HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Editor-in-Chief

Week Ending: May 9, 2009

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May 2, 2009

18 Murfreesboro VA patients have hepatitis

http://www.tennessean.com/
Clay Carey

The U.S. Department of Veterans Affairs says 18 patients treated at its hospital in Murfreesboro have tested positive for a form of hepatitis since the agency began an investigation into the use of improperly sanitized equipment in colonoscopies there.

Five have tested positive for hepatitis B, and 13 have tested positive for the hepatitis C. In addition, one Murfreesboro patient tested positive for HIV.

All of the patients received colonoscopies at the Alvin C. York Medical Center between April 2003 and December 2008. During that time, the VA has said, some colonoscopies were performed at the Murfreesboro hospital using tubes with valves that were not working correctly. The improper valves may have exposed patients to bodily fluids from previous patients.

The VA has insisted that it is impossible to know whether the positive test results are directly linked to problems with hospital equipment, and that the risk of catching a virus in this way is exceptionally low.

In all, more than 6,300 Murfreesboro colonoscopy patients received letters this year advising them to be tested.

Similar problems were discovered at VA medical centers in Miami and Augusta, Ga. Nineteen patients from those two centers have tested positive for viruses; four of those positive tests were for HIV.

May 3, 2009

Smithfield officer back home after transplant

http://www.tidewaternews.com
Pam Majumdar/Correspondent

SMITHFIELD — Smithfield's hometown hero, police Lt. Kurt Beach, arrived home Wednesday after a long-sought liver transplant. Just 17 days following surgery, Beach said, "Every day is stronger, every day is better."

Beach checked in to the Virginia Commonwealth University Hume-Lee Transplant Center on

Easter Sunday and underwent surgery for a living donor transplant the next morning. (The donor has chosen to remain anonymous.) One week after the operation, Beach joined wife Kathie at the VCU Medical Center Hospitality House, an extension of the medical center for transplant patients.

Kathie Beach sent out regular updates to friends and the media from the Hospitality House about Kurt's progress. "We are taking it one day at a time," wrote Kathie one week after the surgery.

Beach is currently in the critical stage of recovery and taking plenty of medications and anti-rejection medicines, which he will have to take for the rest of his life. The Beaches consider that a "small inconvenience."

"I'm doing everything I'm supposed to do as a patient," said Beach, who is still communicating his status daily with nurses at the transplant center.

Beach contracted Hepatitis C in the 1980s while performing mouth-to-mouth resuscitation to an infant who would later died. He was diagnosed with the disease in the 1990s, but the statute of limitations on Virginia's workman's compensation law prevented him from seeking financial relief. In late March, Gov. Tim Kaine signed a bill to provide Beach $250,000 for medical expenses and the transplant.

"We haven't heard any directions on the bill compensation…we are waiting to hear what is next on that question," said Kathie.

Beach said he is most looking forward to being able to bring his journey full circle and pass forward the kindness and generosity that he says friends , family and community members have demonstrated to him. And although not certain about the timeframe, Beach is definitely planning to go back to work.

"I'm only 52 years old!" said Beach. "I have a lot left to give."

May 4, 2009

Study: Patients with resolved hepatitis C likely still contagious

http://www.physorg.com

May 4th, 2009 Patients with chronic hepatitis C that has been resolved through therapy or immune response may still be able to infect others with the virus. That finding is from a new study in the May issue of *Hepatology*, a journal published by John Wiley & Sons on behalf of the American Association for the Study of Liver Diseases (AASLD).

About 170 million people worldwide are infected with hepatitis C virus, which can progress to chronic hepatitis, cirrhosis and even liver cancer. In some individuals, the infection seems to resolve, either spontaneously from the efforts of the immune system, or after treatment with interferon and ribavirin.

Patients who achieve a sustained viral response show no clinical or biochemical evidence of liver disease and standard tests can no longer detect the virus in their blood. However, more sensitive

research tests are finding that such patients often still have miniscule amounts of the virus in their bodies. No one knows if these trace remainders are infectious.

Researchers led by Tomasz I. Michalak of Memorial University of Newfoundland, Canada examined this question using a system that allows for propagation of HCV in human T cells in vitro.

They began with nine patients with HCV who had achieved a sustained viral response that persisted for at least two years after treatment. HCV RNA was detectable in their blood only with the more sensitive tests.

The researchers set up twelve cultures of lymphoid cells from healthy donors, and exposed them to plasma or to supernatants of cultured circulating lymphoid cells from the HCV patients. Eleven of the cell cultures became HCV RNA positive. Furthermore, HCV from three of the nine patients was able to establish active HCV replication in the cultures.

"These findings provide in vitro evidence that trace quantities of HCV persisting in the circulation for a long time after therapeutically induced resolution of CHC can remain infectious," the authors report.

Interestingly, HCV replication in the T cells was prevented after neutralization of the virus, and by treatment with interferon.

This study is the first to investigate the infectivity of HCV traces that remain when the infection is occult. It agrees with previous animal studies of the same question.

"Our present findings reveal that HCV circulating in some individuals with resolved hepatitis C is capable of inducing productive infection in vitro at doses of 20 to 50 copies," the authors conclude. "This can be interpreted as a strong indication of potential virus infectivity in vivo."

More information:
"Hepatitis C Virus Persisting at Low Levels after Clinically Apparent Sustained Virological Reponse to Antiviral Therapy Retains Its Infectivity in Vitro." MacParland, Sonya A.; Pham, Tram N.Q.; Guy, Clifford S.; Michalak, Tomasz I. Hepatology; May 2009.

Santaris Q1 Loss Narrows, Completes Phase I Trial of miRNA HCV Rx

http://www.genomeweb.com

Santaris Pharma last week issued its interim financial report for the first quarter of 2009, posting a more than 60 percent improvement in its quarterly loss on a surge in revenues.

The company also announced that a phase I study of its microRNA-targeting hepatitis C therapy, dubbed **SPC3649**, was completed this month. Data from this trial, the first to evaluate an miRNA antagonist in humans, is slated for public release in the second half of the year.

The drug, called SPC3649, is essentially a locked nucleic acid targeting miR-122, a liver-expressed miRNA shown to play a role in HCV replication. The trial was set to enroll up to 48

healthy, male volunteers, and was run in Denmark by PhaseOneTrials.

Santaris added that an additional phase I study, examining multiple doses of SPC3649 in healthy volunteers, is expected to begin before the end of 2009.

Hypothyroidism In Women Associated With Liver Cancer

http://www.sciencedaily.com

Women with a history of hypothyroidism face a significantly higher risk of developing liver cancer, according to a new study.

Hypothyroidism is the most common thyroid disorder among U.S. adults, affecting between 8 and 12 percent of the U.S. population, and more women than men. The condition can cause hyperlipidemia and weight gain and may play a role in the development of nonalcoholic steatohepatitis which can progress to more severe liver disease. Studies have also suggested a clinical association between hypothyroidism and hepatitis C, which is contributing to the country's rising rate of liver cancer.

