

hepc . bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

SIRENS IN THE DISTANCE

by Douglas Laird

[HepCBC Note: The decisions whether or not to disclose our hepatitis C status (and to whom), and whether or not to get treatment are very personal, though the results of these decisions can resound throughout time. Below is an ode to a friend who has died, from one who has lived. Thank you for your heartfelt reflection, Douglas.]

We all have different tolerances of ambiguity. For my dear late friend Jeb Green (not his real name), there was little room for doubt when doing the responsible thing was in question; when faced with the need for action there was little hesitation. That was his gift to me, but did I fail to pay it forward?

To say Jeb was a decisive character is an understatement. He was not afraid to explore his own vulnerability and to meet his failures head on. However, when I found out on social media that Jeb had passed away due to liver failure, there was little doubt for me about something less obvious. Twenty five years after we met, after we took on some of the most humiliating challenges possible, when we climbed out of the learned hopelessness of addictions, I found that Jeb was not able to climb out of the insidious pit of infection by hepatitis C...But why?

When I met Jeb in the late 1980s, I was not securely attached to my own sense of purpose in life. There was a burden of pain that I wasn't quite sure how to deal with, and there were limited options that seemed certain for me. Thankfully, from the first time I heard Jeb talk, the resolve he expressed about his own journey left me with little doubt. His motivation made it clear that, in order for me to deal with my pain, it was necessary to understand that I needed to make drastic changes to my life; the only way out was through, not around. Jeb made this crystal clear. His motivation was uplifting at a time when I needed it most. The fear of handling pain was the biggest lie I was telling myself, and although I drank to lift myself out of the belief that I was lost, Jeb helped me see that I could not fix the problem unless I dealt with addiction

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AT LAST: CANADIAN GOVT. RECOMMENDS TREATMENT FOR ALL

New federal guidelines for all genotypes contain great news for doctors and their many patients with chronic hepatitis C (CHC) infection currently denied treatment because they cannot demonstrate liver damage of F2 (fibrosis score) or greater! Comprehensive new hepatitis C treatment guidelines have been released by the national body which recommends health policies for Canada; see <https://goo.gl/xvL2HH> CADTH (Canadian Agency for Drugs and Technologies in Health) reported that its subcommittee CDEC (Canadian Drug Expert Committee) "recommends that all patients with CHC infection should be considered for treatment, regardless of fibrosis score. Given the potential impact on health system sustainability of treating all patients with CHC infection on a first-come basis, priority for treatment should be given to patients with more severe disease." CDEC insists, however that treatment "should be initiated by physicians with experience in the management of patients with CHC infection."

CDEC acknowledges that this decision was made after considering much data plus the input from patient groups HepCBC, Action Hepatitis Canada, the Canadian

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GOODBYE TO DALE



We at HepCBC were recently saddened by the news of the death on November 4th of Dale Smith, a man we'd gotten to know via email and phone over the years of his struggle with hepatitis

C and attempts to get a liver transplant while living in Kamloops. He became a symbol of how difficult it can be for people living outside the Lower Mainland to receive the same quality of care (and particularly, access to transplants) as Lower Mainland residents. Recently, a few of us had gotten to know him personally when he and his partner were in Vancouver for treatment of some liver complications. Some of our members played cards with him and did what they could to support his partner during this hard time. He was then taking the newest hepatitis C treatment, but was expe-

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CIPLA'S GENERIC HARVONI AVAILABLE IN INDIA

Are you having trouble finding funding for your treatment? This may interest you. ((See related articles this month on pages 3 and 4, and another about India's generic drug industry in the December, 2015 bulletin.)

We are NOT recommending this option, but are merely offering the information.

On December 21, 2015, Cipla pharmaceutical company announced the launching of Hepcvir-L, a generic version of Gilead's Harvoni, to treat Hep C. The once-a-day drug has a price tag of 25,000 Rupees (about \$525 Canadian) for 28 tablets in India (4 weeks.) Treatment is usually 12 weeks. This drug is designed to cure genotype 1 patients.

Source:
<http://goo.gl/vu4KT7>

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

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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.



NATALIE COLE

February 6
1950
to
December 31
2015

We have lost one of our most famous and beloved hepatitis C sufferers — singer Natalie Cole, whose official cause of death was congestive heart failure.

She never hid the fact of her hepatitis C or her heroin abuse. She recently had a kidney transplant. It's not hard to find out about the star. She was the daughter of Nat King Cole. Here, you can find the second part of her memoirs, so similar to the stories we hear in less detail almost every week:

<http://goo.gl/EE60Rg>

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VICTORIA (MAIN) OFFICE, #20 - 1139 Yates Street: Wednesdays 1 pm - 5 pm and Thursdays 9:30 am - 1:30 pm OR other times by appointment (call or email to arrange).

