

# HCV ADVOCATE WEEKLY NEWS REVIEW

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

*Alan Franciscus  
Editor-in-Chief*

Week Ending: April 11, 2009

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April 5, 2009

### ***She tells her story to help others cope***

[www.southtownstar.com](http://www.southtownstar.com)

Carole Sharwarko, staff writer

When some people go through a traumatic life event, they're anxious to leave it behind and move on to happier days.

Debra Jordan is using her ordeal for something good. She shares her story with others to make them feel less alone, the way she felt when being treated for hepatitis C.

The details of Jordan's past problems aren't pretty, and could be embarrassing. But she's willing to share them to relieve other people's anxieties.

Jordan is the patient facilitator for a liver disease support group that meets monthly at South Suburban Hospital in Hazel Crest.

"Hepatitis C is a virus you can get through different means - sex, tattoos, piercings and IV drug

use," Jordan said. "About 17 years ago, I had an addiction problem. It threw me for a loop that it could lay dormant this long."

In 2002, Jordan got a master's degree in health sciences, with a specialization in addiction studies, from Governors State University. Her life was going well before the diagnosis.

At her job with Project VIDA, a social service program in Chicago, Jordan's work includes counseling drug addicts. Her job took her to related health seminars, some addressing hepatitis C. Among all the information she took in about the disease, she never heard talk of a cure.

"I thought I would eventually die from this," she said.

Then she met Dr. Jeffrey Goldman, a gastroenterologist who treated her condition. The doctor led her through an intense treatment that included lots of medications, self injections and wild swings.

"The treatment rocked me," Jordan said. "There are so many side effects - anxiety, nausea, depression, my hair thinned out, I got sores, headaches, I was tired, I became anemic. You even have nightmares. I had weeks when I wanted to say, 'Forget it.'"

Worst of all, she didn't have anyone to talk to about her problems. Her husband didn't understand, and not even Goldman could really appreciate the challenges, she said.

"Debra brings an aspect to the group no one can bring unless you've gone through the therapy," said Goldman, who is the physician representative for the support group. "When you sit down and listen to the stories, you realize you can't understand what these people are going through."

Toward the end of Jordan's treatment, Goldman was working with a nurse, Kelly Hofmann, to set up a liver disease support group in the Southland. Hofmann is now nurse representative for the group.

"In the south suburbs, we had no support group for patients who are undergoing this difficult therapy," Goldman said.

Now people suffering from any liver disease can go to the group, sponsored by the American Liver Foundation. They can bring their families and other supporters to talk about how they feel, mentally and emotionally, and connect with others going through the same things.

The monthly meetings help everyone stay on track. Recovery from liver disease requires a big commitment from patients, Goldman said, to continue drug therapies and healthy habits. It can be hard to stay positive, especially when many wrestle with related aspects of their disease.

"Looking at the past, you can't help but have feelings of remorse, guilt and shame," said Jordan, who lives in Markham. "But I'm not ashamed. I'm standing up for what I believe in."

That's one of the reasons Goldman said he and Hofmann chose Jordan to help them lead the group. He got to know his patient well over the course of her treatment, which finished in December.

"The great thing about Debra is that she's been completely honest about her life," Goldman said. "It's a tremendous thing she's doing, and I have the utmost respect for her. Everyone has a skeleton in the closet, and she's opened the door."

Jordan said she gets as much back from the group as she gives. As she rebuilds her health, she learns new things and leans on others for support. She encourages group members to keep a good attitude, and express their feelings.

"If I felt like crying, I did it. If I felt like dancing, I did it," said Jordan, who loves music, including jazz, neo-soul, rap and opera. Mostly, she encourages people to visit the group.

"Just come, even if you're dragging."

Carole Sharwarko can be reached at [csharwarko@southtownstar.com](mailto:csharwarko@southtownstar.com) or (708) 633-6872.

