

hepc . bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

TAKE OUR "RIBAVIRIN CHALLENGE"!

A QUICK POLL: PLEASE HELP US. Ribavirin can cause 'Riba-Rage,' skin rashes, and a lower hemoglobin count with resulting fatigue. It can be awful. However it is cheap, has no long-term toxic effects, and, most importantly, when combined with the new HCV treatments (Direct Acting Antivirals or DAAs), ribavirin seems to boost the chance of achieving a cure (Sustained Viral Response or SVR) for patients with some genotypes and/or with cirrhosis. It also has been shown to prevent drug-resistance when re-treating. The Canadian government is seeking input from several patient groups on whether our members would accept ribavirin if its use would make a difference in the cure rate (SVR rate). We need as many HCV patients as possible to complete our VERY SIMPLE ONLINE POLL about what it would take to get YOU to take (or re-take) a DAA treatment with added ribavirin. It does not matter if you are cured or not, treatment-experienced or treatment-naïve, any genotype, age, gender...your input is very valuable! The more responses we receive, the more accurate our results.

HERE IS A LINK TO OUR POLL:
<http://doodle.com/poll/2tcfgnhpzqi843w4>
It will take approximately 20 SECONDS to complete (Please forward the link to your support group, list serve, etc. – outside Canada)

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AUSTRALIA NEW COVERAGE POLICY

We often call Australia Canada's 'sister country' when it comes to hepatitis C. Australia's Federal Health Minister announced on December 20, 2015 that Australia will add the new hepatitis C medicines to the Pharmaceutical Benefits Scheme early next year (March 1, 2016). This ensures that these treatments will be accessible to all patients in Australia, and of course we hope Canada will follow suit very soon!

Canadian researchers have often used Australian statistics to estimate prevalence of chronic hepatitis C (CHC) in Canada. This is due to the unfortunate lack of consistent record-keeping and statistics available in Canada, and because the two countries are very similar in size of population, demographics, history of hepatitis C's spread, and size/characteristics of both total infected population and of the various sub-groups (such as baby boomers, aboriginals, immigrants, prisoners, PWID, etc.)

Three more changes to Australia's policy, which HepCBC applauds and would like to see in Canada:

- GPs now will be able to prescribe these medicines in (or following) consultation with a specialist.

- Minimum fibrosis-damage (such as F2+) requirements no longer exist! Anyone diagnosed with CHC will be eligible,

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HCV TREATMENT FOR OLDER PATIENTS

By Shakuntala Soden

Is it safe, and are the new DAAs effective?

In North America, older adults form the largest group of those infected with hepatitis C, particularly those who belong to the baby boomer generation (those born between 1945 and 1964). These people are at least in their fifties now, and even up to their seventies and beyond.

In the last couple of years, highly-effective treatments with far fewer side effects have become a reality for those infected with hepatitis C. These treatments consist of drugs called Direct Acting Antivirals (DAAs). Many HCV sufferers have been waiting a long time for the new drugs: they failed an older, harsher and less effective regime, they weren't offered the older treatments, or they preferred not to try. Therefore, many sufferers who are considering treatment now may be wondering if the new drugs work any differently or whether they are as effective in

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MERCK'S ZEPATIER GETS NOC

On Jan. 19th, 2016, Merck's new chronic hepatitis C combo Elbasvir/Grazoprevir (ZEPATIER™) was given approval to be sold in Canada (Notice of Compliance or NOC-status). While use with other genotypes may be approved later, in this NOC it is approved for adult patients with GT 1, 3, or 4 only. It can be combined with ribavirin or sofosbuvir, and the 12-week standard treatment time can be lowered to 8 weeks or extended to 16 weeks, depending on genotype, degree of liver damage, and treatment history. Notice that this product must still go through an extended approval process at the provincial level before it will be covered by provincial drug plans.

The product monograph says that, while Zepatier™ has few side-effects, headache

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WORLD HEPATITIS ALLIANCE

HepCBC is a long-time member of the World Hepatitis Alliance (WHA), affiliated with the United Nations' World Health Assembly and the World Health Organization (WHO). Both hepatitis C and B patient voices at the WHA have been getting much louder, particularly since we all met together in Glasgow in September, 2015. Cheryl Reitz of

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

Registered Canadian charitable organization since 2001. No. 86800-4979-RR00001.

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

HOW TO REACH US:

EDITOR: *Joan King*
PHONE: (250) 595-3892
FAX: (604) 424-4374
EMAIL: info@hepcbc.ca
WEBSITE: www.hepcbc.ca

HepCBC
#20 1139 Yates St., Victoria, BC V8V 3N2

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.

