also asked Mike to get tested for blood type and Hep C, so he knows these things. I hope he does this, and soon. Our summer is all up in the air now, because we have no idea what it will hold. If they just do the ablation, that would be a day-surgery thing. I will need a transfusion of platelets beforehand.

On August 6<sup>th</sup> I saw Dr. Peretz and the transplant team. I was very pleasantly surprised with the visit. It went very well. He talked about the two options that I have. He said they would go ahead with the ablation, but in the meantime, they will start a work-up on me for the transplant. That work-up will take about two months to get done. I will have the bloodwork, chest X-ray and EKG before I leave today. Then there will be a PFTS-lung function test, an ultrasound, an echocardiogram and an MIBI, which is a stress test for the heart. I will also see their social worker, to make sure I have the support system that I need. I will then be placed on the transplant list. He said that if the ablation does not work, then they would kick the transplant option into high gear. This will be a CURE one way or another. We talked about the trips needed to go to Toronto for further assessment and tests, but that they would be reimbursed by Manitoba Health. Seeing that I have a living donor, that surgery would be sooner than waiting for a year. I think my age would have something to do with that, because they don't do trans-

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the treatment and 6 months after stopping treatment. The therapy had been a success.

*Dr Mike Aston, MbChb, FRCP  
Consultant Gastroenterologist  
Chesterfield Royal Hospital NHS Foundations Trust*

## MEET HepCBC's NEW BOARD OF DIRECTORS!

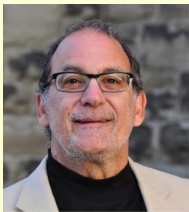
*On September 22nd HepCBC held its 2015 AGM and elected the following Board of Directors for the 2015/2016 year. If you are interested in becoming a Board Member, we want to know. We are always looking for new people with new ideas and energy!*

### HepCBC's Board of Directors for Sept. 2015 - Sept. 2016



**Cynthia Carter (Victoria)** I was diagnosed with hep C in June 2014. It was an interesting time in the hepatitis C world because when I first received my diagnosis, the standard of care for me was interferon and ribavirin. Then quickly the new direct-acting anti-virals came on the scene. I was fortunate to be treated with Harvoni, one of the new medicines, and I have probably been cured. It was a bit of a roller coaster ride trying to stay in touch with all the rapid changes and to figure out what was going to work best for me.

HepCBC was instrumental in seeing me through this difficult time, and I have found myself wanting to help others as I have been helped. I have learned about patient advocacy, and I have tried to apply what I have learned by encouraging people in public office to be publicly tested for hepatitis C, including Mayors, MPs and MLAs. I have also committed to public speaking whenever possible, including town hall meetings and the Victoria Native Friendship Centre. I have attended conferences and been active in our 7 City Hepatitis C Awareness Bus Campaign, World Hepatitis Day, and in manning information tables at various venues.



**Chaim-David (CD) Mazoff, PhD. (Victoria)** CD is one of the founding members of HepCBC. He became very ill in 1996 and had to retire from academia and a life of active athletics. He has been on treatment 5 times, the last with Harvoni, and we are awaiting the results. He was very active for many years as a Hep C advocate, and has also been the Managing Editor of the HCV Advocate website in the U.S.

He has always taken a very strong stand against any type of compromise with government and pharmaceutical companies in order to secure funding. He is particularly appalled by the lack of social justice with regards to hepatitis C, and by the fact that profits are put before people, which as we know has led to the unnecessary death and illness of many.



**Joan King (Surrey)** Joan King, a former, now cured, hepatitis C sufferer and presently Vice-president of the Board, helped found HepCBC. She gave birth to our bulletin, the *hepc.bull*, back in 1995, and is presently the editor-in-chief. With HepCBC, she has produced several pamphlets and updates the medical treatment section of the FAQ each year. She has attended many conferences and workshops about hepatitis C, reporting back faithfully. She has been interviewed by radio and television. Her qualifications are mostly past work with the Society, having learned on the job. She has written numerous letters to government officials and medical organizations to promote research, revise transplant policies, request compensation for victims, improve medical care, and request funding. Past work experience that has proved helpful is having worked as a hospital food service worker, a bank teller and a telephone operator.

All work she has done in the field of hepatitis C has been on a volunteer basis. After several decades as a non-responder to various

treatments (until she was cured by new DAA drugs), and probably 40 years of infection, she is now retired from 4 decades of being a professional symphony musician. She teaches violin privately, plays in two community orchestras in the Vancouver area, and does genealogical research. She is the mother of two grown children and three step-children, and has 5 grandchildren and 3 step-grandchildren. Her dream, above all, is that a cure be available to everyone.



**Rosemary Plummer, R.N. (Vancouver and Victoria - a "Ferry Grandmother")** I am Vancouver-born with several decades of nursing experience in large cities, small towns and isolated communities. I was living in northern BC raising my family when I met Cheryl Reitz, who introduced me later to HepCBC. When I was working in the UK back in the early seventies, I went to a lecture on a day off by visiting US liver specialist and Nobel-prize winning geneticist, Baruch Samuel Blumberg, on his then-new discovery, Hepatitis B. This year while preparing for World Hepatitis Day, I learned that it always takes place on July 28th, because it is Blumberg's birthday. How ironic that as I sat cross-legged on the floor of that crowded hall so many years ago, I didn't know I would be acknowledging his birthday every year, or why!

I worked for years with many First Nations people in the north and treasure my years there. My growing grandchildren and parents in their nineties keep me focused further south at the moment. But I look forward to returning to rural and remote areas to do HCV outreach whenever I can.



