

HEP C NEWS

Fall 2011 Edition

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Regional HIV/AIDS Connection has been providing hep C education and support for almost 3 years. We strive to educate community members, clients and service providers about hep C transmission in order to lessen the spread of the virus. We also work with people living with and affected by hep C to support them with whatever they need. We encourage anyone who has a question or concern regarding hep C to stop by our agency and we would be happy to help you out!



Regional
HIV/AIDS
Connection

Community Inspired. Courage Driven.

DID YOU KNOW?

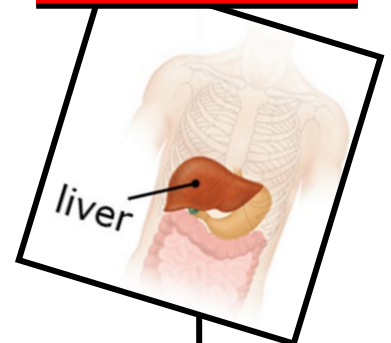
- That there are 6 different types of hep C and that you can get more than one of them?
- That there is a treatment for hep C with the possibility of clearing the virus from your body?
- That there is no vaccine for the hep c virus?
- That hep C affects your liver and can cause it to become inflamed or scarred?
- That hep C is spread through blood to blood contact and cannot be spread through other body fluids such as semen or saliva?
- That there are two tests that need to be done to be diagnosed with hep C?
- That 20% of people can clear the virus from their body on their own after they come in contact with it?
- That you can actually live a long and healthy life with hep C if you take care of your body and your liver?

Fun Fact:

Where does the word hepatitis come from?

Hepat = liver
Itis = inflammation

Therefore, hepatitis is the inflammation of the liver



THE HEPATITIS C CARE TEAM

In Combination with Regional HIV/AIDS Connection and London Intercommunity Health we now have a team of care for those with HEP C.

The 4 person team consists of a:

Social Worker: Andrea Allen

Nurse Practitioner: Suzanne Tobin

Outreach Worker: Jesse Huntus

Peer Support Worker: Keri Wheatley



WHAT DOES THE TEAM DO?

Our goal is to help those living with hep C. We are here to help you in any way you would prefer. We will be providing information, support, counselling, health care, treatment, medical assistance and clinical or social support.

We are based in both London InterCommunity Health Centre and

Regional HIV/AIDS Connection. The Nurse Practitioner and the Social Worker work out of The London InterCommunity Health Centre, while the Outreach Worker and the Peer Support Worker will be based at the Regional HIV/AIDS Connection. The Nurse Practitioner will be at

“Our goal is to help those living with Hep C”

Regional HIV/AIDS Connection once a week to provide hepatitis C information, talk about risk factors and test for hepatitis C. She will also be working with physicians at LHC to provide a full scope of Hepatitis C care, including treatment.

The role of the Social Worker on the hepatitis C Care Team will provide psychosocial assessment, counselling, advocacy and referral services to individuals with hepatitis C who are experiencing a variety of issues (addiction, mental health, housing, etc.) that impact their ability to cope infection or accessing appropriate treatment. Our

Outreach Worker will be out and about getting the word out that we are here to help, as well as providing support for those that are interested. Our Peer Support Worker will offer support and be there to help in any way possible, including going to appointments with clients and advocating on their behalf, whether that is with ODSP, O.W., Probation or anywhere needed. Stay tuned for information about accessing all of these services in the near future!

ADVANTAGES OF PEER TO PEER SUPPORT

As a peer support worker I have been on both sides of the fence. I remember when I was going through my own trials, i just didn't trust if you hadn't been there yourself. How could you possibly understand? I preferred to talk with someone who had been there. I felt that they understood where I was coming from. When I talked about how I was feeling, they would reply that they understood and that they had been there too. I no longer felt alone. I was more able to trust those that had been through the same things I went through. I would follow their advice on how they got through their own trials.

This for me has always worked the best.

Now as a peer support worker I can pass on that help to others who are going through and experiencing many of things I have dealt with in the past. I can pass on what worked for me and what didn't work for me. I have an open mind because I



know how hard it is. I understand when it seems as though you can't go another step and the desire to stay in bed is overwhelming. I know how hard it is to make yourself get up and carry on. I understand guilt and shame. I know the way out of those feelings. I know what it is to be judged by others and by myself. I know despair, hopelessness, and failure. I know these feelings. I had them and sometimes, I still do. I have tools now that help when I feel that way. I intend to share them with those who want them and to be an ear for those who want someone to listen.