THANKS!!

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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.

HepCBC OFFICES

PHONES:

1-250-595-3892

(Victoria Main office)

1-604-259-0500

(Vancouver Outreach office)

FAX (paperless, both offices):

1-604-424-4374

EMAIL: info@hepcbc.ca

WEBSITE: www.hepcbc.ca

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

(WHA—Continued from page 1)

HepCBC was there. You can read about what the WHA is accomplishing in various parts of the world in the WHA's most recent quarterly report (just 4 pages, see link below). Maybe this all sounds a little boring but it's really pretty exciting. Even if you just skim this report, you will find it quite inspiring to know we in Canada are definitely not alone and what can happen when we all combine forces on the world's stage! Source: <http://goo.gl/oJv0gk>

Below: Glasgow Declaration. Cheryl was there!



STIGMA-FREE SERVICES AT AVI

By Catherine Luke

Established in 1995, AIDS Vancouver Island (AVI) is a community-based organization that provides integrated services to individuals with HIV/AIDS and/or hepatitis C, tuberculosis, and other communicable diseases. Born in the midst of the HIV/AIDS epidemic, the organization expanded its mandate to include those suffering from hepatitis C.

On December 15th, I attended an AVI support group for people with hepatitis C. After the group meeting, I talked with Leslie Robinson, educator for AVI's hepatitis C project, who told me about services for people living with hepatitis C. "This support group is about more than just personal encouragement," Leslie said. "It's about creating a collective awareness of the challenges of living with these chronic diseases and their complications. Together our clients are learning that their individual experiences reflect large systemic problems that are usually based on society's stigmatization of some of its members. Stigma affects the kind of resources available to people and the type of service people receive."

As well as coordinating the support group every Tuesday at 12:30, Leslie visits the provincial jail and the local detox and stabilization facility where she delivers educational programs focused on hepatitis C, HIV/AIDS, and harm reduction. Harm reduction is a set of practical strategies aimed at reducing the negative consequences of risky behaviours in drug use and sexual practices; these strategies include the use of new and individual supplies for injection drugs, tattooing and piercing and the use of barriers in sexual practices.

Leslie has been troubled by the fact that in the jail where she teaches, people who are infected with hepatitis C have no access to treatment. "People in federal facilities can benefit from one of the new and highly-successful treatments for hepatitis C and be cured while they are incarcerated," she said. "But if you're in a provincial jail with different policies, there's no treatment available. Worse still, without harm reduction supplies, hepatitis C and HIV transmissions are very high. Thirty-five percent of inmates in jails in Canada test positive for hepatitis C, compared with less than 1% of the general population in Canada."

Leslie doesn't have to look far for indications of the success of her work. At the detox and stabilization facility where she teaches, the nurses tell her that they receive many requests for the hepatitis C test after her sessions. As Leslie says: "With information, people will take action to care for themselves and

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(Older patients—Continued from page 1)

older adults. They also may be wondering if being older makes these drugs any more difficult to tolerate.

The data available from clinical trials may not give an accurate picture in relation to older adults. Trial participants tend to be younger and healthier. These characteristics make it hard to assess if what seems like a wonder drug is in fact suitable if you are older, have other health problems, or are generally less resilient.

The good news is that a couple of studies have recently been published that give some data on treatment effects and outcomes for older people. The further good news is that successful treatment is possible. In fact, SVR12 rates (which means no virus detected in the blood 12 weeks after treatment ends and is defined as a cure) are excellent for older adults (95%+) in a range of different patient types (treatment naïve or experienced; with or without cirrhosis, etc.). The studies reviewed trial data on popular drug combinations for genotype 1: sofosbuvir and ledipasvir (brand name: Harvoni) and AbbVie's Viekira Pak (called Holkira Pak in Canada). Although there weren't huge numbers of patients age 65 or over, there were enough with similar outcomes to conclude that these drug combos are highly effective for older people. Furthermore, there were a few patients included who were 75+: they had extremely good cure rates, as well. When ribavirin was included, AEs (adverse events, or side effects) increased, sometimes leading to treatment modification. SVR rates remained high, however, whether treatments included ribavirin or not. For genotype 2 patients aged 65+, treatment with sofosbuvir and ribavirin resulted in excellent cure rates as well.

