

HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Editor-in-Chief*

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Jan 5, 2009

Naomi Judd Celebrates "Miracles"

<http://www.gactv.com>

Jan. 5, 2009 — Naomi Judd, whose successful battle with Hepatitis C has been a source of hope for many others with life-changing diseases, is appearing during January on a public-affairs television show, "Sharing Miracles."

More than 235 stations air the program, which focuses on recovery from major illnesses. Naomi made her first appearance on the show on Sunday in some markets, though she'll be seen in many cities throughout the month of January.

"I was terribly sick. I barely knew who I was, where I was," she says, recalling her own struggle with Hepatitis C. "You're not really in pain, but you just want to give up because you can't imagine living like this every day. And unfortunately, my doctors didn't give me any hope. In fact, one doctor told me I had three years to live."

Previous installments of "Sharing Miracles" have featured such public figures as actors Marcia Gay Harden and Jerry Mathers, TV personality Montel Williams and sports stars Greg Louganis, Bruce Jenner and Jerome Bettis. The program's message fits well with Naomi's goal of providing a positive role model for others suffering with debilitating illnesses.

"I thought, 'I'm going to live to help research, so we can find a vaccine, so we can find a cure, and so that people understand that when they have these experiences, it's a chance to reevaluate their whole lives,'" Naomi says.

"Sharing Miracles" is affiliated with the Partnership For Prescription Assistance.

Life And Death – The Program: Cumberland County's Treatment Court

<http://www.pennlive.com>

By Matt Miller

Of Our Cumberland County Bureau

Judge Skip Ebert smiled as Brian, a husky guy in a muscle shirt, walked to the front of his Cumberland County courtroom.

"How's the interferon going?" Ebert asked.

Brian, a recovering addict in the county's treatment court program, had just begun that therapy to combat the Hepatitis C that imperiled his health.

"I'm just glad I'm finally getting this started," he told the judge. "That's my goal. If I'm not drinking and doing drugs that'll save my life.

"Hepatitis affects your liver. If you drink, that can really kill you."

Lives hang in the balance in treatment court, or "drug court" as its promoters and participants call it.

Some clients might really die if they don't end their spirals of addiction.

For others, prison is their only future.

Tony, for one, just couldn't make it.

"Tony is gone. He's disappeared from rehab," Judge Ebert said at the end of one of the weekly drug court sessions.

The news was received with gasps and groans. Tony had seemed to be doing well.

"The rumor is that he started drinking again," Ebert elaborated. "Now, there's a warrant out for him."

A week later, the judge had more news.

"Tony got picked up. He'll be leaving us now," he said.

"But these things happen," Ebert counseled. "All of the rest of you are doing so well. Just stick with it. It can be done."

'Sticks and carrots':

Nearly two years into Cumberland's treatment court program six people have done it -- graduated.

Failures are twice as common.

That is pretty much the rule for the more than 2,000 treatment court programs nationwide.

The failure rate of all such programs is significant, but proponents insist that statistics show that those who complete such programs are much less likely to break the law again.

A 2002 study of a sampling of 95 treatment courts by the National Institute of Justice found that 27.5 percent of program graduates were arrested again within two years of completing the program.

By contrast, 46 percent of offenders in those same jurisdictions who did not go through treatment court committed new crimes within two years, the study found, and more than 60 percent had violated probation.

Perseverance is not a trait most addicts possess. Drug court officials try to teach it through a system of rewards and penalties.

"We employ a series of carrots and sticks, incentives and sanctions that are designed at first to

get people clean and sober, then develop life skills to help keep them that way," Senior Assistant District Attorney John Dailey said.

Those incentives can be a round of applause, a kind word from the judge or other officer of the court.

Sometimes, the kudo is more tangible.

"We give out gift cards for good performance," Deputy Public Defender Linda Hollinger said. "Sometimes we let them draw from a fish bowl with items like a piece of candy or a slip of paper that just says, 'Good job!'"

"That may sound silly," Hollinger said, "but this is often the first time in their lives that people have given them a pat on the back for doing something good."

Lindsay received quite a few pats during her last months in drug court.

She entered the program as an emaciated wreck. Over time, the tall, attractive young mother had evolved into a role model.

She had proved to be a hard worker. In a few weeks Ebert would preside at her wedding. In October, she would graduate.

"You've really applied yourself, just like you did with that Prozac thing," Ebert said during one of the regular Thursday court sessions.

Lindsay's reward that day was a gift certificate from Dairy Queen.

Everyone in the room applauded.

George had a different experience. He'd missed a Narcotics Anonymous meeting.

Ebert made him write an essay on his goals for changing his life.

George looked like a tough guy, not a literati. Yet, his essay touched the judge.

"This is one of the best ones I've ever gotten," Ebert told him. "It's well-written and sincere."

The tough guy smiled.

Atoning for the past:

Addiction isn't just hard on the addict.

"We find that the damage that has been done to their families is the hardest to repair," DA Dailey said. "Their relatives have been burned so many times."

So Family Day, the one day each month that clients' relatives are allowed into the usually closed

drug court sessions, is important on several levels.

Lindsay brought her three little kids. They watched as she strode to the front of the courtroom to receive what had become regular praise.

"We were all talking this morning. We're amazed," Ebert told her. "It's like you're a different person than you were when you started the program.

"It must be a great feeling to be a good mom."

Lindsay walked back and hugged her kids.

Patricia, a vibrant, middle-aged mom, wanted to atone for past sins.

She was only weeks from graduating, but eons removed from the secretive drug abuser she once had been.

She read a letter thanking everyone, especially her family, for the "second chance" she'd been given. The people who helped her in drug court "are some of the most incredible people I've met in my life," she said.

"Addiction had consumed me," Patricia explained. "I had no conscience. I felt I was invincible. How wrong I was."

Tears began flowing.

"Now, I'm actually being me; a sober me. I'm a mother of three. I brought these beautiful children into the world, so what right do I have not to give them the best of me?"

Jason didn't have any kids. He looked a lot like a big kid himself.

When Ebert praised him for a promotion at work, someone important was watching from the audience.

"You got engaged? Is she here today?" the judge asked.

A pretty smiling brunette raised her hand and gave a wave to show off her new engagement ring.

The team deliberates:

A lot of what happens in drug court doesn't happen in the courtroom.

Every Thursday, hours before the clients file in, the treatment court team meets in the jury deliberation room beside Ebert's office.

It weighs every case.

Often, team members argue.

"Brian's in jail," probation officer Kerry Houser informed the group at the start of one meeting.