Researchers, led by Manal Hassan of Anderson Cancer Center at the University of Texas, designed a case-control study to better understand the association between hypothyroidism and the development of liver cancer, also known as hepatocellular carcinoma (HCC), in the U.S.

They included 420 patients with liver cancer and 1,104 healthy controls. From each subject, the researchers gathered demographic data and information about liver cancer risk factors, like smoking, alcohol consumption and family cancer history. The participants were also asked about their history of thyroid conditions and obesity. They provided blood samples that were tested for hepatitis B and hepatitis C.

About 15 percent of the liver cancer patients had a history of thyroid disease, compared to about 12 percent of the healthy controls. Subjects with a history of hypothyroidism had twice the risk of liver cancer; however the relationship was only significant for females.

Women who had a prior history of hypothyroidism for more than 10 years had a threefold higher risk of liver cancer compared to women without a history of thyroid disorders. Adjusting for obesity did not change the association.

"Whether and why hypothyroidism causes HCC is not clear," the authors write. "However, the association between hypothyroidism and NASH can be explained by the underlying hyperlipidemia, decreased fatty acid oxidation insulin resistance and lipid peroxidation in patients with hypothyroidism." And these conditions may make the patient susceptible to HCC development.

"Further studies among different populations are warranted to confirm the association between hypothyroidism and HCC and to identify the underlying biological mechanisms and the genetic predisposition factors that may contribute to susceptibility to HCC development in the presence of thyroid disorders," the authors conclude.

Journal reference:
Hassan, Manal; Kaseb, Ahmed; Li, Donghui; Patt, Yehuda; Vauthey, Jean-Nicolas; Thomas, Melanie; Curley, Steven A.; Spitz, Margaret; Sherman, Steven; Abdalla, Eddie; Davila, Marta; Lozano, Richard; Hassan, Deena; Chan, Wenyaw; Brown, Thomas; Abbruzzese, James. Association Between Hypothyroidism and Hepatocellular Carcinoma: USA Case-Control Study. *Hepatology*, May 2009

Adapted from materials provided by Wiley-Blackwell.

May 5, 2009

New Paradigm Identifies Gene Responsible For Acetaminophen-Induced Liver Injury

http://www.medicalnewstoday.com

Acetaminophen (Tylenol and generics) is one of the most commonly used over-the-counter drugs in the United States. While generally safe, acetaminophen is known to cause severe liver injury if taken in high doses. But likely due to genetics, even the recommended dose can induce serious liver damage in a significant number of people. In a study published online in Genome Research, scientists have found a genetic marker linked to the risk of acetaminophen-induced liver injury, using a strategy that will help develop safer drugs in the future.

Acetaminophen is considered safe over long-term use, but recent studies have indicated that even over a relatively short period, the maximum allowable dose can induce elevated levels of the liver enzyme ALT in blood serum in approximately one third of healthy individuals, suggesting possible liver injury. It is possible that if given high doses, many of these individuals would be susceptible to acute liver failure. There is likely to be a genetic predisposition, but finding the variants by scanning human subjects alone can be very difficult, requiring large studies with many participants. But with a little help from mice, researchers can overcome these experimental hurdles.

In this study, a team of researchers led by Dr. David Threadgill of North Carolina State University utilized mouse genetics to aid the search for candidate genes linked to acetaminophen-induced liver injury in humans. "We approached the study from the perspective that drugs are used in very heterogeneous patient populations, and that drug-induced toxicities are likely the result of a person's genetic makeup," Threadgill explained. The group used a genetically diverse population of mice to model human genetic variation, taking advantage of the known genetic differences in these strains to find genes linked to variable responses to acetaminophen treatment.

Once Threadgill and colleagues narrowed their search to a few candidate genes in mouse, they sequenced the genetic code of the counterparts of the same genes in human patients exhibiting elevated levels of serum ALT in response to acetaminophen. They found that a single letter change to the DNA sequence in one of these candidate genes, called CD44, is significantly associated with elevated serum ALT in these patients. While the role of this gene in liver toxicity is not yet known, CD44 could serve as a potentially useful marker to identify people at risk for acetaminophen-induced liver damage.

Threadgill noted that in addition to the identification of a gene linked to acetaminophen-induced liver injury, this study has broader implications for drug testing, as up until now, genetic differences in humans has not been considered in pre-clinical tests using animal models. "If genetic differences are included in early safety testing, more accurate predictions of clinical response will be obtained," said Threadgill. "The end result will be safer drugs."

Scientists from the University of North Carolina (Chapel Hill, NC), the Genomics Institute of the Novartis Research Foundation (San Diego, CA), the Jackson Laboratory (Bar Harbor, ME), the National Institute of Environmental Health Sciences (Research Triangle Park, NC), Verto Institute Research Laboratories (New Brunswick, NJ), the Cancer Institute of New Jersey (New Brunswick, NJ), Purdue Pharma (Stamford, CT), and North Carolina State University (Raleigh, NC) contributed to this study.

This work was supported by the National Institutes of Health and the Environmental Protection Agency.

Source: Robert Majovski, Cold Spring Harbor Laboratory

Housing the sick and homeless seen as a "win-win"

www.reuters.com

NEW YORK (Reuters Health) - Providing housing to chronically ill, long-term homeless adults reduces hospitalizations and emergency department visits, according to research conducted in Chicago.

Previous studies of such interventions generally produced negative results. However, Dr. Laura S. Sadowsky and others write in this week's *Journal of the American Medical Association*, "Missing are intervention studies of homeless individuals with any chronic medical illness."

Sadowsky at Stroger Hospital of Cook County and her associates conducted a controlled trial involving 405 patients hospitalized at two centers, who had been homeless for an average of 30 months. All of the subjects were deemed capable of self-care when they left the hospital.

Half of the participants were discharged to transitional housing, then placed in long-term housing. They all had a case manager whom they contacted at least biweekly.

The other subjects in the study were assigned to usual care with standard discharge planning, mainly to overnight shelters.

Over the next 18 months, the housed group had 29 percent fewer hospitalizations, spent 29 percent fewer days in hospital, and had 24 percent fewer visits to an emergency department.

Sadowsky's team estimates that for every 100 homeless adults offered such help, there would be 49 fewer hospitalizations, 270 fewer hospital days, and 116 fewer emergency department visits over the following year.

They note that the active intervention was based on the Housing First model using federal funds,

and "represented a city-wide consortium of clinicians, social workers, and housing and other advocacy groups."

Two editorialists comment, "These studies compellingly demonstrate how the provision of secure housing to the most vulnerable members of society -- the sickest of the chronically homeless -- can be a win-win situation for all parties concerned."

However, they also remark that "financial returns are likely to decrease (or disappear) when Housing First is offered to less severely debilitated individuals."

SOURCE: Journal of the American Medical Association, May 6, 2009.

