Are you feeling frustrated by politics and the merry-go-round of business as usual? While some of our elected officials and presidential hopefuls are screaming at each other, viral hepatitis is taking lives like an uncontrolled fire. Some days I just want to pull the covers over my head and crawl into a bucket of highly processed comfort food. However, for reasons that I don’t quite understand, I stick to my kale salad (no, I don’t massage it), and ask, “What can I do to make a difference?” The answer is always the same: speak up about hepatitis C, and do it even if I feel like I am getting nowhere.

Raising my voice about hep C is why I went to Washington D.C. Hepatitis on the Hill is an annual event that focuses on increasing the federal response to the viral hepatitis epidemic in the United States. Hosted by the Hepatitis Appropriations Partnership (HAP), Hep B United (HBU) and the National Viral Hepatitis Roundtable (NVHR),
more than a hundred folks from around the country attended. We spent a day learning how to be effective lobbyists, followed by a day on Capitol Hill asking our legislators to support funding for viral hepatitis programs.

Before I delve into specifics, let me stop and see if you are still with me. If you are thinking that political and budgetary discussions about hep C are boring, don’t apply to you, or you don’t care about these issues, then listen up. Viral hepatitis is more prevalent than all the other reportable diseases combined and is barely funded at all. The CDC’s Division of Viral Hepatitis operates on a budget of $32 million, which is less than $5 per infected person per year.

Despite this, hepatitis C virus (HCV) is killing more Americans every year than HIV is. The death rate is increasing, along with the rate of new infections. The majority of those with hep C don’t know they have it. Also increasing are the cases of hepatitis C-related cirrhosis, liver cancer, and the need for transplantation.

Here is why hep C, the most common blood borne virus in the U.S. is every American taxpayer’s problem: if we don’t change the direction this disease is heading, taxpayers are going to have to foot a huge Medicare bill. It is much better to prevent the spread of viral hepatitis. Every dollar spent on prevention saves ten dollars in costs down the line... and saves lives.

Here is what we need:

• Improvements in surveillance and monitoring – The CDC doesn’t know how many people in the U.S. are infected with viral hepatitis. This is because there isn’t funding for adequate surveillance. A nationally coordinated surveillance system will help to track and prevent new HCV infections, and link newly infected people to appropriate care.

• Enhanced prevention efforts – Syringe exchange programs and immunizing all children and unimmunized adults against hepatitis B virus would make a huge difference.

Here is what you can do:

You may think that your voice doesn’t matter, but it does. Each call, email, letter, fax, and visit is important. The more people in a district or state who tell their legislators what they want, the more likely the issue will gain traction. Remember, in terms of money, we aren’t asking for much. However, in non-monetary terms, we are saving lives.

• Call your Congressional Representative through the Congressional Switchboard at (202) 224-3121. Ask to be connected to your Representative. If you aren’t sure who your elected officials are, you can look them up at www.congress.gov.

• Once you are connected to the office, ask to speak to the staff person who handles health care issues. Whether you speak to that person live or leave a voicemail, tell them:
  – Your name
  – That you are a constituent from (your town/city and state)
  – That you would like the Representative to support an increase in funding for the CDC’s Division of Viral Hepatitis to $62.8 million in FY2017. This is more than what President Obama is asking for, but about 100 million short of what we actually need.
  – Also, ask the legislator to support repeal of the federal funding ban on syringe exchange services. (Currently this issue is attracting bipartisan support and a nudge from constituents may help this pass.)
  – Give a brief message of why this issue is important to you (You have it, someone you know has it, you are concerned about your community, or however you are touched by viral hepatitis)

Repeat the entire process with both your senators.
Then sit back and feel good about yourself. If you want to do a tiny bit more, ask others to do this too. Extra bonus points if you post to social media, mention your legislator and #EliminateHepC.

For more information about how to support efforts to improve viral hepatitis funding and services, visit National Viral Hepatitis Roundtable or the Hepatitis Appropriations Partnership.

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Nutrition and Hepatitis C

Nutrition is an important component of living well with hepatitis C. It is even more important to help with the prevention of steatosis (fatty infiltrates of the liver) that contributes to HCV-related liver disease progression. A poor diet and little or no exercise can significantly contribute to the formation of steatosis. Therefore, it is recommended that people with hepatitis C eat a healthy, well-balanced diet, drink plenty of clear fluids, engage in moderate exercise and get plenty of rest. These are all useful strategies to improve overall health and help people living with hepatitis C. It is highly recommended that people with hepatitis C should consult their healthcare provider – and perhaps also a trained dietitian or nutritionist – before starting any new diet.

DIET
A diet that follows the general guidelines for good nutrition based on the Dietary Guidelines for Americans (www.choosemyplate.gov) is recommended for people with chronic hepatitis C. Balancing the food you eat with physical activity is also recommended.