By: Keri Wheatley

HIV AND HEP C: WHAT TO KNOW WHEN YOU'RE CO-INFECTED

Since hepatitis C and HIV risk can be seen in similar activities, particularly injection drug use, many people find themselves co-infected with both viruses. It's important to know that there are specific things that you can do to address both viruses, and that treatment, meds and lifestyle changes recommended for one can have specific effects on the other. For example, HIV meds can be very hard on your liver. Making sure that you don't compound the situation is important. By following appropriate nutrition and diet recommendations you can help your liver maintain its function better while still adhering to your HIV meds.

Consuming alcohol can be a dangerous thing for both hepatitis C positive and HIV positive folks, but for differing reasons. Those who are co-infected need to consider both the interactions with their HIV meds (some meds are not to be mixed with alcohol and can lower the effects of the drug), as well as caring for their liver by not putting it through the stress of filtering harsh alcoholic fluids.

Here at Regional HIV/AIDS Connection, we have support for those living with HIV and hepatitis C, and for those who are co-infected. We can provide counseling for those who need help coping with daily struggles, as well as some practical support like getting to appointments and referrals to other community agencies. We also offer a variety of other peer-based groups that allow people to connect with others who are living with hepatitis C, HIV and those who are co-infected.

For more information about any of RHAC's support related programs, please contact:

Richard MacDonagh—rmacdonagh@hivaidconnection.ca

By: Kevin Murphy





New Medication for Hepatitis C Treatment

By Sue Tobin, Nurse Practitioner
Hepatitis C Care Team

Treatment for chronic Hepatitis C has come a long way in the past ten years, providing hope and relief for those living with this liver disease. The goal of Hepatitis C treatment is to rid the body of the Hepatitis C Virus (HCV). Treatment decreases the spread, or transmission of the virus, and improves the health of those who are infected.

Historically there have been many challenges to treating chronic Hepatitis C, including:

- Variable success rates (no HCV detectable in the blood) ranging from 50-80%
- Lengthy treatment regimes ranging from 24 to 48 weeks
- Time consuming and complex treatment involving daily pills and weekly injections
- Resource-intensive treatment which requires a lot of support from the health care system
- Side effects that include nausea, fatigue, loss of appetite, depression
- High cost per patient (\$20,00 - \$40,000)
- Lack of drug coverage for many patients
- Barriers to health care and treatment access
- Health care providers reluctant to treat drug users and persons with mental health issues

Fortunately, many of these barriers are being overcome through advances in medications and Ontario's implementation of Hepatitis C Care Teams, such as this partnership between Regional HIV/AIDS Connection and London Intercommunity Health Centre.

In August 2011, Health Canada approved the use of additional medications to treat chronic Hepatitis C infection. The drugs Telaprevir (Incivek) and Boceprevir (Victrelis) can be added to the current drug regimen to improve treatment success for persons infected with one type of the Hepatitis C virus. Adding either of these drugs, called Direct Acting Antivirals (DAAs) to Peg-interferon and Ribavirin is called "triple therapy."

Telaprevir and Boceprevir have been approved for use in Canada only for those persons infected with Hepatitis C Virus Genotype 1. This genotype, or strain of the Hepatitis C Virus, required 48 weeks of treatment and still had the lowest treatment success rate. However with the addition of DAAs, the length of treatment for genotype 1 HCV has decreased to 24 weeks and the success rate has increased to 70%. Use of this medication will definitely benefit our community.

In the coming weeks and months, more information will be available about the Hepatitis C treatment and disease management services available through London's Hepatitis C Care Team. If you have any questions you can connect with the team members at the Regional HIV/AIDS Connection (519) 433-1601 or at the Health Centre (519) 660-0874.



