

# HCV ADVOCATE WEEKLY NEWS REVIEW

*Review of HCV, HBV and HIV/HCV Coinfection Related News and Highlights*

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March 1<sup>st</sup>, 2007

### ***City Shuts Down Las Vegas Clinic Linked To Hepatitis C Cases***

<http://www.kolotv.com>

The city of Las Vegas has shut down a clinic believed to have spread hepatitis C through shoddy practices.

City officials revoked the business license for the Endoscopy Center of Southern Nevada on Friday afternoon.

Health officials say six reported cases of hepatitis can be traced to the surgical center.

Officials are urging another 40,000 people who received treatment at the center over the past four years to get tested for the blood-borne virus, as well as HIV.

They say the clinic put patients at risk by reusing syringes and vials of medication.

Mayor Oscar Goodman says the clinic's business license will be suspended until further notice.

The four doctors who are named on the license can appeal the decision to city staff and, ultimately, to District Court.

A spokeswoman for a public relations firm representing the Endoscopy Center says she could not comment on the closure on advice of legal counsel.

**March 3<sup>rd</sup>, 2007**

### ***Alpha-Lipoic Acid: Universal Antioxidant...And Miracle Cure?***

<http://www.healthnewsdigest.com>

By Michael D. Shaw, Contributing Columnist - HealthNewsDigest.com

(HealthNewsDigest.com) - Ever since the pharmaceutical industry began advertising their products directly to the consumer, the outstanding benefits of dozens of drugs have been widely touted. Certainly, there are guidelines regarding how the benefits are presented, along with provisions to address the often scary list of side effects. At best, these pharmaceuticals—created at great cost, and not always tested as well as they should be—have a limited number of indications. That is, they have very specific applications.

Compare these to a naturally-occurring substance that has been proven effective in such disparate areas as treating...

- Peripheral neuropathy in diabetics; also reduces blood sugar levels
- Chronic hepatitis
- Alzheimer's disease
- Certain oral dermatological conditions

We're talking about alpha-lipoic acid, a powerful antioxidant, acting as a defense against harmful free radicals. A free radical is any atom or molecule that has an unpaired electron in the outer ring. As such, these entities are forever in search of that missing electron, and when they find one and strip it off from a neighbor molecule, they have just oxidized it.

Since this activity will set off a chain reaction of more free radicals being created, spawning yet more of the same, substantial biological damage can occur, including perhaps the aging process itself. Moreover, it is thought that the toxicity of heavy metals, ionizing radiation, various pesticides, and tobacco smoke may all be due to their free radical initiating ability. Some free radicals occur during metabolism, and occasionally free radicals are generated on purpose by our immune system to kill bacteria and viruses. For a variety of reasons, our system might not be able to cope with the free radical onslaught. Suffice to say that they have been implicated in dozens of diseases.

The role of antioxidants is simply to stop the free radical chain reaction. You're no doubt acquainted with two of the most common antioxidants—Vitamins C and E.

Vitamin C is our body's most abundant water-soluble antioxidant, noted for combating free-radical formation caused by pollution and tobacco smoke in the body. Vitamin E is our body's most abundant fat-soluble antioxidant, noted for its action against lipid peroxidation (the formation of unstable molecules containing excess oxygen).

What makes alpha-lipoic acid so special is that it is both water and fat (lipid) soluble: the universal antioxidant. Thus, it is able to deactivate both fat and water soluble free radicals and thereby protect both lipoproteins and membranes. No other single antioxidant can do this. Additionally, alpha-lipoic acid can cross the blood/brain barrier—a wall of tiny vessels and structural cells—and pass easily into the brain.

Supplementation of alpha-lipoic acid will increase levels of glutathione, essential for proper functioning of the immune system, as it plays a crucial role in the multiplication of lymphocytes. Adding glutathione may even have an anti-aging effect, inasmuch as its levels decline with age, thus promoting more free radical damage.

Alpha-lipoic acid acts synergistically with the herb milk thistle (silymarin) and selenium in the treatment of Hepatitis C, and has shown promise with stroke—especially in animal studies. Research is ongoing in such areas as heart disease, as well as therapies for human immunodeficiency virus (HIV), cataracts, chronic fatigue syndrome, and glaucoma.