"Really?" Deputy Public Defender Linda Hollinger asked, visibly shocked.

"They're saying he didn't appear for a hearing or something. He's going to have to start his interferon treatment all over again."

"And if he's in jail, he'll lose his Medical Assistance," said Sally Kraus, a case manger with the Cumberland-Perry Drug & Alcohol Commission.

Everybody felt sympathetic toward Brian.

The same couldn't be said for Dallas.

His driver's license is suspended through 2011, yet one of the team members, Rebekah Finkey, a criminal justice program planner, had just seen him driving around delivering pizzas.

"He was so nervous when he saw me, he left his car door open in traffic," Finkey said.

"There are pros and cons to this," Kraus said. "I'm glad he's trying to support his family, but this isn't the way to do it."

Dailey took a hard line.

"I think he has to go to jail for a weekend. He knows what the rules are," he said.

"He's a good guy. I think he makes bad decisions," treatment court coordinator Tracy Bricker said in a bid to soften the blow.

Dailey didn't budge. "We told him not to drive. There's behavior modification needed here."

Hollinger was all for making an example, but a measured one.

"If you want to do the weekend in jail, fine," she said. "But I don't think his graduation date should be moved. He's been doing well otherwise. I think he's embracing recovery."

Paul Polensky, the restorative sanctions coordinator, had heard enough.

"This is an honesty issue. It's fundamental," he said, obviously annoyed. "I don't trust that Dallas is taking the program to heart and is ready to finish it."

"This is sneaky, addictive behavior," Houser agreed.

"Let's see how clean he is with us," Hollinger counseled.

Less than an hour later, a chagrined Dallas stood before Judge Ebert.

"What do you want to tell me?" Ebert asked.

"I was stupid," Dallas replied.

"The ramifications if you had an accident would have been monumental," the judge said. "I appreciate your candor, but this is going to cost you a day in jail.

"You need to take this like a man and get your head together."

Amazing changes:

Recovery from addiction occurs in degrees.

That is evident to anyone who spends some time in drug court.

"We've been absolutely amazed by the changes in some of these people," Hollinger said.

"For example, one client had been incarcerated in the prison system for most of his life, since he was 17 years old," she said.

"Now, for the first time, he has a place to live. He works. We applauded when he got a bank account.

"When he was in prison, no one showed him how to do any of that," she said. "He's just enjoying life."

"You see dramatic physical changes," Dailey added. Almost everyone gains weight and loses that starved, haggard "druggie" look, he said.

Jackie is an example.

At first, she appeared at drug court sessions in handcuffs.

She was bewildered, bedraggled and befuddled.

She hated her court-mandated in-house drug treatment program.

"Hell house," is what she called it.

"I'm feeling overwhelmed, but I'm taking it a day at a time," she told Ebert early on.

"Just keep your heart in it," he told her.

Later, Jackie asked for a chance to return home, even though her counselors had determined her addiction was tied, in part, to an unhealthy relationship with a relative.

"My mom tells me she's elderly and needs my help," Jackie said.

"How old is she?" Ebert asked.

"60."

"That's not elderly in my book," the judge said. "There's a co-dependence here that's not in your best interest."

As weeks passed, Jackie changed.

She lost that ragged edge. She seemed in control of herself. The fog was clearing. She was obviously happier.

When she came to court she wasn't in handcuffs anymore.

Cynics become believers:

Twice since August, a handful of graduates from Cumberland County's treatment court program have stood in a courtroom, a place they once feared, and received accolades from their families and from people who under other circumstances would have been intent on sending them to prison.

One of the first grads, Dan Cutchall, said the greatest compliment he received came from Houser, who has had to fight cynicism every day of the 22 years she's been a probation officer.

He almost cried when Houser said he'd become "someone I can trust."

No one had told him that before, Cutchall said.

Not long ago, he said, it wouldn't have been true.

"I think our program is very successful," Houser said. "It's very rewarding to see the changes in these people."

Dawn Mercer, who graduated with Cutchall, said she entered drug court as a cynic and emerged a true believer, thankful to have left behind a life of addiction and drug dealing.

"I don't believe I could have done this on my own," she said. "This program turned my life around. I can't thank these people enough."

Dailey said he is convinced that drug court "literally saves lives."

"This attacks the addiction so when they complete the program they're a responsible citizen who doesn't have an addiction but does have a future," he said.

Some might see drug court as coddling criminals.

Hollinger isn't among them.

The beneficiaries aren't just the former addicts, she said.

Society wins, too.

"This works," Hollinger said. "And it shows that if we shift our resources from incarceration to treatment we can make great strides."

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About This Series

Staff writer Matt Miller and photographer Dan Gleiter spent several months following the progress of Cumberland County's Treatment Court. They were granted access to court sessions, which are closed to the public, and to other behind-the-scenes proceedings. Interviews were done with principals in the program. Except in cases where they agreed to speak on the record, only first names are used to identify treatment court participants.

Treating Cystic Acne in Patients with HBV

www.medscape.com

Guy Webster, MD, PhD

Question from Ilie Alina-Elena

How do I treat a 16-year-old boy who has cystic acne on the face and has had chronic hepatitis B with liver fibroses for 4 years? The hepatitis was treated 2 years ago with interferon but no topical treatment has been successful for the acne.

Response from Guy Webster, MD, PhD

This is not an easy situation. Although not stated in your question, I will assume that aggressive treatment with topical retinoids and oral antibiotics, such as minocycline or even trimethoprim/sulfamethoxazole, has been tried and failed. Because the patient is male, spironolactone is not appropriate because it is an antiandrogen, so isotretinoin is the logical next step. Isotretinoin has been associated with rare instances of liver problems, however, and one is naturally reluctant to potentially add to the patient's health issues.

If the patient, his family, and his hepatologist were in agreement and fully informed, and if the acne is truly scarring nodular acne, I would recommend isotretinoin therapy. I would start the patient on a low dose, 20 mg, and increase slowly, if at all. Unnecessary medications would be eliminated, especially those with potential for causing liver disease. Transaminases, gamma-glutamyltransferase, and creatinine kinase would be followed biweekly. I would expect the patient to do well on this therapeutic regimen.

Jan 6, 2009

Hepatitis A vaccine gives long-lasting protection

www.reuters.com

NEW YORK (Reuters Health) - Hepatitis A infections, usually transmitted via contaminated food, can cause debilitating illness, but protection afforded by the hepatitis A vaccine last more

than a decade, a new study shows.

In fact, antibodies against hepatitis A virus persist for up to 27 years after vaccination, report investigators from the Centers for Disease Control and Prevention in Atlanta and the Alaska Native Tribal Health Consortium in Anchorage.

