

HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Aug 16, 2008

The Difficult Road of Hepatitis C Treatment

<http://health.nytimes.com>

By PETER JARET

Dr. Jay H. Hoofnagle is director of the Liver Disease Research Branch at the National Institutes of Health, where he has helped organize many significant studies of hepatitis C.

Q.. How serious a problem is hepatitis C?

A. The rate of new infections has dropped dramatically. But an estimated 1.5 to 2 percent of Americans are already infected and have chronic hepatitis C infection, according to nationwide surveys conducted by the Centers for Disease Control and Prevention.

Chronic hepatitis C is three to four times more common than chronic hepatitis B. And the majority of people with chronic infection don't know they have it. In recent studies, the C.D.C. has asked people before they tested them if they had chronic hepatitis C. More than half of those who turned out to have hepatitis C said no.

Q. What's the difference between acute and chronic hepatitis?

A. In acute hepatitis cases, people develop symptoms like fever or jaundice, their immune systems gear up and they eventually eliminate the virus. Chronic infection occurs when the immune system can't eliminate the virus and it persists in the body. About 70 percent of people infected with hepatitis C develop chronic disease, which is associated with significantly increased risk of cirrhosis and liver cancer. When the virus persists, it begins to injure liver cells. Chronic hepatitis C is now the leading reason people require liver transplants in the United States.

Q. Why do some people fight off the disease and others develop chronic infections?

A. We don't know for sure. One of the amazing things about this virus is that it becomes chronic so frequently. Hepatitis C is an RNA virus, and RNA is very unstable and breaks down easily. Most RNA viruses don't cause chronic infections. How does hepatitis C do it? Clearly it has learned a trick or two to escape the immune system. If we can understand more about how it does it, we may be able to find new and better ways to treat chronic hepatitis C.

Q. What are the current treatments?

A. The standard treatment is a combination of an antiviral drug called ribavirin with the antiviral protein called interferon, which helps the immune system destroy the virus. Doctors now use a form of interferon called pegylated interferon, which stays in the body longer, so it can be given once a week instead of daily.

Q. How effective is treatment?

A. The combination therapy, which is given for 24 or 48 weeks, depending on the subtype of hepatitis C virus, is effective in about 50 percent of patients. When it works, the outcome is excellent; it appears to cure the disease. Some researchers believe some low level of virus may remain behind, but even if that's true, the level is not enough to cause trouble. I saw a patient today who was treated in 1986 and is still free of the virus and has completely normal liver tests. The problem we have is that the therapy doesn't work for everyone, it is very expensive and it's very hard for some patients to tolerate.

Q. Why is treatment so difficult?

A. Interferon has severe side effects for some patients. The most common are fatigue and muscle aches. The most troublesome side effects are anxiety, irritability and depression. These side effects were not well understood in the early studies of interferon. We had people getting divorced in the middle of therapy or fighting with their coworkers. We had some people so depressed that they tried to commit suicide. The depression was unusual, because people often tried to hide it. They were not likely to tell us that they were unhappy. In some cases, it drove people to resume excessive drinking or drug use.

We now know that it is important to monitor our patients for depression and psychological difficulties while they are on interferon and to treat symptoms of depression or anxiety promptly. Interferon can also cause other side effects that are severe enough that some people can't stay on the drug for the full period of treatment. And it can't be used in people who have serious heart or kidney disease or suppressed immune systems.

Q. You mentioned that combined therapy doesn't work for everyone. Why not?

A. That's something we're still trying to understand. We found in our early studies that no matter how much interferon we gave some patients, the virus levels didn't decrease. This absence of any response to interferon is more common in African-Americans than Caucasians. The response rate in African-Americans is only about half of that for whites. Why isn't clear.

Q. Once someone has been cured of hepatitis C, is that person immune?

A. No, unfortunately. People don't develop solid immunity to hepatitis C. You can get it again if you are exposed again. And because the body doesn't generate protective antibodies, the odds of being able to develop an effective vaccine aren't very good.

Q. Can people be infected with more than one kind of hepatitis?

A. Yes. People can get infected with both hepatitis B and hepatitis C, but this is not very common. When it happens, it makes treatment much more complicated, because the drugs that work for C don't work well against B. We've identified another form of hepatitis, called hepatitis D, which only infects people who have already had hepatitis B. Hepatitis D is rare, and it can be prevented by preventing hepatitis B. So the vaccine for hepatitis B also protects against hepatitis D.

Q. How many forms of viral hepatitis exist?

A. Five in all. All five of these viruses are unrelated except for the fact that they cause liver disease. Treatments that work for one don't necessarily work for another. There is an excellent vaccine against hepatitis A that is widely used. As a result, hepatitis A has become less and less common in the United States. Hepatitis E is also rare here, but for a different reason: sanitation and our safe water supply. But worldwide, hepatitis E is a common cause of acute hepatitis and can result in severe outbreaks of liver disease. Hepatitis E is particularly common in the developing world: China, Nepal, Southeast Asia, the Indian Subcontinent and parts of the Middle East, where it is usually spread by contaminated water.

Q. What does the future hold for new treatments for hepatitis C?

A. The search for new drugs to treat hepatitis C has been difficult. The first two promising drugs had to be abandoned in early trials because they were too toxic. We're now doing Phase 3 trials of several new compounds that target specific molecules on the hepatitis C virus — the so-called protease and polymerase enzymes. We have hopes these new drugs will work.

But another problem is resistance. Hepatitis C mutates very rapidly, so resistance to drugs shows up almost immediately if we give these drugs by themselves. At the moment we think we'll have to use them in combination with ribavirin and interferon in order to prevent resistance. Unfortunately, that means we'll still have the problems of side effects. But the hope is that we'll be able to shorten the course of treatment with interferon, ribavirin and these new agents and increase the percentage of patients who can be successfully treated.

A Viral Illness That Can Be Silent and Hard to Treat but Also Cured

<http://health.nytimes.com>

By PETER JARET

Joseph A. Brocato successfully completed a yearlong course of hepatitis C treatments.

In Brief:

- Hepatitis C can take decades to show up as damage to the liver.
- Chronic viral hepatitis is now the leading reason for liver transplants.
- Current combination therapy can be individualized to cure chronic infections in 40 to 80 percent of cases.

The consequences of being infected with hepatitis C can take years to appear. So while new cases of the disease have fallen sharply over the past few decades, many people infected years ago are only beginning to learn they carry the virus, and to grapple with its potentially serious effects.

For many, there is good news. Half of all chronic infections can now be cured through a therapy using a combination of drugs. But hepatitis C remains a wily virus, often lying low for years and then following a course so unpredictable that doctors sometimes aren't sure whether to recommend treatment or advise patients to watch and wait.

The biggest obstacle to effective treatment remains the fact that a majority of the estimated 3.2 million Americans who harbor chronic hepatitis C aren't even aware they have it. In four out of five people, there are no symptoms when the infection first occurs.

“Most of the people we see discovered they have chronic hepatitis C when they went to donate blood or had a physical exam in order to get insurance,” said Dr. Bruce R. Bacon, director of the division of gastroenterology and hepatology at Saint Louis University School of Medicine.

Almost a third of those exposed to hepatitis C recover fully; their immune systems rout the virus and eliminate it. About 70 percent develop chronic infections, which carry a significant risk of cirrhosis, or scarring, of the liver and liver cancer. Paradoxically, people who become sickest soon after being infected are most likely to fight off the virus, whereas those who have few if any initial symptoms are at greatest danger of suffering persistent infection.

The treatment currently recommended for chronic hepatitis C combines ribavirin, an antiviral drug, with interferon, a substance that increases the immune system's virus-killing power. The treatment offers a lifelong cure for more than half of patients. But because the drugs are expensive and can have serious side effects, and because the course of disease varies so much from person to person, the decision to start therapy poses tough questions.

“About one-third of people with chronic hepatitis will go on to develop cirrhosis of the liver,” said Dr. Jay H. Hoofnagle, director of the Liver Disease Research Branch at the National Institutes of Health. “Only 5 to 10 percent will develop liver cancer. In other words, many people can live perfectly well with chronic hepatitis infection and never have any problems. The trouble is we can't tell who will do well and who will die of the disease.”

Nor can doctors predict with certainty how patients will respond to the combination therapy. In 25 to 30 percent of patients, interferon produces anxiety and depression, sometimes so extreme that sufferers have attempted suicide. It can also cause debilitating flu-like symptoms.

“I can usually get anyone through two or three months of interferon and ribavirin. Beyond that, it gets really tough,” Dr. Hoofnagle said. “At least 10 percent of patients can't make it through the recommended course of therapy.”

Fortunately, physicians are getting better at optimizing the benefits and controlling some of the unwanted side effects, thanks in part to new insights into the virus. Researchers have discovered that hepatitis C occurs in at least six forms, called genotypes. Genotype 1 is the most common and also the hardest to treat, requiring 48 weeks of treatment. Only about 40 percent of people with this subtype get rid of the virus. Genotypes 2 and 3 can be successfully treated in just 24 weeks, eliminating the virus in about 80 percent of cases.

The more rapidly virus levels begin to fall in patients, the better the odds of a cure. By monitoring levels of the virus in blood, some doctors say, it's now possible to individualize the course of treatment.

"I call it the accordion effect," said Dr. Ira Jacobsen, chief of the division of gastroenterology and hepatology at Weill Cornell Medical College in New York. "If virus levels drop off very quickly, we can shorten the course of therapy. If the response is slow, we can lengthen it, sometimes to as much as 72 weeks, and improve the chances of success."

Shortening the course of therapy remains controversial because of the risk of relapse after the treatment is stopped. Relapse occurs when lingering viruses not eradicated by the medication multiply and surge back.

Antidepressant drugs, meanwhile, are being employed to ease psychiatric side effects. And doctors are getting better at predicting who will suffer depression after starting interferon.

"Not surprisingly, people with a history of depression are at greater risk," said Dr. Francis Lotrich, assistant professor of psychiatry at the University of Pittsburgh. He and his colleagues have also observed that people with chronic sleep problems are also more likely to have trouble with depression. The reason is not clear, but studies are under way to see if improving people's sleep with the use of insomnia medication or other techniques can lower the risk of psychiatric side effects.

The best medicine is prevention, and it's here that the biggest gains have been won against hepatitis C. The number of new infections per year in the United States has plummeted from 240,000 in the 1980s to about 19,000 in 2006. Experts credit a screening test that now prevents hepatitis C from spreading via blood transfusions and organ transplantation, as well as public health messages aimed at discouraging the use of shared needles, which is the leading route of transmission.

In the absence of an effective vaccine, such messages, backed up by intensified surveillance, will remain the chief defense against this virus. In 2003, chronic hepatitis B and C became notifiable diseases that must be reported to federal health officials, enabling them to track new cases nationwide. In 2004, New York State began its own enhanced viral hepatitis surveillance network.