Side effects of alpha-lipoic acid appear to be minimal, but diabetics are cautioned that it may lower their blood sugar levels too much, and they should monitor this. There might also be interactions with other medications, including thyroid supplements. Patients are advised that certain anti-cancer drugs might be affected. With little pediatric clinical data available, it is not recommended for children.

Dietary sources of alpha-lipoic acid include spinach, liver, broccoli, beef, and brewer's yeast. Commercial supplement capsules are readily available in dosages ranging from 30 to 100 milligrams. For general antioxidant support, many people take 20 mg to 50 mg per day. Therapeutic effects for peripheral neuropathy required dosages of 600 mg, divided through the day.

With the establishment of The National Center for Complementary and Alternative Medicine (NCCAM) in 1998, complementary and alternative healing practices are explored in the context of rigorous science. Happily, there have already been five clinical trials involving alpha-lipoic acid, and we anticipate excellent results.

### ***Serum fibrosis markers correlate with liver fibrosis stage in patients with advanced chronic hep C***

<http://www.eurekalert.org>

*They also correlate with collagen content, though less strongly*

A prospective study of patients with advanced chronic hepatitis C (CHC) revealed that a 3-variable model of serum fibrosis markers, including serum HA, TIMP-1 and platelet count, could identify cirrhosis with better accuracy than other published models. These findings are in the March issue of *Hepatology*, a journal published by John Wiley & Sons on behalf of the American Association for the Study of Liver Diseases (AASLD). The article is also available online at Wiley Interscience (<http://www.interscience.wiley.com/journal/hepatology>).

Liver biopsy is currently considered the best way to assess the stage and severity of chronic liver disease. However, it is limited by sampling error, understaging and variability in interpretation. Also, because of its risks, inconvenience and costs, it isn't practical to use to follow disease progression and treatment effects. As a result, researchers have been trying to develop less invasive tests that can accurately predict disease stage and fibrosis progression.

Researchers led by Robert Fontana of the University of Michigan Medical School examined a panel of serum fibrosis markers along with routine laboratory tests for their ability to estimate cirrhosis in a cohort of patients with advanced hepatitis C. They included 513 patients enrolled in the HALT-C trial, a prospective multi-center NIH study of extended peginterferon therapy for patients with hepatitis C and advanced fibrosis who were non-responders to prior antiviral therapy.

Fontana and his colleagues aimed to determine the utility of a panel of serum fibrosis markers including serum PIIINP, TIMP-1, HA, and YKL-40 in estimating initial disease stage in the subjects by comparing the markers with each patient's Ishak fibrosis score from liver biopsy. They also examined the relationship between the serum fibrosis markers and hepatic collagen content as measured by computerized morphometry.

“On univariate analysis, nearly all of the tested variables were independent predictors of cirrhosis,” the authors report. They then conducted multivariate analyses and created a model that included TIMP-1, log HA and platelet count. “The 3-variable model was significantly better than any of the individual serum fibrosis markers alone in estimating the presence of cirrhosis,” they write. The model had an area under the receiver operating curve of 0.81 and was better at predicting cirrhosis than other published models.

The model would have correctly categorized 153 HALT-C patients as having a low likelihood of cirrhosis with 86% accuracy. An additional 146 subjects would have been categorized as having a high likelihood of cirrhosis with 73 % accuracy.

The serum fibrosis markers also correlated with the collagen content of biopsy samples, however not as closely as they did with the Ishak fibrosis scores. This suggests that the serum fibrosis markers more closely reflect the pattern of fibrosis determined by standard light microscopy than the quantity of hepatic collagen determined by computerized morphometry.

The study was limited by the unique nature of the HALT-C patient population and by the fact that the models were not tested in an external validation cohort. Still, the researchers conclude, “on multivariate analysis, a 3-variable model consisting of TIMP-1, HA, and platelet count distinguished patients with non-cirrhotic CHC from those with cirrhosis. Also, this new model performed significantly better than other models based on routine laboratory tests, suggesting

that serum fibrosis markers provide useful, incremental information in estimating disease stage in CHC.”