The American Liver Foundation liver disease support group meets from 6 to 8 p.m. the second Tuesday of every month at South Suburban Hospital, 17800 S. Kedzie Ave., Hazel Crest. Check at the front desk at the main entrance for room location. Information: (708) 957-4010

**April 7, 2009**

## ***Persistent Hepatitis B Infection Associated With Gene Variants in Asian Populations***

[www.medscape.com](http://www.medscape.com)

Jacquelyn K. Beals, PhD

April 7, 2009 — A genomewide association study in Japanese and Thai populations has found an association between the risk of developing chronic hepatitis B virus (HBV) infection and variants at 2 gene loci in the human leukocyte antigen (HLA) system — the major histocompatibility complex in humans. The report suggests that the variants influence antigen presentation on immune cells, with a weak or absent immune response permitting HBV infections to become chronic.

More than 2 billion people currently alive have had HBV infections, and more than 400 million have chronic HBV infections. More than 4 million people worldwide develop acute hepatitis B each year, and 1 million will die of cirrhosis, chronic hepatitis, or primary liver cancer.

HBV is transmitted by contact between broken skin or mucous membranes and infected body fluids or blood, or by sexual intercourse. The virus is too large to cross the placenta, but infected mothers may transmit HBV to their babies at birth, often leading to chronic HBV infections that can result in liver failure or, eventually, hepatic cancer.

Senior author Yusuke Nakamura, MD, PhD, director of the Human Genome Center and professor, Laboratory of Molecular Medicine, Institute of Medical Science, University of Tokyo, and director of the Center for Genomic Medicine, RIKEN, Kanagawa, Japan, shared background information on HBV in his email to Medscape Pathology & Lab Medicine.

According to Dr. Nakamura, the prevalence of HBV in Japan, the United States, and Western

Europe ranges from 0.1% to 2%; prevalence in India, Russia, and the Middle East ranges from 2% to 8%; and prevalence in East Asia and sub-Saharan Africa is greater than 8%. The most common mode of transmission in East Asia (including Japan) is from mother to child during the neonatal period. In sub-Saharan Africa, transmission is most often from child to child. Transmission in the United States and Western Europe frequently occurs between adults via drug abuse and similar practices.

Dr. Nakamura also cited a 1989 twin study showing greater concordance of hepatitis B surface antigen carriage (ie, the antigen persists in the blood 6 months after the initial infection) in monozygotic (identical) than in dizygotic (fraternal) twins. The goal of the current study was to identify genetic variants that predispose some individuals to chronic disease.

The initial genomewide association analysis compared Japanese patients with chronic HBV infection (n = 179) with healthy individuals (n = 934). Single nucleotide polymorphisms (SNPs) with the smallest P values from the first study were further analyzed in 607 independent patients with HBV infection and 1267 control individuals, identifying 11 SNPs significantly associated with chronic HBV infection (P values =  $3.62 \times 10^{-8}$  to  $1.16 \times 10^{-13}$ ). All 11 SNPs were in or near HLA-DPA1 and HLA-DPB1.

Replication studies in independent Japanese case-control groups found significant associations for 2 SNP loci in 274 patients with HBV infection and 274 control individuals, and in another study using 718 patients with HBV infection and 1280 control individuals (P values =  $1.06 \times 10^{-16}$  to  $1.96 \times 10^{-6}$ ). A third set of replications involving Thai patients with chronic HBV infection (n = 308) and healthy Thai individuals (n = 546) confirmed the association between chronic HBV infection and the same 2 loci (P =  $6.53 \times 10^{-6}$  and  $6.52 \times 10^{-8}$ ).

Case-control analysis identified 2 haplotypes of HLA-DPA1 and HLA-DPB1 significantly associated (P < .05) with protection from chronic HBV infection, and 2 associated with susceptibility to chronic infection. "G" alleles in both of the 2 SNP loci were associated with chronic infection, while "A" alleles in both loci were associated with protection.

In light of the geographic distribution of HBV, it is noteworthy that the A alleles are less frequent "in Asian and African populations, especially in the Chinese population, compared with European and Central American populations," the study reports.

The mechanism by which these alleles affect HBV susceptibility is still under investigation. The authors suspect that "variations in HLA-DP molecules...affect the ability for antigen presentation of HLA...molecules on immune cells and result in weak (or no) immune response." Overall, the study makes a strong case for the influence of genetic factors — specifically variants of the HLA-DPA1 and HLA-DPB1 genes — on susceptibility to HBV infection.

