

HCV ADVOCATE WEEKLY NEWS REVIEW

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

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March 23, 2009

Drugs team give out cocaine straws

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

Pieces of paper designed for snorting cocaine are being handed out to drug users across Kent, to stop them using rolled-up bank notes and spreading disease.

The Maidstone-based Kent Drug and Alcohol Action Team, (KDAAT), responsible for the county's drug treatment services, commissioned drugs charity KCA to make the notes.

The message on them reads: “Evidence suggests that the sharing of cocaine straws is a factor in the transmission of Hepatitis C. Reduce your chances of catching Hep C by using one of these single use notes instead of a bank note.”

They have been given out at KCA adult substance misuse centres across Kent, for around six months, including at Marsham Street, Maidstone.

KDAAT, based at Invicta House, County Road, Maidstone, commissions KCA to deliver various services which are funded by government grants and KDAAT’s partners, who are Kent County Council, Kent Police, Kent Probation, the Home Office, Department of Health the prison service, National Treatment Agency and the Government Office for the South East.

Lesley Andrews, head of KDAAT, said the team was following guidelines on Hepatitis C from the National Treatment Agency for substance misuse.

She said: “We do not encourage drug taking, but there is a need to reduce the harm caused by substance abuse.

“These notes help protect individuals from certain blood-borne viruses and help to discourage the transition to more dangerous drug-taking practices. They are a public health measure to prevent the spread of Hepatitis C into the wider community.”

Tony Williams, who works at the Yalding-based alcohol and drug rehabilitation charity, The Kenward Trust, said: “This will be a small part of KCA’s work. There is no one answer to solving the problem of drug abuse.

“If these notes save just one person from drugs, then that is absolutely brilliant.”

A study reported by the BBC in 1999, found 99 per cent of a sample of 500 notes had traces of cocaine on them.

Hepatitis C is a blood-borne virus which attacks the liver and can lead to liver fibrosis, cirrhosis and cancer. Estimates suggest 250,000 people in the UK have the condition.

Hepatitis C group creates alert card

<http://www.yomiuri.co.jp>

The Yomiuri Shimbun

About 700 people with hepatitis C have created a card that contains information regarding their condition to alert medical staff in case of an emergency.

The card is aimed at notifying ambulance crews, doctors and other medical professionals that the owner of the card carries the hepatitis virus. It is hoped this will help medical staff avoid infection when the card owner is bleeding but cannot speak due to unforeseeable circumstances, such as being involved in a road accident.

The group, Yakugai C-gata Kanen Niigata no Kai (Niigata drug-induced hepatitis-C sufferers

group), plans to encourage other hepatitis-related groups across the country to create similar cards.

The handmade card resembles a business card in size and can be carried like an identification card. A message on the card reads: "I have hepatitis C. Please be careful when handling my blood." There is space for card owners to write his or her name, medical institution and medical record identification number.

After a man randomly stabbed passersby in Akihabara, Tokyo, in June last year, there were concerns for the people who helped the victims as one person who was attacked carried the hepatitis B virus.

Test May Have Exposed Vets To Deadly Diseases

<http://cbs4.com>

Peter D'Oench

Warning To Veterans About Risk Of Infection

Miami VA Healthcare System urges testing because of improperly sterilized tubes used In endoscopic procedures between 2004 and 2009

The Miami Veterans Affairs Healthcare System (MVAHS) has a warning for 3,260 veterans who were patients in endoscopic procedures during a 5-year period: Come in for free tests because there's a chance you were exposed to hepatitis B, hepatitis C or HIV.

MVAHS says those affected are veterans who had endoscopic procedures between May 2004 and March 12, 2009. Doctors say some of the tubing used was not disinfected according to the manufacturer's recommendations. A special Care Call center has been set up that is available 7 days a week, 24 hours a day.

Veterans can call (305) 575-7256 or toll free, 1-877-575-7256 to speak with staff and schedule an appointment at any of the VA clinics in Miami, Broward, Homestead or Key West. Letters are also being mailed out to them, urging them to get tested.

Dr. John Vara, Chief of Staff for MVAHS, says it's not clear what went wrong with the sterilization procedures. He said, "The risk of infection is believed to be small, but the best bet is to be tested."

