

HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Hepatic Diseases Treated With Stem Cells From Umbilical Cord

<http://www.medicalnewstoday.com>

Scientists of the University of Granada, in collaboration with the University of Leon, have confirmed that stem cells from human umbilical cord blood can be an appropriate therapy for the treatment of hepatic diseases such as hepatitis, and therefore mean an effective alternative to bone marrow. According to a scientific paper which will be shortly published in the renowned journal Cell Transplantation, human umbilical cord blood cells (HUCBCs) can be useful for hepatic regenerative medicine, as they can nest in the liver after carrying out a human-to-rat xenotransplant.

This work, carried out by Ana I. Álvarez-Mercado, María J. Sáez-Lara, María V. García-Mediavilla, Sonia Sánchez-Campos, Francisco Abadía, María Cabello-Donayre, Ángel Gil, Javier González-Gallego and Luis Fontana, did research into the regenerative potential of HUCBCs cells using a xenotransplant model from human to rat in which HUCBCs were injected through the hepatic portal vein of rats with hepatitis caused by D-galactosamine.

Success in rats

The scientists explain that the cell transplant carried out in rats caused an improvement both in the histological damage and in the hepatic function, as proved by the enzymatic activities of alanine transaminase, alkaline phosphatase, gama-glutamyl-transpherase and lactate dehydrogenase, as well as the concentrations of total and direct bilirubin. The present treatment for terminal hepatic failure consists of a liver transplant. However this method is limited due to the lack of donor organs. In addition, there is not at present a specific treatment for the fibrosis caused by many hepatic diseases. The development of such alternatives is therefore an essential objective for present research to improve suffering in many patients.

Article adapted by Medical News Today from original press release.

Note: video in <http://es.youtube.com/watch?v=uEzdKwym3CI>

Source: Dr. Luis Fontana Gallego, Universidad de Granada

Future of Hepatitis C patients in UAE hangs in 'ministerial' balance

<http://www.gulfnews.com>

By Dina El Shammaa and Nina Muslim, Staff Reporters

Abu Dhabi/Dubai: Hepatitis C patients in the UAE are anxious, wondering whether their days in the country are numbered as the Ministry of Health mulls a decision whether to deny them residency.

The ministry on Tuesday decided to hold off on implementing a mandatory check for Hepatitis C during residency medical exams and thereby denying expatriates who test positive their resident permit.

Gulf News reported on April 21 the Health Ministry planned to add the blood-borne disease to the list of deportable diseases on July 1.

Residents with the disease told Gulf News they have been living with a sense of dread while waiting for the ministry's final decision. All asked to remain anonymous due to the stigma.

A 50-year-old expatriate midwife, who has the antibodies but is no longer infected with the virus, told Gulf News the debate whether or not she could stay in the country made her 'angry'.

"I don't think people understand what Hepatitis C is; it's not as dangerous as Hepatitis B. When I was first diagnosed the doctor told me I don't even need to be here," she said.

"If the ministry decides to deport people who have the condition, it should be on individual basis decision; not everyone is a carrier. And there are people like me who have the antibodies but cannot infect," she added.

No threat

A 41-year-old business executive from Egypt told Gulf News he needed to stay and work in the UAE to support himself and his family. The virus is currently dormant.

"I have a debt to the bank of more than Dh300,000 and I'm settling it due to my ability to work in the UAE. If the ministry decides to deport expatriates with Hepatitis C, I will not be able to pay off my debt and will evidently get into trouble," he said.

"I don't feel I'm a threat, my job mostly involves a keyboard. I'm not a chef or a doctor whose job involves more interaction than mine. I don't donate blood and don't think I'm a dangerous person," he added.

Dozens of thalassaemia patients have contracted Hepatitis C from tainted blood supplies in the UAE. People with the genetic blood disorder have to undergo a blood transfusion every three weeks.

Saeed Jafar Al Awadi, board member of the Emirates Thalassaemia Society, had previously vowed to fight to prevent any policy requiring deportation of Hepatitis C patients.

"They cannot [take] the decision for thalassaemia patients with Hepatitis C. It is unfair because they only have the disease through our mistake. They never had the disease until they came here," he told Gulf News earlier.

An Emirati housewife with the disease feels the same way, telling Gulf News denying infected expatriates their residency visas was not the way to solve the health problem.