Laurent Abel, MD, PhD, from Human Genetics of Infectious Diseases, INSERM, Necker Medical School, University René Descartes, Paris, France, told Medscape Infectious Diseases by email: "At this step, it is much too early to envision practical implications. In particular, the precise mechanisms underlying this association should be dissected."

"The study is ongoing to clarify why individuals with a certain HLA type cannot eliminate the virus," Dr. Nakamura added. "When the mechanism becomes clear, we may be able to find the

new way to treat the HBV infection."

Dr. Nakamura and Dr. Abel have disclosed no relevant financial relationships.

*Nat Genet. Published online April 5, 2009.*

**April 8, 2009**

## ***Genetically Mismatched Liver Transplants Predict HCV Recurrence, Progression***

[www.medscape.com](http://www.medscape.com)

Fran Lowry

April 8, 2009 — A disparity in human leukocyte antigen (HLA)-C allotypes between recipient and donor appears to increase the risk for recurrence of hepatic inflammation and progression to cirrhosis after liver transplantation in patients with hepatitis C virus (HCV) infection, according to the results of a study published in the April issue of *Liver Transplantation*.

Liver transplantation is the best treatment available for the cirrhosis and hepatocellular carcinoma that result from HCV infection. Unfortunately, reinfection with HCV occurs in most cases, leading to cirrhosis of the graft within 5 years of transplant.

Researchers led by Alejandro Espadas de Arias, MD, from the Department of Regenerative Medicine, Organ and Tissue Transplantation Immunology, Ospedale Maggiore Polliclinico, Milan, Italy, sought to investigate the influence of the innate immunological system and its elements on genetic susceptibility to both HCV recurrence and disease progression to cirrhosis in liver transplant patients.

"The immunological response to HCV infection involves natural killer [NK] cells and killer cell immunoglobulin-like receptors (KIRs), which specifically recognize [HLA] class I antigens present on target cells," Dr. Espadas de Arias and colleagues write. "The effector functions of NK cells are influenced by inhibitory KIR interaction with self-HLA class I ligands, with HLA-C being the most predominant."

The goal of this study was to examine the roles of KIR genotypes and their HLA ligands in both HCV disease recurrence and progression after liver transplant.

The investigators retrospectively studied 151 consecutive donor/recipient pairs from the North Italy Transplant Program. Patients were transplanted between 1991 and 2001; all were of Caucasian-Italian descent.

Genomic DNA was isolated from peripheral blood, and liver biopsies were taken at 1, 3, 5, 7, and 10 years posttransplant to define the absence or presence of recurrent hepatitis, the degree of fibrosis, and the progression to cirrhosis during the 10-year period.

They found that mismatching of KIR-HLA-C ligands between donor-recipient pairs was associated with the recurrence of hepatitis ( $P = .008$ ), that the presence of the KIR gene 2DL3 (KIR2DL3) in the recipient was linked to progression to liver fibrosis ( $P = .04$ ), and that the

mismatching of HLA-KIR ligands favored the progression of the recurrent hepatitis to fibrosis only in the presence of KIR2DL3 (P = .04).

"Our preliminary data indicate that KIR2DL3-positive recipients would be better assigned a matched donor for the HLA-KIRs in order to reduce the risk of developing severe fibrosis after liver transplantation," the authors write. "It would be potentially beneficial to the HCV-positive patients if the KIR genotype was determined pre-transplantation."

They add that they are currently undertaking a prospective study including functional cellular assays to further confirm the findings.

In an accompanying editorial, Lucy Golden-Mason, MD, from the University of Colorado Health Sciences Center, Aurora, called the study "clinically relevant and well described," as well as well-conducted. In spite of the preliminary data set, the study has revealed interesting associations "that provide valuable insight for the design of future studies," she writes.

According to Dr. Golden-Mason, the evidence that a genetic component contributes to NK cell activity in the setting of liver transplant for chronic HCV infection will be useful in delineating future strategies for the optimal use of donor organs, which are in short supply.