MVAHS said 80 percent of the veterans were having colonoscopies. Vara said the problem was detected because of a manufacturer's alert and a review of endoscopy procedures.

"I am deeply sorry for this situation, and I want to assure you that we are taking all the necessary steps to ensure your health," said MVAHS spokeswoman Mary Berrocal. "Our goal is now to find ways to protect the veterans who have protected us."

It is too early to say if any of the veterans were infected, doctors say, or if any of them infected

anyone else.

Democratic congressman Kendrick Meek wrote letters to a number of prominent people including the Inspector General of Veterans Affairs. "Needless to say," Meek said, "Hepatitis B, C and HIV are communicable, and what may affect as many as 3260 individuals could quickly expand to include a much larger pool of people."

Meek also said, "While we can never adequately pay back our veterans for their service to our country and dedication to the uniform they wore, we can try to assist by providing them with the top level of medical care they deserve."

Meek said, "The VA is a model of health care that we provide and making mistakes like this undermines the efficacy of the entire system."

Meek called for a full inquiry by the VA. MVAHS said it taken steps to make sure this does not happen again.

Veterans we spoke with urged fellow veterans who are affected by this warning to get tested. "It's not something you cannot control," said Charles Patterson, who served in Vietnam from 1967-68 and who is being treated at the VA. "It's important that you get tested so that they make sure it's not worse than what you have."

Another Vietnam Veteran, Ed Suddith, said "You have to get tested to make sure you're ok right now and will be in the future. Other concerns, what are the side effects? Are there any. It's important you find out what's harmful."

March 24, 2009

Nitazoxanide Added to Treatment of Hepatitis C Genotype 4 Improves Outcome

www.medscape.com

NEW YORK (Reuters Health) Mar 24 - In patients with chronic hepatitis C genotype 4, adding nitazoxanide to peginterferon alfa-2a and ribavirin improves the virologic response rates, new research shows.

In the study, patients treated with the three-drug combination achieved a sustained virologic response rate of 79%, compared with a rate of only 50% in those given the standard of care, peginterferon plus ribavirin ($p = 0.023$). The sustained virologic response rate using nitazoxanide instead of ribavirin, with peginterferon, was 61%, according to the report in *Gastroenterology* for March.

"These results show that nitazoxanide, a novel protein kinase inducer, has the potential not only to increase the sustained virologic response rate but potentially to shorten the duration of therapy," lead author Dr. Jean-Francois Rossignol, from Stanford University Medical Center, California, and colleagues state.

The study, conducted at two centers in Egypt, included 96 previously untreated patients who

were randomized to receive peginterferon plus ribavirin for 48 weeks; nitazoxanide alone for 12 weeks and then combined with peginterferon for 36 weeks; or nitazoxanide alone for 12 weeks and then combined with peginterferon and ribavirin for 36 weeks.

Nitazoxanide was given twice daily at a dose of 500 mg, peginterferon once weekly at 180 micrograms, and ribavirin daily at 1000 to 1200 mg based on weight, the report indicates.

In addition to the higher sustained virologic response rate, the triple drug regimen also had a higher rapid virologic response rate, defined as the percentage of subjects with undetectable hepatitis C virus RNA at week 4. The rapid virologic response rates in the triple drug, peginterferon/ribavirin, and nitazoxanide/peginterferon groups were 64%, 38%, and 54%, respectively.

Aside from a higher rate of anemia in the groups receiving ribavirin, adverse events were similar in frequency and nature across the groups.

"The current study revealed provocative data in genotype 4 hepatitis C virus infection that will need additional confirmation in larger studies," Drs. Jama M. Darling and Michael W. Fried, from the University of North Carolina, Chapel Hill, comment in a related editorial.

"The biggest unanswered question remains as to whether nitazoxanide is sufficiently potent to enhance therapeutic response in patients with difficult-to-treat characteristics, such as genotype 1, high viral levels, African Americans, and previous nonresponders to peginterferon and ribavirin, namely, those frequently found in the US population."

Gastroenterology 2009;136:760-763,856-862.