Lead author Dr. Laura L. Hammitt, now at the Kenya Medical Research Institute/Welcome Trust Collaboration in Kilifi, and colleagues enrolled 144 children and 128 adults who responded to a three-shot series of hepatitis A vaccine to assess the persistence of antibodies.

The adults had received a primary dose of hepatitis A vaccine, with a second vaccination given 1 month later and a third given 12 months after the first.

The children were between 3 and 6 years of age and were given three doses at various intervals over the course of a year.

Hammitt's team collected blood samples 1 month after vaccination and again 1 to 10 years after vaccination to test for anti-hepatitis A antibodies. The researchers calculated long-term antibody persistence based on the observed rate of decline in concentrations.

"The estimated duration of antibody persistence was 21-27 years, depending on the vaccination schedule," Hammitt and colleagues write in the *Journal of Infectious Diseases*.

They say the findings show that protective levels of anti-hepatitis A antibodies are retained for at least 10 years after vaccination. "Hepatitis A booster doses after completion of the primary vaccination series do not appear to be warranted and are not currently recommended," the CDC team advises.

Nonetheless, they point out, antibody concentrations do decline over time and ongoing monitoring is needed "to assess whether persons vaccinated as children will be protected throughout adulthood."

SOURCE: Journal of Infectious Diseases, December 15, 2008.

U.S. health spending hits \$2.2 trillion in 2007

www.reuters.com

By Maggie Fox, Health and Science Editor

WASHINGTON (Reuters) - Americans spent \$2.2 trillion on healthcare in 2007, or \$7,421 per person, according to a U.S. government report released on Tuesday.

The 6.1 percent rate of growth over 2006 was the lowest since 1998, mostly because growth in spending on drugs slowed, the team at the Centers for Medicare and Medicaid Services found.

Cheaper generic drugs and worries about drug safety helped slow spending growth but the numbers kept the United States far ahead of all other countries on health spending.

Health spending represented 16.2 percent of U.S. gross domestic product, up slightly from 16 percent in 2006, the researchers reported in the journal Health Affairs.

"Slower spending growth for prescription drugs was one of the major factors driving down overall healthcare spending growth in 2007," Micah Hartman, a statistician at CMS who worked on the report, told reporters in a telephone briefing.

"In 2007, retail prescription drug spending increased 4.9 percent to \$227.5 billion; this was a deceleration from 8.6 percent growth in 2006," the CMS team wrote.

Some of this loss hit drug companies.

Sanofi sleeping pill Ambien, Coreg, a heart failure drug made GlaxoSmithKline and Pfizer Inc's blood pressure drug Norvasc all lost patent exclusivity in 2006, making room for less expensive generics.

Generic drugs, which cost 30 percent to 80 percent less than brand names, accounted for 67 percent of the market, up from 63 percent in 2006.

Safety Concerns

"Increased safety concerns for certain prescription drugs in 2007 also likely influenced the drug spending trend, as the Food and Drug Administration issued 68 'black box' warnings, compared to 58 in 2006 and 21 in 2003," they wrote.

Hartman said his team presumed there must be a link between these black box warnings -- the strongest type of safety warning for prescription drugs -- and the decline in drug use.

Medicare, the federal health insurance plan for the elderly, spent 19 percent more on retail prescription drugs.

In 2007, 31 percent of healthcare dollars went to hospitals, 21 percent to physicians and clinics, 10 percent to drugs and 25 percent to other services such as dental and home health services.

Private insurance paid for 35 percent of this, Medicare footed the bill for 19 percent, Medicaid and the State Children's Health Insurance Program paid for 15 percent, and 12 percent came from out of pocket. Other sources included Department of Defense spending and philanthropy.

Hospital spending was \$696.5 billion, a 7.3 percent increase, while doctor and clinical services spending was \$478.8 billion, up 6.5 percent.

Medicare spent \$431.2 billion overall in 2007, up 7.2 percent, while spending for Medicaid, the joint state-federal health plan for the poor and disabled, grew 6 percent to \$329.4 billion. Much of the growth in Medicaid spending was in payments to hospitals, the report found.

"Private health insurance premiums increased 6 percent to \$775 billion in 2007," the report reads.

People spent \$268.6 billion out of their own pockets for healthcare, up 5.3 percent from the year

before.

Numbers could change this year, Hartman said, noting the recession that began in December 2007. "This recession is already longer than any recession we have seen in the past 20 years," he said.

(Editing by Eric Beech)

Maternal Neutralizing Antibodies Don't Prevent Hepatitis C Virus Transmission to Infants

www.medscape.com

NEW YORK (Reuters Health) Jan 05 - In women co-infected with HIV and hepatitis C virus, levels of neutralizing antibodies (nAbs) to hepatitis C do not appear to have any direct relationship with the risk of mother-to-child transmission, researchers report in the December 1st issue of *The Journal of Infectious Diseases*.

"Neutralizing antibodies can prevent viral infections," senior investigator Dr. Stuart C. Ray told Reuters Health. "We found very low levels of nAbs to hepatitis C virus in women with HIV and hepatitis C virus infection at the time of childbirth, but among these women we did not find that the level of nAb predicted hepatitis C virus transmission to the newborn."

Dr. Ray of Johns Hopkins School of Medicine, Baltimore, and colleagues came to this conclusion after studying 63 mothers with hepatitis C virus and HIV co-infection.

Sixteen women transmitted hepatitis C virus to their infant, but no difference was detected between the ability of maternal plasma from transmitters and nontransmitters to neutralize heterologous hepatitis C virus pseudoparticles.

The investigators conclude that there was "no evidence that hepatitis C virus nAbs are associated with the prevention of mother-to-child transmission of hepatitis C virus."

However, added Dr. Ray, "it is not yet known whether protection might be provided by higher levels of nAbs, such as those that are generally found in HIV-negative women who have hepatitis C virus -- who rarely transmit hepatitis C virus to their newborns."

J Infect Dis 2008;198:1851-1855.

Failures to Follow Infection Practices Have Placed More than 60,000 Patients at Risk for Hepatitis B and C

<http://www.healthnewsdigest.com>

By CDC

(HealthNewsDigest.com) - In the last decade, more than 60,000 patients in the United States were asked to get tested for hepatitis B virus (HBV) and hepatitis C virus (HCV) because health

care personnel in settings outside hospitals failed to follow basic infection control practices, according to a new study by the CDC.

This first full review of all the CDC investigations over the past 10 years of healthcare-associated viral hepatitis outbreaks appears in the January 6th issue of the journal *Annals of Internal Medicine*.