**Cheryl Reitz, M.A. (Tsawwassen)** Brought up in the USA, I lived in the remote NW corner of BC between 1977 and 1986 with my young family, homeschooling my 3 kids. I returned to university and taught English in Canada and Asia for many years. I also started up a website translation company. Diagnosed as HCV+ in 1992, I failed my first treatment in 2009. But in 2011 I joined a 24-week trial with the new DAAs which worked very well and had no side-effects. In fact I was able to walk the half marathon in the middle of treatment. Volunteering through HepCBC and meeting so many wonderful HCV+ colleagues has been a huge part of my healing process.

Now I am a grandmother of three, retired, and happy to say my liver is rapidly recovering from cirrhosis. Besides my work with HepCBC, I serve as the Vice-Chair of Action Hepatitis Canada. I recently represented HepCBC at the first World Hepatitis Summit held in Glasgow, Scotland, sponsored by the World Hepatitis Alliance and World Health Organization. My hope is for the total eradication of this virus from the face of the earth, starting with British Columbia. I will do whatever I can to get everyone tested and make treatment affordable and accessible for all.

**AP (Vancouver)** I am a 56-year-old male with a university degree in chemistry. My most recent employment was for a large international life science company, where I was involved with analysis of drugs and metabolites in biological samples. I have been interested in developments in treatments against HCV for several years. I am pleased to finally see a cure for HCV and look forward to the day when this disease will be a thing of the past.

## PATIENT INPUT REQUEST MERCK'S NEW COMBO elbasvir+grazoprevir

HepCBC is seeking individual patient input for our submission to the federal government for elbasvir + grazoprevir ( $\pm$  ribavirin), an INTERFERON-FREE, ONE PILL/DAY drug combo, shown to be effective for genotypes 1, 3, 4, and 6. This is a Merck product.

**ADD YOUR VOICE! We will be accepting input from anyone affected by hepatitis C between Wednesday, Oct. 14th, 2015 and midnight on Friday, Nov. 6, 2015 through a confidential online form. Access the form and read more research about this new Merck treatment here: <http://www.hepcbc.ca/2015/10/patient-input-requested-for-merck-interferon-free-combo/>**

Research showed that treatment should generally be 12 weeks and ribavirin was not necessary. Depending on genotype, degree of liver damage, and treatment history, treatment time increases to 16 weeks and addition of ribavirin is necessary to ensure success.

Common side effects reported included: **Fatigue, headache, asthenia** (weakness, lack of energy), and **nausea**. These side-effects were generally minor or moderate. Very few cases were reported of severe side effects, or of side-effects so debilitating as to end treatment.

Seven major research trials on this treatment included those **previously treated with DAAs**, those with **compensated cirrhosis**, **HIV/HCV co-infection**, **chronic kidney disease stages 4 and 5**, achieving 96%+ success.

**EVER WONDER WHAT WE DO WITH YOUR INPUT?** View all of our past Patient Group Submissions <http://hepcbc.ca/patient-group-submissions-bc-pharmacare-cadth/>

## NEWS

### “GIPA/MIPA” for Hep C GAINS SUPPORT

Do you think governments do not listen to hepatitis C patients when making policies that impact our lives? That people living with hepatitis C are not fairly represented in the staff and governance of the organizations that speak for us? That not enough money is given to hepatitis C research, treatment, and support considering the burden of the disease (compared to other illnesses)? The same thing happened a few decades back to people with HIV/AIDS, and they came up with the GIPA/MIPA (Greater/Meaningful Involvement of People Living with/Affected by HIV/AIDS) principles which clearly addressed these issues. →

## THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, Allison Crowe, Billie Wood and Adrian, Victoria Positive Living Centre, Provincial Employees Community Services Fund, the Victoria Foundation, Dr. C. D. Mazoff, Judith Fry, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Cheryl, Anamaria, and S.J.

Please patronize these businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Bristol-Myers Squibb, Roche Canada, Vertex, Gilead, Janssen, Boehringer-Ingelheim, AbbVie, Rx&D, VanCity, Country Grocer, and Thrifty Foods.

(CHINESE HEALTH FAIR — *Cont'd from p. 1*) transfusion, shared vaccination needles, and improperly sterilized equipment) or cultural practices such as acupuncture or phlebotomy using shared needles, blades, or other equipment. As many as 5% of the children of hepatitis B or C mothers could have contracted it as infants through childbirth. Hepatitis B can be prevented through a vaccination which most newborns now receive.

### UPCOMING: 55+ LIFESTYLE SHOW, VANCOUVER

**On October 20, 2015**, join HepCBC at our hepatitis C info booth at Senior Living Magazine and Eldercare Foundation's "55+ Lifestyle Show" in **Vancouver!** It runs from **11:00 am through 8:30 pm at the Creekside Community Centre at Olympic Village**. Admission is \$5 at

the door. Advance tickets 2 for 1 at <http://www.55pluslifestyle.com>. Lots of prizes, seminars, and freebies. If you are interested in volunteering, let us know. We will give out Baby Boomer Testing information to lots of people, of course. Tell people about this show!

Photo: Lifestyles.jpg (Credit: Senior Living Magazine [www.seniorlivingmag.com/pdfs/55%20Lifestyle%20Show%20Vancouver%20October%202015.pdf](http://www.seniorlivingmag.com/pdfs/55%20Lifestyle%20Show%20Vancouver%20October%202015.pdf))

In 2013, HepCBC adapted the GIPA/MIPA principles for persons with Hepatitis C (with help from the Canadian Treatment Action Council-CTAC). The document we came up with, the **HCV MANIFESTO** ([www.hepcbc.ca/hcv-manifesto/](http://www.hepcbc.ca/hcv-manifesto/)) has been translated into French ([www.hepcbc.ca/manifeste-vhc/](http://www.hepcbc.ca/manifeste-vhc/)), Chinese, and Spanish. Individuals and organizations can sign it on our website. (Fourteen major Canadian organizations have signed so far. Feel free to add yours!)