Two years ago, the program demonstrated its usefulness when officials in the Erie County Department of Health detected a cluster of cases centered in one zip code in suburban Buffalo.

"All we had at first was a bunch of dots on a map," said Dr. Anthony J. Billittier IV, the Erie County health commissioner. Investigators went into the community and identified about 20

young people who were injecting drugs and sometimes sharing needles. The county responded by intensifying prevention efforts, including a free needle exchange.

“We’ve made a lot of progress against hepatitis C, but there’s still a lot to do,” Dr. Billittier said. “One one thing we know about this virus is it’s not going away.”

County needle exchange gets one more year

<http://www.californiaaggie.com>

Written by Ali Edney

Board of Supervisors approves \$100,000 for program

Yolo County's needle exchange program, active for one year, has generated some controversy this summer because of reports that used syringes were showing up in public parks.

Despite the concerns, the Yolo County Board of Supervisors voted 3-2 earlier this month to allow the needle exchange to continue into its second year at a cost of \$100,000.

The needle exchange program is designed to give sterile needles to injection drug users in exchange for their old and used syringes. The goal of the program is to reduce the spread of blood- and bone-transmitted diseases such as Hepatitis C and HIV, said Hinton.

The program works on a "one-to-one plus 10" syringe exchange system, meaning that the program will give 10 syringes to a new participant in the program and then exchange one new, sterile syringe for every old, used one brought back.

"This program has only had a year's worth of time to grow," said supervisor Mariko Yamada, who represents part of Davis. "We need to give the program time to sort out the problems."

Yamada said she thinks the program is worthy of the county's money.

"This is a public health and public safety issue," Yamada said. "Any time we can use funds to reduce the scourge of the different diseases that are a result of dirty needles ... I think is an appropriate use of public health dollars."

Others say the problems are too great for the program to continue.

"My primary concern ... is that there are 11,253 unaccounted-for needles out there and 150 people in the program," said supervisor Matt Rexroad to the board. "The average user is responsible for 75 needles that are unaccounted for rolling around out there."

Rexroad, who represents Woodland, has suggested going to a one-to-one needle exchange or putting the \$100,000 into another program that has already proven itself, such as prenatal care.

"I don't consider it leadership at all to transfer the burden of people who are behaving irresponsibly and injecting themselves with poison onto the people who are behaving responsibly," he said. "We're prolonging the inevitable by a small amount and that's it. We're

spending 50 cents for every person in Yolo County to facilitate people putting poison into their body."

While community members have voiced concerns about the presence of used syringes in public spaces, no injury or dangerous contact has been reported.

The needle exchange program is operated by two groups, Harm Reduction and Safer Alternatives Through Networking and Education. While SANE is funded by the county health department, Harm Reduction is fueled by a state grant, said Bette Hinton, Yolo County director of health, in her report to the board about the program's work.

The SANE and Harm Reduction programs do most of their work through an intermediary person, called a satellite, Hinton said. The satellite collects the used needles and syringes from peers, friends or contacts and then takes them all to a needle exchange program where the Satellite receives clean syringes to take back to the users.

Satellites may be users, recovering addicts or people who have never tried an injected drug, said SANE director Karen Anderson.

"Syringe exchange works," Anderson said. "The public health theory behind it is that you have an intervention to remove the vector of infection. Syringes carry the virus; if you remove them from circulation, you remove the virus they carry."

Anderson said stopping the spread of HIV is one of her primary concerns.

"The epidemic is not under control - look at the worldwide pandemic," she said. "The numbers are still high and spreading. This is still critical. If we aren't out there doing the work the virus will continue to spread. When drug injectors get [HIV or Hepatitis C] they spread it to non-injectors."

Anderson said if the program continues to be supported, trust will build between her volunteers and the community, results will be easier to track, and the bumps in the program will start to smooth out. But the problem with syringes still remains.

According to Hinton's report, roughly 50,000 needles have been returned, out of the 60,000 that have been distributed.

"A lot of those syringes are still in circulation," Anderson said. "And plenty have been confiscated by police officers."

The needle exchange program will continue to run for another year.

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Selected Studies: Hepatitis C

<http://health.nytimes.com>

James O'Brien

Government agencies, universities and corporations frequently enroll patients in studies designed to test the effectiveness of new drugs, procedures and medical devices. Participants may benefit by gaining access to experimental therapies, and they make an important contribution to scientific research. For more information, visit ClinicalTrials.gov, a service of the National Institutes of Health.

RECRUITING: Nitazoxanide, Peginterferon and Ribavirin for the Treatment of Hepatitis C

Purpose: To test the safety and efficacy of a new drug called nitazoxanide in combination with interferon and ribavirin.

Eligibility: Men and women 18 and older who have not benefited from treatment with interferon and ribavirin alone.

Sponsor: Romark Laboratories

RECRUITING: Effect of Influximab on the Efficacy of Interferon and Ribavirin

Purpose: To test the effectiveness of a new drug used in combination with interferon and ribavirin.

Eligibility: Men and women ages 18 to 65 who have not received treatment with interferon and ribavirin.

Sponsor: Schering-Plough

RECRUITING: Overcoming Psychiatric Barriers to the Treatment of Hepatitis C

Purpose: To develop and evaluate a nine-month intervention to help patients with hepatitis C with mental health or substance abuse issues that prevent them from receiving interferon therapy.

Eligibility: Men and women ages 18 to 70.

Sponsor: University of North Carolina and Hoffman-LaRoche

RECRUITING: Efficacy and Safety of SCV-07 in Patients With Chronic Relapsed Hepatitis C

Purpose: To test an investigational drug that may help the immune system respond to hepatitis C.

Eligibility: Men and women 18 and older who have relapsed after receiving interferon and ribavirin therapy.

Sponsor: SciClone Pharmaceuticals

RECRUITING: S-Adenosyl Methionine (S-AMe) to Treat Patients With Chronic Hepatitis C

Purpose: This study will examine the effectiveness of the nutritional supplement S-AMe in combination with peginterferon and ribavirin for treating chronic hepatitis C.

Eligibility: Patients 18 and older who have not responded to interferon and ribavirin.

Sponsor: National Institute of Diabetes and Digestive and Kidney Diseases

[More from ClinicalTrials.gov](http://www.clinicaltrials.gov)

Aug 17, 2008

Anesthesiologist allegedly gives hepatitis

<http://www.upi.com>

NEW YORK, Aug. 17 (UPI) -- A New York anesthesiologist has been suspended and is accused in lawsuits of infecting patients with hepatitis B and C.

City Health Department officials found that Dr. Brian Goldweber sloppily used the same syringe to give patients dosages from anesthesia vials already infected with hepatitis. This "double dipping" allegedly contaminated the contents and helped spread the virus to at least 14 patients, the New York Post reported Sunday.

"This was a very serious outbreak -- and it was preventable," said Dr. Sharon Balter, a city medical epidemiologist.

Goldweber was identified only as "Anesthesiologist #1" in a report obtained by the Post. He was suspended by the New York state Health Department in May pending a probe by the Office of Professional Medical Conduct and is being sued by a dozen sickened patients in Manhattan and Brooklyn.

Research results from Royal Cornwall Hospital update understanding of hepatitis E virus epidemiology

www.newsrx.com

A report, 'Autochthonous hepatitis E in Southwest England: natural history, complications and seasonal variation, and hepatitis E virus IgG seroprevalence in blood donors, the elderly and patients with chronic liver disease,' is newly published data in *European Journal of Gastroenterology and Hepatology*. In this recent report, researchers in Truro, the United Kingdom conducted a study "To report the natural history of autochthonous [naturally occurring in local inhabitants] hepatitis E and hepatitis E virus (HEV) IgG seroprevalence in Southwest U.K.. Patients with unexplained hepatitis were tested for hepatitis E and cases followed until recovery or death."

"Five hundred blood donors, 336 individuals over the age of 60 years and 126 patients with chronic liver disease were tested for HEV IgG. Forty cases of autochthonous hepatitis E (genotype 3) were identified. Hepatitis E was anicteric in 25% of cases and usually caused a self-limiting hepatitis predominantly in elderly Caucasian males. Six of 40 had a significant complication and three patients died, two of whom had previously undiagnosed cirrhosis. Hepatitis E shows a seasonal variation with peaks in the spring and summer and no cases in November and December. HEV IgG prevalence increases with age, is more common in men and is 16% in blood donors, 13% in patients with chronic liver disease and 25% in individuals over 60 years. Autochthonous hepatitis E is more common than previously recognized, and should be considered in the differential diagnosis in patients with hepatitis, whatever their age or travel history," wrote H.R. Dalton and colleagues, Royal Cornwall Hospital.

The researchers concluded: "It carries a significant morbidity and when seen in the context of chronic liver disease carries an adverse prognosis."

Dalton and colleagues published their study in *European Journal of Gastroenterology and Hepatology* (Autochthonous hepatitis E in Southwest England: natural history, complications and seasonal variation, and hepatitis E virus IgG seroprevalence in blood donors, the elderly and patients with chronic liver disease. *European Journal of Gastroenterology and Hepatology*, 2008;20(8):784-90).

Aug 18, 2008

ViRexx Announces Encouraging Results From Its Lead Chimigen(TM) Therapeutic Vaccine Candidate for Treating Chronic Hepatitis B Virus Infections

<http://biz.yahoo.com/>

EDMONTON, ALBERTA--(MARKET WIRE)--Aug 18, 2008 -- ViRexx Medical Corp. (Toronto:VIR.TO - News) (REX - News), company focused on developing innovative-targeted therapeutic products that offer better quality of life and a renewed hope for living. Its platform technologies include product candidates for the treatment of Hepatitis B, Hepatitis C, avian influenza viral infections, biodefence and nanoparticle applications, select solid tumors and late-stage ovarian cancer, today announced that it is presenting encouraging results from the laboratory studies on its lead **Chimigen(TM)** Hepatitis B Therapeutic Vaccine candidate.

The vaccine is being developed to treat patients who are chronically infected by the Hepatitis B virus ("HBV"). The Chimigen(TM) Hepatitis B Therapeutic Vaccine, in ex vivo laboratory studies, produced the desired immune responses in peripheral blood mononuclear cells ("PBMCs") isolated from patients who are chronically infected by the virus as well as in normal healthy individuals.

"The results are very encouraging, as this is a very important first step in the in the development of an effective Chimigen(TM) Hepatitis B Therapeutic Vaccine" said Dr. Rajan George, Senior Vice President - Research & Development.

The results were presented at the 2008 HBV International Meeting "The Molecular Biology of Hepatitis B Viruses" August 18, 2008 at University California, San Diego in La Jolla, CA.