So what's the overall message? The new drugs are highly effective even if you are older. If you take ribavirin, however, you might have increased side effects (anaemia, for example). An increase in side effects should be considered in context, though. Your treatment experience with the new DAAs, even if ribavirin is included, is likely to be less eventful and easier to tolerate than if you took interferon with ribavirin (the old dual combo) or added a protease inhibitor (the old triple therapy).

References:

Saab, S., Park, S. H., Mizokami, M., Omata, M., Mangia, A., Eggleton, E., Zhu, Y., Knox, S. J., Pang, P., Subramanian, M., Kowdley, K. and Afdhal, N.H. (2015), *Safety and Efficacy of Ledipasvir/Sofosbuvir for the Treatment of Genotype 1 Hepatitis C in Subjects Aged 65 Years or Older: Hepatology*. Accepted Author Manuscript. doi:10.1002/hep.28425

Rheem, J., Sundaram V. and Saab, S. (2015) *Antiviral Therapy in Elderly Patients with Hepatitis C Virus Infection. Gastroenterology & Hepatology Vol 11(5): 294-298*

NEW YORK CITY'S HEP C ACTION PLAN: MODEL FOR CANADA?

Re-reading a Department of Health 2013 Action Plan from the USA's largest city addressing what it called "the hepatitis C epidemic in New York City (NYC)" came as a shock. Three years ago, it was already listing screening, diagnosis, referral, and provider capacity-building as its top priorities; they highlighted age-cohort testing as well: "The Health Department will encourage providers to follow new Center for Disease Control (CDC) guidelines to test patients born between 1945 and 1965 for HCV in addition to the traditional HCV high risk groups."

Could Canadian cities or provincial health authorities do this? In Canada, our hepatitis C public health priorities (at both federal and provincial levels) are for prevention of new cases, not for identifying/treating old cases. Also, our federal government has not yet released its new hepatitis C testing guidelines which will presumably include Baby Boomer screening as an objective. Having the federal (CDC) age-cohort testing guidelines in place enabled NYC to expand its screening program. Canada has different systems in place; however, here is what we CAN do:

(1) Canadians really must push our new federal government to release its proposed new guidelines adding 'age-cohort' testing to the more traditional 'risk-based' screening programs for hepatitis C. Let your MP know your views on this!

(2) Refer your MLA, local health department, and/or regional health authority to New York's plan (source below). Show them how out-of-date we are, and that demands for hepatitis C age-cohort-based testing and treatment are evidence-based and according to current practice in other countries.

Source: <http://goo.gl/oJv0gk>

(AVI—Continued from page 2)

others through taking that first important step in addressing hepatitis C: getting tested."

AVI targets and educates people with lived experiences of illicit drug use, sex work, jail time, and street life by going to meet people where they are and by providing a welcoming space at AVI. For Leslie, this is one of the most positive parts of her job—working in a stigma-free environment where everyone is treated as an individual, a human

(AUSTRALIA—Continued from page 1)

regardless of the stage of disease. (NOTE: Canada's federal pharmaceutical review agency, CADTH, has recently come to the same conclusion, though most of Canada's provincial Pharmacare plans still include such requirements.)

•The government considers prisoners and people who inject drugs as "priority populations" for treatment.

Unfortunately, however, there is one large and important difference between the two countries. Canada's health insurance is administered by the provinces, each with its own rules for reimbursement. Australia, on the other hand, has only one federal health insurance program ('single-payer') only, so changes such as this are implemented immediately for the entire country. The good news is that if a country like Australia, sharing so many similarities with our own, can determine that it is cost-effective over the long term to treat everyone, then it is more possible that Canadian policy-makers will eventually come to the same conclusion.

Sources:

<http://goo.gl/LhCjvq> and <http://goo.gl/SW6Rua>

(ZEPATIER—Continued from page 1)

and "feeling tired" are reported by more than 10% of patients. The product monograph lists the uses and treatment times, see:

<http://goo.gl/Hak9g0>

Without ribavirin:

- in GT1 or 4 treatment-naïve (TN) and peginterferon alfa + ribavirin (PR) treatment-experienced (TE) relapsers (12 weeks)
- in GT1 protease inhibitor (PI)/PR-TE relapsers (12 weeks)
- in GT1b TN, non-cirrhotic patients (8 weeks)
- in GT1b PR- or PI/PR-TE on-treatment virologic failures (12 weeks)

With ribavirin:

- in GT1a PR- or PI/PR-TE on-treatment virologic failures (16 weeks)
- in GT4 PR-TE on-treatment virologic failures (16 weeks)

With sofosbuvir:

- in GT3 TN patients (12 weeks)

NOTE: In the USA, Zepatier™ is expected to gain FDA approval on Jan. 28th.