But this problem is not confined to Canada. We were very happy to see the World Hepatitis Alliance is preparing a letter on this topic, addressed to Dr Gottfried Hirnschall, Director of the Department of HIV/AIDS and Hepatitis of the World Health Organization

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## CONFERENCES

**National Hispanic Hepatitis  
Awareness Day**  
15 October 2015  
Worldwide

[www.hispanichepatitisday.org/](http://www.hispanichepatitisday.org/)

**2<sup>nd</sup> International Hepatitis Cure &  
Eradication Meeting**  
11-12 November 2015  
Vancouver, Canada

[www.virology-education.com/event/upcoming/2nd-international-hepatitis-cure-eradication-meeting-2015/](http://www.virology-education.com/event/upcoming/2nd-international-hepatitis-cure-eradication-meeting-2015/)

**AASLD - The Liver Meeting**  
13 - 17 November 2015  
San Francisco CA  
[www.aasld.org](http://www.aasld.org)

**APASL Single Topic Conference:  
HCV in India Conference 2015**  
18-20 December 2015  
New Delhi, India  
<http://apaslindia.com/index.html>

### The 5<sup>th</sup> Canadian Symposium on HCV

In building upon the success of last year's meeting, we look forward to expanding the discussion on HCV-related issues in Canada. The theme of this year's symposium is "We're not done yet: Remaining Challenges in Hepatitis C".

Confirmed international invited speakers are the following:

Andrea Cox, Johns Hopkins University, Baltimore, USA (Biomedical Sciences)

David Nelson, University of Florida, Florida, USA (Clinical Sciences)

Matthew Hickman, University of Bristol, Oakfield Grove, UK (Epidemiology and Public Health)

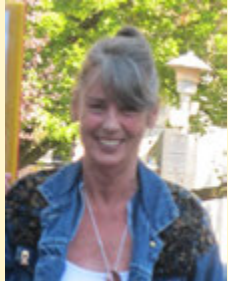
Manal El-Sayed, Ain Shams University, Cairo, Egypt (Social Sciences)

We look forward to seeing you on **February 26, 2016 at the Fairmont Queen Elizabeth, Montréal, QC**. If you have any questions, please do not hesitate to contact Norma Choucha: [nrcrtp.hepc@gmail.com](mailto:nrcrtp.hepc@gmail.com).



## HepCBC VANCOUVER OUTREACH OFFICE

Do you want to talk about hepatitis C? Pick up pamphlets? Volunteer? Looking for advice? Come and visit us! Our office at 938 Howe Street (Room 206A) in downtown Vancouver is open Mondays and Thursdays between 10:00 am and 2:00 pm. If you need to arrange a different time to meet, phone or email and we'll find a way to get together. Office Phone: 604-259-0500. Lower Mainland Support Line: 604-259-0501. Email: [info@hepcbc.ca](mailto:info@hepcbc.ca). We have two regular staff members:



Anita

Shakuntala (Satori) Soden, PhD, is our Education Project Manager

and Anita York is the Lower Mainland Volunteer Coordinator. Two Board Members also are actively engaged with the office: Rosemary Plummer, RN (President) and Cheryl Reitz, M.A. (Secretary). We really hope to meet you at the office soon!



Rosemary, Cheryl, and Satori

## HepCBC VICTORIA MAIN OFFICE

For those of you who don't live in the Lower Mainland, our Victoria Main Office is the place for you to get information about hepatitis



Catherine & Jessie

C or to become an active volunteer. Our office at 1139 Yates Street (Room #20) in downtown Victoria is open Wednesdays from 1:00 pm to 5:00 pm and Thursdays from 9:30 am to 1:30 pm. If you need to

arrange a different time to meet, phone or email and we'll find a way to get together. Office Phone: 250-595-3892. BC Support Line: 778-655-8000. Email: [info@hepcbc.ca](mailto:info@hepcbc.ca). We have two regular staff members: Catherine Luke, PhD, is our Operations Manager and Jessica (Jessie) Rucker is our Office Manager. Board Members most engaged with this office are Chaim-David (CD) Mazoff, PhD (Information Technology) and Cynthia Carter (Community Events). They all will be happy to meet you and will do their best to serve your needs.

## SVR HONOUR ROLL



Have you been undetectable for at least 12 weeks after treatment? Give others hope. Add your name! Congratulations to our friends:

1. **GJ** - SVR Dec 1998 - IFN/RBV 52 wks - Dr. Anderson /Natalie Rock, Vancouver, BC.
2. **Jeanie Villeneuve** - Oct 2000 - Schering IFN/RBV
3. **Amberose** (GT2a/2c) - SVR 2000 - Schering IFN/RBV 24 wks
4. **KG**-Transfused 1987 (treatment naïve GT2A/2C) IFN/RBV 24 wks, 2003-2004, Toronto. SVR confirmed 2014
5. **Darlene Morrow** (GT1 relapser) - Mar 2004 - Hyperthermia/Induction + pegIFN/RBV.
6. **Kirk Leavesley** (GT1) - 2004 - Roche
7. **Beverly Atlas** (GT1a) - 2005/2006 - Albuferon/RBV 44 wks
8. **Steve Farmer** (Transplant Vancouver 2005) IFN/RBV 72 weeks. SVR 2008
9. **Gloria Adams†** (GT1b relapser) - Fall 2009 IFN/RBV/telaprevir 48 wks - Drs. Erb & Yoshida, Vancouver, BC)
10. **Don Crocock** (GT1 Stage II) - Dec. 2010 IFN/RBV - 48 weeks
11. **Daryl Luster** (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
12. **Donna Krause** (GT1 partial responder) SVR Nov 2011- Pegasys/Copegus, danoprevir/ritonavir/RO5024048 24 wks. Dr. Erb, Vancouver.
13. **Hermione Jefferis** (GT 1a) – SVR 2011, PegIFN/RBV, 48 wks, Dr. Partlow, Victoria, BC
14. **Cheryl Reitz** (GT1b previous partial responder) SVR12 Mar 2013 - asunaprevir/daclatasvir 24 wks - Dr. Ghesquiere, Victoria, BC.
15. **Anita Thompson** (GT1a treated 3 times) Cirrhosis - Apr 2013 - Pegasys/boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
16. **Leon Anderson** (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 weeks - Dr. Alenezi & Dr. Conway- VIDC - Vancouver.
17. **Joan King** (GT1b treated 5 times) SVR24 June 2013 - asunaprevir/daclatasvir 24 wks Dr. Ramji, Vancouver, BC
18. **Jackie** GT1 relapser) SVR24 June 2013 - IFN/RBV/boceprevir 48 wks. Dr. Keith Bovell, Guelph, ON.