"In most cases, Hepatitis C is spread without the person knowing. It is not right to generalise the condition and to stereotype against it. Banning expatriates with dormant Hepatitis C would not be correct nor will it stop the condition from spreading," she said.

A senior official from the Ministry of Health told Gulf News there was slim chance of the policy passing. "It will not work. If they did it, no Arab will come to this country," he said. Some Arab

nationals have a higher prevalence of Hepatitis C due to tainted medical and blood supplies in their countries.

What is Hepatitis C?

Hepatitis C is the inflammation of the liver, most commonly caused by a viral infection, usually as a result of contact with infected body fluids such as blood transfusions or invasive medical procedures using contaminated equipment.

The symptoms of hepatitis include jaundice (yellowing of the skin and eyes), dark urine, extreme fatigue, nausea, vomiting and abdominal pain. In many countries where the virus is highly endemic, unsafe injection practice accounts for a significant proportion of infections.

A total of 262 cases out of 100,000 population rate in 2007 have been reported to have viral Hepatitis C, according to a report issued by the Health Authority Abu Dhabi (HAAD) from the Preventive Medicine Department. Dubai Department of Health and Medical Services (Dohms) reported 158 cases of Hepatitis C in 2006.

July 6, 2008

HBV and HCV infection in Japanese dental care workers

www.newsrx.com

Current study results from the report, 'HBV and HCV infection in Japanese dental care workers,' have been published. "Protective measures against occupational exposure to the hepatitis B virus (HBV) and hepatitis C virus (HCV) must be taken in order to prevent infection in dental care workers. To determine the best way to protect these workers, our study examined viral hepatitis infection in dental care workers in regions with a high prevalence of HCV infections in Japan," scientists in Kurume, Japan report.

"In total, 141 dental care workers (including dentists, dental hygienists and dental assistants) were enrolled. After a questionnaire to elicit demographic information was administered by an oral surgeon, hepatitis B surface antigen (HBsAg), antibody to HBs (anti-HBs), antibody to hepatitis B core antigen (anti-HBc) and antibody to HCV (anti-HCV) were measured. When necessary, HBeAg, anti-HBe, levels of HBV DNA, anti-HBc IgM and HCV RNA in serum were measured. Of the dental care workers included, 68 (48.2%) had been immunized with a HBV vaccine. Only 9 wore a new pair of gloves for each new patient being treated, 36 changed to a new pair only after the old gloves were torn and 24 did not wear any gloves at all. No one was positive for HBsAg or anti-HCV, though 73 (51.8%) and 17 (12.1%) workers were respectively positive for anti-HBs and anti-HBc. The positive rate of anti-HBc varied directly with worker age and experience. Of the 68 workers immunized with HBV vaccine, 51 (75%) were positive for anti-HBs. Of the 63 workers who were not so immunized, 17 (27%) were positive for anti-HBs and 15 of these were also positive for anti-HBc. Immunized workers were more protected against HBV infection than non-immunized workers, indicating that HBV vaccine was a useful measure for protection against the infection. The anti-HBc positive rate was significantly higher among dental care workers than general blood donors, suggesting that frequency of exposure to HBV was greater in dental care workers," wrote Y. Nagao and colleagues, Kurume University.

The researchers concluded: "HBV vaccination should be made compulsory for all dental care workers who handle sharp instruments."

Nagao and colleagues published their study in *International Journal of Molecular Medicine* (HBV and HCV infection in Japanese dental care workers. *International Journal of Molecular Medicine*, 2008;21(6):791-9).

July 7, 2008

Anadys Pharmaceuticals Resumes Clinical Investigation of TLR7 Mechanism in HCV

<http://biz.yahoo.com>

Expanded HCV Development Presence Includes ANA598 and ANA773 Acting via Independent but Potentially Complementary Mechanisms

SAN DIEGO, July 7 /PRNewswire-FirstCall/ -- Anadys Pharmaceuticals, Inc. (Nasdaq: ANDS - News) announced today that it is resuming clinical investigation of the Toll-Like Receptor-7 (TLR7) mechanism for the treatment of chronic hepatitis C. Based on preclinical pharmacology testing and the results of completed 13-week GLP animal toxicology studies, Anadys has received clearance to initiate a clinical trial of ANA773, the Company's oral TLR7 agonist prodrug, under a clinical trial application (CTA) in the Netherlands. Following initial dosing in healthy volunteers, this trial will explore every-other-day dosing over 28 days in HCV patients. Anadys also continues to enroll patients in a separate Phase I clinical trial of ANA773 in oncology that is ongoing under an IND in the United States.