EGYPT: Viral Time Bomb Set to Explode

http://www.ipsnews.net
By Cam McGrath

CAIRO, May 5 (IPS) - It is a health crisis of alarming proportions. Up to nine million Egyptians have been exposed to hepatitis C, and tens of thousands will die each year unless they receive a liver transplant.

Health authorities are taking steps to stop the spread of the blood-borne virus, but must also contend with higher liver failure mortality rates as the disease advances in those infected decades ago.

"The prevalence of hepatitis C is not growing, but the impact of an outbreak in the 1960s and 70s is appearing now as a clinical outcome," says Dr. Mostafa Kamal Mohamed, professor of community medicine at Ain Shams University in Cairo. "Liver disease has become the number one healthcare priority for the country and will continue to be so for the next decade. About 70 percent of all liver deaths here are due to hepatitis C."

Egypt has the highest prevalence of hepatitis C in the world, the legacy of a well-intended health campaign that went horribly wrong. In the 1960s, the government turned to modern medicine in the hope of eradicating bilharzia, a water-borne parasite that has plagued Egyptian farmers since the dawn of time. In a tragic irony, the tartar-emetic injections given to Egyptians living in rural areas cured their bilharzia, but spread another deadly disease among the population, the hepatitis C virus (HCV).

"At that time, bilharzia treatment was administered intravenously," recalls Dr. Refaat Kamel, a prominent surgeon and specialist in tropical diseases. "There were no disposable syringes, so once the needle got infected, the disease spread quickly from one person to another."

Millions of Egyptians were inadvertently infected with HCV before the World Health Organisation (WHO) sponsored anti-bilharzia campaign was shut down in 1982. Scientists only discovered the hepatitis C virus in 1987, and it was another decade before they proved that its high prevalence in Egypt was a consequence of the mass treatment campaign.

While Egyptian healthcare workers adopted disposable needles in the 1980s, HCV continued to

spread due to improper blood screening and poor hygiene practices. "There is a laxity in precautions in Egypt," says Kamel. "People are careless or ignorant where blood is involved, and this has facilitated the transmission of HCV."

The results of a national survey released last month show that eight to nine million Egyptians, more than 10 percent of the population, have been exposed to hepatitis C, of which approximately 5.5 million are chronic carriers. In some rural areas over half the adult population carries HCV antibodies.

About 30 percent of people infected with HCV spontaneously clear the virus from their system within six months, according to studies done in Egypt. The rest develop chronic hepatitis, which in about a quarter of cases leads to cirrhosis and liver failure in 20 to 30 years.

Egypt's viral time bomb is about to go off. Doctors estimate that some 30,000 Egyptians die each year of HCV-related liver failure - a figure that is projected to climb as the disease progresses in those who contracted it during the 1964-82 anti-bilharzia campaign. "We expect the number of mortalities will peak in 2012," says Dr. Wahid Doss, head of the National Committee for the Control of Viral Hepatitis (NCCVH), a government body formed to fight the disease.

NCCVH is implementing an infection control programme in hospitals and blood banks as part of a national strategy to reduce new HCV infections, estimated at 70,000-140,000 cases a year. It is also spearheading a media campaign to educate the public on the various routes of blood-to-blood transmission. "Prevention is a big problem in Egypt - people are still being infected with hepatitis C (due to risky behaviour)," says Doss. "For example, if you go to a festival you will find people doing circumcisions or tattooing - the same tool for 50 people."

Treatment options are limited for HCV carriers with end-stage liver disease. Egypt's prohibition on cadaveric organ transplants and the strict criteria for living donors limit the number of livers available for transplant. "A few hundred donor transplants are carried out each year; tens of thousands are needed," says Kamel. "Without transplants, all these people will die."

Limited organ availability is only one problem. A partial liver transplant can cost up to 60,000 dollars plus another 10,000 dollars for immunosuppression therapy - a sum far beyond the reach of most Egyptians. The government has in some cases subsidised the cost of transplant operations, but it cannot afford to foot the total bill. "No government on earth could afford to cover the costs of all liver transplants," asserts Kamel.

Instead, the priority is to treat HCV infections where the disease has not yet caused severe liver impairment. The standard therapy is a combination of interferon and the antiviral drug ribavirin. A 48-week course costs 3,500 dollars, but is effective in only 30-50 percent of cases, and can have severe side effects.

NCCVH has established 16 treatment centres around the country, which have provided free interferon shots for 47,000 HCV patients since the programme began two years ago. The government is spending more than 50 million dollars a year on the subsidy package, but Doss argues that it is the most sensible and cost-effective strategy. "You pay per patient now and you save on a liver transplant 10 years later."

Johns Hopkins Students Advocate on Capitol Hill

http://include.nurse.com

A group of students from Johns Hopkins University School of Nursing visited Capitol Hill to advocate for patient safety reforms.

Baccalaureate students from The Johns Hopkins University School of Nursing, Baltimore, recently met with members of Congress and federal health officials in Washington, D.C., as part of the national One & Only Campaign.

The campaign focuses on preventing patient exposure to hepatitis, HIV, and other blood-borne diseases by ensuring syringes and other medical instruments are used only once.

“In recent years, numerous health outbreaks have resulted because healthcare providers have failed to follow evidence-based safe injection practices,” said Julie Hindmarsh, RN, MPH, clinical instructor. “Our students are committed to preventing such outbreaks.”

For information, log on to www.OneandOnlyCampaign.org .

New antibody prevents infection by hepatitis C virus

http://www.huliq.com/

Taking aim at a leading cause of liver failure in the United States, a team of scientists at the Massachusetts Biologic Laboratories (MBL) of the University of Massachusetts Medical School (UMMS) has developed a human monoclonal antibody that neutralizes the Hepatitis C virus (HCV). The new antibody effectively neutralized the Hepatitis C virus in culture, and then prevented infection by the virus in a pre-clinical animal model of the disease.

Details of the research were presented April 23 in Copenhagen, Denmark at the 44th Annual Meeting of the European Association for the Study of the Liver (EASL). "We are pleased with the progress of this program," said Donna Ambrosino, MD, executive director of the MBL and a professor of pediatrics at the Medical School. "This antibody shows significant efficacy against the Hepatitis C virus."

In the current study, MBL scientists injected transgenic mice (HuMAb Mouse® technology, Medarex, Inc.) with elements of Hepatitis C virus and then painstakingly searched for individual human antibodies produced in the mice that would recognize and bind to the HCV's outer coat, known as the glycoprotein. Once they found human antibodies that looked promising, they evaluated in vitro the ability of those antibodies to neutralize the virus and selected a lead candidate antibody for further characterization. Collaborative work with clinical researchers from the Department of Medicine at the Medical School's Worcester campus demonstrated that this antibody, now known as **MBL-HCV1**, was able to bind tightly with all genotypes of HCV tested from infected patient samples.