“This report is a wake-up call,” said Dr. John Ward, director of CDC’s Division of Viral Hepatitis. “Thousands of patients are needlessly exposed to viral hepatitis and other preventable diseases in the very places where they should feel protected. No patient should go to their doctor for health care only to leave with a life-threatening disease.”

In the United States, transmission of HBV and HCV while receiving health care has been considered uncommon. However, a review of CDC outbreak information revealed a total of 33 identified outbreaks outside of hospitals in 15 states, during the past decade: 12 in outpatient clinics, six in hemodialysis centers and 15 in long-term care facilities, resulting in 450 people acquiring HBV or HCV infection.

Patients were exposed to these potentially deadly diseases because health care personnel failed to follow basic infection control procedures and aseptic technique in injection safety. Reuse of syringes and blood-contamination of medications, equipment and devices were identified as common factors in these outbreaks.

“More and more patients in the United States receive their health care in outpatient settings,” said Dr. Denise Cardo, director of CDC’s Division of Healthcare Quality Promotion. “To protect patients, infection control training, professional oversight, licensing, innovative engineering controls and public awareness are needed in these health care settings.”

CDC officials say the report shows the need for ongoing professional education for health care providers, as well as consistent state oversight in detecting and preventing the transmission of bloodborne pathogens in health care settings.

www.HealthNewsDigest.com

Jan 7, 2009

Development of hepatocellular carcinoma in a patient 13 years after sustained virological response to interferon against chronic hepatitis C: a case report

<http://7thspace.com>

Although several recent reports have shown that hepatocellular carcinoma (HCC) developed in patients with chronic hepatitis C (CH-C) even after having a sustained virological response (SVR) to interferon (IFN) therapy, it is not common for HCC to develop more than 10 years after SVR. Case presentation – A 73-year-old Japanese man with CH-C who achieved SVR to IFN therapy 13 years ago was admitted into our hospital because of huge multiple liver tumors along with marked elevation of the tumor markers.

Several diagnostic modalities strongly suggested HCC, and we performed histopathological examination. After confirming the diagnosis as well-differentiated HCC, we successfully treated these tumors with intensive combination therapies.

Conclusions:

Our report highlights the need for careful follow-up for more than 10 years even if the patients with CH-C achieve SVR to IFN therapy.

Authors:

Tsuyoshi Mashitani, Hitoshi Yoshiji, Masaharu Yamazaki, Yasuhide Ikenaka, Ryuichi Noguchi, Masatoshi Ishikawa, Hideto Kawaratani, Norihide Matsuo, Masahito Uemura, Junichi Yamao, Masao Fujimoto, Akira Mitoro, Masahisa Toyohara, Motoyuki Yoshida, M

Judge issues Hep C probe deadline

<http://news.bbc.co.uk>

More than 4,000 people were infected with Hep C before effective screening Ministers have been given a deadline of a month to arrange an inquiry into the deaths of two people from Hepatitis C contracted through NHS blood products.

Relatives went to court to try to force the authorities to hold an inquiry into how Eileen O'Hara and Rev David Black contracted the virus while in NHS care.

After a judge ruled in favour of the families early last year, the Scottish Government promised a public inquiry.

However, eight months later, no date has been set.

Ministers had appointed judge Lady Cosgrove to chair the inquiry but she withdrew for personal reasons.

A Scottish Government spokesman said a replacement was expected to be appointed soon.

Mrs O'Hara and Mr Black died in 2003 after contracting Hepatitis C through blood transfusions or blood products supplied by the NHS.

Manifesto promise

Last February, Court of Session judge Lord Mackay ruled that their relatives had the right to expect a reasonably prompt inquiry into their deaths.

He said: "Since the deaths of Mrs O'Hara and Mr Black, both the lord advocate and the Scottish ministers have acted in a manner incompatible with the European Convention of Human Rights of the deceased."

Lord Mackay quoted article two of the convention, which states that "everyone's right to life shall be protected by law".

He quashed the lord advocate's decision not to hold Fatal Accident Inquiries into the deaths and also referred to ministers' refusal at the time to hold a full public inquiry into the general issue of infections through NHS blood products.

After this ruling, Health Secretary Nicola Sturgeon said she would honour an SNP manifesto promise to hold a public inquiry into how NHS patients were infected during the 1970s and 1980s.

'Move quickly'

A Scottish Government spokeswoman said: "We have received and are considering Lord MacKay's opinion.

"We are keen that the public inquiry should begin as soon as possible. However the withdrawal of the original chairman, inevitably, resulted in some delay.

"Ministers do not want any further delay and we expect to announce the new chairman imminently.

"In the meantime, preparatory work has continued - a fully-staffed inquiry team is in place and the draft terms of reference have been agreed between ministers and the incoming chairman."

However, in a supplementary opinion issued on Wednesday, Lord Mackay said he was giving the Scottish Government and Lord Advocate Elish Angiolini four to five weeks to comply with his original ruling and set up the inquiry.

Liberal Democrat health spokesperson Ross Finnie said: "The Health Secretary has failed to give any explanation as to why having appointed a judge, she has failed to appoint a replacement and therefore failed to meet the requirements of court.

"It would be unacceptable for the government to be in contempt of court on a matter of this kind."
"

Mrs O'Hara and Mr Black were among more than 4,000 people who became infected with the virus during the 1980s, before effective screening.

The Scottish National Blood Transfusion Service did not introduce any Hep C screening test for blood donations until 1991.

A Dose of Reality

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

Diane Taylor

An increase in cases of hepatitis C among injecting drug users has led to calls to reverse the dramatic fall in needle exchanges

In terms of its public profile, hepatitis C is a poor relation of the HIV virus. However, an

estimated 170 million people worldwide are infected with the blood-borne virus, and many of them have no idea they are walking around with it until years or even decades later. Twenty years after becoming infected, one in six people develop serious liver damage; after 30 years, the figure is nearly a quarter.

New figures published by the Health Protection Agency show that there has been an increase in hepatitis C among injecting drug users. In the late 1990s, a fifth of injectors became infected within three years of starting to inject, but now around 50% of injectors have the virus.

Because the virus is able to survive outside the body for longer than HIV, it is relatively easy to become infected with it, and the main route of transmission in this country is among drug users who share injection paraphernalia.

It is with this group that the most effective harm reduction work can be done and the Department of Health, the National Treatment Agency and Exchange Supplies have launched a campaign urging drug users not to share injecting equipment.