The HALT-C study was supported by the National Institute of Diabetes and Digestive and Kidney Disease. Additional support was provided by the National Institute of Allergy and Infectious Diseases (NIAID), the National Cancer Institute, National Center for Minority Health and Health Disparities, and by the General Clinical Research Center grants from the National Center for Research Resources. Additional funding to conduct this study was supplied by Hoffman-La Roche Inc., through a Cooperative Research and Development Agreement (CRADA) with the National Institutes of Health.

**Article:** “Relationship of serum fibrosis markers with liver fibrosis stage and collagen content in patients with advanced chronic hepatitis C.” Fontana, Robert; Goodman, Zachary; Dienstag, Jules; Bonkovsky, Herbert L.; Naishadham, Deepa; Sterling, Richard; Su, Grace L.; Ghosh, Mita; Wright, Elizabeth. *Hepatology*; March 2008.

### ***Four new cases of hepatitis c found in Dr. Stokes patients***

<http://www.wzzm13.com>

Four more cases of hepatitis c have been found in former patients of Dr. Robert Stokes. The East Grand Rapids dermatologist is accused of unsanitary medical practices. Investigators found 2 cases in Ionia County, 1 is in Barry County, and 1 is in Montcalm County. Officials say in all, 12 former patients of Dr. Stokes have Hepatitis C. We're told these patients either had hepatitis c while being treated by Dr. Stokes or contracted it within the last 10 years.

About 13,000 letters were sent to former patients asking them to be tested for the blood born illnesses. However, until their test results are submitted-- the Michigan Department of Community Health is assisting the Kent County Health Department by trying to cross reference patients with their communicable disease database. They say they've only been able to get through less than 800 of those patients. Here's why, both agencies say Dr. Stokes apparently kept such incomplete records that hundreds of them are missing patient birthdays which are needed to verify identities. Because of this new obstacle both agencies say it could take several more months before they know how many patients have hepatitis c or AIDS.

In the meantime, if you were a patient of Doctor Stokes you are asked to get tested for hepatitis c and HIV at your local health department or primary care physician.

Those patients that have tested positive are getting follow up phone calls from local health departments.

### ***CDC head: Problems at Nevada clinic could be 'tip of iceberg'***

<http://www.fresnobee.com>

By Erica Werner

A potential outbreak of hepatitis C because of unsafe practices at a Nevada clinic may represent



"the tip of an iceberg" of safety problems at other clinics around the country, according to the head of the Centers for Disease Control and Prevention.

The city of Las Vegas shut down the Endoscopy Center of Southern Nevada last Friday after state health officials determined that six patients had contracted hepatitis C because of unsafe practices including clinic staff reusing syringes and vials. Nevada health officials are trying to contact about 40,000 patients who received anesthesia by injection at the clinic between March 2004 and Jan. 11, 2008, to urge them to get tested for hepatitis C, hepatitis B, and HIV.

Senate Majority Leader Harry Reid, D-Nev., met Monday with CDC head Dr. Julie Gerberding, and on a media conference call after their meeting both strongly condemned practices at the clinic.

Health care accreditors "would consider this a patient safety error that falls into the category of a never event, meaning this should never happen in contemporary health care organizations," said Gerberding.

"This is the largest number of patients that have ever been contacted for a blood exposure in a health-care setting. But unfortunately we have seen other large-scale situations where similar practices have led to patient exposures," Gerberding said.

"Our concern is that this could represent the tip of an iceberg and we need to be much more aggressive about alerting clinicians about how improper this practice is," she said, "but also continuing to invest in our ability to detect these needles in a haystack at the state level so we recognize when there has been a bad practice and patients can be alerted and tested."

Reid said he would work with Gerberding to try to get the CDC more resources in an emergency spending bill Congress is to take up in April.

State health officials said they weren't sure how many of the 40,000 potentially exposed patients they'd been able to contact since making the risk public Wednesday. They didn't have correct addresses for 1,400 of those at risk, officials said.

"Las Vegas being the society that we have, where people are coming and going all the time, it also makes it very, very difficult when you have a group of 40,000 people to have all their addresses where you can get ahold of them," Reid said.

State Sen. Randolph Townsend, R-Reno, chairman of the Legislative Commission, called for investigations by several state agencies into the clinic practices, saying the case "may well be the largest breach of public trust" in state history.

The head of the clinic, Dr. Dipak Desai, purchased space for an open letter in the *Las Vegas Review-Journal* on Sunday in which he expressed "my deepest sympathy to all our patients and their families for the fear and uncertainty that naturally arises from this situation."