"This study supports a model in which activation of NK cells in this setting has both beneficial and detrimental influences on HCV recurrence in HCV-infected [liver transplant] recipients, that is, protection versus injury of the allograft. Confirmation of these results in larger natural history studies is warranted," Dr. Golden-Mason concludes.

This work was supported by Ricerce Corrente 2007 (Ospedale Maggiore Policlinico, Mangiagalli, Regina Elena, Istituto di Ricovero e Cura a Carattere Scientifico, Milan, Italy). The authors have disclosed no relevant financial relationships.

*Liver Transplantation*. 2009;15:357–359, 390–399.

## **Shared Medical Equipment Results in Hepatitis B Outbreaks in Healthcare Settings**

[www.medscape.com](http://www.medscape.com)

Barbara Boughton

April 8, 2008 — The routine clinical use of shared medical equipment, such as multivial drugs and multipatient devices for capillary blood sampling in glucose monitoring, can be responsible for patient-to-patient transmission of hepatitis B virus in healthcare settings, according to a review study published online April 8 in *BMC Medicine*.

In the study, researchers analyzed 30 papers that reported on 33 outbreaks of hepatitis B virus infection among 471 patients, including 16 fatal cases, in the United States and European Union. The highest number of outbreaks occurred in dialysis units (30.3%), followed by medical wards and nursing homes (21.2%), surgery wards (15.2%), and outpatient clinics (15.2%). The reasons for the hepatitis B virus outbreaks included routine clinical practices such as the use of multivial drugs (30.3%) and nondisposable devices for performing capillary blood sampling in diabetic

patients (27.2%), the spread of blood droplets during transvenous endomyocardial biopsy procedures (9.1%), and multiple errors in applying standard infection control measures (9.1%).

"We have found that several breaches in infection control measures, related to some routine clinical practices thought to be risk-free (e.g. point of care blood glucose monitoring or preparation and administration of common parenteral drugs with multi-vial compounds) could result in patient-to-patient transmission of the hepatitis B virus within healthcare settings," write Simone Lanini, MD, and colleagues from the Istituto Nazionale per le Malattie Infettive Lazzaro Spallanzani in Rome.

"Moreover some outbreak reports underlined that heart-transplant recipients are at risk of contracting hepatitis B virus infection during the transvenous endomyocardial biopsy (TEB) procedure through indirect contact with infected blood as a result of environmental contamination," the authors note.

The authors analyzed studies published between January 1992 and December 2007 and considered only outbreaks in the United States and the European Union because they both have high health standards and comparable sociodemographic indicators. The researchers excluded cases of healthcare worker-to-patient transmission of the hepatitis B virus. A PubMed search resulted in 93 papers, 23 of which met the researchers' inclusion criteria; 7 additional papers came from references and the Outbreak Database, the worldwide database for nosocomial outbreaks.

The researchers found that dialysis units had the highest number of hepatitis B virus outbreaks but that these outbreaks had the shortest duration and the fewest cases. The authors note that dialysis units have improved mandatory protocols for surveillance of blood-borne infections, which might explain the higher frequency of hepatitis B virus outbreak reports in these settings.

"Consistent with the Centers for Disease Control and Prevention (CDC) data, the results of this review strengthen the idea that dialysis itself is nowadays a rather safe procedure and that outbreaks are largely due to 'substantial deficiencies in recommended infection control practice, such as the use of multi-vial drugs, as well as failure to vaccinate hemodialysis patients against hepatitis B,' " according to the authors. In June 2007, the CDC recommended against the use of multivial compounds in its guidelines on preventing infection in healthcare settings.

The authors also note that multipatient capillary blood sampling devices for glucose monitoring in diabetic patients are presumed to be safe because of their disposable lancets. However, the transmission of the hepatitis B virus through the nondisposable components of these multipatient devices is possible, and they should be reserved for personal home use, according to the authors.