"In an extensive preclinical program conducted with ANA773, we have previously shown that the profile of immune stimulation resulting from TLR7 activation can be dramatically modulated by altering the schedule of administration," said James Freddo, M.D., Anadys' Chief Medical Officer. "Now, results of toxicology studies employing every-other-day dosing of ANA773 have shown that we can achieve desired levels of immune stimulation sustained over 13 weeks without adverse toxicology findings. The favorable toxicology profile seen to date, coupled with the stable induction of interferon-alpha dependent responses when ANA773 is dosed every other day over 13 weeks, have convinced us that ANA773 has the potential to demonstrate benefit in patients infected with HCV."

Steve Worland, Ph.D., Anadys' President and CEO, commented, "The decision to take ANA773 into HCV, which will be our third clinical development program to commence dosing this year, reflects an expansion of Anadys' development efforts in HCV. As an approach to treat hepatitis C, the TLR7 mechanism is independent from, and potentially complementary to, ANA598, Anadys' non-nucleoside HCV polymerase inhibitor currently in Phase I clinical development." Commenting on the expected impact this expansion will have on the Company's cash outlook for 2008, Dr. Worland added, "Because the ANA773 hepatitis C program is highly leveraged off our oncology program, we expect to carry forward all three clinical development programs this year within our previous 2008 cash utilization projection of \$29 to \$31 million."

ANA773 Phase I Clinical Trial in HCV

The Phase I clinical trial of ANA773 in HCV will be conducted under a two-part protocol. Part A of the study will include both single and multiple doses of ANA773 in healthy volunteers. Successive cohorts of volunteers will receive ascending dose levels of ANA773. The primary objectives of Part A of the study are to assess safety and tolerability. In Part B of the study, HCV patients will receive ANA773 every other day for 28 days. The primary objectives of Part B are to assess safety, tolerability and viral load decline. The starting dose level in HCV patients will be selected based on safety, tolerability and immune responses seen in healthy volunteers in Part A. It is expected that this study design will allow initial dosing in HCV patients at a dose that will have demonstrated a desired magnitude of immune stimulation in the healthy subjects, and that dosing in patients will initiate prior to completion of dose escalation in Part A of the study. Approximately 40 healthy volunteers and 24 patients are anticipated to be enrolled in this study. Dosing is expected to begin in healthy volunteers within the next few weeks and in HCV patients early in the fourth quarter of 2008.

About ANA773 and TLR Pharmacology

ANA773 is an orally administered prodrug of a novel TLR7-specific agonist. Results from pre-clinical pharmacology studies have shown that ANA773 can elicit desired immune responses and that the profile of response can be modulated by both dose and schedule of administration. Results of recently completed 13-week GLP toxicology studies have shown that with every-other-day dosing of ANA773, immune stimulation of a magnitude believed to confer therapeutic potential can be achieved without adverse toxicology findings. The immune stimulation observed with every-other-day dosing of ANA773 in monkeys included induction of interferon-alpha and interferon dependent responses at levels that are sustained over 13 weeks of dosing.

The recently obtained results with every-other-day dosing of ANA773 over 13 weeks contrast with results from prior 13-week animal toxicology studies that utilized daily dosing of ANA975, a TLR7 agonist prodrug previously in development by the Company for the treatment of chronic hepatitis C. In initial 13-week animal toxicology studies of ANA975 dosed daily, unexpected findings associated with intense immune stimulation were observed. When lower daily doses of ANA975 were then explored in a subsequent 13-week animal toxicology study, it was determined that adverse findings were present even at dose levels where desired immunostimulatory effects were not measurable, following which the decision was made in 2007 to discontinue development of ANA975.

Webcast of Conference Call

Anadys will host a conference call today, July 7, 2008 at 2:00 p.m. Pacific Daylight Time to discuss Anadys' plans to resume clinical investigation of the TLR7 mechanism in HCV. A live webcast of the call will be available online at <http://www.anadyspharma.com>. A telephone replay will also be available approximately one hour after completion of the call. To access the telephone replay, dial 888-286-8010 (domestic) or 617-801-6888 (international), passcode 84526379. The webcast and telephone replay will be available through July 21, 2008.