However, Sara McGrail, an independent drug policy specialist, is concerned about a dramatic fall in the number of needle exchanges. She says: "I'd like to see more of these needle exchanges, and they should offer extended access and support. At the moment, a lot of needle exchanges are open only from 9am to 5pm.

"Harm reduction is mentioned only once in the new drugs strategy, and this is a real missed opportunity. For the last 10 years, the government has pursued a policy of trying to reduce demand for drugs. What we need is pragmatic harm reduction, because access to clean needles saves lives."

David MacKintosh, policy adviser to the London Drug Policy Forum, says that one of the most effective ways to prevent the spread of the virus among drug users is to reach people when they first start injecting. "We need to go back to what we used to do, with more outreach to drug users, including better education and more needle exchange programmes," he says.

It was Margaret Thatcher's government that pioneered the use of needle exchanges and other harm reduction measures to prevent an epidemic of HIV among drug users in the 1980s. The policy was extremely effective, and when hepatitis C emerged as another threat, the distribution of clean needles helped to curb the spread of this virus.

Erin O'Mara, editor of Black Poppy, the health and lifestyle magazine for drug users, believes peer education could go a long way toward reducing the spread of hepatitis C. "People who sit in crack houses and those under 18 may be under the radar of drugs services," she says. "Peer educators who are also sitting in those crack houses or in drug users' kitchens can get those safety messages across."

While hepatitis C is a potentially fatal condition that is on the increase, Graham Foster, professor of hepatology at Queen Mary, University of London, sounds a note of optimism. The condition, he points out, is usually treatable with a drug regime and, even at a cost of several thousand pounds, is much more cost effective than caring for someone with liver failure.

"Things are getting a little better," Foster says. "Barriers to treatment are coming down, although we've still got a long way to go. We haven't jumped forward, but we are certainly inching forward."

ELAD(R) Liver Support System Study Initiated at Multiple U.S. Centers

<http://news.prnewswire.com>

Program Expands on Successful Results from prior U.S., U.K. and China Trials

SAN DIEGO, Jan. 7 /PRNewswire/ -- Vital Therapies, Inc. (VTI), a development stage company targeting liver disease, today announced patient enrollment has begun for a randomized, controlled, multi-center, Phase 2 clinical trial that will study the **Extracorporeal Liver Assist Device (ELAD)** as a treatment for patients with Acute Liver Failure (ALF) under three protocols. The study is open for enrollment at seven U.S. sites, which will be expanded to 15 sites in the U.S. and Europe during the first half of 2009. Six patients have already been enrolled in the first protocol and four patients have been treated under the emergency use Expanded Access regulations.

This trial expands on prior results from phase 1 and 2 U.S. and U.K. trials and a pivotal, randomized, controlled clinical trial at two sites in China during 2006/2007. In that study, 69 patients with hepatitis B or C who had suffered ALF were treated with either ELAD or standard therapy. Thirty day transplant free survival rates were statistically significant in the ELAD group vs. concurrent controls. A marketing application was submitted to China's State Food and Drug Administration (SFDA) in September 2007 and is under review.

ALF afflicts more than 30,000 U.S. patients each year including people with chronic liver disease like hepatitis, or without chronic disease, such as individuals whose livers were harmed by taking too much acetaminophen pain medicine.

For ALF patients, liver transplantation is the only therapy proven to impact survival. However, it has a cost exceeding \$350,000 and there is a worldwide shortage of livers for transplant. ELAD was designed to address both problems since it may support regeneration of a patient's native liver, or maintain sufficient liver function until a transplant organ is available.

VTI Chairman and CEO Terry Winters, Ph.D., said, "With the continuing shortage of donor livers for transplantation and the large number of patients unlisted for transplant, patients are dying who do not have access to a donor liver or a living donor transplant. Our goal is to get ELAD to market as soon as possible so patients with ALF may have another treatment option."

VTI is currently enrolling patients in three separate protocols:

Two are randomized, controlled studies of patients with ACLF (Acute-on-Chronic Liver Failure) or FHF (Fulminant Hepatic Failure). Continuous ELAD treatment is for a minimum of three and a maximum of 30 days.

The third is an Expanded Access protocol with cost recovery allowing emergency treatment of patients who do not qualify for the first two protocols.

For more details on the protocols and study sites, please go to www.clinicaltrials.gov

About ELAD

ELAD is a bedside system whose central component is four cartridges containing 440 grams of immortalized human liver cells and 32,000 hollow fibers. The patient's plasma flows inside of the hollow fibers to allow two-way transfer of metabolites. During ELAD therapy the cells metabolize toxins and synthesize proteins and other liver specific products essential for life. The ELAD cell cartridges are produced at VTI's GMP-compliant facility in San Diego, California.

About Vital Therapies Inc

Vital Therapies, Inc. (VTI) is based in San Diego, California, with a wholly owned subsidiary in Beijing, China. VTI is developing the first human liver cell-based Extracorporeal Liver Assist Device (ELAD). ELAD could provide support for patients with severe liver failure by processing toxins and synthesizing proteins and metabolites that are key products of normal human liver function. ELAD is in investigational clinical trials and VTI completed a pivotal trial and filed for market approval in China in September 2007.

ELAD is a trademark of Vital Therapies, Inc.

SOURCE Vital Therapies, Inc.

Jan 8, 2009

ANA598 Demonstrates Potent Antiviral Activity in an Early Clinical Study in HCV-Infected Patients

<http://news.prnewswire.com>

Patients treated at the initial dose in an ongoing Phase Ib trial demonstrated a 2.5 log₁₀ median viral load decline after three days

SAN DIEGO, Jan. 8 /PRNewswire-FirstCall/ -- Anadys Pharmaceuticals, Inc. (Nasdaq: ANDS) today announced results from the first cohort of an ongoing Phase Ib clinical trial of ANA598, the Company's investigational non-nucleoside polymerase inhibitor. ANA598 was very well-tolerated and demonstrated potent antiviral activity in patients infected with chronic Hepatitis C virus (HCV) in this first cohort of the study.

Patients in the first cohort received 200 mg ANA598 (n=8) or placebo (n=2), twice-daily (bid) for three days. At the end of the treatment period, the median viral load decline was 2.5 log₁₀ (>99%), with a range of 1.4-3.4 log₁₀, for the eight patients who received ANA598. Three patients who received ANA598 were genotype 1a and demonstrated a median viral load decline of 1.6 log₁₀, while five patients who received ANA598 were genotype 1b and demonstrated a median viral load decline of 2.6 log₁₀. All eight patients who received ANA598 demonstrated a rapid decline in viral load, and no patients demonstrated viral rebound while on study drug. In addition to the robust viral load decline, ANA598 was very well-tolerated and there were no serious adverse events in the first dose cohort, although conclusions regarding longer-term safety and tolerability cannot be made until the results of future clinical trials of longer duration in more patients are known. Patients are currently being enrolled in the second cohort (400 mg bid) of the study. Anadys expects to report detailed data from multiple cohorts of the study at an upcoming

medical conference.