MBL-HCV1 was then tested off-site on three non-human primates. In that study, one animal received no antibody, one a low dose of the new antibody, and one a higher dose. Then all three animals were exposed to Hepatitis C virus. The animals with low or no antibody dosages

developed HCV infections, but the animal with the higher dose was protected. Subsequently, researchers gave the high-dose of the antibody to the animal that originally received no antibody, and in that case the HCV was cleared from that animal's system. "These results are encouraging as a possible treatment for HCV infected patients, but more work needs to be done before we know how effective it will be in people," Dr. Ambrosino noted.

Hepatitis C virus attacks the liver and can eventually lead to liver failure. According to the U.S. Centers for Disease Control and Prevention, 3.2 million Americans are chronically infected with HCV and some 10,000 die annually of the disease. Globally, as many as 170 million people are estimated to suffer from HCV infection. For the most serious cases of HCV that do not respond to antiviral drugs, liver transplantation is the only option.

Typically 2,000 to 4,000 liver transplants are done each year in the United States (far less than the number of people on the waiting list for available organs). Transplantation can be a life saving treatment; however, in nearly all cases the patient's new liver is eventually infected by Hepatitis C virus because the virus remains in the patient's bloodstream during surgery. The powerful antiviral drugs now used to attack HCV prior to end-stage liver failure are not routinely used during surgery due to the patients' weakened condition and because of the strong medication used to avoid rejection of the new liver. After re-infection with HCV, nearly 40 percent of patients suffer rapid liver failure.

To close that clinical gap, the new antibody developed at MBL is designed to be a therapy shortly before and after transplant surgery. By giving a patient the new antibody before and during the time when the donor liver is implanted, researchers hope the HCV virus left in the bloodstream will be neutralized and rendered unable to infect the new liver. Then, because monoclonal antibodies are highly specific and typically have little or no side-effects, additional dosages of the new antibody could, theoretically, be given immediately after transplant surgery to continue neutralizing any remaining Hepatitis C virus.

It is also possible, researchers theorize, that the antibody could be used in combination with new antiviral drugs for treatment in patients with newly diagnosed Hepatitis C virus infection. Use of the new antibody for both liver transplant patients and in newly diagnosed Hepatitis C virus patients will now be further evaluated. *A Phase 1 human clinical trial of MBL-HCV1 in healthy subjects is expected to begin later this year.*

By University of Massachusetts Medical School

May 6, 2009

Cancer Preventive Effect For Statins Indicated By Study

http://www.medicalnewstoday.com

The commonly used prescription statin drugs may have a protective effect in the prevention of liver cancer and lead to a reduction in the need for gallbladder removals, according to two studies published in *Gastroenterology*. As millions of Americans use statins each day to help lower their cholesterol and risk of heart disease, researchers are learning of the beneficial effects these drugs may have on gastrointestinal disorders. *Gastroenterology* is the official journal of the American Gastroenterological Association (AGA) Institute.

Statins Benefit Diabetics at High Risk of HCC
Statin use is associated with a significant reduction in the risk of hepatocellular carcinoma (HCC), or liver cancer, among patients with diabetes, according to a new study in *Gastroenterology*.

"Our study provides the first indication of a cancer preventive effect for statins specific to HCC," said Hashem B. El-Serag, MD, MPH, of the Baylor College of Medicine and lead author of the study. "While these findings need to be confirmed in future studies, we are hopeful that further research continues to show the beneficial effect of statins for liver cancer prevention in patients with diabetes."

HCC is a highly fatal malignancy that has been increasing in several regions of the world, including the U.S. Experimental as well as indirect human data suggests that statins exert a beneficial action, reducing the progression of HCC.

Researchers undertook an epidemiological study in a large cohort of diabetics, whose risk of HCC was higher than average, to characterize the relationship between statin use and HCC and other liver disease. The team examined 1,303 cases and 5,212 controls; the mean age was 72 years. Ninety-nine percent were men and 13 percent were African Americans. A significantly smaller proportion of cases (34.3 percent) had at least one filled prescription for statins than controls (53.1 percent).

The research team found a significant inverse association between having statin prescriptions filled and the risk of developing HCC. There was a trend toward stronger risk reduction with longer and more frequent statin prescriptions. The risk reduction observed with statins ranged between 25 percent and 40 percent. Reduced HCC risk was similar, whether the prescriptions were for simvastatin or any other statin dispensed.

Statins May Reduce Risk of Gallbladder Removal Surgery
The use of statins appears to reduce the risk of cholecystectomy, surgical removal of the gallbladder, in women, according to a new study in *Gastroenterology*.

Gallstone disease is a common abdominal condition in developed countries and is a major cause of digestive disease leading to hospital admissions. In the U.S., more than 800,000 cholecystectomies are performed each year.

Researchers examined the relationship between statin use and the risk of cholecystectomy in a cohort of U.S. women participating in the prospective Nurses' Health Study. Participants biennially reported their health history, including incidence of gallstone disease and whether they had undergone cholecystectomy.

Researchers conducted a retrospective analysis of statin use through data collected in 2000 to define use from 1994 forward, and a prospective analysis for general lipid-lowering drugs from 1994 to 2004. In the statin analysis, the researchers ascertained 2,479 cases of cholecystectomy during 305,197 person-years of follow-up. The multivariate relative risk for current statin users, compared with nonusers, was 18 percent. In the analysis of general cholesterol-lowering drugs, researchers ascertained 3,420 cases of cholecystectomy during 511,411 person-years of follow-up. Compared with nonusers, the multivariate relative risk for current users of general

cholesterol-lowering drugs, mostly statins in this cohort, was 12 percent. Among diabetic women, duration of current statin use was correlated with risk of cholecystectomy. Compared with statin nonuse, the relative risk for current statin use of two or more years was 75 percent.

"Further study, particularly among diabetics, is warranted to evaluate the associations of longer durations of statin use and specific types of statins with risk," said Chung-Jyi Tsai, MD, of the University of Kentucky Medical Center and lead author of the study. "Our results should have implications for additional clinical, epidemiological and mechanistic research."

Source: Alissa Cruz, American Gastroenterological Association

Acute Kidney Injury Common After Liver Transplantation

http://www.medicalnewstoday.com

Even mild cases of acute kidney injury after liver transplantation are associated with lower survival for both the patient and the graft. With more severe injury, outcomes are even worse. These findings are in the May issue of *Liver Transplantation*, a journal published by John Wiley & Sons. The article is also available online at Wiley Interscience (http://www.interscience.wiley.com).

Acute kidney injury often occurs after liver transplantation because of blood loss or surgery-related events. Previous studies have estimated the incidence rate at 17 to 95 percent - a wide range that reveals the lack of clear diagnostic criteria. To address this problem, researchers led by Yousri Barri of Baylor University Medical Center in Texas sought to find the optimal definition for acute kidney injury after liver transplantation, and determine its impact on patients' long-term outcomes.