Source: <http://goo.gl/Hak9g0>

being with unique strengths and challenges. "At AVI, I meet people every day who have lived, suffered, learned, and become remarkably resilient in the face of a host of financial, social, and health difficulties. They have taught me not to judge, and in return, I get to work in an environment where I am not judged. The rest of society has much to learn from a harm-reduction approach."

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: ncrtp.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
<http://goo.gl/aVGERh>



JACQUES CHAMBERS

Died January 11,
2016

Occasionally we honour people here who, while they never had hepatitis C, gave a large chunk of

their lives to helping hepatitis C sufferers and their families. Jacques Chambers, an American Chartered Life Underwriter (CLU) who wrote the "Disability and Benefits" column for the HCV Advocate website, did just that. Although the target audience for the HCV Advocate is the USA, many of the tips Jacques gave us concerning life insurance, filing for disability, long term disability, so-

NEW DRUG REPORT SUMMARY FROM NATAP

Just when we thought things couldn't get better...! The latest news from the AASLD conference, reported by NATAP is full of good news. We all know about Harvoni, AbbVie's 3D, and the simeprevir + daclatasvir combo, but even newer treatments are expected this year and more still in the future.

Merck: **Elbasavir + Grazoprevir** is their 2nd generation protease inhibitor and NS5A inhibitor. US FDA approval came on January 28, 2016.

Merck also reported early results of their next generation pangenotypic 3-drug regimen for all genotypes, including Merck's nucleotide inhibitor **MK-3682 (same class of drug as sofosbuvir) + a next generation NS5A inhibitor MK-8408 + their protease inhibitor Grazoprevir**. The link to their 8 week treatment study can be seen at the link below.

Gilead: Their 2nd generation **Sofosbuvir + Velpatasvir (GS-5816)** works for genotypes 1 through 6. GS-5816 is their improved NS5A inhibitor similar to ledipasvir (of Harvoni fame) which will be combined with sofosbuvir. FDA approval is due June 2016. Take a look at those SVR rates! Gilead's 3rd generation treatment for all genotypes is a 3 -drug regimen:

Sofosbuvir + Valpatasvir + a next generation protease inhibitor GS-9857. The link to the 8-week study with this appears at the link at the end of this report.

AbbVie: Their next generation therapy for all genotypes is **ABT-493 + ABT-530** (protease and NS5A inhibitors) Six global Phase III studies for genotypes 1-6 have been announced: <http://goo.gl/lojinz> The 8 and 12 week treatment SVR rates are reported below.

J&J: The company is working on a 3-drug regimen for all genotypes. They purchased the Alios nucleotides as well as the Achillion nucleotide and their next generation NS5A inhibitor. Last August, they started a Phase I study of **simeprevir + ACH-3102 + AL-335**

<http://goo.gl/d6bqvg>

ABBVIE: GT4 INPUT & NEW GT1 STUDY

GT4: BC PharmaCare is asking for patient input into its possible coverage of the AbbVie drug combo for genotype 4, Technivie™ (ombitasvir+paritaprevir+ritonavir) plus ribavirin, the first interferon-free option it has considered for this genotype. Treatment time is generally 12 weeks, and while generally well-tolerated, the most common side effects reported were headache, insomnia, itching, nausea, fatigue, and weakness. HepCBC will be making its regular patient group input in support of this use, and we also urge patients to send their personal input to HepCBC (just email us with your experience and reasons for recommending this drug or not) by February 10th. In addition, you can give your opinion directly through BC Pharmacare by midnight on February 17, 2016.

Individual patients, go to:
<https://goo.gl/n3rbT6>

Caregivers, go to: <https://goo.gl/JBZWfg>

GT1: Research clinics in BC are now accepting referrals from your doctor for AbbVie products' "Amber" Study. (Note, they do not accept patient self-referrals). This is a Phase IV study, involving extensive monitoring of patients who meet current BC Pharmacare eligibility standards for Holkira Pak as they go through their treatment. Participating BC clinics or physicians:

LAIR Centre, Dr. Edward Tam, Vancouver

Vancouver General Hospital's Diamond Centre, Div. of Gastroenterology, Dr. Eric Yoshida

Vancouver Infectious Diseases Centre, Dr. Brian Conway

GI Research Institute, Dr. Alnoor Ramji, Vancouver

Columbia Gastroenterology, Dr. Kenneth Atkinson, New Westminster

Cool Aid Clinic, Dr. Chris Fraser, Victoria

Percuro Clinic, Dr. Wayne Ghesquierre, Victoria (unconfirmed)