19. **Sandy J.** (GT 1a treatment naïve) Oct 31, 2013 - IFN/RBV/Victrelis 28 wks. Fran Faulkner, RN, Vancouver Island. Now SVR24.
20. **Andrew P.** (GT 1a many prev treatment attempts over 10+ years, including Incivek Jan 2014) sofosbuvir/ledipasvir + RBV 24 wks
21. **Peter A Walker** (GT1a, treatment-naïve) SVR Jan 2014 – PegIFN/RBV +boceprevir (Eprex–for low RBC count from RBV.)
22. **Diane Stoney** - Transfused 3/21/79 (GT 1a treatment naïve) Feb 4 2014 - 12 wks placebo, then 12 wks on ABT-450/r+ABT-267+ABT-33+RBV. Dr. Tam, Vancouver, BC
23. **Coreen Kendrick** (GT1a treatment naïve) Mar 10, 2014 MK5172/MK8742 12 weeks Dr. Ramji, Vancouver, BC.
24. **Jack Swartz** (Treated 3 times) Apr 2014 IFN/RBV/Victrelis, Dr. S. Wong, WHSC.
25. **Del Grimstad** July 2014, 12 weeks simeprevir/Sovaldi
26. **Linda May** (GT1b transfused, treatment-naïve) 12 wks asunaprevir/daclatasvir, Dr. Tam, LAIR Centre.
27. **Robin Tomlin** (GT1 treatment-naïve) SVR12 May 4, 2014 --Harvoni 12 weeks-- Dr. Yoshida VGH.
28. **Bob** (GT1a/HIV relapser) SVR24 Nov 2014 pegIFN/RBV/Incivek 24 wks, Dr. Montaner, Salt Spring Island, BC.
29. **Nancy Neel** (GT1a previous relapse IFN/RBV 48 wks) SVR24 Mar 2015 MK-5172/MK 8742 12 wks. Dr. Ramji, Richmond, BC.
30. **Sandra Newton** (GT1a treatment-naïve, infected 1984) SVR12 Aug 2015. Harvoni 8 wks. Dr. David Pearson, Victoria, BC
31. **Wendy Mackay** Transfused 1971(GT1a prev 48 wks Victrelis Triple ) Cirrhosis. SVR24 Aug 2015, 24 weeks Harvoni, Dr. Tam, LAIR Centre
32. **Wendy L [NEW]** (GT1b pegIFN/RBV intolerant) SVR12 Sep 15, 2015, Harvoni 8 wks. Dr. Steve Brien, Peterborough ON.

Please send your name and info to Joan at [info@hepcbc.ca](mailto:info@hepcbc.ca)

### HCV INFO LINKS FOR NEGLECTED POPULATIONS:

**INDIGENOUS:** <http://www.catie.ca/en/first-nations-inuit-and-metis-peoples-and-hep-c> (Dr. Alexandra King, CATIE Deliberative Dialogue Conf., Toronto, Feb., 2015)

**MIGRANTS:** <http://www.catie.ca/en/hepatitis-c-migrants-underappreciated-group-increased-risk> CATIE presentation by Dr. Chris Greenaway (McGill) Jan. 19, 2015  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168666/pdf/183e824.pdf> (Cdn Medical Assn. Journal [CMAJ] Sept., 2011 Article: Evidence-based clinical guidelines for immigrants and refugees)

**MSM:** <http://www.catie.ca/en/sexual-transmission-hepatitis-c-among-men-who-have-sex-men-brief-introduction> CATIE presentation by Len Tooley Jan. 12, 2015

(NEWS—Continued from page 4)

(WHO), to be delivered at the end of October, which HepCBC is co-signing and will post to our site as soon as it is finalized.

Standing up for our rights is the first step to getting RESPECTED. Joining with others to speak with one voice is the first step to getting HEARD. Let's do it!!

### AUSTRALIAN BUYERS CLUB APPLICABLE TO CANADA?

Patients and physicians in Australia, tired of waiting for their government drug plan to cover new, greatly-improved hepatitis C drugs, recently took matters into their own hands, starting up the "FixHepC Buyer's Club." This group (<http://www.fixhepc.com>) was started by Dr John Freeman, a physician hoping to enable patients to take advantage of legal mechanisms whereby (as he and his group claim) individuals can import generic medications—including generic HCV drugs from India (and possibly "active pharmaceutical ingredients" from China)—for their personal use. These drugs typically cost a small fraction of the cost of the patent drugs.

Australia's health authorities are struggling about whether—and how—to pay for curing its 233,000 hepatitis C patients with new treatments, which could cost over \$100,000 CAD per person, estimated to double the annual costs to its drug benefits fund. While their government slowly negotiates with the drug companies, seeming in no hurry to reach a conclusion, Australia's desperate HCV patients are becoming sicker or dying, with their families and physicians becoming ever more frustrated.

There are significant concerns with such a group including whether it is actually a legal entity engaged in legal activities, if the products it helps distribute are safe and efficacious, if the patients are getting proper medical diagnoses and monitoring, and if international intellectual property law is being followed.