They retrospectively studied patients who underwent liver transplantation at Baylor between 1997 and 2005 and applied three commonly used definitions of acute kidney injury, each based on change in serum creatinine from baseline. These were: a rise in serum creatinine of more than .5 mg/dL; a rise of more than 1.0 mg/dL; and a rise of more than 50 percent to above 2 mg/dL. The outcomes for each group of patients were compared to those from a control group that did not have kidney injury.

The majority of liver transplant recipients experienced some degree of acute kidney injury. About 78 percent of the transplant recipients had a rise in creatinine or more than 0.5 mg/dL from baseline, considered mild in severity. About 46 percent had a moderate creatinine increase of 1.0 mg/dL or more, while 14 percent had a marked creatinine increase of 50 percent or more to above 2.0 mg/dL.

"Even mild acute kidney injury defined as rise in serum creatinine of >0.5 mg/dL was associated with reduced patient and graft survival," the authors report. They suggest that this sensitive definition, which captures a large majority of liver transplant recipients, deserves attention and strategies for prevention.

However, the strictest definition of acute kidney injury was associated with the worst outcomes, including higher incidence of cardiovascular events and end-stage renal disease.

"This study shows that acute kidney injury, appropriately defined, has an important impact on long-term renal function and patient and graft survival post-liver transplantation," the authors conclude. "Whether acute kidney injury is the direct cause or simply associated with poor outcome will need further study."

An accompanying editorial by Connie Davis of the University of Washington Medical Center applauds the focus on "a very simple easily available measure, the degree of change in serum creatinine." Barri and colleagues revealed a clear association between this measure and worse outcomes within a few years of the transplant.

"It is time to give kidney dysfunction a clear identity and treatment strategy in the setting of liver transplantation," she concludes.

Article:
"Acute Kidney Injury (AKI) Following Liver Transplantation: Definition and Outcome." Barri, Yousri; Sanchez, Edmund; Jennings, Linda; Melton, Larry; Hays, Steven; Levy, Marlon; Klintmalm, Goran. Liver Transplantation; May 2009.

Editorial:
"What's in a name? AKI." Davis, Connie. Liver Transplantation; May 2009.

Source: Sean Wagner, Wiley-Blackwell

World Health Organization Issues Guidelines on Hand Hygiene in Healthcare

www.medscape.com
Laurie Barclay, MD

May 6, 2009 — The World Health Organization (WHO) has issued Guidelines on Hand Hygiene in Health Care, offering a thorough review of evidence on hand hygiene in healthcare and specific recommendations to improve hygiene practices and reduce transmission of pathogenic microorganisms to patients and healthcare workers (HCWs).

The guidelines target hospital administrators and public health officials as well as HCWs, and they are designed to be used in any setting in which healthcare is delivered either to a patient or to a specific group, including all settings where healthcare is permanently or occasionally performed, such as home care by birth attendants. Individual adaptation of the recommendations is encouraged, based on local regulations, settings, needs, and resources.

Hand Hygiene Indications
Indications for hand hygiene are as follows:

- Wash hands with soap and water when visibly dirty, when soiled with blood or other body fluids, or after using the toilet.
- Handwashing with soap and water is preferred when exposure to potential spore-forming pathogens, such as Clostridium difficile, is strongly suspected or proven.
- In all other clinical situations, use an alcohol-based handrub as the preferred means for routine hand antisepsis, if hands are not visibly soiled. Wash hands with soap and water if

alcohol-based handrub is not available.

- Hand hygiene is needed before and after touching the patient; before touching an invasive device used for patient care, whether gloves are used; after contact with body fluids or excretions, mucous membranes, nonintact skin, or wound dressings; if moving from a contaminated body site to another body site on the same patient; after touching inanimate surfaces and objects in the immediate vicinity; and after removing gloves.
- Hand hygiene is needed before handling medication or preparing food, with an alcohol-based handrub or handwashing with water and either plain or antimicrobial soap.
- Soap and alcohol-based handrub should not be used together.

Hand Hygiene Techniques

Specific recommendations for hand hygiene technique are as follows:

- Rub a palmful of alcohol-based handrub over all hand surfaces until dry.
- When washing hands, wet hands with water and apply enough soap to cover all surfaces; rinse hands with water and dry thoroughly with a single-use towel. Whenever possible, use clean, running water. Avoid hot water, which may increase the risk for dermatitis.
- Use the towel to turn off the tap or faucet, and do not reuse the towel.
- Liquid, bar, leaf, or powdered soap is acceptable; bars should be small and placed in racks that allow drainage.

Surgical Hand Preparation

Specific recommendations for surgical hand preparation are as follows:

- Before beginning surgical hand preparation, remove jewelry. Artificial nails are prohibited.
- Sinks should be designed to reduce the risk for splashes.
- Visibly soiled hands should be washed with plain soap before surgical hand preparation, and a nail cleaner should be used to remove debris from underneath the fingernails, preferably under running water.
- Brushes are not recommended.
- Before donning sterile gloves, surgical hand antisepsis should be performed with a suitable antimicrobial soap or alcohol-based handrub, preferably one that ensures sustained activity. Alcohol-based handrub should be used when quality of water is not assured.
- When using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the maker, usually 2 to 5 minutes.
- When using an alcohol-based surgical handrub, follow the maker's instructions; apply to dry hands only; do not combine with alcohol-based products sequentially; use enough product to keep hands and forearms wet throughout surgical hand preparation; and allow hands and forearms to dry thoroughly before donning sterile gloves.

Selecting Hand Hygiene Agents

Some specific recommendations for selection and handling of hand hygiene agents are as follows:

- Provide effective hand hygiene products with low potential to cause irritation.
- Ask for HCW input regarding skin tolerance, feel, and fragrance of any products being considered.
- Determine any known interaction between products used for cleaning hands, skin care products, and gloves used in the institution.
- Provide appropriate, accessible, well-functioning, clean dispensers at the point of care, and

do not add soap or alcohol-based formulations to a partially empty dispenser.

Recommendations for Skin Care
Some specific recommendations for skin care are as follows:

- Educate HCWs about hand-care practices designed to reduce the risk for irritant contact dermatitis and other skin damage.
- Provide alternative hand hygiene products for HCWs with confirmed allergies to standard products.
- Provide HCWs with hand lotions or creams to reduce the risk for irritant contact dermatitis.
- Use of antimicrobial soap is not recommended when alcohol-based handrub is available. Soap and alcohol-based handrub should not be used together.

Recommendations for Glove Use
Some specific recommendations for use of gloves are as follows:

- Glove use does not replace the need for hand hygiene.
- Gloves are recommended in situations in which contact with blood or other potentially infectious materials is likely.
- Remove gloves after caring for a patient, and do not reuse.
- Change or remove gloves if moving from a contaminated body site to either another body site within the same patient or the environment.