VANCOUVER (OUTREACH) OFFICE, #206A - 938 Howe Street. Mondays and Thursdays, 10 am - 2 pm OR other times by appointment (call or email to arrange).

NEW SUPPORT PHONE LINE NUMBERS: VANCOUVER & LOWER MAINLAND: 1-604-259-0501

FOR THE REST OF BC: 1-778-655-8000

QUESTIONS ABOUT COMPENSATION?

You can find your answers here:
<http://goo.gl/8hbZ1b>

FREE HCV APP: www.help4hep.org/app/
Take control of hepatitis C with these tools.

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first. I needed to live in the solution without reservation.

At the time I did not know I had hepatitis C, so Jeb helped saved my life not once, but twice.

Today I am still at a loss for words to explain how a man of such passion and resolve felt it necessary to keep his hepatitis C infection private, but I can take an educated guess. For one, in my own experience of disclosure in the workplace, economic consequences can be devastating, since employment security suddenly becomes an issue. Your status instantly changes as you become 'one of them'—apart from, rather than part of. This is true in addiction, too—not just in a social perspective, but how you feel inside.

However, there is more to hepatitis C and how we see ourselves than economic alienation, more than narcissist fear for one's own sake, more like an 'imagined' stigma. The reality of the potential psychological effects that erode away your belief in yourself is that the virus can live inside your brain as well. It is the loss of the cognitive ability of memory, the slowing of motor reflex, and the shifts in mental ability that produce doubt. The effects of the virus on the brain add to the ambiguity, add to the belief that keeping the disease out of sight, out of mind, and out of all our affairs will spare us the consequences. The chronic fatigue, the reflexive anxiety, the depressive thinking that result may be due to immune reactions. Ironically, it is this psychological need for our own protection through privacy that keeps us away from seeking out the cumbersome process of medical assessment and the further burden of treatment. We feel the loss of our own productivity, and we know the consequences; there is a twenty year difference in life expectancy for those who live in poverty, compared to those capable of earning a living wage.

Jeb Green will always have a special place in my heart. We often sat and talked through our challenges, sharing the pain and the joys of our journeys. Unfortunately, even though we were connected through social media, somehow my posts on hepatitis C were missed by one of my dearest friends. Sadly, Jeb was due to be married in November 2015 for the first time.

When I talked to his distraught fiancée, she was puzzled as to how I knew he had hepatitis C, since Jeb rarely disclosed his infection status. She is justifiably angry with the medical profession. How could

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this have happened? There is a deep, bitter reality to this. There is no need for a man 60 years of age to become another mortality statistic that has not been counted as a death by hepatitis C, but rather by liver failure, or heart failure, by cancer, by broken heart and mind, or... by lack of awareness.

Whenever I hear the siren of an ambulance passing in the distance, it brings a tear to my eye for my dear friend Jeb and his fiancée. To the many others whom Jeb has guided, I am sorry.

(TREATMENT FOR ALL—Continued from page 1)
Liver Foundation, and the Canadian Treatment Action Council.

CDEC also makes several more recommendations for the treatment recommended for each genotype, as below:

Genotype 1: "The recommended duration of therapy is as per the Health Canada-approved monograph for each regimen."

Regardless of cirrhosis status: Both treatment-naïve patients and those who are treatment-experienced with peginterferon plus ribavirin (PR) – either ledipasvir/sofosbuvir (Harvoni™) or paritaprevir/ritonavir/ombitasvir + dasabuvir ± ribavirin (RBV) (Holkira Pak™—Viekira Pak™ in USA)

Treatment-experienced with a protease inhibitor-peginterferon/RBV regimen (PR + boceprevir, telaprevir, or simeprevir) – ledipasvir/sofosbuvir (Harvoni™)

Genotype 2: Sofosbuvir/RBV (Sovaldi™ + Ibavyr™) for 12 weeks

Genotype 3: Without cirrhosis – daclatasvir/sofosbuvir (Daklinza™ + Sovaldi™) for 12 weeks. With cirrhosis – sofosbuvir/RBV (Sovaldi™ + Ibavyr™) for 24 weeks

Genotype 4: Treatment-naïve without cirrhosis – sofosbuvir/pegylated interferon/RBV (Sovaldi™ + PR) for 12 weeks. Treatment-experienced or with cirrhosis regardless of treatment experience – insufficient evidence to make a recommendation.

Genotypes 5 or 6: Insufficient evidence to make a recommendation.

NOTE 1: CDEC says that for all genotypes, there is insufficient evidence to make a re-treatment recommendation for those experienced with an all-oral DAA regimen.