Heart transplant recipients are also at increased risk for infection with hepatitis B virus, largely through the TEB procedure, a method used to evaluate the status of cardiac transplant rejection. In the reports analyzed by the authors, however, infection occurred through the spread of blood droplets during purging of syringes and catheter withdrawal in TEB. These blood droplets can contaminate unwrapped TEB biopsy material and could then contaminate the next patient to undergo the procedure, the authors write.

The authors found no outbreaks related to endoscopic procedures and little difference in the

pattern of outbreaks observed in the United States and European Union. Most of the outbreaks originated among patients already suffering some degree of immunosuppression, such as those with end-stage renal disease, diabetes, or neoplasms or those undergoing heart transplantation.

To prevent the transmission of blood-borne pathogens such as hepatitis B virus, healthcare workers should strictly adhere to standard safety procedures as well as infection control principles, the authors caution. They conclude that using sterile single-use disposable needles and avoiding multivial compounds is crucial. "These principles and practices need to be made explicit in institutional policies and reinforced through in-service education for all personnel involved in direct patient care," the researchers write.

The authors have disclosed no relevant financial relationships.

*BMC Med. Published online April 8, 2009.*

**April 9, 2009**

## **Report warns of problems with multivitamins**

[www.reuters.com](http://www.reuters.com)

NEW YORK (Reuters Health) - More than 30 percent of multivitamins tested recently by ConsumerLab.com contained significantly more or less of an ingredient than claimed, or were contaminated with lead, the company reports.

ConsumerLab.com, based in White Plains, New York, is privately held and provides consumer information and independent evaluations of products that affect health and nutrition. According to the company, it is neither owned by nor has a financial interest in any companies that make, distribute or sell consumer products.

Several multivitamin products tested, including three for children, exceeded tolerable upper limits established by the Institute of Medicine for ingredients such as vitamin A, folic acid, niacin and zinc, according to the report posted on [www.ConsumerLab.com](http://www.ConsumerLab.com).

For example, the Institute of Medicine sets a recommended daily allowance (RDA) of 1,300 international units (IU) of vitamin A for children ages 4 to 8 years and an upper tolerable limit of 3,000 IU. However, one multivitamin tested provided 5,000 IU of vitamin A.

In the short term, too much vitamin A may cause nausea and blurred vision, and, in the long-term, may lead to bone softening and liver problems.

Upper tolerable limits for niacin and zinc were also exceeded by some of the supplements for young children tested. Excess niacin may cause skin tingling and flushing and high levels of zinc may cause immune deficiency and anemia.

Tests turned up problems with some men's multivitamin products as well. Two of three men's multivitamins failed to pass testing. One contained too much folic acid, which may increase the risk of prostate cancer, while another was contaminated with lead.

Among four women's multivitamins tested, one provided only 66 percent of its claimed vitamin A; one of five seniors' multivitamins selected contained only 44 percent of its vitamin A; and among three prenatal vitamins, one was short on vitamin A.

Two out of five general multivitamins were short on ingredients: one provided only 50 percent of its claimed folic acid and the other was missing 30 percent of its calcium.

A vitamin water tested by ConsumerLab.com had 15 times its stated amount of folic acid, so drinking one bottle would exceed the tolerable limit for adults; less than half a bottle would put children over the limit, the company warns on its website.

**April 10, 2009**

## ***Medical researchers face conflicts of interest***

[www.reuters.com](http://www.reuters.com)

By Julie Steenhuisen

CHICAGO (Reuters) - Dr. Bruce Psaty of University of Washington in Seattle knows how easy it can be to fall under the spell of a friendly relationship with drug companies.

As an assistant professor, he published an article on using beta-blockers to treat high blood pressure that caught the attention of the pharmaceutical industry.

"My family and I were invited to a first-class resort, where I presented the results at a sponsored conference," Psaty wrote in a commentary this week in the *Journal of the American Medical Association*.

He agreed to help develop a set of slides on beta-blockers and soon found himself suggesting that the drug company's studies be featured, in part because he felt "a kind of social duty to reciprocate both the kindness and the investment made by the sponsor in the slide set."