"In hand hygiene promotion programmes for HCWs, focus specifically on factors currently found to have a significant influence on behaviour, and not solely on the type of hand hygiene products," the guidelines authors write. "The strategy should be multifaceted and multimodal and include education and senior executive support for implementation. Educate HCWs about the type of patient-care activities that can result in hand contamination and about the advantages and disadvantages of various methods used to clean their hands."

WHO Guidelines on Hand Hygiene in Health Care. May 2009.

Blood victim to continue fight

http://www.thisischeshire.co.uk
By Joanna Lean

A WARRINGTON victim of the ‘worst disaster in the history of the NHS’ hasn’t given up his fight for answers.

Grappenhall resident Mike Kenwright was one of thousands of haemophiliacs infected with Hepatitis C from bad blood transfusions in the 1970s and 1980s.

In March he celebrated a minor victory as a long-awaited public inquiry said the infections were ‘a tragedy’, and recommended that the thousands of victims be compensated through the benefits system, with access to free health care and extra money for those infected with multiple diseases.

For him and thousands of other patients infected with diseases from the blood, the inquiry was the first step in the right direction.

But Mike feels the campaign has stalled, as the Government has yet to respond to Lord Archer's inquiry.

He has written to health minister Alan Johnson requesting a meeting to discuss the Government's standpoint, but was told Mr Johnson was unable to meet him.

He has been repeatedly told that the Government is still considering the report and will respond in due course.

Since the publication of the report three of Mr Kenwright's friends, who had been infected, have died and one needed an emergency liver transplant.

Almost 5,000 patients were infected with hepatitis C and 1,200 with HIV when the Government bought in blood products from America.

Much of this blood came from prisoners and drug users who were paid for their donations. It's clotting agent was used to treat haemophilia.

Some 4,000 people have now been told they are also at risk of having caught variant Creutzfeldt-Jakob disease, the human form of BSE, from the blood

Advocates for women in prison seek lawmakers' support

http://www.legislativegazette.com
By GREGORY JONES, Gazette staff writer

Albany NY -- The Coalition for Women Prisoners took their case to Albany today to urge legislators to pass three bills the group says would address the needs and protect the rights of incarcerated women and their children.

Assembly members Jeffrion Aubry, D-Queens, and Helene Weinstein, D-Brooklyn, along with Sens. Velmanette Montgomery, D-Brooklyn, and Thomas Duane, D-Manhattan, who are among the sponsors of the bills, spoke during a press conference conducted by the coalition to lend their support to the group's efforts.

"I feel like there have not been enough people in places of authority who care enough about people who are incarcerated in our state, but I'm here to tell you that those days are over," said Duane, chair of the Senate Health Committee.

The first bill (A.5462/S.2233) is called the Adoption and Safe Families Act, and is sponsored by Aubry and Montgomery. This bill would ensure family bonds between incarcerated parents and their children are not permanently broken. This bill has been referred to the Senate Children and Families Committee and the Assembly Social Services Committee.

The second bill (A.4516/S.3438) titled the Domestic Violence Merit Time Bill, is sponsored by Weinstein and Montgomery. The bill would allow domestic violence survivors incarcerated for acts they committed as a result of abuse to earn merit time off their sentences and be eligible for early release. This bill has been referred to the Senate Committee on Crime Victims, Crime and

Correction and was amended in the Assembly on April 28 after the third reading.

The third bill (A.903/S.3842) is the **Department of Health HIV/Hepatitis C Oversight Bill**, and is sponsored by Duane and Assembly Health Committee Chairman Richard Gottfried, D-Manhattan. *The bill would require the state Department of Health to monitor HIV and hepatitis C care in prison.* Duane said the oversight bill had just passed the Senate Health Committee and will now be reviewed by the Senate Finance Committee. The bill is being reviewed in the Assembly Ways and Means Committee.

May 7, 2009

N.Y. doctor offers flat-rate care for uninsured

www.reuters.com
By Claudia Parsons

NEW YORK (Reuters) - A New York doctor is offering flat-rate health care for the uninsured for $79 a month, but he has run afoul of state insurance regulations in a case that challenges the established norms of the U.S. health system.

U.S. President Barack Obama has pledged a major overhaul of the $2.5 trillion U.S. healthcare industry, which operates on a system of private health insurance and state-funded Medicare and Medicaid programs for the elderly and poor.

The United States spends more on healthcare than any other country, but at least 46 million people have no insurance.

Dr. John Muney, president of AMG Medical Group, said he started the program in September after noticing that many of his patients were losing their jobs, and therefore, their health insurance coverage.

About 500 people have registered for Muney's $79-a-month plan, accounting for 15 percent of patients at the practice, which has offices in each of New York's five boroughs.

The monthly $79 fee -- roughly equivalent to the price of a Starbucks coffee a day -- covers unlimited preventive visits and onsite medical services such as minor surgery, physical therapy, lab work and gynecological care.

Ilana Clay, a 28-year-old who works in marketing for a jewelry firm, said she signed up in March because she could not afford her employer's health insurance, which would have cost around $300 a month.

"I hadn't been to a doctor in a couple of years at that point," she told Reuters. She had a scar removed in a quick onsite procedure that was covered by the plan.

Muney said another patient came in with a tumor on her finger: "Somebody else asked $3,000 to remove it. The first visit, we were able to remove it, 15 minutes it took us."

Bill To Change State Law

So far the program has not turned a profit, but Muney said he estimates that it could be profitable with 4,000 patients. In the meantime, he said, his motive is to give something back and provide a model of how healthcare can be more efficient.

"Our healthcare system lends itself to abuse, fraud and waste," he said, adding that bypassing insurers saved on administrative costs, which he said were about 25 percent of the price of care. "With this model, we're bypassing all that."

Muney said he received initial complaints from state insurance authorities in November. "The law says you can do preventive checkups unlimited, but if they come for sick visits you have to charge your overhead costs," he told Reuters.

In February he received a letter instructing him that he must charge that minimum cost, which he calculates at $33 a visit -- a price he says will deter people from signing up.

Troy Oechsner, deputy superintendent of the state insurance department, said the rules were designed to protect consumers.

"Our concern is ... making sure that consumers can rely on any promises made to them and that they will get the services they paid for when they need them," he said.

New York State Assemblyman Adam Clayton Powell said on Thursday he would present a bill to exempt primary health care providers from the insurance regulations in question.

"This is something he's doing to give back, as a service to the community in tough times," Powell said of Muney. "I think any common person would say this is a good thing, however, we know the health insurance companies are going to fight it."

ACMD report into the prevention of Hepatitis C among injecting drug users

http://www.policeprofessional.com/

The Advisory Council on the Misuse of Drugs (ACMD) released on February 25, 2009, its report entitled The Primary Prevention of Hepatitis C Among Injecting Drug Users (2009).

This ACMD report makes clear that Hepatitis C is a significant public health issue and estimates in 2003 show that, in England and Wales, there were 190,000 individuals infected with the Hepatitis C virus. The majority of these and new Hepatitis C infections are within the intravenous drug injecting community. The ACMD recognises the key importance of a combination of interventions for the primary prevention of Hepatitis C.