Desai offered no apology but said a foundation was being set up to cover testing costs. He also defended practices at his clinic, which performs colonoscopies .

"The evidence does not support that syringes or needles were ever reused from patient to patient at the center," Desai wrote.

A spokeswoman, Nancy Katz, declined Monday to offer further comment.

The Clark County district attorney is investigating as are various health agencies, including the Nevada State Board of Nursing. Several lawsuits already have been filed and a hearing is scheduled for Thursday before a Nevada legislative committee.

It may never be known how many people contracted hepatitis C because of the unsafe practices at the endoscopy center, state health officials said. Brian Labus, head epidemiologist of the Southern Nevada Health District, said that because 4 percent of the population has hepatitis C, he expects to get numerous positive results after the at-risk clinic patients are tested and it may be impossible to determine which of those were infected at the clinic.

Of the six cases that health officials did trace to the clinic, five of them happened on the same day and genetic testing was used to make the connection, Labus said.

Hepatitis C can cause fatal liver disease as well jaundice and fatigue but 80 percent of people infected show no symptoms. Hepatitis B is a more rare and serious disease that attacks the liver.

Meanwhile, state health officials are still looking at a second clinic with connections to the first, called Desert Shadow Endoscopy Center. At Desert Shadow, officials had been found to reuse anesthetic vials but not syringes and so far no patients have been notified of potential risk, but that determination could still be made, said Lisa Jones, head of the Nevada State Health Division's bureau of licensure and certification.

## ***Gastroenterology Center of Nevada Patients Worry About Hepatitis Risk***

<http://www.lasvegasnow.com/>

The same three men listed as owners of the Southern Nevada Endoscopy Center which is accused of bad practices are also listed as owners of the Gastroenterology Center of Nevada on Eastern and Flamingo. Patients who received procedures there are worried they will also need to be tested for Hepatitis and HIV.

Arline Rubin had a colonoscopy back in October there. She's concerned because her paperwork shows the two centers are both run by the same people.

Her husband who is a retired doctor told Eyewitness News, "It would be terribly unusual for something that occurred in a surgery center owned by a group and one surgery center to be different from the other center owned by the group."

Arline worries she may still need to get tested, something she will have to pay out of pocket for. She says that is only adding insult to injury for the thousands who will need to get tested, and she hopes the center responsible will help their patients.

March 4<sup>th</sup>, 2007

## ***Elevated liver enzymes associated with higher future mortality***

<http://www.eurekalert.org>

*Abnormalities may hint at potentially life-threatening conditions*

A new population-based epidemiological study has found that elevated liver enzymes discovered during routine medical care are associated with higher future mortality. The findings are in the March issue of *Hepatology*, a journal published by John Wiley & Sons on behalf of the American Association for the Study of Liver Diseases (AASLD). The article is also available online at Wiley Interscience (<http://www.interscience.wiley.com/journal/hepatology>).

Liver enzymes include aspartate aminotransferase (AST) and alanine aminotransferase (ALT), and high concentrations in the blood tend to indicate liver disease. About 10 percent of Americans have an elevated liver enzyme with no evidence of a cause such as hepatitis C or excessive alcohol consumption. Presumably, many cases are due to non-alcoholic fatty liver disease.

Studies in other countries have shown that elevated liver enzymes are associated with future mortality, however the link has never been examined in a U.S. population, so researchers led by Tae Hoon Lee of the Mayo Clinic in Rochester, Minnesota set out to address this question. They used data from Olmsted County, MN, where most of the population has had medical care at Mayo Clinic facilities, and included all adult patients who had their AST or ALT levels measured during routine visits in 1995. Those with levels above the upper limit of normal were followed forward until April 2006 to determine their survival.

AST was measured in 18,401 residents, and 2,350 (13 percent) had results above the upper limit of normal. Of 6,823 people who had their ALT measured, 911 (13 percent) had results higher than the upper limit of normal.

After excluding those who moved away from the community, or died within two years (to rule out terminal illness as the cause of the abnormal liver enzyme levels), the researchers used the Kaplan-Meier method to estimate survival. They compared their results to mortality data for Minnesota Whites and found that elevated AST was associated with a significantly increased standardized mortality rate (SMR). Elevated ALT was also associated with a higher SMR. The SMRs ranged between 1.21 and 1.78.