About Anadys

Anadys Pharmaceuticals, Inc. is a clinical-stage biopharmaceutical company dedicated to improving patient care by developing novel medicines in the areas of hepatitis C and oncology. For the treatment of chronic hepatitis C, the Company is developing ANA598, a non-nucleoside polymerase inhibitor, and ANA773, an oral TLR7 agonist prodrug. The Company is also developing ANA773 for the treatment of cancer.

Fluvastatin Inhibits Hepatitis C Virus Replication

www.reuters.com

NEW YORK (Reuters Health) Jul 07 - Fluvastatin inhibits hepatitis C virus (HCV) RNA replication in patients with chronic hepatitis C, according to a report in the June *American Journal of Gastroenterology*.

Fluvastatin, but not all statins, markedly suppresses HCV in vitro, the authors explain, but the drug has not been evaluated as a treatment for chronic hepatitis C.

In 31 veterans with chronic HCV infection, Dr. Ted Bader at the Veteran's Administration Medical Center in Oklahoma City, Oklahoma and colleagues evaluated the safety of fluvastatin and also monitored HCV viral load changes during fluvastatin monotherapy.

First, the researchers tested four oral doses of the extended-release formula of the drug (80, 160, 240, or 320 mg, given daily for 14 days), with 3 patients at each dose level. In this experiment, 2 of 3 patients taking 80 mg had a significant reduction in viral load, the authors report, and all patients treated with 80 mg, 160 mg, 240 mg, or 320 mg fluvastatin experienced improvements in ALT.

Then, because there seemed to be no added benefit to the higher doses, the researchers designed a second study in which patients received no more than 80 mg per day of fluvastatin. In this study, 11 of 22 patients responded with HCV RNA reductions. In 9 patients, HCV RNA levels fell within 4 weeks. In one patient, the response didn't occur until 12 weeks.

Once lowered, the HCV RNA value remained relatively constant in most patients for 2 to 5 weeks, but in some patients, it rebounded immediately to baseline. In only 2 of 19 patients did the viral load remain suppressed after fluvastatin was stopped.

Only one adverse reaction, nausea and diarrhea in a patient taking 320 mg fluvastatin for 5 days, was judged as possibly attributable to fluvastatin, the investigators say.

"Fluvastatin used as monotherapy in vivo showed suppressive effects on HCV clinically that are modest, variable, and often short-lived," the authors conclude. "These findings, along with other data suggesting synergism with alpha-interferon, support 'proof-of-concept' for trials combining fluvastatin with standard pegylated interferon plus ribavirin."

In a related editorial, Drs. Dawn M. Torres and Stephen A. Harrison from Brooke Army Medical Center, Fort Sam Houston, Texas write: "Treatment of chronic hepatitis C patients with statin monotherapy may transiently decrease viral loads, but does not result in viral eradication. Combination therapy with pegylated interferon, ribavirin, and statins may offer a synergistic effect...that ultimately may improve the sustained virological response."

"However," they caution, "prospective, randomized trials...are needed before we can call statin therapy an adjuvant treatment panacea."

Antidepressants tied to gastrointestinal bleeding

www.reuters.com

By Will Dunham

WASHINGTON (Reuters) - A class of drugs used by many people to treat depression may increase chances of gastrointestinal bleeding, although the risk remains low, Spanish researchers said on Monday.

The research looked at antidepressants known as selective serotonin reuptake inhibitors, or SSRIs, and found that bleeding in the upper gastrointestinal tract is more common in people taking them than in those not doing so. The study indicated that taking acid-suppressing drugs cut the risk.

The study also found a heightened risk for such bleeding in people taking Wyeth's Effexor, also called venlafaxine, another type of antidepressant called a serotonin and norepinephrine reuptake inhibitor, or SNRI.

The researchers stressed that such bleeding remains uncommon in people taking SSRIs or Effexor, and people taking them generally should continue to do it.

"The risk in the general population taking SSRIs is very low -- 1 case in 2,000 patients treated -- and no specific action is required if the antidepressant is correctly indicated by a physician," Dr. Francisco de Abajo of the Spanish Agency for Medicines and Healthcare Products, who helped lead the study in the *Archives of General Psychiatry*, said by e-mail.

"People with other relevant risk factors for GI bleeding should be considered for protecting their stomach with acid-suppressing agents. By no means, patients treated correctly with SSRIs should discontinue their treatment because of the fear (of having) a GI bleeding risk," de Abajo added.

Such risk factors for gastrointestinal bleeding include a peptic ulcer or being elderly, he said.