NOTE 2: HepCBC is not convinced that the only acceptable initiators of treatment are physicians who have already managed CHC patients. It is true that those with advanced disease should have their diagnosis completed and their treatment managed by specialists. However we hope the door will be open for training GPs in initial CHC diagnosis and

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(DALE—Continued from page 1)

riencing complications due to the advanced stage of his disease. Here are some of our memories:

From his social worker from ASK Wellness Society of Kamloops, Larry Loranger: "Dale Brian Smith was born September 27, 1957 and passed away peacefully November 4, 2015. Dale worked as a heavy equipment operator throughout BC. Dale enjoyed the outdoors with his partner Judy Barnett and dogs Jake and Roxy. He was a great mechanic and loved spending time in his garage working on cars and motorcycles and refurbishing boats. Dale maintained his sense of humor until his last days."

From HepCBC Lower Mainland Volunteer Coordinator, Anita York: "I only met Dale Smith and his lovely partner Judy a short time ago in Vancouver General Hospital. Dale worked as a heavy-duty mechanic in Gibraltar Mines and Mt. Polley (a difficult job at the best of times especially living in a 'camp' situation). Now, he was very jaundiced, showing signs of end-stage liver disease. Larry Loranger, Dale's social worker, had brought Judy and Dale down from their home in Kamloops, BC. Judy stayed at Easter Seal House while she was here, only a few blocks from the hospital. Dale and Judy and I spent some of the Thanksgiving holiday together. A few days after that, Larry came down to pick up Judy and Dale to bring them back home, as the liver specialists said they couldn't do anything more for him down here. When Dale arrived home, in a short time he had to be hospitalized again (in Kamloops) because of his deteriorating health. Then on November 4, 2015 Dale passed away. He will be greatly missed by his loving partner and their two dogs."

THOUGHTS: Over the last few years, HepCBC has tried with mixed success to gather a team of Lower Mainland-based volunteers to help support hepatitis C patients coming to Vancouver hospitals. We hope that HepCBC will be able to find a church or service club (or two!) which will work with us to help support people such as Dale and Judy who come to the Lower Mainland for hepatitis C care and transplants. For example, volunteers are needed with time and energy to just sit and be there talking or playing cards, etc., or to provide help with driving to and from appointments, or with grocery shopping, laundry and cooking (particularly for unaccompanied out-patients before and after

transplants), or to simply check in from time to time to make sure all is well. If you can help us to find such people or a group of people, please let HepCBC know!

SOVALDI™ / DAKLINZA™ IN INDIA!

Five major events have recently culminated in the production of generic sofosbuvir and daclatasvir in India. We applaud each of these five events which together have contributed to the vastly increased likelihood that an affordable, pan-genotypic cure to chronic hepatitis C (CHC) will be accessible by the majority of the world's CHC patients within the next few years.

In January 2015, the Indian Patent office rejected Gilead's patent application there, ruling that sofosbuvir "was not inventive enough compared to a previous formulation." This ruling resulted in licensing agreements between Gilead and 11 Indian generic companies (Aurobindo, Biocon, Cadila Healthcare, Cipla, Hetero Labs, Laurus Labs, Mylan Labs, Natco, Ranbaxy Labs, Sequent Scientific and Strides Arcolab). Gilead explains that these "Indian generic manufacturing partners have the right to develop and market generic versions of Gilead HCV medicines in certain developing countries. The generic drug companies may set their own prices and receive a complete technology transfer of the Gilead manufacturing process, enabling them to scale up production as quickly as possible."

Sources:

<http://goo.gl/I7xWLo> and
<http://goo.gl/kKBwnV>

On May 8, 2015, the World Health Organization (WHO) released a new Model List of Essential Medicines which should be made available to any patient with HCV. This list included medications for hepatitis C for the first time. The WHO noted that these medications' high prices currently make them unaffordable to most patients. Dr Marie-Paule Kieny, WHO Assistant Director-General for Health Systems and Innovation, explained that "While some efforts have been made to reduce their price for low-income countries, without uniform strategies to make these medicines more affordable globally the potential for public health gains will be reduced considerably." Source: <http://goo.gl/5KbJX8>

On November 6, 2015, the international public health organization, the Medicines Patent Pool (MPP), expanded its mandate to include facilitating access to hepatitis C treatments in low and middle-income countries. Backed by the UN and the WHO, founded and fully funded by UNTAID, since 2010 the MPP has been "a public-health driven business model

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GREAT NEW VIDEO

There is a Mexican campaign (through a civil society) to address hepatitis C. Their new film is subtitled in English. Wonderful!! We in Canada are jealous. Wow, are we ever. Anyway: Watch, Post, Tweet, Copy, Enjoy!
<https://goo.gl/QWsyBg>



Translation: Hepatitis C is a silent disease. If you don't know you have it, you can't save your life. The moment to know has arrived!