"We are very pleased with the antiviral activity and safety of ANA598 at this first dose tested in the Phase Ib study," commented James Freddo, M.D., Anadys' Senior Vice President, Drug Development and Chief Medical Officer. "We believe this early data continues to position ANA598 as a leading non-nucleoside polymerase inhibitor in development for the treatment of HCV and we look forward to investigating ANA598 in longer-term studies in combination with current standard of care."

"The clinical and preclinical profile of ANA598 observed to date is very impressive," said Steve Worland, Ph.D., President and CEO of Anadys. "The magnitude of viral load drop reported today for ANA598 is greater than has been reported for any other non-nucleoside HCV inhibitor in a monotherapy study. Furthermore, the rate of initial viral load decline, believed to be associated with direct inhibition of viral replication, is greater than has been reported previously for all classes of HCV polymerase inhibitors, including nucleosides. This demonstrated antiviral potency holds significant promise for the future use of ANA598 in combination with other anti-HCV agents."

About ANA598

Anadys retains worldwide rights to ANA598, which was fully discovered at the Company. Preclinical evaluation of ANA598 was completed in the first quarter of 2008, leading to submission of an Investigational New Drug Application (IND) to the U.S. Food and Drug Administration (FDA), subsequent allowance of the IND by the FDA and initiation of clinical investigation in the second quarter of 2008. In December 2008, Anadys announced that the FDA granted fast track designation to ANA598 for the treatment of chronic HCV.

In October 2008, Anadys initiated patient dosing in the Phase Ib study of ANA598 in HCV patients. In the double-blind, randomized placebo-controlled Phase Ib study, treatment-naive genotype 1a and 1b patients are to receive oral capsules of ANA598 over three days at doses of 200 mg bid (twice-a-day), 400 mg bid or 800 mg bid. Ten patients are to be enrolled at each dose level, eight receiving active drug and two receiving placebo.

In a Phase I study in healthy volunteers, ANA598 was administered as capsules at single oral doses of 400 mg, 800 mg, 1400 mg, 2000 mg (fed and fasted) and 3000 mg. In addition, a separate cohort received two 800 mg doses 12 hours apart. ANA598 was well tolerated at all doses and there were no serious adverse events or withdrawals from the study. All reported adverse events were classified as mild or moderate, with no apparent dose relationship. The pharmacokinetic profile demonstrated sustained plasma levels of ANA598 consistent with the potential for once-daily or twice-daily oral dosing.

In the preclinical program, ANA598 was well tolerated at all doses tested in 28-day GLP toxicology studies. In September 2008, Anadys initiated long-term, chronic toxicology studies of ANA598.

If ANA598 is successful in early stage development, the Company anticipates completion of the clinical, toxicology and manufacturing activities required to initiate Phase II studies of ANA598 in combination with current standard of care in mid-2009.

Webcast of Conference Call

Anadys will host a conference call today, January 8, 2009 at 8:30 a.m. Eastern Standard Time (5:30 a.m. Pacific Standard Time) to discuss the results from the first cohort of the ongoing Phase Ib clinical trial of ANA598. A live webcast of the call will be available online at www.anadyspharma.com. A telephone replay will also be available approximately one hour after completion of the call. To access the telephone replay, dial 888-286-8010 (domestic) or 617-801-6888 (international), passcode 99568266. The webcast and telephone replay will be available through January 22, 2009.

About Anadys

Anadys Pharmaceuticals, Inc. is a clinical-stage biopharmaceutical company dedicated to improving patient care by developing novel medicines in the areas of hepatitis C and oncology. For the treatment of chronic hepatitis C, the Company is developing two potentially complementary agents, ANA598, a non-nucleoside polymerase inhibitor and ANA773, an oral TLR7 agonist prodrug. The Company is also developing ANA773 for the treatment of cancer.

Get tested now, says hepatitis C survivor Susan

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

By Cherry Thomas

A FORMER teacher who has overcome the blood disease hepatitis C has made a fresh plea to people who think they may be at risk to get tested.

Susan Wright discovered she had the potentially fatal illness during a medical check-up for an insurance company in 2003.

Mrs Wright, aged 51, stopped drinking, went through a programme of treatment in 2006-07 and has now been declared free of the virus.

Last year, she became the face of a publicity campaign in a bid to dispel the stigma surrounding the blood disease.

Now the mother of four wants to warn others that they could have the condition without knowing it.

Mrs Wright, of Hulton Lane, Deane, said: "It was only by chance that I found out I had hepatitis C. I got it because I dabbled with drugs when I was younger. In my early 20s I did some pretty crazy stuff, not knowing there were such risks.

"You could have it for years and not know, and all that time it is destroying your liver. The end result, if it is undetected, is that your liver fails."

Mrs Wright, who is training to be a hairdresser, is urging people to get tested so they can get treatment if necessary.

The former Smithills School teacher said: "If you recognise that you have been involved in risky activities in the past, or recently, go to be tested.

“People assume only drug users get it but it can be contracted through blood transfusions as well.

“It’s not a big deal, just a blood test, and then you’ll know.

“If you have got it there is treatment, and I am an example of how it can be a great success.”

To get tested contact your GP or Bolton Centre for Sexual Health at Royal Bolton Hospital.

For more information visit nhs.uk/hepc or hepctrust.org.uk

First Candidate from SCYNEXIS Novel Cyclophilin Inhibitor Platform, SCY-635, Establishes Proof of Concept in HCV-Infected Adults

<http://biz.yahoo.com>

RESEARCH TRIANGLE PARK, N.C.--(BUSINESS WIRE)--Drug discovery company, SCYNEXIS, Inc., today announced top-line results from a Phase 1b randomized, double-blind, placebo-controlled study of its lead oral antiviral drug candidate, SCY-635, in adult patients with chronic hepatitis C (HCV) infection. Treatment with SCY-635 was well tolerated and produced a clinically relevant reduction in plasma HCV RNA. Full results of the study will be presented in 2009. SCY-635, a cyclophilin inhibitor, represents a new class of drugs for the treatment of HCV infection and is the first candidate from a broad platform of proprietary cyclophilin inhibitors developed by SCYNEXIS.