“We demonstrate that serum AST and ALT activities are associated with increased risk of mortality in the ensuing decade,” the authors report. “The relation between the aminotransferase results at the outset and the subsequent risk of death (excluding the first two years) was almost linear. It is clearly shown that these simple, inexpensive blood tests may represent valuable indicators of long-term outcome.”

While the precise reasons for the association are unclear, some in the population undoubtedly had elevated enzymes as a result of serious liver disease. In addition, the authors suggest that

elevated serum AST and ALT may be markers of cardiovascular diseases (nearly 34 percent of the deaths in the study population were due to cardiovascular causes). Other conditions such as chronic alcohol consumption or abuse may have contributed to the risk of death as well.

The study had limitations. First, the population was not a random sample and they were community residents who had reasons for receiving medical care. Second, their aminotransferase levels were only measured once. Lastly, they were mostly Caucasian, reducing the generalizability of the data. Still, the findings are strong.

“These data, based on a large number of residents in a U.S. community, suggest that serum levels of AST and ALT obtained in a routine medical care setting are associated with future mortality,” the authors conclude.

**Article:** “Serum aminotransferase activity and mortality risk in a United States community.”  
Lee, Tae Hoon; Kim, W. Ray; Benson, Joanne; Therneau, Terry; Melton, III, L. Joseph.  
Hepatology; March 2008.

**March 5<sup>th</sup>, 2007**

## ***In memory of an assemblyman, N.Y. legislature creates hepatitis council***

<http://www.pressconnects.com>

By JOSEPH SPECTOR

Albany Bureau

ALBANY -- There were some tears and some people got choked up as they spoke, but the goal was unwavering: fighting hepatitis C, what they called "a silent epidemic."

In the wake of the death last year of state Assemblyman Kenneth Zebrowski, D-New City, Rockland County, to hepatitis C, state officials and lawmakers announced Wednesday the creation of a hepatitis C Advisory Council to improve prevention, detection and treatment of the disease.

Gov. Eliot Spitzer put \$1.6 million in his 2008-09 budget proposal to form the council and fund research and programs.

Zebrowski, 61, died in March 2007 after unknowingly contracting the disease in the early 1970s during a blood transfusion when a brain tumor was removed. But he wasn't diagnosed with the disease until 1996. He was first elected to the Assembly in 2004.

His son, Kenneth, won the seat in a special election last May.

If approved as part of the budget, the funding for the 15-member council would raise awareness about the disease and seek better ways to treat it, the younger Zebrowski said.

Hepatitis C is a liver disease and the most common chronic blood-borne viral infection in the country. Prior to improved blood screening in 1992, the disease was often contracted through

blood transfusions. Since then, though, the disease is most often contracted through shared needles during drug use.

According to the Centers for Disease Control and Prevention, the number of new infections per year has declined from an average of 240,000 in the 1980s to about 26,000 in 2004.

An estimated 340,000 New York have been infected with the disease, including 240,000 who have suffered chronic infections, according to the state Health Department.

"Unlike some other diseases, where you sort of know what your options are, know what it's going to affect, know what the risks are ... this is a disease that's been in the shadows," said the younger Zebrowski, 27.

The governor's proposal is receiving bi-partisan support. Lawmakers who worked closely with the elder Zebrowski said they are pleased they can raise awareness about the disease. Zebrowski's family attended a news conference at the Capitol to announce the council, as did state Health Commissioner Richard Daines.

"The tragic and ultimate loss of my very good friend and courageous colleague Assemblyman Kenneth Zebrowski opened all of our eyes to the need for comprehensive outreach and prevention programs for hepatitis C," said Assemblywoman Ellen Jaffee, D-Suffern, Rockland County.

Sen. Thomas Morahan, R-New City, Rockland County, remembered how he and Zebrowski would debate policy at the Capitol, but had a mutual respect for one another.

"Maybe some day out there this council's report and this council's activities will lead to a very happy result," he said.

**March 6<sup>th</sup>, 2007**

### ***Lack of treatment options leaves Two Harbors woman living in limbo***

<http://www.duluthnewstribune.com>

Will Ashenmacher

*Duluth News Tribune*

Jessica Blaisdell isn't done fighting. Not yet. Not after everything she's been through.