There are 12 recommendations to help tackle the spread of Hepatitis C, including:

- Provision of better intervention so that services offering methadone also provide sterile injection equipment and that needle and syringe distribution services facilitate entry into drug treatment.
- All services in regular contact with injectors to increase the frequency of Hepatitis C diagnostic testing.

- Studies to strengthen the evidence of the impact of interventions on Hepatitis C incidence.

Dr Matthew Hickman, chair of the ACMD Hepatitis C Prevention Working Group, said: "The ACMD's report has highlighted that the number of Hepatitis C infections is not declining and in some groups maybe increasing. Research suggests that among people injecting for three years or less prevalence has almost doubled over the last ten years from 12 per cent to 21 per cent in 2007."

The full report, The Primary Prevention of Hepatitis C Among Injecting Drug Users (2009), can be viewed at http://drugs.homeoffice.gov.uk/publication-search/acmd/acmdhepcreport2

Congress must act on VA issues

http://www.theleafchronicle.com

The Department of Veterans Affairs apparently lacks the will and temperament to fully investigate and conclusively remedy flawed safety procedures at its medical facilities in Tennessee, Georgia and Florida, where failures to properly maintain hospital equipment has led veterans to be exposed to HIV and other potentially fatal diseases.

Congress needs to react to this outrage and step in with its oversight and clout to make sure these problems are fixed, and the federal lawmakers elected to represent Fort Campbell, Montgomery County and the home of a key Middle Tennessee VA hospital need to lead this effort.

VA disclosed in December 2008 that its sites in the three states were cleaned but failed to properly sterilize equipment between patient treatments. It warned some 10,000 at-risk patients to get follow-up blood tests. The VA also reacted by initiating a program at all facilities to evaluate testing equipment.

In Tennessee, at Murfreesboro's Alvin C. York VA hospital, where nearly 6,400 patients were identified as at-risk, one patient has tested positive for the AIDS virus and 18 others for hepatitis after having colonoscopies with equipment that had incorrect valves and could have exposed veterans to bodily fluids of other people.

A VA hospital in Miami warned 3,300 patients, who underwent colonoscopies over a five-year period, to be tested. Another 1,000 patients treated with improperly sanitized equipment at an ear, nose and throat facility in Augusta, Ga., also were advised to be tested.

To date the VA has disclosed that testing results are available for 6,687 of 10,084 at-risk patients at the three sites. Overall, those results show five patients tested positive for HIV, 25 for Hepatitis C and eight for Hepatitis B. The VA has stressed that the positive tests are "not necessarily linked" to medical treatment at its hospitals.

Beyond those skimpy facts, the VA has said little else. It hasn't answered questions about why problems with cleaning the equipment — and possibly co-mingling infectious body fluids — went on for five years at the Miami and Murfreesboro hospitals and about a year in the Augusta facility. The agency also refuses to say if it found similar problems at its other 150 hospitals or if more patients should get blood tests.

Americans should be outraged that our veterans were put at such risk. Excuses will not restore the health that may have been compromised. That this negligence involved the care of our veterans — who honorably served our country and were promised excellent medical care — makes it that much worse. Whether caused by poor funding, bad management or negligence, the federal government must find a way to ensure its Department of Veterans Affairs hospitals put more emphasis on high-quality care.

U.S. Reps. Marsha Blackburn, R-Brentwood, and John Tanner, D-Union City, who represent parts of Montgomery County and Fort Campbell in Congress, and Bart Gordon, D-Murfreesboro, whose district includes the York VA hospital, should step up and lead the drive in Congress for a full accounting of this grievous lapse of care and a full solution to the problem. Sens. Lamar Alexander and Bob Corker should join them.

Somebody has to be dedicated to getting to the bottom of this scandal and determin how such shoddy practices could take place in VA hospitals. And somebody has to take on the important job of ensuring the VA is improved to the point that these problems won't reoccur.

These Tennessee lawmakers, who have a clear and present duty to serve the high number of active-duty service members and veterans in their districts and across the state, should take on this case.

Can't afford your prescription drug copays? The Patient Advocate Foundation can help

http://www.edrugsearch.com

Copays used to be a reminder of how nice it was to have health insurance. Now, too often they are a reminder of how little insurance we really have.

Not long ago, copays for prescription drugs were almost universally small, flat fees — as little as $5, no matter how expensive the medication you required.

The original rationale for the copay was to prevent people from seeking unnecessary care, such as visiting the doctor whenever they had the sniffles. The underlying assumption was that without a small copay, consumers would view medical care as "free" and overuse it.

That may have been the original reason for copays. But it's not the reason anymore.

Today, those "small" flat fees have grown to as much as $50 or more per 30 day prescription — and that's not the half of it.

Now, many insurers are demanding that patients pay co-pays based on a percentage of the retail price of expensive medications — as much as 33 percent or more of the total cost.

As NaturalNews.com has reported:

"Hundreds of drugs are now being priced this new way. These drugs are used to treat diseases

that are fairly common, including multiple sclerosis, rheumatoid arthritis, hemophilia, hepatitis C and some kinds of cancer. Unfortunately, there are no generic equivalents for these drugs, so patients are being forced to pay these prices or go without."

"People are 'going without' because the new copay system means that some patients are required to pay thousands of dollars out of pocket for their prescriptions — even though they have insurance."

It makes you question the very definition of insurance, doesn't it?

Fortunately, for those who are struggling with co-pay expenses, there is a non-profit organization called the Patient Advocate Foundation (PAF) that can help.

The PAF Co-Pay Relief Program provides direct financial assistance to insured patients, including Medicare Part D beneficiaries, who qualify based on medical and financial criteria. The program offers personal service through phone counselors, who guide patients through the enrollment process.

The program assists insured patients who are being treated for the following conditions: breast, lung, lymphoma, prostate, kidney, colon, pancreatic, and head/neck cancers; malignant brain tumor; sarcoma; diabetes; multiple myeloma; myelodysplastic syndrome (and other pre-leukemia diseases); osteoporosis; pain; hepatitis C; rheumatoid arthritis; selected autoimmune disorders; and CIA/CIN.

If you are struggling to afford your drug copayments, call the PAF Co-Pay Relief Program at 1-866-512-3861 or apply for help online at https://portal.patientadvocate.org/

May 8, 2009

NICE Appraisal Consultation Document Does Not Recommend Funding Nexavar(R) (sorafenib) For Advanced Liver Cancer Patients

http://www.medicalnewstoday.com

The National Institute for Health and Clinical Excellence (NICE) has issued its Appraisal Consultation Document (ACD) for Nexavar® (sorafenib) for the treatment of advanced liver cancer. The NICE appraisal consultation document does not recommend the use of sorafenib for the treatment of hepatocellular carcinoma (HCC - a type of liver cancer). The recommendations are preliminary and open for consultation. This decision directly conflicts with current UK and Global guidelines for recommended treatment of HCC.