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.

HEPC IN PRISONS

A recent study undertaken at Saint Michael's Hospital in Toronto and published online in the *Canadian Journal of Public Health* confirmed what we already know: "People who have spent time in correctional facilities have higher risk factors for hepatitis C, including injection drug use and needle sharing, both in custody and in the community."

The study concluded that "health-care and public services in correctional facilities should be equivalent to those available in the community, and that individuals in custody should have access to the tools they need to improve their health," which is a no-brainer and it's long overdue. These tools would include needle exchange, access to opioid substitution therapy, screening for HCV, and access to treatment.

<http://goo.gl/io3aoP>

"MEDICAL TOURISM" IN INDIA by Cheryl Reitz



BACKGROUND: I recently found myself in a really great hospital during my visit to see my son who is currently working in Pune, India. I'd been overcome by toxic traffic fumes and developed some scary symptoms, so my son had me taken to his small local hospital. Due to the complexity of my symptoms, they decided to transfer me via ambulance to Ruby Hall Wanowrie Clinic (a larger hospital). Over the next 48 hours, I went through Ruby Hall Wanowrie's Emergency, ICU, and general wards, and had several major tests, as they wanted to rule out stroke and heart attack as the cause of my symptoms. I was treated incredibly well; the food (5 small meals a day) was great, and all medical staff was caring and knowledgeable. In most but not all cases, their English was excellent. The total cost of the two days in a private room with TV and WIFI, including physician's fees, IV and oral drugs, blood panel, and tests including ECG, X-Ray (for lungs), colour Doppler, and stress test, was 22,729 rupees (approximately \$475 CAD).

MEDICAL TOURISM: After this positive experience, I was curious if HCV+ North Americans could come here to get low-cost treatment with India's generic drugs. I asked my doctor there if this was an option; she informed me this hospital actually specializes in medical tourism.

Philosophically, I am completely against the concept of medical tourism for hepatitis C. As a patient advocate, I want to see policies and laws which make hepatitis C treatment accessible (which includes "affordable") to everyone who needs it, and am doing everything within my power to make this happen. Medical tourism is an option only to those fortunate few who can afford the time off work, the plane ticket, the cost of living away from home during treatment, the upfront cost of treatment, and have a passport. With these resources, they can take advantage of the prices available to those in low-income countries; in the case of hepatitis C treatment, the price in India is approximately 1%-2% of what it costs in North America. That said, I also realize this is one more option that could save someone's life, so here we go...just remember medical tourism is not an option for most people, but

simply a possible band-aid for a privileged few who are unable to access treatment locally at this time and have sufficient resources to pursue this course. Bearing all this in mind, patients who would benefit most from Indian medical tourism would be those who do not qualify for the most recent DAA treatments through their health insurance, such as those with too low (or possibly too high) a degree of fibrosis/cirrhosis, a non-covered genotype, or a disqualifying treatment history. Living donor liver transplant (from an accompanying family member) could possibly be considered in unusual cases.

POTENTIAL SERVICES: On November 25, 2015 I met with three hospital administrators to discuss medical tourism at Ruby Hall Clinic. Their two facilities in Pune (Main hospital on Sassoon Road and a second hospital in Wanowrie District) each specialize in different types of medical tourism. Their Medical Tourism Department has been in operation since 2009, and the President of India presented them with India's "National Award for Medical Tourism" in 2012. At present people come there regularly for care in these major areas: cancer, cardiac and heart surgery, knee and hip replacements, plastic surgery and implants, and of course transplants (live, not cadaver), particularly kidney, bone marrow and occasionally liver; live donors from patient's family are brought over for these procedures. (NOTE: living donor liver transplants are seldom recommended for those with advanced cirrhosis). The administrators were not aware of the rapid advancements in hepatitis C treatment, so they called in a couple of gastroenterologists from their staff who verified that the new generic medications which resulted in a cure would be available to them very soon, and that they could use them to treat North American patients at Ruby Hall, in most cases on an out-patient basis under regular monitoring during the patient's stay in India. At the end of treatment, the patients would be given follow-up instructions to take back to their North American physicians.