Last summer, the Two Harbors woman found out a blood transfusion she received as a child as treatment for leukemia gave her hepatitis C, an infectious disease that damages the liver.

Now, the most effective FDA-accepted treatment for Blaisdell's type of hepatitis C has failed her, and there are no further treatments on the horizon.

But Blaisdell, 25, isn't giving up.

## **Years in the Dark**

When she was five years old, Blaisdell was diagnosed with leukemia. She can recall the painful bone marrow tests and spinal taps and being allowed to eat snacks in her third-grade class because her medicine had to be taken with food, but she doesn't remember much else.

"I remember regular doctor's visits. I remember being in the hospital a lot," she said. "I don't think I fully grasped it back then."

After three years of chemotherapy that thinned her blonde hair, Blaisdell's leukemia was declared in remission.

All was well until last summer, when Blaisdell, a loan clerk at the Two Harbors Federal Credit Union, went in for a routine checkup. She had been feeling a little tired, but otherwise felt fine.

A nurse remarked that it had been a while since Blaisdell's blood had been examined, so a sample was taken for lab work.

A few days later, Blaisdell got a call: Her liver enzymes were elevated. The nurse told her it might not be anything serious, but Blaisdell was alarmed.

"It was like 'Whoa, back up the horse. What's wrong?'" she said. "I didn't know what to think."

"She was very upset," recalled Jessica's husband, Eric Blaisdell. "She was previously tested for it [in 1998] ... and that test, as far as we knew, came back negative."

Blaisdell was referred to Shari Guimont, a nurse practitioner and hepatitis C specialist with SMDC Health System.

Guimont said when she learned Blaisdell had received blood transfusions as part of her leukemia treatment, a warning bell went off; blood products weren't widely tested for hepatitis C before 1992, meaning people like Blaisdell were at risk for infection.

"I saw that and I thought, 'I bet I know. She has hepatitis C,'" Guimont said.

Guimont's hunch turned out to be correct. At the time of her diagnosis, Blaisdell had been exposed to hepatitis C for an estimated 20 years, putting her at risk for liver inflammation and scarring.

Blaisdell was flummoxed.

"It's one of those things you hear about and think it'll never affect you," Blaisdell said. "It was like a brick wall was thrown at me."

"She was very shocked," Guimont recalled. "She said, 'No, I couldn't have that. That's the thing people who abuse drugs have.'"

Blaisdell has a variant of hepatitis C that responds to treatment only 40 percent of the time,

compared to 99 percent of the time for another variant, Guimont said.

Blaisdell was asked if she wanted to go through with the treatment anyway, even though it would be physically draining. Blaisdell didn't hesitate to give her answer.

"I'm a fighter. I don't give up easily," Blaisdell said. "So I decided to go for treatment and rid myself of this."

Blaisdell began treatment Sept. 21. She took six pills a day and once a week took a shot of interferon, a potent immune system-enhancer.

The shots, which Blaisdell took on Fridays, left her exhausted.

"A lot of the times you wouldn't think she knew what was going on," said Eric, who administered Jessica's shots.

The side effects got worse when her treatment was increased to two shots per week.

"Saturday was not a day in my calendar. It was Sunday through Friday," she said. "Saturday all I did was sleep all day long. My body ached. It was all I could do to keep my eyes open."

That was especially hard for Blaisdell because it meant she couldn't spend time with her 2-year-old daughter, Rebecca.

"I missed 19 Saturdays of playing with her," Blaisdell said. "It was a blink of an eye for her, but to me it was a lot."

Blaisdell also became frustrated and angry with her illness. It was hard for her to grapple with because she had nothing to do with contracting it, she said.

"I was hating a perfect stranger who gave me blood in an attempt to save my life," Blaisdell said.

Blaisdell's pent-up frustration and anger led to panic attacks that would cause her to break down and cry, sometimes with no apparent provocation. Trying not to cry in front of Rebecca often made her cry harder.

Throughout her treatment, Blaisdell worked 40 hours a week at the credit union and kept up with her family's day-to-day activities. She said those distractions helped her cope with her disease.

"I don't even want to think about what I would've been like had I not had those things," she said. "I think I would never have gotten out of bed."