Chimigen(TM) Platform Technology

The Company's Chimigen(TM) Platform technology has promise for the future and is continuing to develop these novel immunotherapies for high value infectious disease markets. Over the next two years, the Company will increasingly focus its research and development efforts on advancing its current candidate Chimigen(TM) Therapies into clinical development and seek partners at the appropriate time.

The Company's promising Chimigen(TM) Hepatitis B Therapeutic Vaccine, which includes multiple antigens, has shown to be involved in a therapeutic immune response in patients who cleared HBV infection. ViRexx hopes to initiate a clinical trial for its Chimigen(TM) Hepatitis B Therapeutic Vaccine potentially with a partner in the second half of 2009 or early 2010. The Company's Chimigen(TM) Hepatitis C Therapeutic Vaccine is being developed for the treatment of chronic Hepatitis C infection. The Company currently has two ex vivo tested vaccine candidates in this program. Continued efforts in 2008 will be directed towards the final selection of a Chimigen(TM) Hepatitis C Therapeutic Vaccine candidate for clinical testing.

The other product candidates include Chimigen(TM) Avian Influenza vaccines against pandemic influenza, Chimigen(TM) Biodefense vaccines against biological threat agents, and development of immune-targeted bionanoparticles. Several potential Chimigen(TM) Avian Influenza Vaccine candidates have been produced and are being evaluated for their efficacy.

In collaboration with the Defence Research and Development Canada Suffield ("DRDC Suffield"), ViRexx has evaluated Chimigen(TM) Vaccines for use in biodefense. In this program, the Company has focused on two candidate vaccines for Western Equine Encephalitis Virus ("WEEV"). Based on the results from these studies, the Company was encouraged to apply for a biodefense development contract, which was submitted to U.S. National Institutes of Health ("NIH") in January 2008. The application is under review and the result is expected in the fall of 2008.

Looking toward its next generation Chimigen(TM) Platform products, the Company has established research collaboration with the National Research Council for Canada National Institute of Nanotechnology ("NINT") for developing targeted bionanoparticles using the Chimigen(TM) Platform. If successful, Chimigen(TM) Bionanoparticle technology could be used for targeting immune cells to modulate specific pathways of immune responses and also for use in siRNA delivery and immunomodulator vaccine development.

About ViRexx Medical Corp.

ViRexx is a Canadian-based development-stage biotech company focused on developing innovative-targeted therapeutic products. For additional information about ViRexx, please see www.virexx.com.

Source: ViRexx Medical Corp.

Could vitamin C jabs cure cancer? This man says it's put his prostate tumour into reverse

<http://www.dailymail.co.uk>

By Jerome Burne

Vaughan, an orchestral conductor and one of the driving forces behind the creation of the National Lottery, has had prostate cancer for 12 years.

Because the tumour wasn't considered aggressive enough for surgery or radiotherapy, his consultant at University College Hospital had agreed on a policy of watchful waiting, while Denis kept it at bay with diet and exercise.

Alternative treatment: Conductor Denis Vaughan used a treatment which involved infusing vitamin C into the bloodstream and it seems to have worked

Then, his prostate specific antigen (PSA) score, which measures how active the tumour is, went from 13 to 18.5 'and the watching became a bit anxious'.

His oncologist wanted him to take drugs or begin radiotherapy, but Vaughan, who is a strong believer in a natural approach to health, preferred to try a treatment offered by his London GP that involved infusing vitamin C into the bloodstream.

He underwent weekly treatment - with up to 75 grams of vitamin C at a time (the recommended daily amount is 60mg).

The treatment, which cost £100 a time, appears to have worked - after seven weeks, his PSA dropped back down to 13, a level described as moderately elevated, and he's back on watchful waiting. His oncologist has said he now doesn't need to see Vaughan for another year.

It's an unorthodox approach, but one that seems to be backed up by research published earlier this month, which found that injecting large amounts of vitamin C into laboratory mice with aggressive and hard-to-treat tumours, caused the cancers to shrink by between 41 and 53 per cent.

The American study - reported in top science journal Proceedings Of The National Academy Of Sciences - was greeted cautiously by UK cancer experts.

They emphasised that there is no evidence from clinical trials that Intravenous Vitamin C (IVC) is effective in humans.

'Some research even suggests that high doses of antioxidants can make cancer treatment less effective,' warned Dr Alison Ross, science information officer at Cancer Research UK.

'It could actually reduce the benefits of radiotherapy and chemotherapy.'

Experts also say that while the doses seem comparable to the official daily amounts, there is a big difference between injecting the vitamin directly into the bloodstream - circumventing the body's own defences - and getting it in food or as a pill.

Hundreds of patients in the UK have already received IVC as a treatment for cancer - without apparent side-effects.

Dr Julian Kenyon, a private GP in Harley Street, says: 'What the American study shows is that when you infuse amounts as high as 4 grams per kilo - the equivalent of around 75 grams for an average adult - vitamin C causes a build up of a chemical called hydrogen peroxide, which destroys the tumour.'

Dr Kenyon has treated more than 100 patients over the past ten years with IVC and claims there is now quite a body of experience about how to use it.

'We've found that it's not so good for tumours in the brain, the lung and womb because you can get a build up of fluid.

'We've had very good results with the kidneys, though. Cancers here don't respond well to chemotherapy, but we have been able to shrink them enough for an operation. It's not a cure-all and you do need to have good veins because you are putting in a couple of litres of liquid as well, several times a week.'

The chief researcher of the American trial, Dr Mark Levine of the American National Institutes of Health, has been investigating vitamin C's cancer killing abilities for several years.

He's already shown that it's effective in a test tube and, two years ago, he published a report on three patients who were treated for serious and advanced cancers and survived far longer than would normally be expected.

'We now know that the vitamin C gets into tumours in large amounts and that it kills them by causing a build up of hydrogen peroxide.

'That's the same stuff that's used as bleach but cells in your body also use it to defend themselves,' he says.

In fact, vitamin C is hardly a new anti-cancer treatment.

It was famously used by double Nobel Prize winner Linus Pauling more than 30 years ago, who found that terminal cancer patients treated with vitamin C lived much longer.

However, when his trials were repeated at the prestigious Mayo clinic in America, the researchers found no benefit.

Proponents of vitamin C point out the clinic only used oral vitamin C which can work differently.

'Actually, the finding that vitamin C is a potent anti-cancer substance goes back even further,' says Dr Steven Hickey, who has researched vitamin C and cancer at Manchester Metropolitan University, and written several books on the history and chemistry of vitamin C.

'The discovery that hydrogen peroxide kills tumours in mice was made in 1957, and less than ten years later researchers found that vitamin C would selectively kill cancer cells without harming normal cells,' he says.

Other researchers achieved similar results to Pauling's, including some in Japan in 1982 and the eminent Canadian psychiatrist Dr Abram Hoffer of Saskatchewan University.

'They found that very high doses could boost survival times of terminal patients by four to five times,' Dr Hickey says.

One of the researchers in the latest American study, Jeanne Drisko, professor of orthomolecular medicine at the University of Kansas, is now running human trials to test for safety and tolerability of the treatment in humans, and is also just starting a trial to test it against hepatitis C.

Her unit also currently offers IVC to patients. She says they carefully monitor patients for signs of trouble.

Among those offering the treatment in the UK is Dr Damien Downing, the president of the British Society for Ecological Medicine.

'The Society has protocols and standard procedures in place and we make it clear that it is an experimental treatment,' he says.

'We also always work together with someone's doctor and most of the patients we treat have it together with regular chemotherapy.'

But everyone agrees that IVC needs more research. The question is, since you can't patent vitamin C, who is going to pay for it? Not the drug companies.

'This is just the sort of thing that public money should be spent on,' says Dr George Lewith, of the University of Southampton, who assesses complementary and alternative medicines for the National Cancer Research Institute.

'I would be strongly in favour of running a proper clinical trial of IVC as soon as possible. Until then we should proceed cautiously.'

12 months later: Needle exchange helps take 234 gallons of syringes off Atlantic City streets

<http://www.pressofatlanticcity.com>

By MICHELLE LEE Staff Writer

An occasional update on local stories that were in the news just a year ago.

Local health officials expect to be ready in September 2007 to start giving clean needles to intravenous drug users under an experimental program by the state to try to fight the spread of HIV and AIDS. The city will join Camden, Newark and Paterson in the needle-exchange pilot program announced by the state Department of Health and Senior Services. The programs will be a first for New Jersey, which has been the only state in the country without a legal way for drug addicts to get clean syringes.

The Atlantic City needle exchange program has been successful since the clinic opened Nov. 27, said Ron Cash, Atlantic City's health officer. A total of 414 clients have used the program as of Aug. 13, and about 29,000 clean syringes have been distributed, Cash said.

Gene Brunner, the city's HIV services coordinator, said the program helped remove 234 gallons of contaminated syringes from the streets. People who participate in the program can be tested for HIV and Hepatitis A, B, and C. Brunner said they hope to offer vaccinations for Hepatitis A and B starting in September.

Cash said about 70 percent of the people in the program are Caucasian, and the rest of the clients are evenly split between blacks and Hispanics. The average client is 38 years old, and about 73 percent of the clients are male. Cash said 95 percent of the participants are heterosexual and the remaining are homosexual and bisexual.

The needle-exchange program is open from 10 a.m. to 2 p.m. Tuesdays and Thursdays at the Oasis Drop-In Center, 32 S. Tennessee Ave.

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Employee with 'Expunged' Criminal Past Sues for Discrimination

<http://hr.blr.com>

A New Jersey man did not reveal an old and expunged criminal charge when he applied for a job with a Sheriff's Office. When he sued for employment discrimination, his employer claimed that his lawsuit was barred because he failed to disclose his old crime when he applied. The case made its way before the New Jersey Supreme Court.

What happened. In 1974, when he was 21 years old, "John" was arrested for breaking and entering, and pleaded guilty. In 1990, the court expunged the arrest and conviction from his record. John's attorney explained that this meant the conviction had effectively never happened and that he would not be required to disclose it if anyone asked.

In 1994, John applied to become a Morris County Sheriff's Officer. He indicated on the application that he had never been arrested or convicted of a criminal offense. He was hired and began working as an officer.

In 1996, during a blood drive sponsored by the Sheriff's Office, John and his co-workers discovered that he had hepatitis C. He claimed that his co-workers began to harass him, refusing to shake his hand or eat with him, sanitizing everything he touched, and calling him "hepatitis

boy." John filed a report with his supervisors but claimed that they did nothing to alleviate the situation. On November 14, 2000, John signed out early and never returned to work. He submitted a formal letter of resignation on February 25, 2002.