March 25, 2009

Health Canada: Blood Lancing Devices for Personal Use May Transmit Blood-Borne Viruses if Used on More Than One Person

<http://www.marketwire.com>

OTTAWA, ONTARIO--(Marketwire - March 25, 2009) - Health Canada is advising Canadians who use blood lancing devices not to use devices meant for personal use in more than one person due to the risk of transmitting blood-borne viruses, such as hepatitis B, hepatitis C and HIV.

Lancing devices, also known as blood-sampling devices, are hand-held instruments used for pricking the skin with a quick-action fine needle to obtain a sample of blood for testing. They are used by patients and health care professionals, usually for monitoring blood sugar levels in diabetics.

Blood lancing devices are either reusable or they must be discarded after one use. Some reusable devices are for use in one patient only (personal use), while others can be used in multiple patients. Product labelling and directions for use should be read carefully to determine the type and intended use of any particular device.

Reusable devices meant for personal use should not be used on more than one person. There

have been several reports in Canada and internationally of personal-use devices being used by health care workers to obtain blood samples from more than one patient, and by individuals sharing their devices with others. Sharing devices designed for personal use carries a risk of transmitting blood-borne viruses from one person to another. Replacing the needle alone does not eliminate this risk because other parts of the device can also come in contact with blood and can transmit infection.

Single-use lancing devices should not be reused. For devices that can be reused in multiple patients, which are generally used in health-care settings such as hospitals or nursing homes, careful attention must be paid to the manufacturer's cleaning and disinfecting directions, including which components of the device must be replaced between uses.

If you have questions after reviewing the product labelling about the precautions to be followed when handling these products, contact the manufacturer or speak with your pharmacist or physician.

Health Canada has issued communications in the past on the precautions to be followed when using blood lancing devices, including a public advisory (http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_04-eng.php) and a Notice to Hospitals (http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2005/blood-capill_lanc-ponc_dev-dis_nth-aah-eng.php) in 2006, and an information update (http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_94-eng.php) in 2007. Health Canada is also issuing another Notice to Hospitals (http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2009/blood-capill_lanc-ponc_dev-dis_2_nth-aah-eng.php) on the subject.

Consumers requiring more information about this advisory can contact Health Canada's public enquiries line at (613) 957-2991, or toll free at 1-866-225-0709.

Any problems associated with blood lancing devices can be reported to:

Health Products and Food Branch Inspectorate

HEALTH CANADA

Address Locator: 2003D

Ottawa, Ontario K1A 0K9

Tel: The Inspectorate Hotline 1-800-267-9675

Hepatitis B and Hepatitis C in 2009: Review Article

www.medscape.com

Patrick Marcellin, MD

While hepatitis B virus- and HCV-related liver diseases represent a major public health problem, in the last few years, considerable progress has been made in the knowledge of epidemiology, natural history, factors influencing the course of the liver disease and mainly efficacy of therapy.

To read the complete article by Dr. Marcellin, recently published in *Liver International*, click on this link: <http://www.medscape.com/viewarticle/587439>

March 26, 2009

Health insurance mandate seen part of U.S. overhaul

www.reuters.com

WASHINGTON (Reuters) - A mandate to purchase health insurance is likely to be part of a sweeping overhaul of the U.S. healthcare system that Congress hopes to enact by the end of the year, a top Democrat in the U.S. House of Representatives said on Thursday.

But House Majority Leader Steny Hoyer declined to say how such a mandate would work, whether it would be for individuals to purchase insurance or employers to provide coverage or a combination of both.

"I think you are going to find mandates will be part of the plan," Hoyer told reporters.

A number of House committees are involved in writing the legislation to revamp the \$2.5 trillion U.S. healthcare system to contain rapidly rising costs and cover an estimated 46 million uninsured Americans. Hoyer is helping coordinate that effort.

The insurance industry is seeking a mandate for Americans to buy coverage, arguing that it help insurers make premium prices more affordable for the sick and also allow them to end the practice of excluding coverage for pre-existing conditions and charging higher premiums to sick people.

A number of lawmakers from both parties do not like the idea of imposing an insurance mandate on people who may be unable to afford it.

During his campaign for the Democratic presidential nomination last year, President Barack Obama argued against an insurance mandate, while his rival for the nomination, Hillary Clinton, who is now his secretary of state, backed it.