HEP C IN PRISONS

According to the (Zakaria , Thompson, Jarvis & Borgatta, 2010) National Inmate Infectious Diseases and Risk-Behaviours Survey, “among inmates ever tested for HCV infections 30.8% of men, and 37% of women reported being HCV-positive”. These numbers are alarmingly high. Keep in mind that these statistics only represent inmates who have been tested. There are still a large number of inmates who haven’t, and probably never will be tested. The population in and out of jails and prisons face much stigmatization throughout their lives. Associated stigma not only as an inmate but in having Hep-C can contribute as a barrier to being tested. As a marginalized population, they are at a

The reality is that there are a high number of Hep -C positive inmates and currently no programs are available that offer sterile needles and supplies

higher risk of Hep-C infection. Injection drug users in prisons and jails are at most risk. The reality is that there are a high number of Hep-C positive inmates and currently no programs are available that offer sterile needles and supplies. People are able to still use while incarcerated, which leads to an increased opportunity to share equipment and risk transmission. What to remember? Try not to share any equipment while using. Get tested-know your status. If you have Hep-C let people know. The more you know, the more you can fight stigmatization and help prevent transmission.

By: Jesse Huntus

IF YOU HAVE HEP C SHOULD YOU SMOKE POT?

Marijuana (pot) is controversial when it comes to its effects on hep C, because sometimes it is helpful and other times it can be harmful.

People experiencing symptoms from their hep C or people who are undergoing hep C treatment and are experiencing difficult side effects from the medications often find pot helpful in managing these symptoms and negative side effects. Pot can help minimize symptoms like nausea, loss of appetite, pain, and trouble sleeping. Having something to help cope with side effects during treatment can give people a better chance of remaining on the treatment and eliminating the virus from their bodies.

On the other hand, pot has been found to be damaging to the liver. Research show that people who regularly use pot experience faster liver damage than people who don’t use it.

Unfortunately there is no firm answer of whether the use of pot is helpful or harmful for people living with hep C, it really changes from person to person. It is about weighing the different risks and benefits of using it and possibly talking to your healthcare provider and deciding for whether it is right for you or not.

Some other things you should watch out for:

Smoking:

Smoking cigarettes damages the liver, it causes increased fibrosis

Alcohol:

Drinking alcohol increases the rate of liver damage and the risk of cirrhosis in people who have hep C

Street or Over-the-Counter Drugs:

Over consumption of certain drugs, both street and prescription, can cause or increase liver damage. Also, it is common for street drugs to be cut with additives that can be toxic to the liver

HEP A, B, C: WHAT'S THE DIFFERENCE?

Hepatitis A...Hepatitis B...Hepatitis C...they all sound pretty similar don't they? Well in reality, these three different kinds of hepatitis are actually quite different. When it comes to how they are transmitted, how they are treated and how quickly they progress for example, there are some major differences. But then when we're talking about how they are tested or what part of the body they affect they are pretty similar. Let's break them down so we can really have a good look at how they are the same and more importantly, how they are different.

	Hepatitis A	Hepatitis B	Hepatitis C
What is it?	Virus that affects your liver	Virus that affects your liver	Virus that affects your liver
How is it spread?	Fecal-oral route Entry of feces into a person's digestive system	Blood and body fluids Direct entry of an infected persons blood or other body fluids into a non-infected persons blood stream	Blood to blood contact Direct entry of an infected persons blood into a non-infected persons blood stream
How is it tested?	Blood sample is taken	Blood sample is taken	Blood sample is taken
What is the disease progression?	Infection usually clears on its own Mild illness	85% can clear the virus Chronic infection can lead to serious liver damage	20% can clear the virus Chronic infection can lead to serious liver damage
How is it treated?	No treatment	Antiviral medications with varying success	Antiviral medications with varying success
Is there a vaccine?	Yes	Yes	No

TRANSMISSION OF HEP C THROUGH SEX

Although it is possible to get, or give, HCV during sex, it is very uncommon as hep C is spread through blood to blood contact and there is not often bloodshed during sex. It is important to practice safer sex with anyone, but especially if you have sex with more than one partner. There is a definite higher chance of spreading HCV if one partner has a sexually transmitted infection (STI), has any sores or lesions (herpes or syphilis), or if a female is menstruating, as there is a higher chance of blood being present in these circumstances. There are no known cases of HCV being given through oral sex, although it is possible if a person has mouth sores, bleeding gums, a throat infection, or when there is any blood involved. Practice safer sex, know your body, know the risks, but most of all-have fun.

SVR...What's That?