Psaty said his own story illustrates the subtleties of conflicts of interest. He is dissatisfied with the current debate among doctors, spurred by reports last year by Iowa Republican Senator Charles Grassley that a prominent Harvard psychiatrist failed to fully disclose hefty payments from drug companies.

"The debate has not been terribly fruitful," Psaty said in a telephone interview. He said conflicts are sometimes hard to recognize, pointing to the work of Dan Ariely, a behavioral economist at Duke University in North Carolina.

Ariely's research suggests that most people are comfortable with just a little bit of cheating, without considering themselves dishonest. He says subtle conflicts of interest often color decision making, yet most people -- especially doctors -- think they are immune.

### **Human Instinct**

"It's human instinct," Ariely said in a telephone interview. "If someone does something nice -- gives you \$5 million in a research grant -- don't you want to do something nice back to them?"

Ariely said return favors could come in the form of excluding a sicker patient from a clinical trial, which might affect the study results. "Not on purpose, but I'm trying to help my friends, just a little bit."

Several states including Massachusetts, Minnesota and Vermont are tightening restrictions on gifts to doctors in the hopes of preventing such conflicts.

And a bill introduced by Senators Grassley and Wisconsin Democrat Herb Kohl would compel doctors to disclose their financial ties with drug companies or face stiff fines.

Psaty said such laws may curb some financial conflicts, but a bigger challenge will be addressing the influence drugmakers have over company-funded research supporting the safety and effectiveness of the drugs they make.

Psaty said he accepts no funding from drug companies for his research, but short of having all clinical trials funded with public money, he suggests doctors look for red flags in studies that might indicate bias.

"Was the question a good question? Did they set the study up right? Did they use the weakest possible comparator to make a drug look good in a trial?" he said.

And when a medical journal editorial disagrees with the primary interpretation of the author, "that is a potential marker of a study where there may be some bias from conflict of interest," he said.

(Editing by Maggie Fox and Sandra Maler)

## ***Racial Difference in HCV Interferon Response Emerges Early***

[www.medscape.com](http://www.medscape.com)

By Anthony J. Brown, MD

NEW YORK (Reuters Health) Apr 10 - The results of a new study suggest that early differences in interferon-induced antiviral activity may explain why hepatitis C virus (HCV) therapy is usually less successful in blacks than in whites. This difference may be apparent within just one day of treatment initiation.

Findings from a number of studies have consistently shown that African Americans with chronic HCV infection have lower sustained virologic response rates than do Caucasian Americans, lead author Dr. Jay Hoofnagle, from the National Institutes of Health, Bethesda, Maryland, and colleagues state.

To better understand this finding, the researchers analyzed data from 341 patients with chronic HCV, genotype 1 infection who were treated with peginterferon and ribavirin for at least 24 weeks. The main outcome measure was the treatment response rate within the first 28 days with a focus on the factors that influenced the response, such as HCV RNA levels and patient race, gender, and weight.

The results are reported in *The Journal of Infectious Diseases* for April 15.

The authors found that while HCV RNA levels dropped in almost all patients, the pattern and degree of decrease was different between African and Caucasian Americans. Although the researchers had expected a difference, the fact that it was apparent within just a day or two of therapy was a novel finding. The team also found that the early HCV RNA response was a reliable predictor of the sustained virologic response rate.

At 28 days, just 12% of African Americans were HCV RNA negative compared with 22% of Caucasian Americans, the report indicates.

In addition to African American race, a higher initial HCV RNA level, more severe hepatic fibrosis, and higher body weight were predictive of a smaller reduction in HCV RNA level through day 28.

The new findings demonstrate "that the low rates of sustained virologic response among African American patients in response to interferon-based therapy appear to result, in large part, from impaired early viral kinetics," Drs. Andrew M. Tai and Raymond T. Chung, from Massachusetts General Hospital, Boston, write in a related editorial.

"Further studies are necessary to uncover the relevant mechanisms that underlie this defect in interferon signaling or interferon-stimulated gene function, with the hope that such mechanisms can be manipulated to restore interferon responsiveness in the otherwise nonresponsive host," they add.

*J Infect Dis* 2009;199:1101-1103,1112-1120.