Hoyer said congressional Democrats believe a government plan should be part of a mix of insurance options available to people. The idea is opposed by Republicans and the insurance industry, which fears it will be unable to compete with a public plan.

Hoyer declined to say what the public plan would look like, but said Democratic leaders would reach out to Republicans to try to address their concerns.

"We believe that a public option clearly is going to be necessary," Hoyer said.

(Reporting by Donna Smith, editing by Anthony Boadle)

Aethlon Medical Announces Data Supported Strategy To Increase Hepatitis-C (HCV) Cure Rates

<http://www.medicalnewstoday.com>

Aethlon Medical, Inc. (OTC Bulletin Board: AEMD) announced clinical data that supports the advancement of the Aethlon Hemopurifier(R) as an adjunct therapy to increase Hepatitis-C (HCV) cure rates. The Hemopurifier(R) is a first-in-class medical device that assists the immune response in combating infectious disease through real-time therapeutic filtration of infectious viruses and immunosuppressive proteins. In HCV care, the device inhibits viral replication through selective elimination of HCV in circulation and assists to preserve immune cells by removing toxic proteins shed from the surface of HCV.

Aethlon disclosed that data resulting from over 20 HCV treatments indicates an average viral load reduction of 41% during each four-hour Hemopurifier(R) treatment. In the studies, average pre-treatment viral load of 22,868,000 HCV virus copies/ml blood (cpm) was reduced on average by 9,300,000 cpm during the course of each treatment. Based on this data, Aethlon predicts that short-term continuous Hemopurifier(R) treatment can reduce viral load to low to undetectable levels, thus improving the likelihood that HCV patients achieve a sustained virological response (SVR) from the current interferon-ribavirin standard of care and other candidate therapies.

HCV infection is considered cured when SVR extends beyond six months. At present, less than 50% of HCV patients respond to interferon-ribavirin therapy. Additionally, there is a direct correlation between low viral load at onset of interferon-ribavirin therapy and increased cure rates.

Based on data analyzed from each four-hour Hemopurifier(R) treatment, Aethlon projects that a patient with a high viral load of 7 million iu/ml would be reduced to undetectable HCV levels after approximately three days of continuous Hemopurifier(R) treatment. This corresponds to a 4.06 log reduction or an 11,000-fold decrease in viral load. An HCV patient with a moderate viral load of 2 million iu/ml would be projected to reach undetectable levels in approximately 2.5 days of continuous treatment. All of the studies were conducted in highly health compromised HCV infected patients who suffer from end-stage renal disease (ESRD) requiring regular kidney dialysis treatment. In these treatment studies, the Hemopurifier(R) inhibited the progression of HCV infection in ESRD patients when included during dialysis treatment administered thrice weekly for four-hours. The studies were conducted at the Fortis Hospital in Delhi, India.

Vet Gets Legal Help For Hepatitis Contraction

<http://www.wsmv.com>

Reported By Deanna Lambert

Infectious Bodily Fluids Transmitted In Colonoscopies

MURFREESBORO, Tenn. -- Only half of the 6,400 veterans at risk from "problem colonoscopies" have been tested so far at the V.A. Hospital in Murfreesboro.

Already, at least 10 patients are positive for hepatitis B or C or HIV. A Murfreesboro man is among them, and he's now getting legal help.

Attorneys Derek Artrip and Tim Smith are now representing a Murfreesboro man who has tested positive for hepatitis C.

"This is a man in his 50s, been married many years, has children, and now he's going to have to have protected sex for the rest of his life with his own wife," said Artrip.

Medical records have Artrip and Smith feeling certain their client was infected after a colonoscopy at the Murfreesboro V.A. two years ago.

In December, the V.A. discovered the wrong tubing valve had possibly been used during procedures dating back to April 2003, causing infectious bodily fluids to be transmitted between patients.

"When he found out that he was positive, they asked him to come in, and they sat down and talked with him about it," said Artrip. "His wife was there, and he said, 'Oh no, I can't be the only one,' and the doctor said, 'Oh no, you're not.'"

But for weeks, the V.A. has insisted no one tested positive until Wednesday when the V.A. announced there are 10.