John sued the Sheriff's Office under the New Jersey Law Against Discrimination (NJ Rev. Stat. Secs.10:5-1 to -49). He complained that the Sheriff's Office had discriminated against him for his medical condition and that it had allowed a hostile work environment to exist. The Sheriff's Office countered that John's 1974 arrest and conviction barred him from employment in the Sheriff's Office, and that he could not sue because he had never disclosed that arrest and conviction.

The trial court concluded that John was obligated to reveal his prior conviction when he applied for his job, and that because he was thus ineligible for the job, he could not bring an employment lawsuit against the Sheriff's Office. John appealed. The court of appeals reversed the trial court's decision and sent the case back for trial. The Sheriff's Office appealed to the state Supreme Court.

What the court said. The Sheriff's Office argued that John was barred from bringing an employment-related lawsuit against it because he had not disclosed his 1974 arrest and conviction when he applied to work. It claimed that the 1990 order expunging John's record did not apply in this case because the New Jersey expungement law makes an exception for people applying for law enforcement jobs, who are required to disclose prior arrests and convictions (NJ Rev. Stat. Sec. 2C:52-1 et seq.).

The New Jersey Supreme Court disagreed. The New Jersey expungement statute did not ban John from working in law enforcement, so even if he had revealed his prior crimes he would not have been disqualified from holding a job with the Sheriff's Office. The Sheriff's Office did not have a policy of refusing to hire anyone with a prior history of an expunged offense. Nothing in the record suggested that he would not have been hired had he revealed his conviction.

The Supreme Court suggested that the Sheriff's Office was trying to use evidence of John's misconduct in the workplace to eliminate his right to relief under anti-discrimination laws. John's case was similar to that of someone who commits résumé fraud: John should have disclosed his prior convictions (even though he was following his attorney's advice), but his failure to do so was irrelevant to the discrimination case. The Court wrote, "Even if the Sheriff's Office would not have hired plaintiff in the first place ? plaintiff was entitled, during the period of time when he was employed, to be protected from discrimination and to serve in a workplace free from the hostility that he endured." It sent the case to trial. *Cicchetti v. Morris County Sheriff's Office*, Supreme Court of New Jersey, No. A-102 September Term 2006 (5/28/08).

Point to remember: Once an individual becomes an employee, he or she is entitled to all protections of employment. The fact that this employee made a mistake when applying for his job was irrelevant to his discrimination lawsuit.

Herbal Legends

By SCOTT GOTTLIEB

<http://online.wsj.com>

Trick or Treatment

By Simon Singh and Edzard Ernst, M.D.

(Norton, 342 pages, \$24.95)

When I was practicing medicine in the Elmhurst section of New York about five years ago, my colleagues and I confronted an epidemic of liver damage among the recently arrived Chinese immigrants who live there. We put these patients through an exhaustive battery of tests for conventional sources of hepatitis, the most likely culprit, but found none. The mysterious illness, we decided, must have been caused by the folk therapies, usually herbal, that our patients often used but rarely disclosed to their doctors. There was little we could do but counsel them to stop. Instead of following our professional advice, though, they usually just added new herbs to their regimen, hoping to solve their liver problems but sometimes making themselves even more ill.

The Elmhurst epidemic was a classic example of the clash -- both cultural and scientific -- between "alternative" and conventional medicine. In this case, the inability of doctors to treat a liver ailment strengthened the false faith of patients in other cures. Usually, alternative medicine is a harmless distraction. And some treatments actually do offer benefits. But going outside modern medical practice also carries dangers.

Luckily, hundreds of studies have examined the purported benefits of various alternative-medicine treatments. In "Trick or Treatment," Simon Singh and Dr. Edzard Ernst report on the results. Ginseng has been proposed as a cure-all for everything from cancer to common colds, but there's no evidence that it does any good. Shiatsu massage appears to be a "waste of effort and expense," the authors say. Many aspects of traditional Chinese medicine, like the use of the herbs aristolochia and liquorice, are potentially harmful. Aromatherapy can relieve stress, but there is not a lick of evidence that it can treat a specific illness. Chelation therapy -- a legitimate method of removing heavy metals such as lead or mercury from the body, but now pitched in alternative-medicine circles as a cure for heart disease and other ailments -- is "disproven, expensive, and dangerous," according to Mr. Singh and Dr. Ernst. They urge patients "not to use this treatment."

Some alternative remedies, it should be said, do appear to have value. There is evidence that St. John's Wort can help mild depression, although probably not as well as conventional antidepressants. Echinacea may be able to help relieve symptoms of the common cold, and perhaps reduce the length of illness, but so can many better understood conventional remedies that are sold over the counter. "It seems bizarre," the authors note, in light of the disappointing results, "that alternative treatments are touted as though they offer marvelous benefits."

Dr. Ernst is not a dispassionate observer. He is a pioneer in the field of complementary medicine -- a branch of the medical profession whose practitioners prescribe selective alternative treatments. But he is also a scourge of too-large claims made for his field. Based at the University of Exeter in England, he leads a research group that has spent 15 years studying alternative remedies, trying to separate snake oil from science. Mr. Singh, his co-author, is a science journalist whose books include "Fermat's Enigma" and "Big Bang." Together they conclude, after cataloging the evidence, that most of the popular forms of alternative medicine are "a throwback to the dark ages." Too many alternative practitioners, they say, are "uninterested in determining the safety and efficacy of their interventions."

And safety is a real concern. "Chiropractors who manipulate the neck can cause a stroke . . . some herbs can cause adverse reactions or can interfere with conventional drugs." The authors are particularly hard on homeopathy, the practice of using ultradilute solutions of common substances. The solutions are so dilute, though, that they are often little more than water. "Homeopathic remedies, which of course contain no active ingredient, can be dangerous if they delay or replace a more orthodox treatment," Mr. Singh and Dr. Ernst write, calling homeopathy "the worst therapy encountered so far -- it is an implausible therapy that has failed to prove itself after two centuries and some 200 clinical studies."

"Trick or Treatment" includes a brisk history of our evidence-based approach to medicine, tracing the development of the modern clinical trial from its earliest days, when scurvy was shown to be caused by insufficient vitamin C and bleeding was debunked as a medical cure. Unfortunately, the evidence of clinical trials is largely ignored when it comes to alternative medicine.

So the treatments persist: Americans spend an astonishing \$3 billion annually on chiropractors and about \$1.5 billion on homeopathy, not to mention billions more for herbal remedies. Government is complicit: Most states mandate health-insurance coverage for chiropractic visits, and many states direct insurers to cover the cost of acupuncture -- another remedy with far fewer benefits than are commonly claimed for it.

Why is there so much blind faith? Mr. Singh and Dr. Ernst blame media hype, celebrities and even certain doctors -- complementary-medicine doctors for shading facts but also, importantly, conventional doctors whose high-handedness breeds patient frustration, opening the door to the seductions of alternative medicine.

"Alternative medicine is not so much about the treatments we discuss in this book," the authors write, "but about the therapeutic relationship. Many alternative practitioners develop an excellent relationship with their patients that helps to maximize the placebo effect of an otherwise useless treatment." To bring all treatments in line with rigorous science, an "excellent relationship" between doctor and patient is a good place to start.

Dr. Gottlieb, a resident fellow at the American Enterprise Institute, is a former official at the Food and Drug Administration and the Centers for Medicare and Medicaid Services.

Vertex, J&J to Begin New Telaprevir Study

<http://www.thestreet.com>

Adam Feuerstein

Vertex Pharmaceuticals(VRTX - Cramer's Take - Stockpickr) announced Tuesday an agreement with regulators in the U.S. and Europe that greenlights the company and partner Johnson & Johnson(JNJ - Cramer's Take - Stockpickr) to begin a new phase III study of their experimental hepatitis C drug **telaprevir**.

The new study will test telaprevir with standard combination therapy in 650 hepatitis C patients who could not be cured with the currently approved drugs for the disease, pegylated interferon

and ribavirin. These are difficult to treat patients, including patients known as "null responders," which means they did not respond at all to previous treatments.

Vertex and Johnson & Johnson, which are co-developing telaprevir, posted an outline of this new study, dubbed REALIZE, on the ClinicalTrials.gov Web site in June. Vertex shares fell at that time because the new phase III trial suggested that an early regulatory approval filing for telaprevir in 2009 for treatment-resistant patients was not in the cards.

As it stands now, Vertex and Johnson & Johnson won't likely seek approval for telaprevir until the second half of 2010, based on data from a separate phase III study of the drug in treatment-naïve hepatitis C patients.

Vertex and its partner have previously released results from a smaller study in treatment-resistant patients that showed telaprevir to be effective in attacking the virus that causes hepatitis C.

The new phase III study announced today will test two different regimens of telaprevir in patients who previously did not respond to conventional hepatitis C treatment with pegylated interferon and ribavirin.

The study differs from previous studies in that patients will be treated with two regimens of telaprevir for a full 48 weeks instead of the accelerated 24-week treatment cycle used for treatment-naïve patients.

In addition, one of the arms of the new study will see whether a "lead-in" treatment with interferon and ribavirin alone before dosing of telaprevir may improve overall cure rates.

Vertex and its partner are locked in a tight race with Schering-Plough(SGP - Cramer's Take - Stockpickr) to be the first with a new direct antiviral drug aimed at hepatitis C approved in the U.S. and Europe.

HCV Not Tied to Poor Immune Restoration With Antiretroviral Therapy for HIV

www.medscape.com

NEW YORK (Reuters Health) Aug 11 - Among patients with HIV started on antiretroviral therapy, co-infection with hepatitis C virus (HCV) does not appear to lessen gains in CD4 counts -- contrary to some previous reports.

As senior researcher Dr. Marina Nunez told Reuters Health, "Patients treated for HIV with active HCV infection should not have impaired immune restoration based on their HCV status."

In the July issue of *Aids Research and Human Retroviruses*, Dr. Nunez of Wake Forest University Health Sciences, Winston Salem, North Carolina and colleagues observe that there are conflicting reports on HIV/HCV patients receiving highly active antiretroviral therapy (HAART).

To investigate further, the researchers retrospectively studied data on 322 HIV patients within 3 years of first starting HAART. A total of 139 were positive for HCV RNA.

All patients achieved persistent HIV suppression. Use of nucleoside reverse transcriptase inhibitor (NRTI)-only regimens was associated with lesser gains in CD4 percentage over the study period. Use of zidovudine as part of the NRTI regimen was associated with greater gains.

Baseline CD4 count and being male predicted smaller increments in absolute CD4 cell counts. Higher baseline CD4 percentage and being older predicted lesser gains in CD4 percentage after 3 years of HAART.

At 1 year, a history of intravenous drug use was also associated with impaired immune restoration, but "seems not to have an impact beyond that time," say the investigators.