Yet such a club helps highlight the human cost of the high prices being charged for these new medications, the reasons government payors are procrastinating on approving the drugs, and the lengths to which patients and their supporters will go as they become progressively more desperate for the cure these medications can provide. It also highlights the potentially strong advocacy role physicians can play in setting drug policy, once they clearly recognize the role institutionalized human greed plays in preventing them from curing their patients.

While the situation in Australia is quite different from Canada's, in which most provincial drug plans do cover at least some of these drugs, there are still many HCV patients in Canada who may not meet strict treatment criteria, or whose insurance does not cover the treatment.

While we are sympathetic to the very real desperation of those setting up buyers' clubs, HepCBC does not at this time advocate that anyone take the legal, medical, personal, and financial risks involved in doing so. However, we wouldn't be surprised to hear at some point that a group of Canadian physicians and patients denied hepatitis C treatment decide to form their own "Canadian-flavoured" version of such a club.

### HEPATITIS C ON INTERNATIONAL STAGE

The first-ever World Hepatitis Summit was held in Glasgow, Scotland from Aug. 31 – Sept. 4, 2015. Co-sponsored by the World Health Organization (WHO), the World Hepatitis Alliance (WHA) and the Government of Scotland, over 200 delegates represented hepatitis B and C organizations from all over the world. Many of the participants are living with these diseases themselves. Delegate Cheryl Reitz from HepCBC was there. She presented a poster about hepatitis C advocacy efforts in Canada which you can see here:

<http://hepcbc.ca/2015/08/hepcbc-at-world-hepatitis-summit-in-glasgow-scotland/>

On Sept. 5<sup>th</sup>, the WHO representative announced at the Summit that WHO would seek international agreement for the following targets:

90% reduction in new cases of chronic hepatitis B and C

65% reduction in hepatitis B and C deaths

80% of treatment eligible persons with chronic hepatitis B and C infections treated

Source:

[www.worldhepatitisalliance.org/en/news/sep-2015/world-health-organization-calls-ambitious-global-targets-viral-hepatitis-control](http://www.worldhepatitisalliance.org/en/news/sep-2015/world-health-organization-calls-ambitious-global-targets-viral-hepatitis-control)

Note that unfortunately, on Sept. 25<sup>th</sup>, when the UN General Assembly voted on the "Sustainable Development Goals", it ignored these goals, and committed to *ending* HIV, TB, and malaria, but merely to *combatting* viral hepatitis. Read more at: <http://blogs.biomedcentral.com/on-health/2015/09/28/hepatitis-sustainable-development-goals-time-end-run/>

The Chair of Action Hepatitis Canada, Patricia Bacon (ED of Blood Ties, Four Directions in Whitehorse, YT) was also at the Summit, and has written a biting summary ("Oh, Canada, we're ready for your leadership") about the lack of Canadian government representation there at:

<http://blog.catie.ca/?p=396>

Great quote from her article: "Hep C is not a disease of only the poor or only drug users, or only boomers, or only prisoners, or only people of colour... So if the disease doesn't belong to anyone specifically, then somehow it came to belong to no one. And governments can easily ignore a disease

that has no face, no collective discourse, and no mass political mobilization.

Hep C gets the occasional Federal nod in terms of settling the financial score with Canadians who were infected through tainted blood and the odd bit of prevention and research money. But the prevention, care and support dollars allocated to Hep C from the feds is nowhere near on par with the burden of the disease to Canadians and the healthcare system." Thanks for this, Patricia!

### POSITIVE LIVING FRASER VALLEY & HEPABC PARTNER ON BUS AD CAMPAIGN

With generous funding from Positive Living Fraser Valley Society (PLFVS), HepCBC is able to extend our July, 2015 bus ad campaign to the Fraser Valley including Abbotsford, Mission, Chilliwack, White Rock, South Surrey, Delta, Langley, Burnaby, New West, Port Moody, Coquitlam and Port Coquitlam, Pitt Meadows, and Maple Ridge. We estimate the 11 exterior bus ads will be up sometime in late October or early November, rotating throughout these communities for approximately one month. Take pictures and let us know when you see them! We wish to highlight the work of local agencies such as the PLFVS and the Lower Mainland Purpose Society in serving the many hepatitis C clients in these communities.



(LINDA'S BLOG—Continued from page 2)

plants after the age of 70. He said that I am "healthy" and that is a good thing. It would speed up recovery time. He also said that being Allison is living in the US, the doctor in Toronto would be working with the cost of her surgery to make it easier. What that entails I do not know, but I will find out when I go out there.

Christie and Carrie will be willing to do fund raising if we need that and Allison will not have to worry about that. I am glad that the girls are willing to help with that. I am now at peace.

In the meantime, the medication is working. My enzymes are down and so is the AFP. My platelets have also gone up which is so good to see. Next visit to Winnipeg will be the Gastroscopy on the 18<sup>th</sup> of August. That is also the day that Dr. McKay is back from holidays. His nurse, Margaret has been bugging Dr. Peretz about getting things rolling. Now I know they are not just sitting around doing nothing, but are working on my behalf to get this ablation done.

By Linda Zimmerman ...To be continued!

## ABBVIE CARE

With the approval of HOKIRA PAK™, AbbVie is launching AbbVie Care, which is a program that will provide best-in-class solutions to improve outcomes for people living with hepatitis C.

Canadians prescribed HOKIRA PAK™ will have the opportunity to request to be enrolled in AbbVie Care. The signature care program is designed to provide a wide range of customized services including reimbursement assistance, education and ongoing disease management support. AbbVie Care will not only support health care professionals but people living with genotype 1 hepatitis C throughout their treatment journey to achieve high cure rates in the real world. For enquiries: 1-844-471-2273.