### **Out of Options**

Now, Blaisdell's treatment has run its course and, while it made some progress, it hasn't been as effective as Guimont hoped.

"She had a little response, but not as vigorous as I would've liked," Guimont said. "We could never get her viral load to negative, and that's what we wanted to see."

Blaisdell said she cried the day her treatment ended because it contrasted so starkly from the day she ended treatment for leukemia.

Now, Blaisdell is in an uncomfortable limbo. Until a new treatment option becomes available, the hepatitis C will continue attacking Blaisdell's liver. If that goes on too long, she could need a liver transplant — without one, she might die.

These days, Blaisdell is feeling better. Her liver shows little scarring or inflammation for someone who's been exposed to the disease for so long, and she said she's confident another treatment option will be developed.

"If there's a way to beat it, we will," Eric Blaisdell said. "Or, she will."

## ***EGYPT: Poor hygiene, ignorance blamed for prevalence of hepatitis C***

<http://www.alertnet.org>

Source: IRIN

CAIRO, 6 March 2008 (IRIN) - The results of an ongoing national survey on the prevalence of the hepatitis C virus (HCV) in Egypt, to be released later this year, will tell how much of a problem the disease still is in the country, said specialists.

The survey is being conducted by the National Committee for the Control and Prevention of Viral Hepatitis, a government body formed last year to tackle the disease. A similar survey in 1996 showed that 10-12 percent of the population had HCV, with 70,000-140,000 new infections each year, according to Manal Hamdy al-Sayed, Professor of Paediatrics at Cairo's Ain Shams University and a member of the Committee. Al-Sayed was part of a team which formulated an action plan to fight the disease and combat rising mortality.

Egypt has one of the highest HCV prevalence rates in the world. About one in every 10 persons has the virus, said al-Sayed.

It is widely believed that mass vaccinations of Egypt's rural population against schistosomiasis (bilharzia) in the 1960s and 1970s, which did not follow rigorous hygiene standards, are responsible for the current rates of hepatitis C. Bilharzia, a water-borne disease, was at one time endemic in Egypt.

Hazem al-Qadi, a Cairo endoscopist who has been working with HCV patients for over 20 years, said the high rate has resulted from the use of non-disposable syringes. The current infection rate remains surprising, since disposable syringes have been available since 1980.

### **Raising awareness**

Al-Sayed blames the high HCV rates on bad hygiene habits, the population's ignorance of the virus and lack of a vaccine against the virus.

"It can come from children playing with scissors, teenage boys borrowing someone's razor to shave or even a toothbrush," she said. "They don't have any manifestations, they don't feel

anything, and it is often discovered by accident."

Reda Mohamed (name changed by request), a 50-year-old villager who lives just outside Cairo, discovered she had hepatitis C two years ago when she began feeling ill, and decided to do a blood test. She is unsure how she got infected.

"I had a lot of surgery done before, and I have had many blood transfusions, so it may have come from that," Reda said. "My body began feeling heavy, I could not really move and my colour turned yellow."

The government has promoted screening of high-risk groups - including healthcare professionals - who are at risk from needle injuries and those who are undergoing repeated blood transfusion treatment.

The committee is currently gearing up for an awareness campaign within universities in order to increase awareness among future doctors and nurses, and within the general population. Screening could also help families discover they have a family member with HCV and prevent further infections in the household, al-Sayed said. The committee will conduct voluntary screenings in villages throughout the year since village dwellers are considered most at risk.

"They don't want to face reality and we're now trying to change this thinking," she said. "Detecting it as early as possible will lead to early control of virus."

### **Ten percent of hospital patients have HVC**

Medical practices have improved greatly since the 1970s, but the virus is still a problem because maintaining good infection control programmes in hospitals is difficult when at least 10 percent of patients carry the virus.

However, last week saw the creation of the Advisory Board for Infection Control, and the board will put in place a hospital programme to prevent infection among patients and staff.

"One out of every 10 patients has the virus," al-Sayed said, "So sometimes it is very, very hard to strictly prevent transmission from one patient to another."