“These data are very encouraging, demonstrating the therapeutic potential of SCY-635 in patients with HCV as well as validating our core discovery platform which is focused on developing cyclophilin inhibitors for multiple diseases, including serious viral diseases, central nervous system disorders and autoimmune diseases,” commented Dr. Yves Ribeill, President and Chief Executive Officer of SCYNEXIS. “Based on these promising results, we are actively planning the clinical and regulatory path forward for the development of SCY-635 and will continue to advance additional novel candidates from the platform for other therapeutic indications.”

About the Clinical Trial

The clinical study was conducted as a Phase 1b, randomized, double-blind, placebo-controlled, multi-dose study in adult volunteers with genotype 1 chronic hepatitis C infection. SCY-635 was given as an oral capsule for 15 consecutive days.

About SCY-635 and SCYNEXIS’ Cyclophilin Inhibitor Platform

SCY-635 represents a new class of therapeutic agents for the treatment of HCV infection. SCY-635 is the first candidate in a novel class of non-immunosuppressive cyclophilin inhibitors owned by SCYNEXIS. Cyclophilins are a family of enzymatic proteins that assist in the folding and transport of other proteins synthesized within a cell. Cyclophilin inhibitors, such as Cyclosporine A, have been used for decades for the prophylaxis of organ rejection in transplant patients. Scientists at SCYNEXIS have synthesized derivatives of Cyclosporine A in which cyclophilin binding activity is separated from calcineurin binding activity (which mediates immunosuppression). A growing body of scientific evidence indicates that non-immunosuppressive analogs of Cyclosporine A may have applications in multiple therapeutic

areas. Cyclophilins play a central role in the pathophysiology of chronic viral infection, neurodegenerative diseases and malignant transformation. Cyclophilin inhibition therefore represents an attractive target for drug discovery and development.

About SCYNEXIS

SCYNEXIS is a premier drug discovery and development company delivering effective and innovative drug pipeline solutions to pharmaceutical and global health partners. The Company, which is located in Research Triangle Park, North Carolina, is also focused on developing a proprietary internal pipeline based on cyclophilin inhibitors, a class of drugs that hold significant potential for the treatment of a broad range of diseases. Please visit our website at www.scynexis.com

Jan 9, 2009

Health group says local hepatitis C rate 'alarming' in at-risk residents

<http://www.gjsentinel.com>

By LE ROY STANDISH

Sitting in a cozy office waiting for clients is not how Rabeeha Ghaffar sees her job at the Western Colorado AIDS Project.

“I don’t wait for them to come to me, because that is not going to happen most of the time,” said Ghaffar, the prevention resource director for WestCAP.

She seeks out clients at homeless shelters, at alcohol and drug recovery programs and at Mesa County’s Summit View meth rehabilitation center. In the last 2 1/2 years she has tested nearly 200 people in 22 counties across Western Colorado, because, she said, “It wasn’t getting done.”

Ghaffar is not looking for new infections of HIV, the virus that causes AIDS. She is seeking out a far more elusive virus: hepatitis C.

The results of Ghaffar’s aggressive testing, funded by the Colorado Department of Public Health and Environment at \$40 a test, has given her cause for concern. This fiscal year she has tested 103 people, compared to 35 last fiscal year. Despite the increase in testing she is maintaining an average 12 percent positive rate for hepatitis C among the at-risk population she goes looking for — injection drug users — and the HIV-positive clients who access WestCAP’s services.

“Which is, according to the state health department, the highest in the state,” she said. “Usually when you increase the tests the positivity rate goes down, so that is telling me that it is a very alarming concern.”

While WestCAP’s focus is HIV and AIDS, its staff started to notice 10 percent of its clients also had hepatitis C. So in 2005 it contacted the state health department for assistance to become a designated testing center along with the Mesa County Health Department.

A study of injection drug users in Denver found that 75 percent of those tested for hepatitis C tested positive, according to the health department. Ghaffar said in Mesa County, 95 percent of those who test positive are injection drug users.

“There is obviously a link (between hepatitis C and injection drug use),” Ghaffar said.

The virus is able to survive outside the body for four days. In a needle the virus can survive for up to six months, she said. The test, drawing of blood from a pin prick to one finger, takes two weeks to get results. If left untreated, hepatitis C can cause death.

“There is no cure,” Ghaffar said. But with detection there are ways to manage the disease and prevent its spread, she said.

The places Ghaffar can send people for treatment who test positive are limited: The Marillac Clinic; St. Mary’s Hospital; or a private physician.

“Try finding an expert,” she says with some exasperation. “I mean that is super-expensive.”

Ghaffar’s findings should not be misconstrued and applied to the entire county.

Because WestCAP tests only those at highest risk of infection, “the positivity rate at the WestCAP testing site cannot be generalized to all of Mesa County,” according to an e-mail to The Daily Sentinel from Amy Warner, viral hepatitis program manager for the state health department. “The numbers are so small, that we can’t say that changes in rates from year to year accurately reflects true changes within the rates of hepatitis C infection in any county.”

Western Colorado AIDS Project hepatitis C screening results

- June 2007 to December 2008: 103 tested, 12 positive. Of the positives, 10 were injection drug users, and one had an infected sexual partner.
- July 2006 to June 2007: 35 tested, four positive. Of the positives, four were injection drug users.
- July 2005 to June 2006: 32 tested, five positive. Of the positives, four were injection drug users, and one had an infected sexual partner.

Hepatitis C facts

- In 2007, when 661 high-risk individuals were tested statewide, the CDPHE found 110 people, or 17 percent, tested positive for the hepatitis C virus.
- Hepatitis C works its way silently through those infected, attacking the liver, often not revealing symptoms for 15 to 20 years.
- An estimated 85,000 people in Colorado have hepatitis C, and 85 percent are chronically infected, according to the Colorado Department of Health

A year later, hepatitis outbreak’s upshot

<http://www.lasvegassun.com>

By Marshall Allen

Nation has recommitted to patient safety; Desai is under investigation by police, who source says are finding culpability

A year after the Southern Nevada Health District noticed a suspicious cluster of acute hepatitis C cases, repercussions of the crisis — including the criminal investigation of the doctor at the

center of it — are coming into focus.

The outbreak led to the largest infectious disease scare in the country. Health officials estimate 110 patients of a downtown Las Vegas endoscopy center were infected with hepatitis C and 50,000 were urged to get tested for infectious disease because the clinic staff reused syringes and single-use medicine vials.