## CLAIRE

Bristol-Myers Squibb Canada has created Claire, a patient support program designed to provide patient health information and reimbursement assistance for patients who have been prescribed DAKLINZA™ (daclatasvir). This personalized patient support program represents a service offered at no cost to the patient and is fully confidential. It will be available to patients **once the product is commercially available**, which is expected before the end of September. Once it is available, you can call the information line for more details at: 1-844-428-2559. Should you have medical enquiries regarding DAKLINZA™, please contact our Medical Information Department at 1-866-463-6267.

## MOMENTUM™ SUPPORT

To learn more about SOVALDI™, HARVONI™ or the Momentum Program™ in Canada, the patient should speak to his/her doctor or nurse or call the Gilead Sciences Canada medical information line at 1 855 447 7977. Eligible patients may receive an integrated offering of support services for patients and healthcare providers throughout the entire treatment journey, including:

- Access to dedicated case managers/reimbursement navigators to help patients and their providers with insurance-related needs, including identifying alternative coverage options through private, federal and provincially-insured programs.
- The SOVALDI™/HARVONI™ Co-pay assistance program, which will provide financial assistance for eligible patients who need help paying for out-of-pocket medication costs.
- Medication delivery services.
- Compliance and adherence programs.

## MERCK CARE™

MerckCare™ is a program to help people who have been prescribed PEGETRON™, VICTRELIS™ or VICTRELIS TRIPLE™. The program provides:

- assistance with reimbursement and/or insurance claims.
- financial assistance for co-pay/deductible for people who qualify.
- 24/7 nursing support by phone.
- multilingual assistance.
- home delivery of medication.

MerckCare™ provides all of these services free of charge.

To enroll in MerckCare™, you can call 1-866-872-5773 or your doctor or nurse can submit an enrollment form for you. Reimbursement specialists are available from 8:00 a.m. to 8:00 p.m. EST Monday to Friday, excluding statutory holidays.

## PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully. PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM - 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments. In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

## INCIVEK CARE

Vertex's INCIVEK™ Care Patient Assistance Program supports patients with the reimbursement process for INCIVIK™ (telaprevir) treatment (INCIVIK™, pegIFN, ribavirin). It will give you an efficient assessment of your options and eligibility. You may qualify to receive co-payment and other financial assistance to supplement your private and provincial drug program coverage. The program also provides dispensing and home delivery options, and expert treatment advice. Call the Support Line at 1-877-574-4298. (Select option 2 for English, then 2 for INCIVIK™ Care.)

## IBAVYR™

Pendopharm has established the IBAVYR™ Patient Support Program. The program will assist patients who have been prescribed IBAVYR™ (ribavirin tablets) with reimbursement navigation, financial assistance and pharmacy services. Case managers will support patients with insurance-related matters and assess eligibility for financial support. Pharmacy services include adherence support, medication delivery and counseling.

To enquire or to enroll, you may call 1-844-602-6858 Monday–Friday 7am to 11pm EST.

## BIOADVANCE®

JANSSEN's GALEXOS™ (simeprevir) BioAdvance® program can assist you in many ways during your treatment. This includes compiling and submitting, on your behalf, all the forms and documents required by your insurance company to request coverage of GALEXOS™, and following up with your insurer to get you the best coverage possible. If you don't have private insurance, the GALEXOS™: BioAdvance® program will investigate public assistance programs that can help pay for your treatment. Whichever type of coverage you have, if your insurance does not fully cover the cost of treatment, the GALEXOS™: BioAdvance® program can usually coordinate and provide financial assistance to help you get treated. Finally, the program can offer many other types of support and your doctor and members of your healthcare team will work with the GALEXOS™: BioAdvance® Program to develop a customized approach to best support you throughout the course of your treatment. Contact: 1-855-512-3740.

## COMPENSATION

**Class Action Suit Hotline:** 1-800-229-5323 ext. 8296  
**Health Canada Compensation Line:** 1-888-434-0944  
**Red Cross Compensation pre-86/post-90 Registration:** 1-888-840-5764 [HepatitisC@kpmg.ca](mailto:HepatitisC@kpmg.ca)  
**Ontario Compensation:** 1-877-222-4977  
**Quebec Compensation:** 1-888-840-5764

### CLAIMS ADMINISTRATOR 1986-1990

Claimants may be reimbursed for costs of treatments and accepted hepatitis C medications not covered by public or private healthcare plan while they wait for reimbursement from the 1986-1990 plan.

Administrator 1-877-434-0944

[www.hepc8690.com](http://www.hepc8690.com)  
[info@hepc8690.com](mailto:info@hepc8690.com)

### Pre-86/Post-90

Administrator 1-866-334-3361  
[preposthepc@crowco.ca](mailto:preposthepc@crowco.ca)  
[www.pre86post90settlement.ca](http://www.pre86post90settlement.ca)

### Settlement Agreement:

[www.pre86post90settlement.ca/PDFs/SA/](http://www.pre86post90settlement.ca/PDFs/SA/)

## SUPPORT BC/YUKON

**Armstrong HepCURE** Phone support 1-888-437-2873

**AIDS Vancouver Island** The following groups provide info, harm reduction, support, education and more:

• **Campbell River:** Drop in, harm reduction, needle exchange, advocacy. 1371 C - Cedar St.

Contact [leanne.wingert@avi.org](mailto:leanne.wingert@avi.org) 250-830-0787

• **Comox Valley** Harm reduction, counseling, advocacy. 355 6<sup>th</sup> St., Courtenay. Contact Sarah

[sarah.sullivan@avi.org](mailto:sarah.sullivan@avi.org) 250-338-7400

• **Nanaimo AVI Health Centre.** Counseling, advocacy. **NEW: 102-55** Victoria Rd Contact Anita for details. 250-753-2437

[anital.rosewall@avi.org](mailto:anital.rosewall@avi.org)

• **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shomcliffe Rd. Contact Shane, 250-949-0432 [shane.thomas@avi.org](mailto:shane.thomas@avi.org)

• **Victoria** Access Health Centre, drop in, disability applications, peer training. Support group Tues 12:30 PM, 713 Johnson St., 3rd floor, 250-384-2366 [Hemi-one.jeffers@avi.org](mailto:Hemi-one.jeffers@avi.org)

### ANKORS Hepatitis C Project

Hep C Info, support for prevention, testing, treatment and living well with Hep C.