The team found no overall difference in CD4 restoration between patients co-infected with HCV and those who had HIV alone.

Thus, concluded Dr. Nunez, "Other factors need to be identified to explain the poor immune recovery observed in some patients who are adequately treated for their HIV infection."

Aids Res Hum Retroviruses 2008;24.

Probiotic Yogurt May Help Reverse Minimal Hepatic Encephalopathy

www.medscape.com

NEW YORK (Reuters Health) Aug 11 - In cirrhotic patients, minimal hepatic encephalopathy may be ameliorated with probiotic yogurt supplementation, results of a study published in the July issue of the *American Journal of Gastroenterology* indicate.

"Minimal hepatic encephalopathy (MHE), the preclinical stage of overt hepatic encephalopathy (OHE), is a significant condition affecting up to 60% of cirrhotics," write Dr. Jasmohan S. Bajaj and colleagues from Medical College of Wisconsin, Milwaukee. "All MHE therapies modify gut microflora, but consensus regarding MHE treatment and long-term adherence studies is lacking."

In a prospective, randomized study, the researchers examined the effect of a probiotic yogurt on reversal of MHE and adherence in nonalcoholic cirrhotic patients. The subjects were randomly assigned to receive probiotic yogurt or no treatment for 60 days.

A total of 25 patients were enrolled in the study (17 yogurt, 8 no treatment). The researchers report that 12 yogurt patients (71%) and zero no-treatment patients (0%) reversed MHE ($p = 0.0030$, intention-to-treat).

Development of OHE was observed in 25% of patients in the no-treatment group and 0% of those in the yogurt group.

"The mechanism of probiotic action is believed to be related to substrate deprivation for potentially pathogenic bacteria and the provision of fermentation end products as a substrate for potentially beneficial ones," Dr. Bajaj and colleagues explain.

Overall, 88% of subjects in the yogurt group were adherent. No adverse effects were observed. All of the patients who completed the yogurt arm during the study were agreeable to continue yogurt if the study was extended for 6 more months.

Am J Gastroenterol 2008;103:1707-1715.

Aug 20, 2008

Massachusetts law spurs rise in health coverage

www.reuters.com

By Jason Szep

BOSTON (Reuters) - Nearly half a million people obtained health insurance in the two years since Massachusetts enacted a pioneering health-care law, officials said on Tuesday, putting the state closer to covering nearly all residents.

The law, seen as a possible national model as traditional employer-based coverage shrinks nationwide, made Massachusetts the first U.S. state with near-universal health insurance when it went into effect in April 2006.

Between June 2006 and March 31, 2008, more than 439,000 people enrolled in private or subsidized health insurance programs, the state's Executive Office of Health and Human Services said in a report.

It said the growth reflected a big expansion in private coverage, which grew by more than 191,000.

"To have insured nearly a half-million people in less than two years is nothing short of remarkable," said Gov. Deval Patrick in a statement.

There was no estimate on how many people remain uninsured.

The law makes coverage mandatory through an "individual mandate" that requires virtually everyone to have health insurance or face tax penalties. For those earning less than the federal poverty level of \$9,800 a year, coverage is free.

Those earning up to three times the poverty level can get subsidized plans, according to the legislation, which was signed into law by former Massachusetts Gov. Mitt Romney, a Republican, and backed by the state's top Democrats.

Ninety-three percent of Massachusetts residents, or 5.9 million people, had health insurance based on a 2004 survey. Of the 460,000 uninsured, about 40 percent earned more than the federal poverty level.

The bill was hailed at the time as a bipartisan attempt to reverse a trend that has left more than 47 million Americans uninsured.

But the legislation has been heavily criticized. Some health policy experts have questioned whether it can be sustained because it depends heavily in the long term on slowing growth in health-care costs, a prospect that some doubt will happen given the steady rise in costs in recent years.

More than 250 Massachusetts doctors signed a letter this year that said public funds for care of the poor that previously flowed directly to hospitals and clinics now flowed through insurers with higher administrative costs.

"While patients, the state and safety net providers struggle, private insurers have prospered under the new law, and the costs of bureaucracy have risen," said the letter.

The letter was distributed by Physicians for a National Health Program, an advocacy group that backs a single-payer government-run health-care system that would eliminate private insurance.

(Editing by Leslie Adler)

Consumers face rising medical debt: survey

www.reuters.com

By Susan Heavey

WASHINGTON (Reuters) - A growing number of U.S. adults are struggling to pay their medical bills, tapping into savings accounts, home equity and credit cards to cover health care costs, according to a survey released on Wednesday.

An estimated 72 million Americans aged 19 to 64, or 41 percent, said they had trouble paying for medical care in 2007, with some slipping far enough behind to face collection agencies. That compared to nearly 58 million, or 34 percent, in 2005, the Commonwealth Fund survey found.

The report comes as U.S. consumers face rising financial pressures, including higher energy costs, food bills and mortgage payments.

"Obviously, this medical debt can push people over the edge who are already close to the edge," said Karen Davis, president of the private foundation that promotes better access to health care.

The foundation analyzed responses of 3,456 U.S. residents from a biennial telephone survey with a margin of error rate of plus or minus 2.2 percent.

In 2007, roughly half of those facing health debt had up to \$2,000 in bills, while 21 percent had up to \$3,999. Twelve percent had more than \$4,000 in medical debt and another 12 percent faced more than \$8,000.

Respondents reported making tough financial choices in order to pay their medical bills last year.

Most said they had exhausted their savings, while nearly one-third said they had either gone without necessities such as food or heat, or had run up credit card debt. Ten percent said they took out a loan or mortgage.

While those without health insurance were most likely to carry substantial medical debt, those who had some coverage also reported difficulties, the survey found.

Nearly twice as many so-called "underinsured" patients, those with either gaps in their health insurance coverage or high deductibles, shouldered debt compared to those with more comprehensive health plans.

Sixty-one percent had health coverage at the time they received the medical care that was the source of their debt.

The findings highlight the need to increase the number of Americans with health insurance, Commonwealth Fund officials said.

"It will be critical that health reform proposals not only cover everyone but that they provide benefits that cover essential services with appropriate financial protects," said Sara Collins, the group's assistant vice president. Such protections should include affordable premiums and out-of-pocket costs, she added.

Those aged 65 and older were largely spared from daunting medical bills, in large part because they are covered under the U.S. Medicare insurance program for the elderly and disabled, Collins said.

(Editing by Tim Dobbyn.)

Rapid progression of liver fibrosis in HIV-positive gay men recently infected with hepatitis C

www.aidsmap.com

Michael Carter

A US study has found that many HIV-positive gay men recently infected with hepatitis C virus have rapidly developed moderate-to-severe liver fibrosis. The study is published in the September 1st edition of the *Journal of Infectious Diseases*.

Most of the men became infected with hepatitis C through unprotected sex and the infection was only diagnosed because the patients had abnormal liver function tests. The study investigators suggest that HIV-positive gay men should be regularly screened for infection with hepatitis C, warning that "the implications of missing the diagnosis of acute hepatitis C virus infection in these patients are grave."

A weak immune system accelerates the progression of liver fibrosis in patients infected with hepatitis C virus, and there is evidence of very rapid progression of liver disease in patients who acquire hepatitis C virus infection when their immune system is already impaired.

There have been several outbreaks of sexually transmitted hepatitis C amongst HIV-positive gay men in Europe and the United States. Investigators in New York were concerned that these patients may have an increased risk of experiencing rapid progression of liver fibrosis.

A total of eleven individuals with recent hepatitis C infection were identified by the researchers. In all these patients the infection was only diagnosed because liver function tests performed as part of the patients routine HIV care identified increased transaminase levels. All but one individual reported unprotected anal sex and three patients reported injecting drug use.

Antiretroviral therapy was being taken by ten of the patients, the duration of treatment lasting between eleven months and 16 years. None of the patients had any other risk factors for liver disease.

Liver biopsies showed that nine patients had moderate-to-severe fibrosis (stage 2 on a scale 0 – 4). One patient had stage 1 fibrosis, and the remaining patient had no evidence of hardening of the liver.

All the biopsies showed other evidence of hepatitis C-associated liver damage, including inflammation of the portal vein, and inflammation involving cell death in the lobes of the liver.

In contrast to the rapid progression of liver fibrosis seen in these patients, the investigators note that other studies involving HIV-negative patients with recent hepatitis C infection have found no evidence of fibrosis.

The investigators highlight that current US guidelines for the care of HIV-positive gay men do not recommend regular routine hepatitis C screening. Increases in ALT (alanine aminotransferase) levels that may accompany acute hepatitis C infection can, the investigators write, be short-lived and therefore easy to miss with many cases of hepatitis C infection in HIV-positive gay men remaining undiagnosed as a result. The investigators believe “more intensive screening of HIV-infected men who have sex with men is warranted”. They also call for further research to identify the mechanisms leading to liver damage in HIV-positive patients recently infected with hepatitis C.

Reference

Fierer D S et al. Liver fibrosis during an outbreak of acute hepatitis C virus infection in HIV-infected men: a prospective cohort study. J Infect Dis 198: 683 – 686, 2008.

Victims of Britain's tainted blood scandal speak

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

By GREGORY KATZ
Associated Press Writer

PEEBLES, Scotland (AP) – Robert Mackie trembles with rage when he describes how he and his wife were kept in the dark about his HIV infection — and how doctors published his medical data in journals years before they gave him the devastating news.

Mackie is one of some 5,700 British hemophiliacs who received tainted blood and were infected with HIV, hepatitis or both, in what has been viewed as one of the worst treatment disasters in the history of Britain's health care system. Nearly a third of those infected have since died.

Tainted blood scandals have been investigated throughout the world — in France, Canada, Japan and elsewhere — leading to some convictions of health officials and many compensation packages for infected hemophiliacs, but there has been no detailed probe in Britain until now. One inquiry under way will likely end in a nonbinding report, while the other is an official investigation by the Scottish government that could lead to charges filed against individuals.

"They used me as a guinea pig," said Mackie, 58, in his house in Scotland. "It's just a miracle my wife wasn't infected."

Hemophiliacs suffer from an inherited disorder that prevents blood from clotting. Mackie — an active sportsman who had hoped to become a salmon fishing guide — had controlled his hemophilia with a treatment called cryoprecipitate when he switched in 1980 to a new product. Called Factor VIII, it was supposed to be more effective in helping his blood clot.

In 1983, he heard hemophiliacs were developing AIDS, then a mysterious disease that usually claimed its victims in two or three years.

He said he asked his doctors if he could be exposed to the killer virus through his use of Factor VIII, a relatively new blood plasma product made from blood collected from thousands of donors.

They told him not to worry. A year later, he was infected by a contaminated batch.