This study is being conducted in other provinces as well; see: <http://goo.gl/Ec3HPQ>
OR <https://www.clinicaltrials.gov>

cial security, disclosure, and preparing to leave work on a disability apply to HCV+ Canadians as well, or got us thinking and asking the right questions about our Canadian disability and benefits systems. HepCBC Board Member Chaim-David Mazoff, PhD had this to say about Jacques: "I used to work at the HCV Advocate and for many years I worked with Jacques preparing his fantastic articles for our readers. Jacques had a big heart. He was not only a colleague but a friend. We used to share funnies and interesting news bits. I will miss him." We can still read his helpful columns (including a December 2015 "Disability—A Survivor's Guide") in the archives of the HCV Advocate: <http://goo.gl/xAGm1K>

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(RBV POLL—Continued from page 1)

da is fine). We will share the results in the next bulletin. Your name and results will not be visible to others.

MORE INFO: HepCBC, including several other patient groups, has advised the government in the past that, if possible, patients strongly want to avoid taking ribavirin because of its side-effects. But remember, using ribavirin with the new HCV DAAs is quite different from using it in the past when it was usually combined with the far more notorious interferon (no more, thankfully!), and had to be taken for almost a year. The amount of ribavirin now given each day is the same as in the past, but instead of lasting 48 weeks, the new treatments usually last between 8 and 16 weeks. THANKS for your participation!

Sources: <https://goo.gl/MS7WD>
AND <http://goo.gl/7CF89f>

CURED AND LOVING IT

Much of the last 20 years of my life has been ruled by body aches and brain fog; my doctor diagnosed me with hepatitis C-related fibromyalgia. It has NOT been fun. I could never plan on things or count on being fully present because the attacks of brain fog and body pain disabled me in many ways. I do not have cirrhosis (thank God!).



In the summer of 2015 I went on treatment with Harvoni after failing 4 clinical trials. By week 10 I started feeling really different. I was undetectable at end of treatment and also achieved an SVR12. Most importantly my liver enzymes have been NORMAL since week 4 of treatment. My liver is on vacation!!! Yay!!! My body and my brain are rediscovering normal!

The upshot is that I now find myself saying to myself and to others, when they ask, "I feel great!" I have not been able to say this for a very, very long time.

This whole thing is so fantastical that I have no words for it. —CD

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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.** (GT1a many previous treat-

ment 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 (GT1a 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. **Catherine Luke** GT3b, treatment-naïve) SVR 12 May 19, 2015 SOF/pegIFN/RBV 24 wks [NEW]
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

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



You Can Have Hepatitis C and Not Know it.



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



HEP C BOOTH AT HEALTH, WELLNESS AND SUSTAINABILITY FESTIVAL - VICTORIA 2016

Saturday, February 27, 2016
10:00 am – 4:00 pm
Victoria Conference Centre
720 Douglas St
Victoria BC V8W 3M7 Canada

\$5 Early-Bird until February 12th online.
 \$7 at the door.
 Student & Senior \$5.
 Children 12 & under FREE.

The Health, Wellness and Sustainability Festival is a yearly celebration of any and all things leading to a healthier body and mind. Attendees and participants can learn from renowned health leaders while exploring the vibrant health scene of Victoria and Vancouver Island. Scores of vendors will be on hand, offering a wide range of delicious bites – organic whole foods, fair trade imports, and gluten free delights to name a few – and showcasing health enhancing products and therapies including acupuncture, naturopathy, massage therapy, health-minded cosmetics and skin care, fitness and so much

more.

For the enjoyment of both kids and parents, the Festival is host to a unique interactive science fair exhibit. According to Sandor Katz, 2015's Festival keynote speaker and author of *The New York Times* bestselling book *The Art of Fermentation*, "The interactive science fair exhibit was definitely a highlight of the festival for me. The tactile engagement of those exhibits made them among the very best food demonstrations I've seen anywhere, in museums, universities, schools, conferences, or other festivals."

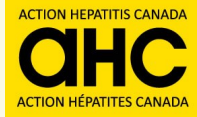
The Health, Wellness and Sustainability Festival is literally built on the sharing of ideas, techniques and products of both local and international communities. This coming together of like-minded individuals creates a melting pot of healthy living options that help to build happier, sustainable communities.