HCC is the most common form of liver cancer accounting for 80-90 percent of all primary liver tumours.1 The incidence of liver cancer is increasing in the UK, with over 3,100 new cases diagnosed in 2005.2 Liver cancer causes more than 3,000 deaths every year in the UK.3

"Recently the Hepatocellular UK Group (HUG) - doctors who specialise in treatment of HCC - launched guidelines for the management of suspected HCC in adults. These guidelines clearly state that sorafenib is the standard of care for patients with advanced HCC for whom no potential curative option is available. Patients with advanced HCC should be able to access the latest

specialised medicines via the NHS. This enables physicians to provide the best possible care for patients and allow as good a quality of life as possible at such an important time." said Dr. Graeme Poston, on behalf of the Hepatocellular UK Group (HUG), President-Elect of the Association of Upper Gastrointestinal Surgeons (AUGIS) and former President of the British Association of Surgical Oncologists (BASO).

Nicole Farmer, Business Unit Head of Bayer Schering Pharma Oncology in the UK said "Bayer Schering Pharma is gravely disheartened by this latest NICE announcement. Nexavar is the first systemic therapy to show a survival advantage for patients with advanced HCC, the most common form of primary liver cancer1. Nexavar is proven to extend overall survival by 44 percent compared to best supportive care alone4, as well as maintain quality of life."

"It has taken NICE 18 months to review Nexavar for the treatment of advanced liver cancer. In that time, many patients have been fighting for access to Nexavar with the hope NICE would fund the only systemic therapy proven to extend overall survival. The time it has taken to review Nexavar in advanced liver cancer, and the decision to not recommend it, clearly undermine the government's own cancer strategy particularly for a disease for which the mortality is increasing. This is a major blow for UK HCC patients who will be denied access to the only effective systemic treatment available for their condition, a treatment that is readily available to patients in other European countries."

The consultation period for this ACD closes on 29th May 2009 with a second appraisal committee meeting scheduled for 11th June 2009.

"Healing Hepatitis C," a Book on the Epidemic's Front Lines with Best-Selling Author Christopher Kennedy Lawford & Dr. Diana Sylvestre

http://www.emediawire.com

New York, New York (PRWEB) May 7, 2009 -- Having hepatitis C can be a transformative, extremely tough experience, especially without the right information. Healing Hepatitis C remedies that by combining the personal story of Christopher Kennedy Lawford, who unknowingly contracted the virus during his years of drug use, with the medical expertise of Dr. Diana Sylvestre, who has devoted her career to treating hepatitis C sufferers. Together they deal with the stigma and misinformation, and the fears and frustrations of this illness.

Healing Hepatitis C serves as a valuable sourcebook for medical and treatment information: from what hepatitis C is to what it does, from what to expect during treatment to how to communicate with your physician, to finding the support you need. Most of all, it walks you through the process of facing the diagnosis and treatment head-on, showing you that "it is possible to get through hepatitis C--to be cured of it--without surrendering your life to it."

About the Authors

Christopher Kennedy Lawford
Christopher Kennedy Lawford has worked extensively in politics, government and the non-profit

sector, most recently being appointed to the California Public Health Advisory Committee, as well as spending twenty years in the film and television business as an actor, lawyer, executive, and producer. As the author of the New York Times bestseller's Symptoms of Withdrawal: A Memoir of Snapshots and Redemption, and Moments of Clarity, Mr. Lawford illuminates his extraordinary life and the tragedies he has faced - offering a cohesive message of survival, hope, and inspiration. In his most rewarding role to date, Mr. Lawford is an advocate, for critical mental health issues facing our society today. His passion and commitment to the issues of substance abuse, hepatitis C and mental health has reinvigorated the debate around these vital national concerns. Mr. Lawford holds a Bachelor of Arts from Tufts University, a Juris Doctor from Boston College Law School and a Masters Certification in Clinical Psychology from Harvard Medical School where he gained an academic appointment as a Lecturer on Psychiatry.

Diana Sylvestre M.D. Dr.
Diana Sylvestre M.D. is a physician-researcher and faculty member in the department of medicine at the University of California, San Francisco. She is the executive director of the O.A.S.I.S. (Organization to Achieve Solutions in Substance-Abuse) in Oakland, California, and the president of the California Hepatitis Alliance. Her patient education workbook Hepatitis C: Get the Facts! has been distributed widely at no cost throughout the world.

Resources
Facebook- Healing Hepatitis C Group
www.healinghepc.com

Viral Hepatitis C Support Groups in Roseville

http://www.rocklintoday.com

AUBURN, CA – Placer County Health and Human Services will begin hosting a hepatitis C support group for anyone who wants to know more about the disease and its treatment. The confidential group is offered at no cost and is open to the public.

The first meeting is Monday, May 11, 2009, from 5:30-7:00 p.m. at 101 Cirby Lane, Roseville (Cirby Hills) in the cafeteria. The meeting on June 8 will take place in the same location, also from 5:30 to 7 p.m. The July 13 meeting will take place from 5:30-7:30 p.m.

Each meeting will focus on one topic and will be moderated by a county staff member who regularly works with communicable diseases.

In addition a HEP 101 - "I need to know" is scheduled for Wed. May 13, 2009 from 2:30-4:00 p.m. at 11484 B Ave, Auburn (large conference room). This too is free, open to the public and confidential.

Placer County is also participating in "Stop Hepatitis Day", a day of outreach to communities in Placer and Sacramento counties, on Tuesday, May 19, from 11 a.m. to 3 p.m. Free information, vaccine and treatment referrals will be available at the Rite Aid located at HIghway 49 and Bell Road in Auburn, also at the Sunrise and Cirby location in Auburn.

Hepatitis C is a contagious liver disease that results from infection with the hepatitis C virus.

Hepatitis C is usually spread when blood from an infected person enters the body of someone who is not infected. Most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. The virus can also be transmitted to those who receive tattoos or piercings in a setting that has poor infection control practices. Additionally, persons who received blood product for clotting problems made before 1987, or blood transfusions before 1992 may have increased risks for the disease.

Hepatitis C can be either “acute” or “chronic.” Acute hepatitis C virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis C virus. For most people, acute infection leads to chronic infection. Chronic hepatitis C is a serious disease than can result in long-term health problems, or even death. Many of those infected do not realize they have the disease.

For additional information about the Placer County group meetings, please email or call to RSVP, Candace Jones (530) 889-7184 cnjones@placer.ca.gov or Dennis Cain (530) 889-7120. For complete information about the 6th Annual Stop Hepatitis Day, call 916-760-7426.

For more information about the hepatitis C virus, visit the Centers for Disease Control and Prevention’s hepatitis C website: http://www.cdc.gov/hepatitis/HepatitisC.htm# or the California Department of Public Health’s hepatitis C website: http://www.cdph.ca.gov/HealthInfo/discond/Pages/HepatitisC.aspx.