A healthy diet is low in fat, cholesterol, and sodium (salt), high in complex carbohydrates, and has adequate protein. Most people can obtain adequate nutrients by eating a well-balanced diet.

The Dietary Guidelines for American’s recommendations include many factors such as age, sex, and physical activity. Also, there are very practical tips and suggestions on how to eat healthily, a system to keep track of what you eat and various resources and links. To learn more information about nutrition and the food guide, visit www.choosemyplate.gov

— Alan Franciscus, Editor-in-Chief
TIPS FOR EATING HEALTHY

The following is speculative, but is nutritionally sound: Processed foods may contain chemical additives and high levels of sodium (salt), so people with hepatitis C may benefit from limiting consumption of canned, frozen, or preserved foods, as well as fast foods.

It is often recommended that people with HCV should avoid foods high in fat, salt, or sugar. Some people with hepatitis C find it difficult to tolerate dairy products; if this is the case, soy, almond, cashew, coconut, hemp, or rice milk may be suitable substitutes. Some experts believe protein from vegetables, dairy products, fish, or chicken may be easier to process than protein from meat. However, adequate protein is necessary for body tissue maintenance and repair. Moderation is the key to living well with hepatitis C.

People with hepatitis C who have cirrhosis should see a liver specialist and consult with a nutritionist for special dietary needs.

FOOD SAFETY

All meat, fruits, and vegetables should be washed thoroughly to remove possible harmful residues and chemicals. Wash hands thoroughly before and after handling food. Be sure to wash surfaces, utensils, and any other items while preparing food to avoid cross contamination of food items.

SHELLFISH

People with hepatitis C should avoid eating raw or undercooked shellfish which can contain hepatitis A and bacterial infections that could lead to serious health consequences and even death.

HCV SYMPTOMS AND SIDE EFFECTS

Some people with hepatitis C experience many symptoms such as loss of appetite (anorexia), nausea, and diarrhea. These may also occur as side effects of the drugs used to treat HCV. Many people find it helpful to eat small, frequent healthy meals and snacks rather than three large meals each day. Soft or liquid foods and foods at room temperature (neither hot nor cold) may be easier to tolerate while spicy or fatty foods may worsen nausea. If a person is unable to obtain enough nutrients by eating normally, liquid nutritional supplements (such as Advera, Ensure, or Sustacal) can be used.

Fat-soluble vitamins are stored in the liver. Certain vitamins and minerals (e.g., vitamin A, vitamin D, iron, and niacin) can be harmful to the liver if consumed in high doses. Most vitamins and minerals can be obtained from a healthy well-balanced diet.

TRANS FATS

Avoid foods that contain trans fats (partially hydrogenated vegetable oils)—the artificial kind—since consuming trans fats are known to cause some serious health problems including increasing “bad” cholesterol levels and lowering “good” cholesterol levels and contributing to heart disease.

In 2013, the Food and Drug Administration (FDA) recommended a ban on all trans-fats. The Food and Drug Administration (FDA) has set a deadline of 2018 to eliminate the artificial trans fats from all products. Of note, trans fats do not add any nutritional value.
In 2007, New York City adopted a regulation that eliminated almost all trans fats from restaurant menus. Most New Yorkers didn’t even notice the difference. Major fast-food chains adopted the changes and did not receive very many complaints. California banned trans fats in restaurants in 2010 and all bakery products in 2011.

Trans fats can have serious health consequences. A study published in the New England Journal of Medicine in 2016 reported that eliminating artificial trans fats from the United States food supply may prevent between 72,000 (6%) to 228,000 (19%) cases of chronic heart disease, sudden death from heart disease and diabetes.

**FOOD LABELS**

It is important to understand food labels and ingredients. It is important to know what a serving size means—some labeling can be deceptive. For example, a product label may state that the package is one serving with a low-calorie count. The package would list that it has 3 servings. The reality is, however, that the entire package is really 1 normal serving.

Another deceptive practice is the list of ingredients on the food package. The ingredients are listed by amount of the ingredient in the product. The manufacturer wants the healthier ingredient listed first. Sugar has 61 types and different names. A consumer who reads a label and sees ‘sugar’ listed once may think there is only a small amount of sugar. However, a closer look may reveal dextrose, corn syrup, and fruit juice, for example, and realize that combining all the sugars would make the combined sugars the number one ingredient. Sneaky little marketers!

It can be challenging to read and understand the ingredient lists and food labels. The FDA has an excellent overview of the labeling at [www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm274593.htm](http://www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm274593.htm)

**FLUIDS**

Drinking enough clear fluids is an important part of a healthy diet. Water is often called the ‘silent nutrient’ because it provides needed minerals and essential fluids to keep us healthy. The Institute of Medicine (IOM) recommends that the general daily fluid intake should be 91 ounces for women and 125 ounces for men. Fluid intake can come from food, water, and other drinks. A good rule of thumb is to make sure that you drink when thirsty.