"We could have had more of a family," says Alice Mackie, who had a son with Robert before he became infected. "The two of us had plans for what we were going to do. But you could say our whole lives stopped."

The tainted blood led to the deaths of Mackie's cousin, two uncles and friends, who were part of a close-knit community of hemophiliacs in Scotland.

"From '87, all we saw was people dying," said Alice, her hair white at 51. "And believe me, when you see someone dying of AIDS, it's really bad. It's different each time. No one dies the same way."

Mackie said he was told of his infection in 1987. But he told an independent inquiry commission that when he finally obtained his medical records, he learned he had been used for an AIDS study that began several years before then.

"This AIDS study was, it seems, the beginning of many years of research being carried out on me without my knowledge or consent," he told the inquiry committee headed by Lord Archer, a former solicitor general.

Factor VIII was meant to thicken blood so that it would clot properly, and Mackie was told it was a breakthrough when he got his first treatment in 1980.

But the risks were high. With each dose, blood plasma from thousands of donors was introduced into his system. Between 2,500 to 22,000 donors contributed to each batch of Factor VIII, which could then treat about 100 patients.

The contamination risk increased as the number of donors grew, but it was only once AIDS emerged as a global public health threat that doctors learned how great that risk was.

By 1983, U.S. medical experts had established that AIDS — previously concentrated among gay men — was striking hemophiliacs.

In April 1983, an American doctor wrote in *The Lancet* medical journal asking for data on hemophiliacs in areas where there was no reported HIV in the blood donor community.

The journal published a response one month later — from Mackie's physician, Dr. Christopher Ludlam.

In the letter, published on May 28, 1983, Ludlam described his own patients as a valuable resource for further study because Scotland produced its own Factor VIII and seemed to have an AIDS-free donor community.

Mackie said that in 1985 — when he was already infected but didn't know it — Ludlam wrote to government authorities seeking ethics approval to study the immune system of infected patients and claimed that his patients knew about the research and had agreed to participate.

"If, as the ethics application form states, consent was obtained from all subjects ... how is it that I did not know about my AIDS status until 1987?" he said at the hearing. "I did not know anything about his studies or research."

Mackie obtained copies of the form submitted by Ludlam in which the doctor says his patients were well informed about his studies.

Ludlam, who practices at the Royal Infirmary of Edinburgh, declined to talk with The Associated Press about the case.

Brian Montgomery, a National Health Service executive who oversees the hospital, said it would be "inappropriate" to comment while the inquiries are ongoing.

Two of Mackie's uncles and a cousin were also hemophiliacs under Ludlam's care. They learned they had been infected around the same time. All three succumbed fairly quickly. The family held three funerals in two years.

Mackie was convinced he would be next.

Surprisingly, he stayed relatively healthy for a decade. He thought he had escaped a death sentence, but in 1997 his appetite began to wane. By 2000, he had advanced symptoms of AIDS.

He became too weak to climb stairs. The smell of food sickened him. Doctors said he had a few weeks left, but he was too stubborn, and too suspicious about doctors, to take the new anti-retroviral drugs that were by then extending the lives of many AIDS patients.

For days he sat, feverish, in his kitchen, believing death was imminent.

Then, drawing on reserves he did not know he possessed, his fighting spirit returned. He gave in to Alice's pleas and started to take the new drugs after she convinced him they were not poison.

The drugs worked. Mackie said they at first caused a dangerous reaction that left him "out of his head" but eventually gave him more energy and confidence.

Despite being weak from AIDS and Hepatitis C, which he found out he had in 2000, Mackie insisted on giving evidence to the Archer committee last year. The hearings were closed to the public but a report is expected next month.

Alice read most of his statement, and he spoke quietly when he spoke at all, but he did raise his voice at one point to tell the committee that doctors had endangered the safety of his wife and son by holding back his HIV status.

"I believe nonconsensual research was conducted by doctors of hemophilia in this country," he said, voice booming again. "We were all used as lab rats."

The Mackies say they are not expecting much from the new investigations.

But Andrew March, a hemophiliac in London who became HIV positive when he was nine after exposure to tainted blood plasma products, said the surviving victims want the truth to finally be told.

"I feel anger a lot of the time," said March, who is now 34 and generally free of AIDS symptoms. "Frustration. A sense of being repeatedly betrayed. There are lessons to be learned that haven't been learned yet."

He said the slightest cold makes him wonder how long his immune system will be able to fight off illnesses.

Christopher James, chief executive of the Haemophilia Society, said a generation of hemophiliacs was exposed to HIV and Hepatitis C.

He said doctors had an obligation to tell Mackie, and other victims, that they were HIV positive so they could take steps to protect their partners.

"There was a very high death rate," said James, who hopes the inquiries will lead to a financial settlement for the victims as well as a public apology. "These people have faced enormous financial and emotional hardships from this catastrophe and they deserve to know what happened and why and to be sure it will never happen again."

Survivor, advocate honored on 20th anniversary of his transplant

<http://www.themilpitaspost.com>

by Ali Abdollahi

When longtime Milpitas resident Paul Yang was diagnosed in 1988 with chronic active Hepatitis B resulting in liver dysfunction, he said he went through several phases on dealing with his illness. Fighting back was not one of them.

"First there is denial. Then when you acknowledge your illness, you get scared, then depressed," Yang said. "I didn't think I had any hope. I was dying."

Doctors had urged Yang to put himself on the waiting list for a liver transplant, but he refused. It was not until complications from his illness left him bed-ridden for a week at the University of California, San Francisco Medical Center that he changed his outlook.

"They put me in a room with six beds, and they did nothing to treat me for the whole week. They just checked on me and made sure I was comfortable," Yang said. "Then I looked at some of the other patients in that room and I realized this was the room for people that were waiting for death. I decided that I wanted to do whatever I could to keep living."

Yang said his change of heart was "almost too late." He had missed opportunities to arrange for a transplant. His condition was worsening, and his time was short.

But then came the first of many miracles. After a brief two-week wait, a matching donor was found and Yang underwent a successful liver transplant.

Twenty years later, Yang is a walking advertisement for the benefits of organ donation, and has become an active advocate of the California Transplant Donor Network. A ceremony was held Friday at Darda Seafood Restaurant in Milpitas to celebrate the 20th anniversary of his transplant. Milpitas Mayor Jose Esteves was on hand and declared Aug. 20, 2008 Paul Yang Day in Milpitas.

It was evident that the transplant had given Yang not only a new lease on life, but a new outlook as well.

"Any of (the transplant recipients) here will tell you that it gives you a new appreciation for a renewed life," Yang said at the ceremony. "It really changes things, because you can't appreciate life in this way unless you've gone through something like this."

He is a five-time participant in the National Kidney Foundation's U.S. Transplant Games, an Olympic-like event held for kidney transplant recipients every two years. Yang said he switched to swimming in recent years because of his surgically repaired hip, but he was a bronze-medal winning speed walker in the 1992 games.

Donor network Community Affairs Manager Kate Andrews praised Yang for his efforts to promote the network's cause.

"We would like to honor Paul for his help in reaching out to the Chinese community and for all of the work he has done for CTDN over the last 20 years," she said. "And as you can see, transplants are not a short-term fix. Paul is a picture of health 20 years later."

The families of other organ donors were recognized at the ceremony as well. When 9-year-old Andrew Bedard of Saratoga died unexpectedly from a brain aneurysm in 2004, his parents Charlie Bedard and Karlina Ott gave his liver to a Southern California man who they have since formed a special bond with.

"He and his family became a part of our family, and now we take vacations together, and we just traveled to Pasadena to see his new son," Ott said.

Also on hand was former Berryessa resident Jose Zaragoza, whose son Matthew died in 2005 at age 16 after sustaining a head injury during a high school football game.

"I didn't want him to be buried and be gone," Zaragoza, who moved to Manteca in 2001, said. "I asked our other kids if we should donate his organs, and they said, 'If we donate Matthew's organs he will be a hero.'"

Matthew's organ donations are credited for saving four lives. Zaragoza's family has met with all four of the organ recipients, including a televised 2007 meeting on the "Montel Williams Show." Zaragoza will be a guest on the California Transplant Donor Network float in the 2009 Rose Bowl Parade in Pasadena.

Aug 21, 2008

Friends gather this weekend to help man with mounting medical bills

<http://www.nevadaappeal.com>

By Rhonda Costa-Landers
Appeal Staff writer,

When Ron Toews was having digestive problems "all over the place," he ended up in surgery to have his gall bladder removed in July 2006.

Though surgery was successful, the surgeon informed him he had cirrhosis of the liver. More tests would confirm Toews had hepatitis C.

"I think it all started in December 2005 when I got pneumonia," Toews, 51 of Carson City, said. "I really don't know.

"After a while I just accepted it and am dealing with it. But thank God for family."

Toews' hepatitis is treatable. However, his liver and immune system is too weak to handle the Interferon treatments. He also has two hernias.

Because of Toews' health, he was laid off in September and lost his health coverage. His wife, Mikki, can only work part time and has no insurance.

“I’m kind of in a holding pattern with no health insurance,” he said. “I’ve applied for Medicare, but that will take two years to come through.

“The cost of a liver transplant is upward of \$1 million, so that’s out. We’re pretty sure the Medicare will come through because I have a permanent disability. Bloodwork alone costs \$500 a month.”

To help with expenses, friends have organized a fundraiser to be held Saturday at Decades Bar and Grill. It includes a silent auction, raffle, food and live music. As long as he’s feeling good, Toews will be performing, alongside his stepson, Jake, 17.

“All this stuff is kind of strange to me,” Toews said of the fundraiser. “I’ve never depended on anyone.

“I’m pretty overwhelmed by the response with my friends’ efforts. It’s pretty remarkable.”

Decades Bar and Grill is holding the Rock ‘n’ Roll Hullabaloo fundraiser. It is to help those in the community who are in need. They chose Toews as their first recipient of the benefit.

An account has been set up for Toews at Wells Fargo Bank — 8276415869, or mail to the Ron Toews Family Fund, P.O. Box 1506, Carson City, NV 89702.

There is also a bounty of silent auction items, most of them autographed, including NFL jerseys, footballs, NASCAR helmets and jackets.

“Many of these items have been donated,” said Teri Norgrove, who is organizing the fundraiser. “Mikki is my best friend and she and Ron are very dear to the heart.

“I’m doing this because they would do it for me or anyone else. I’d like to do this fundraiser every year to help out other families in years to come.”

Norgrove said she has her fingers crossed and is excited for Saturday’s fundraiser.

“I’ll feel better when we see all those classic cars, the music starts and people are eating,” she said.

“These are bad times for everybody. But I’d do this in a heartbeat. Mikki and Ron are that special. And her son, Jake Helget, is donating a dirt bike for the auction. It’s a 2000 Yamaha YZ-80. Now that’s special.”