PRICING: They were unable to provide this specific information yet. They'll need more data in order to develop "packages" for each genotype and degree of liver damage, since these determine which drugs will be used, the treatment duration, the type of tests and monitoring required, whether the patient will be allowed out-patient status, and so forth. Also, the availability and price of these generic drugs is still very fluid in India, and until these stabilize, it is impossible to give precise dollar figures. Finally, a significant and flexible cost is out-patient housing; all types of housing, from the most basic hostel to a luxury hotel, are available nearby. To get an idea of other packages each Ruby Hall hospital has developed for other medical conditions, see their websites below (under "International Patients"). While it would be convenient to simply take your local doctor's prescription

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CONFERENCES

25th Conference of the APASL
20-24 February 2016
Tokyo, Japan
www.apasl2016.org/

Canadian Digestive Disease Week
Cdn. Assn. for the Study of the Liver and
Cdn Assn. of Gastroenterologists
26-29 February 2016
Fairmont Queen Elizabeth, Montréal, QC.
http://www.hepatology.ca/?page_id=51

5th Canadian Symposium on HCV
26 February 2016
Fairmont Queen Elizabeth, Montréal, QC.
Contact Norma Choucha: nrcpt.hepc@gmail.com
<https://goo.gl/ENolKu>

The International Liver Congress 2016
13-17 April 2016
Barcelona, Spain
<http://ilc-congress.eu/>

12th World Congress
20-23 April 2016
Sao Paulo, Brazil
www.ihpba2016.com/

Digestive Disease Week
21-24 May 2016
San Diego, CA
www.ddw.org/attendees/registration

**2016 APASL Single Topic
Conference on Hepatitis C**
10-12 June 2016
Kaohsiung, Taiwan
www.apasl-hcv-2016.org/

GEEW 2016
34th Gastroenterology and Endotherapy
European Workshop
22 June 2016
Brussels, Belgium
www.live-endoscopy.com/

EASL - AASLD
Roadmap for Cure
23-24 September 2016
Paris, France
Info: <http://goo.gl/aVGERh>

Peppermint Patti's FAQs, Version 10.1 !!

Do you have questions about Hep C
or about treatment? Do you want to
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for your liver?

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<http://goo.gl/8arA6l>



SVR HONOUR ROLL

Have you been undetectable for at least 12 weeks after treatment? Encourage others. 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. **[NEW] Murray Palmer** (GT1a) Transfused. SVR 2003 - Rebetrone 48 wks (cleared at 24 wks.) SVR confirmed 2010.
6. **Darlene Morrow** (GT1 relapser) - Mar 2004 - Hyperthermia/Induction + pegIFN/RBV.
7. **Kirk Leavesley** (GT1) - 2004 - Roche
8. **Beverly Atlas** (GT1a) - 2005/2006 - Albuferon/RBV 44 wks.
9. **Steve Farmer** (Transplant Vancouver 2005) IFN/RBV 72 weeks. SVR 2008
10. **Gloria Adams†** (GT1b relapser) - Fall 2009 IFN/RBV/telaprevir 48 wks., Drs. Erb & Yoshida, Vancouver, BC)
11. **Don Crocock** (GT1 Stage II) - Dec. 2010 IFN/RBV - 48 wks.
12. **Daryl Luster** (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
13. **Donna Krause** (GT1 partial responder) SVR Nov 2011- Pegasys/Copegus, danoprevir/ritonavir/RO5024048 24 wks., Dr. Erb, Vancouver.
14. **Hermione Jefferis** (GT1a) - SVR 2011, PegIFN/RBV, 48 wks., Dr. Partlow, Victoria, BC
15. **Cheryl Reitz** (GT1b previous partial responder) SVR12 Mar 2013 - asunaprevir/daclatasvir 24 wks., Dr. Ghesquiere, Victoria, BC.
16. **Anita Thompson** (GT1a treated 3 times) Cirrhosis - Apr 2013 - Pegasys/boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
17. **Leon Anderson** (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 wks., Dr. Alenezi & Dr. Conway- VIDC - Vancouver.
18. **Joan King** (GT1b treated 5 times) SVR24 June 2013 - asunaprevir/daclatasvir 24 wks., Dr. Ramji, Vancouver, BC
19. **Jackie** (GT1 relapser) SVR24 June 2013 - IFN/RBV/boceprevir 48 wks., Dr. Keith Bovell, Guelph, ON.
20. **Sandy J.** (GT1a treatment-naïve) Oct 31, 2013 - IFN/RBV/Victrelis 28 wks., Fran Faulkner, RN, Vancouver Island. SVR24.