**April 11, 2009**

## ***Needle exchange will leave van for an office in downtown Olympia***

<http://www.theolympian.com>

Christian Hill

A Thurston County program that provides clean syringes to intravenous drug users to prevent the spread of blood-borne diseases, including HIV and hepatitis, soon will be housed in a historic building in downtown Olympia.

The program will move into leased space in the Cunningham building, at Fourth Avenue and Adams Street, on April 21. The building dates to 1896 and is listed on the Olympia Heritage Register. The needle exchange has operated for years out of a van in the parking lot on Columbia Avenue between Fourth and Fifth avenues, also downtown. The program will keep the same hours, 2 to 7 p.m. Tuesdays and Thursdays. Earlier this year, a developer purchased the half-block parking lot where the exchange operates, with plans to develop market-rate housing.

Program officials had been interested in moving indoors to provide a warm, dry space and more services.

Among the potential services that could be offered are rapid HIV testing, wound care provided

by volunteer doctors, and on-site drug and alcohol assessments to speed up treatment referrals.

"It's been my dream for three years, since I took over the (syringe) exchange," said Malika Lamont, an education and outreach specialist for the Thurston County Public Health and Social Services Department.

The move comes as demand for the program has increased. It exchanged 510,391 needles last year, Lamont said.

One reason could be the economy. Lamont said she saw many new people exchanging needles in September, when the nation's financial markets were plummeting.

She also attributed the increase to the investigation of Dr. Antoine Johnson's offices in Aberdeen, Olympia, Lakewood and Tacoma. The government alleges in search warrants that he sold prescriptions for cash, filed false bills for medical service and submitted fraudulent tax returns. Johnson has denied wrongdoing. Lamont said Johnson had been providing many patients with subutex, a prescription drug designed to ease withdrawal for people trying to kick addiction to heroin and other opiates.

Needle exchange has been a controversial public health initiative. The first program started with some community backing in Tacoma in 1988. Thurston County's program began five years later.

Sherri McDonald, director of the county health department, said her department took care to set up outside the core business area.

"We don't want to interfere with business," she said, "but we want to make sure people who need the service can get to it."

Lamont said she had scouted out locations with a representative of the Olympia Downtown Association. She presented information about the move to the association's safety committee Thursday.

Jeffrey Trinin, an association co-founder and a downtown business owner who serves as a liaison between its board of directors and safety committee, said the needle exchange is a vital service.

"We know the need is here," he said. "We're glad they found an appropriate space. In today's world of short budgets everywhere, it's wonderful they were able to get this program off the ground."

County commissioners approved the lease March 31. The county will lease 1,058 square feet for \$800 a month plus \$100 for utilities. The county receives \$124,000 in state grant funding to run the program, but it was able to secure additional state money to lease the space. The program also serves drug users in Lewis and Mason counties.

The Cunningham building could soon change hands. Ryan Clintworth, a listing agent for Colliers International, which markets the building, said he received an offer to buy it last week. Negotiations are ongoing.

Lease rates in the building were "significantly discounted" to attract tenants in the meantime, he said. With the addition of the health department's use, tenants occupy about half the leasable space in the building.

The building owner, Eric Stolzberg, was unavailable for comment Friday.

Under most exchange programs, including Thurston County's, drug users are provided a clean syringe for every dirty one they return. Public health officials say that if clean syringes are readily available, drug users won't have to share dirty ones and potentially expose themselves to diseases. Public health officials and volunteers who run the programs often pass out information to help reduce health risks for drug users and can refer them for treatment.

Dr. Diana Yu, the county's health officer, said there has not been a positive HIV case involving any regular user of the needle exchange. Lamont said the program referred 194 users to treatment last year.

Opponents question the validity of the science and say needle exchanges condone illegal activity.

Federal law forbids use of federal funds to support needle exchanges. President Barack Obama supports lifting that ban. A congressional bill introduced in January would do away with it, but no action has been taken on it other than to refer it to committee. U.S. Rep. Jim McDermott, D-Wash., is one of 75 co-sponsors of the House Resolution 179.

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