A lot of people know that there is treatment for hep C, and a lot of people also know that you can clear the virus from your body, but not a lot of people know what that is actually called. You may have heard the term SVR thrown around, and this stands for Sustained Virological Response, which is actually the goal of hep C treatment, and to obtain SVR means your treatment was a success. What SVR actually means is that the virus has been suppressed in the body, and this is determined if six months after treatment you still have no detectable viral load. It is important to keep in mind though that even if you achieve SVR, you can still be re-infected with the hep C virus.

PERSONAL ACCOUNT

My travels and journey with getting the hep C virus and my treatment obstacles:

I lived a young and carefree life, a party pretty much...I was there! Well at some of the parties there were drinkers, pot smokers, and yes...the needle. At one of those parties I shared a needle with a friend because we were out of new ones. I did not think about it 'till about a year later. I was feeling tired, sick, and sore, so I made a doctor's appointment. I had a partner and an active sex life, so I thought I was pregnant...to my surprise, when the tests came back I had hep C.

*"Living with hep C is possible.
You are not alone.*

I had also injected my partner with my dirty needles, so you can imagine the thoughts that were going through my mind. We have a strong relationship so we took each other's hands and said it's going to be alright. We followed up with our family doctor, and then were sent off to a liver specialist. When we attended that specialist we were told we have too much fatty tissue around our liver, so we were denied treatment until we lost some weight. We have made changes to our life style. We eat healthier, exercise more, and most of all we have each other to talk to when we are having a bad day. So living with hep C is possible, and you are not alone.

Tammy

HEP C AND THE LAW

In general, you are not legally required to tell anyone you have HCV. However, it is important you are aware of the legal and moral issues surrounding the subject. Although you are not required to disclose, there are circumstances in which you must be honest. For instance, if you are aware of having HCV and want life/medical insurance, you must disclose this when asked. If you do not disclose to a sexual partner and they become infected by you, then you may be held liable for this. While you are not legally required to tell people, some people feel a moral obligation to disclose their HCV status, but this is up to each individual. In your life, from person to person, it is your decision whether or not you should disclose. It is your life; you decide what is best for you.

INJECTION DRUG USE & HEP C: SOME FACTS

- Between 75,000 and 125,000 people inject drugs in Canada
- In Canada, injection drug use & needle-sharing is the main cause of HCV transmission. About 70-80% of all infections
- Between 50-80% of IDU's become infected with HCV within 5 years of first injection drug use
- Populations with a higher rate of IDU activity have a correspondingly higher rate of HCV, due largely to needle sharing
- (Hep C and Drug Users, Harm Reduction Coalition)



REGIONAL HIV/AIDS CONNECTION

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Look for more info on our
website!
www.hivaidsconnection.ca

If you are infected with, affected by or at-risk for hepatitis C Regional HIV/AIDS Connection has got services for you! Come in and chat with us and we will do our best to help you with whatever you need.

Looking for information? Here's how we can help:

- Answer any questions you have about the virus and how to protect yourself from getting it
- Provide you with tips and information on living with the virus and help you make informed choices
- Monthly lunches with guest speakers where you can learn about and discuss specific topics related to hep C, as well as meet other people living with the virus
- Provide presentations to educate people about hepatitis C

Looking for support? Here's how we can help:

- Provide referrals to treatment providers
- Help with basic needs such as housing, applying for finances, connecting with other services in the city, etc.
- Casual counselling if you are looking for someone to talk to
- Accompany you to appointments and act as a support and advocate

HEP C PEER SOCIAL

2-4pm

Every Thursday

Location: Community Room, Regional HIV/AIDS Connection, 186 King street

The Hep C Peer Social is a chance for people who are either currently living with, or have been through hep C, to connect with other people going through the same situation. This is a chance to come out, socialize and meet new people. Light snacks and refreshments will be available.

HEP C LUNCH & LEARN

12:30-1:30pm

Second Friday of every month

Location: Board Room, Regional HIV/AIDS Connection, 186 King street

The Hep C Lunch & Learn is for people living with hep C or personally affected by it, to listen to information and guest speakers on topics related to hep C. Free lunch is provided. Spots fill up fast so, if possible please RSVP, to make sure you get a seat.

For more information on either of these events, or to RSVP, please contact:
Sarah, Hepatitis C Educator 519-434-1601

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The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.