21. **Andrew P.** (GT 1a many prev treatment attempts over 10+ years, including Incivek Jan 2014) sofosbuvir/ledipasvir + RBV 24 wks.
22. **Peter A Walker** (GT1a, treatment-naïve) SVR Jan 2014 - PegIFN/RBV +boceprevir (Eprex-for low RBC count from RBV.)
23. **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
24. **Coreen Kendrick** (GT1a treatment-naïve) Mar 10, 2014 MK5172/MK8742 12 wks., Dr. Ramji, Vancouver, BC.
25. **Jack Swartz** (Treated 3 times) Apr 2014 IFN/RBV/Victrelis, Dr. S. Wong, WHSC.
26. **Del Grimstad** July 2014, 12 weeks simeprevir/Sovaldi
27. **Linda May** (GT1b transfused, treatment-naïve) asunaprevir/daclatasvir 12 wks., Dr. Tam, LAIR Centre.
28. **Robin Tomlin** (GT1 treatment-naïve) SVR12 May 4, 2014 - Harvoni 12 wks., Dr. Yoshida VGH.
29. **Bob** (GT1a/HIV relapser) SVR24 Nov 2014 pegIFN/RBV/Incivek 24 wks., Dr. Montaner, Salt Spring Island, BC.
30. **Nancy Neel** (GT1a previous relapse IFN/RBV 48 wks.) SVR24 Mar 2015 MK-5172/MK 8742 12 wks., Dr. Ramji, Richmond, BC.
31. **Sandra Newton** (GT1a treatment-naïve, infected 1984) SVR12 Aug 2015. Harvoni 8 wks., Dr. David Pearson, Victoria, BC
32. **Wendy Mackay** Transfused 1971 (GT1a prev. 48 wks., Victrelis Triple) Cirrhosis. SVR24 Aug 2015, Harvoni 24 wks., Dr. Tam, LAIR Centre
33. **Wendy L** (GT1b pegIFN/RBV intolerant) SVR12 Sep 15, 2015, Harvoni 8 wks. Dr. Steve Brien, Peterborough ON.
34. **Nancy Dunham** Transplant patient. SVR 2015, Harvoni Toronto, ON.
35. **Chaim David Mazoff** (GT1a treated 5 times) SVR12 Dec 10 2015 Harvoni 12 wks. Dr. Ghesquiere, Victoria, BC [NEW]

Please send your
name and info to
Joan
info@hepcbc.ca



You Can Have Hepatitis C and Not Know it.



चिपेटासिरेटम 肝炎 التهاب الكبد viêm gan hépatite
There is a Cure.
Find out more at HEPCBC.ca

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In partnership with
Positive Living
Liver Health Society

(TOURISM—Continued from page 4)

for hepatitis C treatment over to India, buy a course of drugs at Ruby Hall, then return home the next day, from what I was told, I don't think this would be a viable option. It would be very risky medically and possibly even illegal to attempt circumventing India's "Medical Tourism" system the government has established. Canadian or US laws regarding import of medications would also have to be considered when passing through Customs.

HOW TO:

Make sure you have a passport good for at least another year.

Ask your doctor to prepare your medical records (particularly recent tests) and a prescription to submit to Ruby Hall for consultation and an estimate of time and costs of your treatment. These records may also need to be submitted when you apply for your visa. The record must include test results such as most recent quantitative PCR, genotyping result, up-to-date blood panel with all relevant tests, a recent biopsy or Fibroscan, treatment history, and your doctor's recommended treatment and prescription.

Email Hansa Kotak of Ruby Hall to inform her your doctor will be sending your records and a prescription, and of your intention to get an estimate for getting HCV treatment as an international outpatient in Pune. Ask her to confirm the best way to send your records. If you phone India, remember the time zone difference!

"BOOM BOOM 2016"

DINNER DANCE AND A WHOLE LOTTA FUN!!!

KENNY SHAW AND BRIAN TEMPLE
January 30th 2016 - 6pm to midnight
FUN-RAISING EVENT FOR POSITIVE LIVING
FRASER VALLEY SOCIETY

GREAT FOOD, GREAT MUSIC AND FUN FUN FUN!

Yarrow Hall – 4670 Community Street, Yarrow BC

Tickets at Positive Living Fraser Valley Society 108-32883 South Fraser Way Abbotsford BC from 9:30am-4:30pm Monday through Friday

Call 604-854-1101 for more information or buy online at <http://www.brownpapertickets.com/event/2163006>

Dinner/Dance \$30.00 per person

Dinner/Dance and Shuttle from Abbotsford, Mission or Chilliwack \$45.00 per person (leave contact information)

*****Must be 19 or over as alcohol will be served at this event*****



ENJOY GREAT MUSIC AND ENTERTAINMENT FROM AWARD WINNING ARTISTS KENNY SHAW AND BRIAN TEMPLE. HARMONIES THAT WILL KNOCK YOUR BOBBY SOCKS OFF AND COMEDY THAT WILL KEEP YOU LAUGHING ALL EVENING.

Ask your doctor to send copies of your medical records and prescription to Hansa Kotak, then await her estimate. Only once you have determined that the price and conditions are acceptable, proceed.