**VITAMINS**

Fat-soluble vitamins are stored in the liver. Certain vitamins and minerals (e.g., vitamin A, vitamin D, iron, and niacin) can be harmful to the liver if consumed in high doses. Most vitamins and minerals can be obtained from a healthy well-balanced diet.

Some people with hepatitis C have low levels of fat-soluble vitamins and should have their levels checked by their medical providers.

You may not have a lot of control over what hepatitis C does to your body, but you can keep yourself healthier by eating a healthy diet. This will strengthen the immune system to help fight hepatitis C.
Article: Prevalence of Diagnosed and Undiagnosed Hepatitis C in a Midwestern Urban Emergency Department—M. S. Lyons et al.


Study Aims and Results

There has been a push to screen for hepatitis C (HCV) in emergency rooms and thus far a relatively high prevalence of HCV has been reported. In the current study, a targeted hepatitis C screening was implemented in a Midwestern, urban emergency room department. The aim of the study was to understand if testing 18 to 64 year old patients rather than the Baby Boomer Cohort—born 1946 to 1964—would provide a better screening model for hepatitis C.

The current study recruited 18 to 64 years olds who provided self-reported information. Blood samples were drawn and tested for hepatitis C antibodies and HCV RNA (viral load).

Fourteen percent (128 of 924 of the blood samples) tested positive for HCV antibodies. Of those who tested positive for antibodies, 81% tested positive for HCV RNA. Of the people who tested positive for HCV RNA, 34% of the people knew they had hepatitis C or knew they had hepatitis of unknown cause; 2 people tested antibody negative but were HCV RNA positive.

Conclusions

Hepatitis C prevalence was high in emergency room admissions in the 18 to 64-year-old targeted age group. Of note, Birth Cohort (Baby Boomer testing) would have missed 28% HCV antibody positive individuals and 25% chronically infected individuals in this study.

Editorial Comment

Are we missing a large group of people who are infected with hepatitis C? Logically it rings true because of the outbreaks of acute hepatitis C across the United States. Is it time to expand the age of the Birth Cohort testing? At the very least we should test this model in other areas to find out if it is applicable on a national scale.
Article: Primary Care Physician Perspectives on Hepatitis C Management in the Era of Direct-Acting Antiviral Therapy—M. Thomson et al


Study Aims and Results
The aim of the study was to assess the knowledge of primary care physicians (PCPs) on screening, diagnosis, referral and treatment of hepatitis C. Physicians at an outpatient hospital filled out an anonymous survey. Eighty PCPs (36%) completed the surveys. Sixty percent were female age 36-50 (55%) from family (44%) or internal (49%) medicine.

Screening/Referral
Overall, PCPs correctly identified high-risk populations for screening. Nineteen percent failed to identify baby boomers and 45% failed to identify hemodialysis patients as populations to screen. About half reported they were able to screen at-risk patients less than 50% of the time due to time constraints and difficulty assessing if patients had already been screened. Seventy-one percent of PCPs reported they referred all newly diagnosed patients to specialty care.

Treatment
Seventy percent of PCPs did not feel up to date with current treatment. The majority grossly underestimated efficacy, tolerability and ease of administration, and overestimated treatment duration. Only 9% felt comfortable treating chronic hepatitis C, even those without cirrhosis.

Conclusions
The PCPs in this study were fairly knowledgeable about screening but did not screen in practice due to time constraints. Their knowledge about treatment was not up-to-date and they did not feel comfortable treating chronic hepatitis C.

Editorial Comment
This is terrible news! Primary care providers are a large part of the solution to eliminating HCV. The demand for treatment is increasing because we have treatments that have high cure rates, short treatment durations and low side effects. Insurance restrictions are easing, and increased awareness will bring more people into care and treatment. Educating and training PCPs to test, manage and treat hepatitis C should be high on everyone’s agenda.

The demand for treatment is increasing because we have treatments that have high cure rates, short treatment durations and low side effects.
WHAT’S UP!

Recently Turn 18 or Moved? Need To Register To Vote?

Don’t Hesitate – Register Now and Vote!

The 2016 primary elections and the subsequent national election will be one of the most important elections of our times. If you are a Republican, Democrat, or Independent, it is important to register and exercise your right to vote. Make your voice heard at this critically important time for our country.

UPDATED FACT SHEETS

We have also updated our fact sheets:

HIV/HCV Coinfection:  
HCV Treatment

HCSP Fact Sheet:  
Testing Positive – Now What?

Easy C Fact Sheet:  
What is Hepatitis C?

EASY C TREATMENT GUIDES

The new guides have the latest information about the drugs to treat hepatitis C by HCV genotype. Check it out.

The HCV Advocate offers information about various forms of intervention in order to serve our community. By providing information about any form of medication, treatment, therapy or diet we are neither promoting nor recommending use, but simply offering information in the belief that the best decision is an educated one.

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