A source familiar with the Metro Police investigation told the Sun that the evidence shows that Dr. Dipak Desai, the owner of the clinic that spawned the outbreak, the Endoscopy Center of Southern Nevada, was responsible for all the factors that would have caused the outbreak. Desai, a former president of the Nevada Board of Medical Examiners, controlled how procedures were performed, how much time they took, how careful the staff was with patients and whether the staff reused supplies designed for single use, the source said.

“All those factors were under his exclusive control,” the source said.

If that proves true, Desai could be held criminally responsible for the outbreak, according to state law. He could face counts of criminal negligence, a felony punishable by one to five years in prison for each count.

Desai’s attorney declined to comment.

Desai also faces a litany of civil lawsuits, investigations of possible billing fraud and possible discipline by the medical board. He has been enjoined from practicing by a court order. Other doctors and staff members at the practice are also under investigation.

The hepatitis C outbreak sparked a national emphasis on infectious disease prevention in nonhospital health care centers. A large part of the outrage toward Desai was fueled by the assumption that it was rare — even unheard of — for a clinic to practice such unsafe injection practices. Even Third World providers don’t reuse syringes, many doctors exclaimed. It turns out, what happened at the Endoscopy Center has happened enough in the United States to alarm public health officials.

A study by Centers for Disease Control and Prevention researchers, published this week in the journal *Annals of Internal Medicine*, examines the troubling trend of lax infection control standards by health providers. Health care is increasingly being delivered in outpatient clinics and long-term care facilities, and “in these settings, infection control resources and oversight have traditionally been lacking,” the CDC reported.

There have been 33 identified hepatitis B and hepatitis C outbreaks in the past decade in nonhospital settings, like the Endoscopy Center, the report said. However, the outbreaks are notoriously difficult to track, so there probably is a wider problem that demands immediate attention, the report said.

The outbreaks detailed by the CDC were most often caused by reusing syringes, which contaminated medicine, and, in nursing homes, sharing diabetic fingerstick devices and glucometers. The Las Vegas outbreak was far and away the case that put the most people at risk, the report said.

Nicola Thompson, the CDC epidemiologist and the study's lead author, said it's always a shock when health care providers fail to protect the public, but the Las Vegas outbreak was especially noteworthy because of its magnitude. She said the common thread among all the outbreaks is that they occurred in nonhospital settings, which raises questions about whether licensing and regulation of the facilities is adequate.

As a result of the outbreaks, Nevada will be the pilot site of a national effort to educate patients and medical providers about injection safety standards. The initiative will be officially announced in February.

Health insurance no bargain for unemployed: group

www.reuters.com

By Maggie Fox, Health and Science Editor

WASHINGTON (Reuters) - A U.S. program aimed at helping unemployed people keep their health insurance costs so much it is largely unaffordable, a health consumer group said in a report released on Friday.

On average, health insurance plans available under the so-called COBRA program take up more than three-quarters of a worker's government unemployment compensation, the non-profit Families USA reported.

"On average nationally, the monthly benefit for unemployment insurance is \$1,278. The average COBRA monthly premiums for family coverage are \$1,069," Ron Pollack, executive director of Families USA, told reporters in a telephone briefing.

The U.S. unemployment rate hit 7.2 percent last month, the highest in nearly 16 years. Pollack said the millions of people who have become unemployed since the U.S. recession began in 2007 would be struggling to keep their health insurance.

Most Americans -- 160 million -- get their health insurance coverage via employers. Another 46 million have no health insurance and the rest are covered by government insurance.

COBRA -- the Consolidated Omnibus Budget Reconciliation Act of 1985 -- is meant to help workers and their families keep their health insurance if they lose their jobs. But Pollack said while they keep the coverage, they must pay for all of its cost plus 2 percent for administrative fees.

Surveys show about 18 to 26 percent of people eligible for COBRA use the program in any given year, the report said.

"For many, it would take their entire unemployment check and more to continue coverage for themselves and their families," it said.

"However, if laid-off workers do not continue their employer-based coverage by electing COBRA and instead seek coverage in the individual health insurance market, those with health

problems are likely to find that no insurer will sell them a policy that will cover their pre-existing conditions at any price," it adds.

"The right to COBRA health coverage is a tragic ruse for millions of families whose breadwinner was laid off," said Pollack.

"Unemployed workers need either premium subsidies to help them afford COBRA benefits or temporary health safety-net coverage through Medicaid," he said, referring to the state-federal health insurance program for the poor.

The group used U.S. Department of Labor data to come up with its figures for the report, available here

(Editing by Eric Beech)

Jan 10, 2009

Joseph Bolduc Jr., 56, activist and former firefighter

<http://www.philly.com>

By Sally A. Downey
Inquirer Staff Writer

Joseph J. Bolduc Jr., 56, of Port Richmond, a neighborhood activist and a former Philadelphia firefighter and paramedic, died of complications from liver cancer Wednesday at Northeast Hospital.

Mr. Bolduc believed he contracted hepatitis C while serving in the Fire Department from 1984 to 1988, his son Christopher said. The disease led to liver cancer, which was diagnosed in 2005. He had a liver transplant in 2006, but the cancer returned the following year.

Mr. Bolduc was active in the Philadelphia firefighters' union's effort to seek improved health benefits and testing for members exposed to hepatitis C, his son said.

While in the Fire Department, Mr. Bolduc served with engine companies in North Philadelphia, and helped restore antique apparatus at Fireman's Hall. After leaving the department on disability from a shoulder injury, he was a maintenance manager for Regal Cinemas for 17 years.

A graduate of Kensington High School, Mr. Bolduc served in the Navy from 1969 to 1971 and was stationed aboard the destroyer Forrest Royale in the Pacific. After his discharge, he was a logger in upstate New York and a construction contractor in Philadelphia before joining the Fire Department.

Mr. Bolduc was past president of the Franklin Athletic Club in Kensington, and coached T-ball and soccer for the club for over a decade. He also helped maintain Stokely Playground in Port Richmond for many years and was a block captain. A longtime Democratic committeeman, he ran for councilman-at-large in 1991 and for state representative in 1993.

In addition to his son, Mr. Bolduc is survived by his wife of 19 years, Linda Lee Bolduc; sons

Joseph Jr., Francis, Matthew, and Christopher Lee; three brothers; a sister; nine grandchildren; and his former wife, Joanne Murawski.

Friends may call from 7 to 9 p.m. tomorrow and from 8:30 a.m. Monday, followed by a funeral at 10:30, at Cassizzi Funeral Home, 2913 E. Thompson St.

Memorial donations may be made to Firefighters Local 22, Hep-C Fund, 415 N. Fifth St., Philadelphia 19107.