Apply for a medical visa to India (Coming from Canada, see <http://goo.gl/zzEINU>)

NOTE 1: Try to get a 6-month rather than a 3-month visa. The visa date starts as soon as it is processed, not when your trip starts! **NOTE 2:** Do NOT apply for a tourist visa. You can easily convert a medical visa to a tourist visa. You can't easily convert a tourist visa to a medical one. Buy your ticket. Good luck. And if you're lucky enough to be cured this way, when you return, please consider those not so fortunate as yourself, and do whatever is in your power to make hepatitis C drugs as accessible to people in our country as they are to those in India.

CONTACT INFO:

Websites:

Main hospital www.rubyhall.com;

Wanowrie hospital

www.wanowrie.rubyhall.com

Hansa Kotak, Asst. General Manager,

Health Check & Corporate Relations

Mailing address: Ruby Hall Clinic, 40 Sassoon Road, Pune 411001 INDIA

Hospital general line: +91-20-2612-3391 or +91-20-2616-3391

Alternate helpline: +91-98-9003-3047

Hansa Kotak, Direct line: +91-20-6645-5678

Hansa Kotak, Mobile: +91-94-2231-0505

Fax: +91-20-2616-4529

Email: prm5349@yahoo.com

If Hansa is unavailable, you can alternatively contact:

Sachin Dandawate, Mobile: +91-98-9030-

0507; Email: sachin@rubyhall.com OR

Goutam Kumar, Mobile: +91-80-0777-

1504; Email: goutam2025@gmail.com

(SOF/DCV in India—Continued from page 3)

that aims to lower the prices of HIV medicines and facilitate the development of better-adapted HIV treatment...through voluntary licensing and patent pooling. Founded and fully funded by UNITAID, the MPP works with a range of stakeholders — communities of people living with HIV, civil society, governments, industry and international organisations." Now it is doing the same work with hepatitis C (MPP also tuberculosis to its mandate the same day). Source: <http://goo.gl/rmfF5p>

On November 23, 2015, the MPP's first hepatitis C drug agreement was finalized with Bristol-Myers Squibb (BMS). The agreement allows for the production of daclatasvir (Daklinza™) in any country of the world, as long as it is for sale in the 112 lower and middle-income countries in the

agreement. "Importantly, the licence allows generic manufacturers to develop fixed-dose combinations with other direct-acting antivirals to create powerful pan-genotypic regimens that offer the potential to treat all of the six major genotypes of HCV. Pan-genotypic regimens are crucial in resource-limited countries where access to genotype testing is limited." This vital part of the agreement enables manufacturers to combine Gilead's sofosbuvir with BMS's daclatasvir, a very potent regime. Source: <http://goo.gl/mT9mrM>

In December, generic manufacturers Natco and Hetero Labs got the Drugs Controller General of India approval to launch Gilead's ledipasvir + sofosbuvir combination. The two companies also received approval to manufacture BMS's daclatasvir shortly thereafter. Generic Strides Shasun Ltd received the approval to make sofosbuvir on December 23rd.

Source: <http://goo.gl/88zLkr>

Congratulations, WHO, MPP, Gilead, Bristol-Myers Squibb, the government of India, and all the generic manufacturers involved. You collaborated well with new partners in this "sea-change" enabling much broader access to CHC treatment, and making eventual eradication of this terrible disease look much more likely than it did a year ago. We now hope this process of expanding access by lowering prices will spread to the higher-income countries, where most patients cannot afford treatment without help from government health plans, and most of these plans claim that providing access to all would unduly burden, possibly even bankrupt, these plans.

NOTE: In our December issue, Cheryl Reitz described interviews about the Indian generic drug industry she had held with 11 top researchers at Lupin Limited in Pune, India. Lupin is not involved with hepatitis C drug production, but the information in that article generally applies to the 11 Indian generic drug companies listed in the second paragraph of this article (page 3).

(TREATMENT FOR ALL—Continued from page 3)

in the treatment of CHC patients without advanced disease, especially those in rural and remote regions of the country, under the supervision of specialists who are available for consultation either in person or via technologies such as telehealth.

NOTE 3: Federal guidelines are without "teeth" in that they are only recommendations which each province can consider when deciding which medications to reimburse under its Pharmacare health insurance program. As for CDEC's great recommendation to make those with less than F2 fibrosis eligible for treatment, now we will have more "ammunition" when advocating all the Pharmacares to get rid of their F2+ requirements!