• **Boundary, Nelson, West Kootenay** Women's gathering monthly. 101 Baker St. Nelson. Contact Laura 1-800-421-2437 250-505-5506 [ankorshepc@ankors.bc.ca](mailto:ankorshepc@ankors.bc.ca)

• **East Kootenay** 209 16th Ave N, Cranbrook, Contact Michelle 250-426-3383 1-800-421-2437 [ankorshepc@gmail.com](mailto:ankorshepc@gmail.com)

**Castlegar** Contact Robin 250-365-6137 [eor@shaw.ca](mailto:eor@shaw.ca)

**Chilliwack PCRS** Hep C Prevention, harm reduction. 45904 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416. [lbirdsall@pcrs.ca](mailto:lbirdsall@pcrs.ca) [www.pcrs.ca](http://www.pcrs.ca)

**Comox Valley Positive Wellness North Island Treatment/Pre & Post-treatment Support Group** 2<sup>nd</sup> & 4<sup>th</sup> Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl 250-331-8524. [Cheryl.taylor@viha.ca](mailto:Cheryl.taylor@viha.ca)

**CoolAid** Community Health Centre, Victoria. Meetings each Wed 10 AM and Thu 1:30 PM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Roz [rmilne@coolaid.org](mailto:rmilne@coolaid.org) for treatment or group info.

**Courtenay HCV Peer Support and Education.** Contact Del 250-703-0231 [dggimstad@shaw.ca](mailto:dggimstad@shaw.ca)

**Cowichan Valley HCV Support** Contact Leah 250-748-3432 [r-lattig@shaw.ca](mailto:r-lattig@shaw.ca)

**Haida Gwaii** support. Contact Wendy [wendy@wendyswellness.ca](mailto:wendy@wendyswellness.ca) [www.wendyswellness.ca](http://www.wendyswellness.ca)

**HepCBC** [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://www.hepcbc.ca) Call for office hours.

• **Victoria Peer Support:** 4<sup>th</sup> Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Contact 250-595-3892 Phone support 9AM-10 PM.

• **Fraser Valley** Support/Info: 604-576-2022

**Kamloops** ASK Wellness Centre. Chronic illness health navigation/support.

[info@askwellness.ca](mailto:info@askwellness.ca) 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing & counseling 250-315-0098

[www.askwellness.ca](http://www.askwellness.ca)

**Kamloops** Hep C support group, 2<sup>nd</sup> and 4<sup>th</sup> Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cheri 250-376-1296 Fax 250-376-2275

**Kelowna Hepkop:** Phone support, meeting info. Contact Lisa 1-866-637-5144 [ljmortell@shaw.ca](mailto:ljmortell@shaw.ca)

**Nanaimo - Central Island Hepatitis Service:** Nurses & doctors available for info, support, treatment. Clinic located in Nanaimo. Doctor or self-referral. Contact 1-855-740-2607, [sarah.hughes@viha.ca](mailto:sarah.hughes@viha.ca) or [shelby.munk@viha.ca](mailto:shelby.munk@viha.ca)

**New Westminster Stride with Purpose** "HepC" Support Group 1<sup>st</sup>&3<sup>rd</sup> Fri monthly 10:30-11:30. BBP Nursing Team, refreshments/lunch. Contact: Stride Workers 604-526-2522, [mail@purposesociety.org](mailto:mail@purposesociety.org)

**Positive Wellness North Island-North Island Liver Service** Info, support, treatment/pre-post treatment groups. Doctor or self-referral. 1-877-215-7005 250-850-2605.

• **Courtenay:** 2<sup>nd</sup> Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)

• **Campbell River:** Treatment/pre&post-treatment support group 1<sup>st</sup>&3<sup>rd</sup> Thu monthly 10-12 noon, Discovery Room, Sunshine Wellness Centre, Campbell River Hospital. Jody Crombie at 850-2620, [jody.crombie@viha.ca](mailto:jody.crombie@viha.ca)

**Penticton & District** Community Resources Society, Harm Reduction Program, Meetings every 2nd Tues, 12:30-1:30 PM. 330 Ellis Street. Contact Melanie: 250-488-1376 or 250-492-5814

**Positive Haven** Info, harm reduction, support, drop in, clinic. 10697 135A St. Surrey. Contact Monika 604-589-9004.

**Positive Living Fraser Valley (Abbotsford)** Hep C support, Drop-in centre #108-32883 S. Fraser Way, M-F 10:30 AM-4:30PM. Info, support worker, rides to appointments in surrounding areas. Contact 604-854-1101 or [plfvcentre@plfv.org](mailto:plfvcentre@plfv.org)

**Powell River Hepatology Service** Powell River Community Health, 3<sup>rd</sup> Floor-5000 Joyce Ave. Contact Melinda 604-485-3310 [Melinda.herceg@vch.ca](mailto:Melinda.herceg@vch.ca)

**Prince George Hep C Support** Contact Ilse [ilse.kuepper@northernhealth.ca](mailto:ilse.kuepper@northernhealth.ca)

**Sunshine Coast-Sechelt** Healthy Livers Support Group Information/resources Contact Catriona 604-886-5613 [catriona.hardwick@vch.ca](mailto:catriona.hardwick@vch.ca) or Brent 604-740-9042 [brent.fitzsimmons@vch.ca](mailto:brent.fitzsimmons@vch.ca)

**VANDU** The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061 [vandu@vandu.org](mailto:vandu@vandu.org) [www.vandu.org](http://www.vandu.org)

**Vancouver HCV Support** Contact Beverly 604-435-3717 [batlas@telus.net](mailto:batlas@telus.net)

**Vancouver Hepatitis C Support Group** Contact 604-454-1347 or 778-898-7211, or call 604-454-1347 (Terry), to talk or meet for coffee.