<http://goo.gl/rPrAKT>

AHC HITS CURRENT DRUG PRICING FORMULAE

National umbrella organization Action Hepatitis Canada (AHC) is calling for a review and update of the drug pricing framework used in Canada. AHC is also asking for a re-evaluation of the Canadian prices for the HCV medications introduced since 2014, because they are now "unaffordable to most and causing many of our government bodies to limit financial coverage for treatment to people with advanced liver disease as a result of HCV." Research has clearly demonstrated the benefits of giving all patients access to treatment, not only to those with high (F2+) fibrosis scores, as many provincial Pharmacare plans now require.

Canada's Patented Medicines Price Review Board (PMPRB) "determines the value of a medicine by looking at how well it works, the extent of negative side effects and the cost savings to the health system that the treatment will bring." The new HCV drugs obviously score high on this scale! Unfortunately for patients, there are too many of us to justify treating all of us at this high price. AHC is asking for a new drug pricing framework which also considers the quantity of potential patients when setting drug prices. Such a framework would likely make HCV treatment accessible to all Canadians who need it. AHC advocates that: "Legislative and regulatory processes in Canada should be re-designed to better ensure affordable pricing and broad accessibility of medicines while safeguarding an ethical profit margin for pharmaceutical companies." NOTE: HepCBC is a founding member and sits on the Steering Committee of Action Hepatitis Canada.



Source: <http://goo.gl/vlFK6D>

(Jacques—Continued from page 4)

Jacques' story is even more interesting in that he also did the same for HIV+ people, even though he did not have HIV. In addition to his writing, he was an active disability counselor, speaker, and fundraiser. Karen Ocamb of the AIDS Project Los Angeles (APLA) said, "You might not have heard of him but he was a hero to the hundreds of frightened HIV-positive people who turned to him for help with the arcane bureaucratic insurance and healthcare system." Read more about Jacques' work with HIV+ and HIV/HCV co-infected people here: <https://goo.gl/5HLto0>

VOLUNTEERS:

HepCBC will have an info booth at EACH of these 3 events! If you'd like to volunteer, let HepCBC know through this page:

<http://hepcbc.ca/hepcbc-volunteer-application-form/>
 (In the box, mention the event you want to volunteer for)



HEPC BOOTH AT 55+ LIFESTYLE SHOW VICTORIA 2016

Tuesday, March 22
12 noon - 6 pm
Pearkes Recreation Centre
Tillicum Community School
3100 Tillicum Rd
Victoria, BC V9A 6T2

Tickets \$5 available online here:

<https://goo.gl/8pn4dU>

Group of 10 tickets for \$20 (\$2 each)!

- Leisure, Travel, Passion, Wellness, and Fashion!
- Join us and explore a variety of inspiring lifestyle options, products and services for people over 55.
- 120+ Exhibits, All Day Entertainment, Interactive Displays, Free Giveaways and more.
- Produced by INSPIRED Senior Living Media in partnership with the Eldercare Foundation.

VANCOUVER 2016 ZOOMERSHOW LIFESTYLE EXPO FOR THE 45+

Saturday, March 19, 10 am - 5 pm
Sunday, March 20, 11 am - 5 pm
Vancouver Convention Centre
East Building, Halls B and C
999 Canada Place
Vancouver, BC V6C 3T4

Advanced tickets \$8 through

www.zoomershow.com (by March 19th)

2 for \$15 and 5 for \$25

OR \$12 each at the door

CARP members and up to 5 guests - FREE with your membership card

- Exhibitors featuring the latest trends, products and services for YOUR generation.
- Travel, money, health and fitness, retirement and reinvention – if it's new, if it can show you how to live big, it's at the ZoomerShow!
- Explore hundreds of ways to live big with ZoomerShow Vancouver 2016!

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.

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.

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.

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 is now available, and represents a service offered at no cost to the patient and is fully confidential. It is set up so you will have a single person to take care of you during your treatment. 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 or email info@claireprogram.ca

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.

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.

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.)

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.latou@avi.org

♦ **Victoria** Access Health Centre, Tuesday lunch, disability applications, peer training. Support group Tues 12:30-1:30 PM, 713 Johnson St., 3rd floor, 250-384-2366, ext 3112 leslie.robinsom@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 ankorshcp@ankors.bc.ca

♦ **East Kootney** 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 dggrinstad@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 & counseling 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&3rdThu 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 Support Group 9:30AM-12PM Every Friday 200-1200 Burrard St., Vancouver. Contact 604-642-6429 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 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 dminiel@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 reneedaurio@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@hepns.ca www.hepns.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.cupscalgarly.com lyndaw@cupscalgarly.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 S.E 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!