### **No symptoms for many years**

HCV enters the blood stream and then the liver, and the individual usually shows no symptoms for many years, al-Qadi said. When they do appear, they include the vomiting of blood, internal bleeding, jaundice and fatigue. In Egypt, 91 percent of carriers have genotype four, he said, which is more difficult to treat than the genotypes common to Europe - one, two and three. HCV is combated using a drug called Interferon, but the behaviour of genotype four is unpredictable, and can show resistance to the drug.

Rates of the virus in different areas may correlate with the extent of the bilharzia problem in Egypt at the time of the vaccinations in the 1960s and 1970s, al-Sayed said. Rates vary from six percent in Alexandria to as high as 70 percent in some rural areas.

"Before 1980 syringes were not plastic, they were glass - so the syringe was boiled in order to

disinfect it," al-Qadi said. "Now, if you are in a village and you are injecting 100 farmers right after each other, the doctors wouldn't boil the syringe after every one, they would just use it again."

### **Subsidised treatment**

So as to offset the prohibitive cost of treating someone with HCV (about US\$4,500 a year per patient), the government, through the National Committee for the Control and Prevention of Viral Hepatitis, subsidised the treatment of 12,000 people during 2007. This is compared to the 1,000 treated throughout 2006 - before the committee was created to raise awareness, complete a new national survey and set up liver centres for the treatment of virus carriers. Ten centres have been created so far, and the committee will create another five this year.

The committee will take its next steps after the new survey is completed, al-Sayed said. The government spent 200 million Egyptian pounds (about US\$37 million) on HCV treatments last year, and is expecting to pay the same amount in the coming years.

**March 7<sup>th</sup>, 2007**

### ***Link between immigration and hepatitis C examined***

<http://www.nursinginpractice.com>

A major study looking at how immigration is affecting UK infection rates of hepatitis C is taking screening for the virus out into the community.

The study, led by Professor Graham Foster and funded by the Big Lottery Fund and Department of Health, aims to assess infection levels among Bangladeshi and Pakistani communities living in East and West London, Bradford, Walsall and Sandwell. Professor Foster and his team are attempting to see whether higher infection rates on the Indian subcontinent are reflected in first generation immigrants to the UK.

The study has so far screened 3,000 members of these communities. Professor Foster attributes this success to the ability to carry out screening within nonclinical environments such as local community halls. He points out that this wouldn't have been possible without finding an alternative to blood testing.

**Oral screening**, which detects infection using fluids in the mouth rather than a blood sample, makes it possible to test for signs of blood borne viruses in nonclinical environments without the risk of inadvertent cross infection.

"Taking blood samples on a large scale just isn't practical outside a clinical environment which dramatically reduces the ability to screen a community for hepatitis C infection rates," explains Professor Foster. "To effectively reach these people we needed to be able to go directly to them."

"The other major advantage of oral screening is that it negates the health risks involved in screening. Hepatitis can be transmitted from even small amounts of dried blood, so by taking blood out of the picture entirely we also remove the possibility for infection, delivering a programme that is both safe and effective."

March 8<sup>th</sup>, 2007

## ***Hepatitis-C Can Add Problems For Diabetics***

<http://www.lasvegasnow.com>

Paula Francis, Anchor

Diabetic patients who have undergone procedures at the Endoscopy Center have special concerns. Diabetes by itself is already a risk factor for liver disease. So, some patients are worried that if they also contract hepatitis-C, they may be at higher risk for complications.

Henderson endocrinologist, Reid Litchfield has treated patients who not only have diabetes, but also a viral form of hepatitis, including types B and C.

"In many of those patients, the presence of the viral hepatitis and the liver disease associated with it makes the management of the diabetes a little more complicated," he said.

Diabetes can result in the accumulation of fat in the liver. And hepatitis-C only adds to the problem by increasing the inflammation. But drugs normally used to treat hepatitis, including Interferon, can be just as effective in someone with diabetes. Treating the hepatitis, however, may become first priority.

"We may have to pull them off their tablets and treat them with insulin, but it's a means to an end, of trying to eradicate their hepatitis and leave them with a healthy and functional liver," said Dr. Litchfield.

Dr. Litchfield says although the chances of contracting hepatitis-C from the Endoscopy Center are relatively low, he does encourage diabetic patients to be vigilant, considering the importance of early detection of hepatitis.

The stress of any serious illness can bring on full blown diabetes in someone who's borderline -- and that includes hepatitis.