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

1986-1990 Compensation Line: 1-877-434-0944

Red Cross Compensation pre-86/post-90 (Federal)

Administrator: 1-866-334-3361

preposthepc@crowco.ca

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-800-561-9749

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.ca

info@hepc8690.ca

Pre-86/Post-90

Administrator 1-866-334-3361

preposthepc@crowco.ca

www.pre86post90settlement.ca

Settlement Agreement:

www.pre86post90settlement.ca/english/eng_home.htm

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:** Positive Wellness program and counseling, harm reduction, needle exchange, advocacy. 1371 C - Cedar St.
 Contact leanne.wingert@avi.org 250-830-0787

• **Comox Valley** Harm reduction, counselling, advocacy. 355 6th St., Courtenay. Contact Sarah sarah.sullivan@avi.org 250-338-7400

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

• **Victoria Access Health Centre,** drop in, disability applications, peer training. Support group Tues 12:30 PM, 713 Johnson St., 3rd floor, 250-384-2366 leslie.robinson@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

• **East Kootenay** 209 16th Ave N, Cranbrook, Contact Michelle 250-426-3383 1-800-421-2437 ankorshcv@gmail.com

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Chilliwack PCRS Hep C Prevention, harm reduction. 45904 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416. lbirdsall@pcrs.ca www.pcrs.ca

Comox Valley Positive Wellness North Island Treatment/Pre & Post-treatment Support Group 2nd & 4th Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl 250-331-8524. 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 for treatment or group info.

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dgrimmstad@shaw.ca

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-lattig@shaw.ca

Haida Gwaii support. Contact Wendy wendy@wendyswellness.ca www.wendyswellness.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca Call for office hours. Email support through website form. Peer phone support through:

• **Lower Mainland:** 1-604-259-0501
Fraser Valley Support/Info: 604-576-2022 (9 am-10 pm)

• **The rest of BC:** 1-778-655-8000

Kamloops ASK Wellness Centre. Chronic illness health navigation/support. info@askwellness.ca 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing & counselling 250-315-0098 www.askwellness.ca

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

Kelowna Hepkop: Phone support, meeting info. Contact Lisa 1-866-637-5144 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 or shelby.munk@viha.ca

New Westminster Stride with Purpose "HepC" Support Group 1st&3rd Fri monthly 10:30-11:30. BBP Nursing Team, refreshments/lunch. Contact: Stride Workers 604-526-2522, 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:** 2nd Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)

• **Campbell River:** Treatment/pre&post-treatment support group 1st&3rd Thu monthly 10-12 noon, Discovery Room, Sunshine Wellness Centre, Campbell River Hospital. Jody Crombie at 850-2620, 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

Powell River Hepatology Service Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Melinda 604-485-3310 Melinda.herceg@vch.ca

Prince George Hep C Support Contact Ilse ilse.kuepper@northernhealth.ca

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources Contact Catriona 604-886-5613 catriona.hardwick@vch.ca or Brent 604-740-9042 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 www.vandu.org

Vancouver HCV Support Contact Beverly 604-435-3717 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.

Vancouver: YouthCO HIV and Hep C Society of BC. Call for appts or drop in M-F 10-6. 205-568 Seymour St, Vancouver 604-688-1441, 1-855-YOUTHCO Stewart info@youthco.org, www.youthco.org

VIDC HCV Treatment Support Group 9:30AM-12PM Every Friday 200-1200 Burrard St., Vancouver. Contact info@vidc.ca

Vernon telephone buddy, M-F 10-6 Contact Peter, pvanbo@gmail.com Tel. 250-309-1358.

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 1-877-333-2437 admin@bloodties.ca

OTHER PROVINCES

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/ appointment jeanievilleneuve@hotmail.com

Hamilton Hepatitis C Support Group 1st 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

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, 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, <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 hars@kingston.net 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

Niagara Health System – Hepatitis C Care Clinic (HCCC) Clinics: New Port Centre-Port Colborne, 4 Adams Street - St Catharines, Niagara Falls Hospital. Education, counselling, individual/group support, treatment, outreach, and harm reduction. Contact 905-378-4647 ext 32554 and HCCC@niagarahealth.on.ca 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 Contact 1-855-808-6242

Owen Sound Info, support. Contact Debby Minielly dminielly@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420 Ext. 1257, www.publichealthgreybruce.on.ca

Peel Region (Brampton, Mississauga, Caledon) 905-799-7700

healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194

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

bpotkonjak@liver.ca 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

York Region Hepatitis C Education Group 3rd 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 www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307 reneeaurio@hotmail.com

CAPAHC support group meetings 3rd Thurs. monthly 6-8PM, 032-2065, rue Parthenais, 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@hepnsc.ca www.hepnsc.ca

PRAIRIE PROVINCES:

Calgary Hep C support group meets 1st & 3rd Wed. monthly, 11:45am-1pm, CUPS 1001-10th Ave, SW. Contact Lynda 403-991-1930 www.cupscalgary.com lyndaw@cupscalgary.com

Manitoba Hepatitis C phone and email support and outreach. Contact Kirk at 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

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of SE AB Assoc, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

To list Canadian groups here, please send your details to info@hepcbc.ca It's free!