Warren Engine Company No. 1 is providing the barbecue. Ron and Mikki are members of the volunteer group.

“The idea of this event was obviously agreed upon as a good one,” said Sean Nebeker, who is helping with organizing. “Agreeing on how to bring our ideas to life was another matter entirely.

“At the end of the day however, you remember why you are doing it. It’s about helping our good friend, Ron.”

“It’s all very frustrating without health insurance,” said Mikki Toews. “Doctors and hospitals test all the time for AIDS, why not for hep C?”

“It can take up to 20 years for hepatitis to be known, unless you take a test. And people always think it’s a dirty disease, like with intravenous drug users. But one of the most common places to get it is a hospital.

“But, I’m facing the statistics, too. He has only a 30 percent chance of getting a liver.”
Mikki and Jake have been tested for hepatitis C. They are both negative.

“Being on the system isn’t much fun,” Ron added. “We try not to add up our expenses. I do feel fortunate enough to get disability, but that’s one-third of what I used to make.

“There’s a lot of people out there with a lot of (medical) problems. I’m just the tip of the iceberg.”

“If we’re not over, our expenses are right at \$100,000,” Mikki said. “I feel like to get the help we need we have to be sneaky. You feel like you get abandoned.”

The only other choice the Toews feel they have is to legally separate and for Ron to move to Walker, Calif., to live with his mother and apply for Medicaid. As homeowners, they do not qualify for Medicaid.

“We just have to keep him stable until the transplant surgery in California,” Mikki said.

“We’re hoping for the surgery to take place at UC Davis or Stanford.”

Hep C Story Saved My Life

<http://www.thesun.co.uk>

FOR 23 years Lesley Jenkins carried a virus that was slowly destroying her liver. Left untreated, it would probably have killed her.

Doctors repeatedly missed the lethal infection. They told her she was overdoing things, it was arthritis and finally that she was depressed.

But Lesley had hepatitis C – and thanks to The Sun she is now clear of the lethal bug.

She insisted on a blood test for the disease after reading our exclusive interview with Body Shop founder Dame Anita Roddick, who caught hepatitis C from a blood transfusion.

Lesley recalls: “When I had my oldest son, it was a 15-hour labour and afterwards they told me I’d need a transfusion. I didn’t want it.

“AIDS had just hit the news and there were a lot of rumours about how you could contract it.”

Lesley finally agreed when she became too weak to care for her baby and doctors assured her there was no risk.

But about six years ago, Lesley, a 48-year-old businesswoman from Derby, began to suffer extreme tiredness.

She went to the doctor, who said she was working too hard.

Months passed, with Lesley frequently going back to her surgery and seeing a different doctor each time.

When she developed muscle pains, Lesley was told it was probably arthritis. At one point, a locum told her it was depression.

Blood tests and checks for anaemia, diabetes and thyroid function provided no explanation.

Alarm

A liver function test came back with a result that was high but just within the “normal” range.

Lesley has since been told it should have rung alarm bells but, as a recent study found, many GPs don’t recognise the signs of hepatitis C.

She began to realise what was wrong on Valentine’s Day 2007, when Dame Anita told the world she had caught hepatitis C from a transfusion after the birth of her daughter, Sam.

Lesley says: “There were so many similarities. When I read the story in The Sun I realised I must have hepatitis C. All the symptoms matched.

But when she asked her doctor for a test, she was asked: “Why?”

Lesley says: “I couldn’t believe it, I had to justify why I wanted it. I knew if I mentioned Anita Roddick they’d think I was a crank, so I said I needed it for my insurance.”

When the result came back positive Lesley was relieved to at least have an answer.

Follow-up checks confirmed she had one of the nastiest strains and Lesley has had treatment with interferon, a chemotherapy drug that can clear the virus in 50 per cent of cases.

A recent check found no trace of the bug but there is still a chance it may flare up again.

But Lesley says she’s lucky that it was caught before she had suffered fatal liver damage.

She says: “If it hadn’t been for your story, the penny wouldn’t have dropped.

“Why didn’t anyone ever tell me that a blood transfusion put me at risk?”

The virus survives outside the body for several weeks.

It can be spread by piercing, tattoos, dental work overseas, blood transfusions before 1991, sharing a toothbrush or sharing notes to snort cocaine.

For more information see www.hepctrust.org.uk.

Liver Transplant Program Established At Montefiore

<http://www.marketwatch.com>

NEW YORK, Aug 20, 2008 /PRNewswire-USNewswire via COMTEX/ -- Area Residents Gain Access to High Quality Care as State Approves Only Program in The Bronx

Patients who suffer from severe liver disease and need a liver transplant will no longer have to seek that highly specialized surgery and critically important follow-up care outside the borough of the Bronx. Area patients and their families now have access to this high-quality care locally, without having to travel long distances, as a result of the New York State Department of Health's approval of the first and only liver transplant program in the Bronx, at Montefiore Medical Center (<http://www.montefiore.org>).

"The liver transplantation program at Montefiore Medical Center fills a significant, unmet medical need for people who live in the Bronx and suffer from end-stage liver disease," said Steven M. Safyer, M.D., president and CEO of Montefiore.

"The Bronx has one of the highest rates of liver disease in the country and the highest rate of liver disease in New York State," said Dr. Safyer. "Until now, patients in the Bronx and surrounding areas who had liver disease had to travel outside of the borough to receive care, which was an additional burden on them and their families.

"Our liver transplant program now allows these patients to receive be cared for locally closer to home, by a team of professionals, at a center with an incredible amount of experience and expertise in all aspects of liver care," said Dr. Safyer.

The liver transplant program is part of the Montefiore-Einstein Liver Center and is supported by a research component from Albert Einstein College of Medicine's National Institutes of Health-funded Liver Center.

"We have a world class team of surgeons and liver specialists with a wide range of experience in treating and researching severe liver disease," said Milan Kinkhabwala, M.D., chief of transplantation and director of abdominal organ transplantation at Montefiore. "More than 120 Bronx patients were waiting for liver transplants in 2007, and approximately 50 local residents had no choice but to seek a liver transplant outside the borough last year," said Dr. Kinkhabwala.

While there are more than 2,300 people statewide currently waiting for a liver transplant, statistics for New York State show that risk factors for liver disease are significantly higher for residents of the Bronx when compared to other areas of the state.

Doctors at Montefiore believe there is actually 10 times the recorded number of people in the Bronx with serious liver problems. Montefiore's unique capabilities as an academic medical

center help address these problems through community-based outreach, patient and physician education and the patient care provided by a nationally recognized team of liver specialists. Thousands of patients suffering from serious liver diseases including Hepatitis C, cirrhosis and cancer are treated annually at Montefiore.

"We have found there is a greater rate of alcohol use, intravenous drug use and confounding variables like malnutrition and diminished access to health care here in the Bronx," said Paul Gaglio, M.D., a nationally known liver expert and medical director of Montefiore's Liver Transplant Program. "The number of hospitalizations for liver-related diagnoses in Bronx-area hospitals has increased substantially, magnifying the importance of having an easily accessible local liver transplant center in the Bronx," said Dr Gaglio.

In addition to liver transplantation, Montefiore has programs in adult and pediatric heart transplantation, adult and pediatric kidney transplantation and bone marrow transplantation.

Montefiore Medical Center encompasses 124 years of outstanding patient care, innovative medical "firsts," pioneering clinical research, dedicated community service and ground-breaking social activism. A full-service, integrated delivery system caring for patients in the New York metropolitan region and beyond, Montefiore is a 1,491-bed medical center that includes: four hospitals -- the Henry and Lucy Moses Division, the Jack D. Weiler Division, the North Division and The Children's Hospital at Montefiore; a large home healthcare agency; the largest school health program in the U.S.; a 21-site medical group practice integrated throughout the Bronx and Westchester; and, a care management organization providing services to 179,000 health plan members.

In 2008, The Children's Hospital at Montefiore (<http://www.montekids.org>) ranks as one of "America's Best Children's Hospitals" in US News & World Report's prestigious annual listing. Montefiore is ranked by the Leapfrog Group among the top one percent of all U.S. hospitals based on its strategic investments in sophisticated and integrated healthcare technology.

Montefiore is committed to meeting the healthcare needs of the future through medical education and manages one of the largest residency programs in the country. Montefiore is The University Hospital and Academic Medical Center for Albert Einstein College of Medicine and has an affiliation with New York Medical College for residency programs at the North Division.

Distinguished centers of excellence at Montefiore include cardiology and cardiac surgery, cancer care, tissue and organ transplantation, children's health, women's health, surgery and the surgical subspecialties. Montefiore is a national leader in the research and treatment of diabetes, headaches, obesity, cough and sleep disorders, geriatrics and geriatric psychiatry, neurology and neurosurgery, adolescent and family medicine, HIV/AIDS and social and environmental medicine, among many other specialties. For more information, please visit www.montefiore.org or www.montekids.org .

SOURCE Montefiore Medical Center

UN Health Agency Spotlights Impact Of Hepatitis B

<http://www.scoop.co.nz>

Press Release: United Nations

New York, Aug 21 2008 4:10PM The United Nations health agency is launching a new information campaign to highlight the impact of the hepatitis B virus, which is currently found in about 2 billion people worldwide despite being largely preventable by vaccine for more than 25 years.

The World Health Organization (WHO) issued factsheets today about the impact and spread of hepatitis B, which attacks the liver and can cause severe and chronic illness in sufferers, and even death. (<http://www.who.int/mediacentre/factsheets/fs204/en/index.html>)

More than 350 million people live with chronic liver disease and about 25 per cent of adults who became infected during childhood later die from liver cancer or cirrhosis as a result of the infection. Cirrhosis and liver cancer kill as many as 700,000 people every year.

The virus – which only affects humans – is transmitted through contact with the blood or other bodily fluids of an infected person, and not through casual contact such as by contaminated food or water, the agency reports.

The common methods of transmission are from mother to child at birth, blood transfusions, sexual contact, unsafe injection practices, and child-to-child.

Hepatitis B is endemic in China and other parts of Asia, with most sufferers infected during childhood. It is also prevalent in the Amazon basin of South America, the Middle East, South Asia and parts of Eastern and Central Europe.

WHO said there is no specific treatment for hepatitis B, a vaccine that is 95 per cent effective has been available since 1982. It called for all infants to be given the vaccine and for all children and adolescents not previously immunized to also be vaccinated.

Members of high-risk groups, such as injecting drug users and people who engage in high-risk sexual behaviour, should also be vaccinated, the agency recommends.

Aug 22, 2008

Wording of Mich. ballot proposals

<http://www.chicagotribune.com>

By The Associated Press

LANSING, Mich. - Michigan election officials on Thursday approved the 100-word statements of purpose for ballot proposals that will face voters in November.