**Vernon telephone buddy,** M-F 10-6 Contact Peter [pvanbo@gmail.com](mailto:pvanbo@gmail.com) Tel. 250-309-1358.

**YouthCO** HIV and Hep C Society of BC. Call for apps or drop in M-F 10-6. 205-568 Seymour St,

**Vancouver** 604-688-1441, 1-855-YOUTHCO Stewart [info@youthco.org](mailto:info@youthco.org), [www.youthco.org](http://www.youthco.org)

**Whitehorse, Yukon—Blood Ties Four Directions** Contact 867-633-2437 1-877-333-2437 [admin@bloodties.ca](mailto:admin@bloodties.ca)

## OTHER PROVINCES

### ONTARIO:

**Barrie Hepatitis Support** Contact Jeanie for info/appointment [jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

**Hamilton Hepatitis C Support Group** 1<sup>st</sup> Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 [mkowalski@hucchc.com](mailto:mkowalski@hucchc.com)

**Hep C Team, AIDS Committee** of North Bay & Area. Education, outreach, treatment, individual & group support, harm reduction, needle exchange. 269 Main St. W, Suite 201, North Bay. Contact 705-497-3560, 1-800-387-3701 or [hepccommcoord@gmail.com](mailto:hepccommcoord@gmail.com), [www.aidsnorthbay.com](http://www.aidsnorthbay.com)

**Hepatitis C Network of Windsor & Essex County** Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor. Contact Andrea Monkman 519-967-0490 or [hepcnetwork@gmail.com](mailto:hepcnetwork@gmail.com). <http://hepcnetwork.net>

**Kingston Hep C Info HIV/AIDS** Regional Service. Contact 613-545-3698, 1-800-565-2209 [hars@kingston.net](mailto:hars@kingston.net) [www.hars.ca](http://www.hars.ca)

**London Hepatitis Hep C Support** 186 King St, London. For those infected as well as affected by Hep C. Contact: 519-434-1601, 1-866-920-1601 [www.hivaidconnection.com](http://www.hivaidconnection.com)

**Niagara Health System – Hepatitis C Care Clinic (HCCC) Clinics:** New Port Centre-Port Colborne, 4 Adams Street - St Catharines, Niagara Falls Hospital. Education, counseling, individual/group support, treatment, outreach, and harm reduction. Contact 905-378-4647 ext 32554 and [HCCC@niagarahealth.on.ca](mailto:HCCC@niagarahealth.on.ca) [www.niagarahealth.on.ca/services/hepatitis-c-care](http://www.niagarahealth.on.ca/services/hepatitis-c-care)

**Oshawa Community Health Centre Hepatitis C Team** Drop-in, lunch provided each Thurs. 12-1 PM, 79 McMillan St. [www.ochc.ca](http://www.ochc.ca) Contact 1-855-808-6242

**Owen Sound** Info, support. Contact Debby Minielly [dminielly@publichealthgreybruce.on.ca](mailto:dminielly@publichealthgreybruce.on.ca) 1-800-263-3456 Ext. 1257, 519-376-9420 Ext. 1257, [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

**Peel Region** (Brampton, Mississauga, Caledon) 905-799-7700 [healthlinepeel@peelregion.ca](http://healthlinepeel@peelregion.ca)

**St. Catharines** Contact Joe 905- 682-6194

**Toronto CLF** 1<sup>st</sup> Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext. 4932.

[bpotkonjak@liver.ca](mailto:bpotkonjak@liver.ca) [www.liver.ca](http://www.liver.ca)

**Thunder Bay** Hep C support. Contact Sarah Tycholiz 807-345-1516 (or for 807 area only 1-800-488-5840)

**Unified Networkers of Drug Users** Nationally [undun@sympatico.ca](mailto:undun@sympatico.ca)

**York Region Hepatitis C Education Group** 3<sup>rd</sup> Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 [info@hepcyorkregion.org](mailto:info@hepcyorkregion.org) [www.hepcyorkregion.org](http://www.hepcyorkregion.org)

### QUEBEC:

**Quebec City Region** Contact Renée Daurio 418-836-2307 [reneedaurio@hotmail.com](mailto:reneedaurio@hotmail.com)

**CAPAHC** support group meetings 3<sup>rd</sup> Thurs. monthly 6-8PM, 5055 Rivard St., Montreal) Contact 514-521-0444 or 1-866-522-0444

### ATLANTIC PROVINCES

**Hepatitis Outreach Society** of NS. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 Online Peer Support: [info@hepnns.ca](mailto:info@hepnns.ca) [www.hepnns.ca](http://www.hepnns.ca)

### PRAIRIE PROVINCES:

**Manitoba** Hepatitis C phone and email support and outreach. Contact Kirk at [info@mbhepc.org](mailto:info@mbhepc.org). Direct line: 1-204-231-1437

**Manitoba CLF** each Thu 1:30-3. 375 York Avenue, Suite 210, Winnipeg, Contact Bianca 204-831-6231 [bpengelly@liver.ca](mailto:bpengelly@liver.ca)

**Medicine Hat, AB Hep C Support Group** 1<sup>st</sup> & 3<sup>rd</sup> Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E AB Assoc, 550 Allowance Ave. Contact 403-527-7099 [bettyc2@hivnetwork.ca](mailto:bettyc2@hivnetwork.ca)

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To list Canadian groups here, please send your details to [info@hepcbc.ca](mailto:info@hepcbc.ca) It's free!