"I'm lucky I didn't get nothing," said Bobby Brown. "I am thankful for that."

Brown is thankful his blood tests came back negative.

"They (are) supposed to take care of you, and right there they let you down, in my book," said Brown. "They should clean up their act."

After learning this week the same mistake also happened at V.A. centers in Georgia and Florida, Washington lawmakers are now demanding answers.

"We owe these folks the highest obligation because they have protected our country; we should protect them," said U.S. Rep. Jim Cooper, a Nashville Democrat. "So Congress needs to do whatever it takes to make sure all of our veterans are safe."

Part of a V.A. report finished in January about what went wrong at Murfreesboro details what caused colonoscopy equipment to be switched, used incorrectly and even not sterilized properly. But of 10 different contributing factors, seven times the V.A. blames "unclear product instructions" from Olympus for the mistakes.

Channel 4 has tried repeatedly to contact Olympus for answers, but they stand by their original statement issued on their Web site Feb. 11, reminding customers about proper reprocessing procedures.

Hep C in HIVers may cause rapid liver disease

<http://www.ebar.com>

by Liz Highleyman

While HIV continues to garner the lion's share of attention regarding gay men's health, a second forum in as many months focused on the growing epidemic of hepatitis C among HIV-positive men who have sex with men – and presenters noted that rapid liver disease could be a result.

The March 17 forum – provocatively titled "Could you survive HIV only to die from hepatitis C?" – featured Dr. Daniel Fierer of Mt. Sinai School of Medicine in New York City, one of the leading American experts on HIV and hepatitis C virus (HCV) coinfection.

Dr. Marcus Conant, whose Conant Foundation sponsored the meeting in conjunction with Project Inform and the Black Coalition on AIDS, noted that while nearly 4 million people in the U.S. have hepatitis C, the rate of new infections in the general population has fallen dramatically in recent decades.

But such is not the case for HIV-positive gay and bisexual men. Outbreaks of apparently sexually transmitted acute hepatitis C started cropping up among gay men in London and continental European cities around 2002. The first similar U.S. report, by researchers from the University of California at San Francisco, was published in 2006. Dr. Brad Hare, a member of that team, said that today 42 percent of HIV-infected men in UCSF's Positive Health Program also have HCV.

Fierer said these recent acute HCV coinfections in HIV-positive men appear to represent "a new 21st century clinical syndrome," since they depart in some important ways from the prevailing consensus about hepatitis C.

Traditionally, experts have maintained that HCV is rarely spread through sex, a claim based on studies of monogamous HIV-negative heterosexual men and women, who have a sexual transmission rate under 5 percent.

Though specific risk factors have varied from study to study, the recent acute hepatitis C outbreaks among gay men have been linked to fisting, unprotected anal intercourse, group sex, sharing sex toys, having other sexually transmitted diseases, and use of non-injected recreational drugs.

Based on an analysis of a small but growing group of coinfecting gay men in New York, Fierer said that acute HCV infection in a person who already has HIV may lead to unusually rapid liver disease progression.

Over time, hepatitis C infection can lead to liver fibrosis, or buildup of scar tissue; ultimately, this can progress to cirrhosis, liver cancer, and end-stage liver failure. Typically, this process takes years or even decades.

But as Fierer first reported at the 2007 retrovirus conference, several HIV-positive men with acute hepatitis C at Mt. Sinai already showed evidence of moderate – and in some cases, severe – liver fibrosis, despite having had HCV for only weeks or months; this cohort has now expanded to 45 men.

Fierer suggested that HIV-related immunocompromise may predispose people to accelerated fibrosis if they are subsequently infected with HCV. In contrast, injection drug users who become infected with both viruses usually get HCV first, since it is more easily transmitted than HIV, and do not show this type of unusually rapid progression.

However, most coinfecting men in the Mt. Sinai cohort were in "terrific shape" with regard to

their HIV disease, Fierer said. Overall, they had well-preserved immune function, with an average CD4 cell count of 525, and many had never started antiretroviral therapy because their CD4 counts were still high.