PROPOSAL 1

A LEGISLATIVE INITIATIVE TO PERMIT THE USE AND CULTIVATION OF MARIJUANA FOR SPECIFIED MEDICAL CONDITIONS

The proposed law would:

--Permit physician approved use of marijuana by registered patients with debilitating medical conditions including cancer, glaucoma, HIV, AIDS, hepatitis C, MS and other conditions as may be approved by the Department of Community Health.

--Permit registered individuals to grow limited amounts of marijuana for qualifying patients in an enclosed, locked facility.

--Require Department of Community Health to establish an identification card system for patients qualified to use marijuana and individuals qualified to grow marijuana.

--Permit registered and unregistered patients and primary caregivers to assert medical reasons for using marijuana as a defense to any prosecution involving marijuana.

Should this proposal be adopted?

----Yes

----No

The Point doing vital work on the front lines

<http://www.thesudburystar.com>

By CAROL MULLIGAN, THE SUDBURY STAR

Program keeps discarded needles off the streets, stops addicts from getting HIV, helps some turn their lives around

Sudbury would be a different city were it not for its needle exchange program.

The Point distributed 150,000 clean needles to drug addicts last year, and 95 to 99 per cent of them were returned to its headquarters at 105 Elm St.

Otherwise, Sudbury's streets would be littered with needles discarded by illegal drug users.

More people would be infected with HIV.

There would be more cases of full-blown AIDS. The incidence of hepatitis C would be significantly higher.

Hundreds of drug addicts would not have had access to a wide range of programs and services designed to help them change their lives and kick their habit.

And Doris Schwar would never have been visited by a successful young man whose name she is still struggling to remember.

"Here I am. Look at me now," he told Schwar when he returned to tell her a piece of advice she had given him years earlier had helped the former addict transform his life.

He was now living in a five-bedroom home in Burlington. He owned a successful business. He was happily married and had three children. He owed it all to her.

It's stories like this -- and she has dozens of them -- that keep Schwar working as program co-ordinator for The Point.

Schwar was among those who worked "from the beginning" in August 1992 with the late Jimmy Park, founder of the Sudbury Action Centre for Youth, former medical officer of health Dr. Robin Bolton and Vicki Kett of ACCESS AIDS Sudbury to launch the program.

She won't publicly take issue with Tony Clement's criticism of Insite, North America's only safe injection site, located in Vancouver. But she rolls her eyes when you ask her about Canada's health minister.

Schwar quickly points out The Point is a safe needle exchange, not a safe injection site. Clement has questioned the ethics of physicians who support the use of supervised injection sites for addicts.

Schwar is proud The Point has the best success rate for needle returns in Ontario, possibly Canada.

Before The Point began operating, city police would arrest people in possession of dirty needles and addicts would just "ditch them" on the street. Schwar says she has heard of no such incidents recently and is grateful for the co-operation of police.

Last year, the program was transferred from the jurisdiction of the health unit to the Sudbury Action Centre for Youth, an organization that works with troubled people of all ages. Schwar is one of three part-time employees of The Point, which is funded indirectly through the Ministry of Health and Long- Term Care.

Mardi Taylor is the new executive director of Sudbury Action Centre for Youth.

The way Taylor sees it, it is better for addicts to "come here than to be out there. We need the community to support us."

Sixteen years after it begun, Schwar is as convinced as ever that the program is worthwhile. In a field in which there is a very high rate of burnout, Schwar remains philosophical about the work she does.

"I'm not in charge of saving people," she says. "I just delight in them doing well."

Government Must Vaccinate All British Children Against Hepatitis

<http://www.pharmiweb.com>

Patient groups are today calling on the Government to vaccinate all British children against Hepatitis B – a life threatening disease, 50 times more infectious than HIV.

Chronic Hepatitis B can develop into potentially fatal conditions such as liver cancer and cirrhosis. It affects more than 325,000 patients in the UK alone, and once contracted cannot be cured. However, with a simple and effective vaccine, it can be prevented.

The World Health Organisation (WHO) called for countries to introduce universal childhood immunisation more than 15 years ago. Since then 116 countries have complied; the UK is not among them.

The ABPI, in conjunction with the British Liver Trust and the Hepatitis B Foundation, is petitioning Govt and demanding that urgent action is taken.

“Lives are being put at risk. A programme needs to be put into place to ensure that all British children are inoculated against Hepatitis B,” said Dr Richard Tiner, Medical Director, ABPI. “It is a matter of public health.

Much of the rest of Europe operates mass childhood vaccination programmes; it is time that the UK followed suit.”

Imogen Shillito, Director of Information and Education at the British Liver Trust said: "In the UK the Government only vaccinates those deemed to be at high risk – but evidence shows that this policy is failing. A recent investigation into NHS use of the vaccine found only half of GP practices are following clinical guidelines on protecting patients. This is leaving millions of patients at risk of a preventable disease. The Government itself has revealed that prisoners, who are particularly at-risk, are left exposed to infection."

The calls follow the publication last month of Target Hepatitis, a joint report which examines all variants of the disease, including Hepatitis B, Hepatitis C and Hepatitis D, produced in association with the British Liver Trust, Hepatitis C Trust and Hepatitis B Foundation UK. The full report can be found at www.abpi.org.uk

For more information:
<http://www.abpi.org.uk>

Animals help man fighting Hepatitis C

<http://www.kxan.com>

AUSTIN, Texas (KXAN) -- Williamson County rancher Miles Allen has a tendency to create two syllables when one would do. "Dog," for example, becomes, "Daw-ogg." It is a slowed-down articulation that matches his pace across a pasture.

Allen moves slowly, because he must. His body has been wracked by Hepatitis C, a blood-borne infectious disease that can devastate the liver.

48 weeks of agony-inducing Interferon treatments contained the disease, but seven years later, depression, anxiety and chronic pain still take their toll.

"Supposedly there's no cure for it," said Allen. "I received mine in a blood transfusion back during the Vietnam area. I went [from] 200 pounds to 140. And, I had forgotten how to get up, how to walk and [then] a friend of mine brought me a border collie."

That is when things started to change.

"It just gives you something to take care of," said Allen. "You've got something that bonds with you. They're not gonna just let you sit there and waste away."

Border collies, however, come with a lot of energy. They are happiest when on the move. So Allen got a few Barbados sheep to give the dog something to satisfy his herding instinct. He did some breeding of the dogs and people started asking for puppies.

As the number of dogs grew, Allen added more sheep. Now, he breeds and trades both species. His small ranch near Florence boasts a pack of some 40 border collies. 200 sheep are split between the Florence ranch and another that Allen keeps near Santa Anna in Coleman County.

The fact that he can travel between the two speaks volumes about the progress he has made fighting Hepatitis C.

"My last blood test is clear," said Allen. "And, I really look for all the rest of 'em to be clear, and these border collies had a lot to do with it."

Back out in the pasture, a young dog and an even younger pup team up on a ewe. All three break into a dead run, but the sheep is outmatched.

"Hey, hey, hey there boys, lookie there," shouts Allen. "We gotta puppy wants to work!"

The sheep gives way to the will of the canines. It returns to the flock, which joins Allen, riding alone in a 4-wheeler behind them, for the long walk back to their pen.

They move slowly, man, sheep and "daw-oggs."

Aug 23, 2008

We want safe injection sites here: coalition

<http://www.canada.com>

AARON DERFEL, *The Gazette*

Health minister urged to reconsider policy

Local community groups and a public-health doctor are urging Quebec Health Minister Yves Bolduc to reconsider his decision against opening a supervised injection site in Montreal for intravenous drug users.

Pierre Côté, director of the HIV/drug-addiction unit at the Centre hospitalier de l'université de Montréal, said he treats hundreds of drug users each year, and many suffer from complications stemming from the use of dirty needles.

"The main goal of such a site is not to get people off drugs, (it's) to reduce the number of people getting infections," Côté said yesterday at Charles S. Campbell Park in the shadow of the Jacques Cartier Bridge, which is frequented by IV drug users.

"The hospitalizations that arise from infections in this population are very expensive, and if we save just a few cases in a year, it would be worth it."

The secondary goal of a safe-injection site would be to help steer addicts toward drug treatment, he added. But it's much harder to start drug treatment when an addict is sick with an HIV infection.

"In Montreal, most of the IV drug users are heroin addicts, so they use a lot of syringes," Côté explained. "Usually, they have no place to inject their drugs, so they do it on the streets or in dark places. They use dirty syringes and dirty material and it's quite easy to catch HIV or the hepatitis C virus."

A spokeswoman for Bolduc confirmed this week that the government has changed its policy about opening safe-injection sites.

"There's a question of public opinion, but we are also concerned about the fact that there is no consensus in the medical community about this," Marie-Ève Bédard told The Gazette.

"So right now we don't have enough information to go ahead."

In June, however, Bolduc's predecessor, Philippe Couillard, reaffirmed the government's commitment to opening safe-injection sites. The government's reversal came only two days after Tony Clement, the federal health minister, assailed the Canadian Medical Association in Montreal for supporting Canada's first supervised injection site in Vancouver.

Clement charged that it is against the health profession's code of ethics to allow drug addicts to shoot up.

But Côté argued that it's against a physician's code of ethics to let a drug addict become infected with HIV or hepatitis.

The Coalition des organismes communautaires québécois de lutte contre la sida has requested a meeting with Bolduc to present him with statistics showing a direct connection between IV drug use and infection. For example, 20 per cent of IV drug users in Montreal are infected with HIV, and 62 per cent with hepatitis C.

What's more, the street is the second most common site to inject by drug users, according to the coalition. In fact, a chalet at Charles S. Campbell Park has an aluminum disposal box precisely for used syringes.

Bernard Drainville, opposition health critic for the Parti Québécois, pressed Bolduc to at least set up a pilot project for a safe injection site.

"This decision was made in ignorance, not by science or the facts," Drainville told reporters.

"From a public security perspective, what's more dangerous - to have dirty syringes in parks like this one or to have people in supervised centres that will help (drug users) eventually get better?"

aderfel@thegazette.canwest.com

Free Hepatitis C testing at SCCC

<http://www.summitdaily.com>

DAILY NEWS STAFF REPORT

Denver Colorado: The Summit Community Care Clinic is currently offering free Hepatitis C testing to eligible patients. Hepatitis C has no noticeable side effects. Roughly 5 million Americans and 86,000 Coloradans have been exposed to Hepatitis C and are unaware. Current patients may call to schedule an appointment. Those interested in becoming Care Clinic patients may pick up an application on weekdays between 8 a.m. and 5 p.m. at the clinic or call (970) 668-4040 for more information. The SCCC is a non-profit integrative health-care clinic serving the uninsured population of Summit County with affordable care.