Fierer's findings have proved controversial, since they go against conventional wisdom about the normal course of hepatitis C. Researchers studying the coinfection outbreaks in the U.K. and Europe have not reported similar rapid progression, but they usually estimate liver damage using non-invasive methods that are not as accurate as the "gold standard" liver biopsies used by Fierer's team.

"I would love to be completely wrong about this," Fierer said, "but somebody's got to look."

The good news is that if hepatitis C treatment is started early, during the acute phase of infection, there is a very good chance of a cure. In addition to eliminating HCV, treatment also has the potential to improve existing liver damage. Fierer described one patient who achieved a sustained response after 24 weeks of pegylated interferon plus ribavirin, and a repeat liver biopsy showed that his liver inflammation and fibrosis were almost completely resolved.

Fierer recommended HCV antibody tests every six to 12 months. Dr. Marion Peters from UCSF, also speaking at the forum, said the standard HCV antibody test is almost always accurate in HIV-positive people unless they have very low CD4 counts (below 100).

After the acute stage of hepatitis C, when to start treatment is an open debate. Treatment should begin when liver disease starts to progress, but since it's generally been assumed that this takes a long time, doctors do not routinely recommend biopsies for people without long-standing infection. "We haven't been routinely biopsying patients with new HCV infection," Hare said, "but [Fierer's] data are making us rethink this."

Florida Veterans Stream for Testing After H.I.V. Warning

<http://www.nytimes.com>

by Damien Cave

MIAMI — Hundreds of veterans, some in fatigues, others in wheelchairs, streamed into the Miami Veterans Hospital on Wednesday to be tested for H.I.V. and hepatitis after officials there announced that improperly cleaned colonoscopy equipment might have exposed them to infection.

More than 3,200 veterans who had the procedure at Veterans Affairs clinics in South Florida from May 2004 to March 12, 2009, may be affected.

"It's mind-boggling," said John, 58, a Vietnam veteran who asked that his full name not be used to protect his privacy. "You got to think about this: you're going to get a procedure to help you live a better life. And now it turns out I may have sped up my system of dying."

John Vara, the Miami V.A.'s chief of staff, said 11 of 41 endoscopes at the Miami hospital were not sanitized in accordance with manufacturer guidelines.

Medical experts said the risk of cross-contamination was low, “in the range of 1 in 1.8 million,” said Dr. Anthony Kaloo, chief of gastroenterology and hepatology at Johns Hopkins. Dr. Kaloo said that because the gastrointestinal tract was not a sterile area, the body of a healthy patient would probably eliminate whatever virus might be carried into their system by the endoscope.

“The problem is with immune-suppressed patients, like cancer patients who are receiving chemotherapy,” Dr. Kaloo said. “They may be at higher risk.”

The threat, however, appears to have caused a panic among a much larger swath of the veteran population. A hot line for South Florida veterans had received more than 3,400 calls as of Wednesday afternoon.

This is not the first incident in which veterans may have been exposed to infection during colonoscopies. Last month, the Department of Veterans Affairs alerted about 6,400 patients in Tennessee that they might have been exposed to infectious body fluids during colonoscopies from 2003 to 2008. Another 1,100 veterans treated in Augusta, Ga., received a similar notification.

Katie Roberts, a spokeswoman for the department in Washington, said initial test results showed that 10 people from Tennessee and 6 from Georgia had tested positive for infection. The Georgia results were still being evaluated, but in Tennessee, six people tested positive for hepatitis C and four for hepatitis B.

Ms. Roberts emphasized that people might have gotten sick from other sources.

“There is no way to determine if the positive test results are directly related to the endoscopies at each facility,” she said.

That will bring little comfort to people like Steven Senzig, 62, a Vietnam veteran who came to the Miami V.A. Wednesday. He was one of 819 people to seek testing since Tuesday.

Dr. Vara said 40 to 50 staff members had been assigned to deal with the problem, which he said was a measure of the desire to “get things right.” But like two local congressmen who have called for an inquiry by the V.A.’s inspector general, many veterans said they were frustrated that the V.A. still seemed to struggle with meeting basic standards of care.

Mr. Senzig, pointing to two banners identifying the Miami hospital as an award winner for its services, said, “My question is, if it is happening here, what’s happening at the rest of the hospitals?”

Carmen Gentile contributed reporting from Miami.