Some SSRIs include: Forest Laboratories Inc's Celexa (citalopram); GlaxoSmithKline's Paxil (paroxetine); Pfizer Inc's Zoloft (sertraline); and Prozac, introduced by Eli Lilly and Co in 1987 but now off patent and widely available generically as fluoxetine.

De Abajo said he was involved in research published in 1999 suggesting an increased risk of GI bleeding in people taking SSRIs, but that other studies had questioned that finding.

This study involved 1,321 people treated for upper gastrointestinal tract bleeding and about 10,000 people of the same age and sex who did not have such bleeding.

It found that 5.3 percent of the people with such bleeding were taking SSRIs, while 3.0 percent of the people who did not have such bleeding were taking SSRIs. In addition, 1.1 percent of the people who were had bleeding were taking Effexor, compared to 0.3 percent of those who did not have bleeding.

The risk was even higher in people taking SSRIs and other drugs harmful to the GI tract such as pain relievers known as non-steroidal anti-inflammatory drugs, or NSAIDs.

SSRIs reduce symptoms of depression apparently by blocking the reabsorption of the brain chemical serotonin by certain nerve cells in the brain.

The study was paid for by AstraZeneca Plc, maker of the top-selling ulcer pill Nexium and Prilosec, which is now sold generically as omeprazole.

(Editing by Cynthia Osterman)

July 8, 2008

Prisoners with hepatitis C sue California prisons

<http://www.signonsandiego.com>

ASSOCIATED PRESS

LOS ANGELES – A group of California prisoners infected with hepatitis C say they are suing the state because they aren't getting proper medical treatment.

A lawsuit filed Tuesday in U.S. District Court seeks class action status. The filing estimates that as many as 40 percent of the state's 190,000 inmates are infected, and many report difficulty getting adequate care.

Lead plaintiff Kevin Jackson is an inmate at the California State Prison at Solano. He says despite a 2007 diagnosis of an advanced stage of the disease, he was repeatedly refused treatment.

A call seeking comment from the state corrections department was not immediately returned

Tattoo artists seek stronger laws in Hawaii

<http://biz.yahoo.com>

By Mark Niese, Associated Press Writer

Tattoo artists want safer practices to limit spread of hepatitis and other diseases in Hawaii

HONOLULU (AP) -- Hawaii tattoo artists and body piercers are seeking stronger laws to reduce the risk of spreading hepatitis or HIV through dirty needles.

They met with lawmakers Monday to discuss updating the 27-year-old licensing exam, which doesn't even mention hepatitis, regulating body piercing for the first time and allowing traditional Hawaiian tattooing.

"We need to encourage the tattoo industry to create new habits," said Sean McCready, owner of the Waikiki shop Tattoolicious. "We want to get everybody on the same page to protect against disease and contamination."

Tattooists got involved with the lawmaking process in April when their protests helped scuttle a measure that would have deregulated the industry.

They worried that unsafe amateurs would start practicing tattoo art out of their homes, spreading bloodborne diseases and damaging the tattoo industry in Hawaii, which they said is the most tattooed state in the nation.

Health experts haven't found evidence of any disease outbreaks in Hawaii due to unsafe tattooing, said Larry Lau, the Department of Health's deputy director for environmental health.

"Tattoos are dangerous," said Dr. Alan Tice of The Queen's Medical Center. "We have to be very careful and cautious. Tattooing is an ideal way to spread these bloodborne pathogens, and body piercing is too."

Suggestions for new tattoo laws would require artists to have hepatitis B immunization and proof of a negative tuberculosis test. Artists would have to pass an upgraded exam, and traditional tattooists would have to use disposable stainless steel needle heads or sterilized bone tools.

People wanting to give tattoos at conventions or cultural demonstrations would have to meet many of the same requirements.

Increased licensing and testing fees could be used to generate up to \$50,000 to help the state government monitor the tattoo industry.

A body piercing bill would require shops to be clean and artists to take a test on sanitary practices. It would also ban tongue splitting, braiding, amputation, skin peeling and genital modification unless performed by a licensed medical doctor.

"It's unusual for experts in a profession to ask for more regulation," said Rep. John Mizuno, D-Alewa Heights-Kalihi, vice chairman for the House Health Committee. "The biggest concern was the health and safety of the public."

Health Scare: Clinic Records Now Organized

<http://www.kxnt.com>

Four months after Metro Police seized records from the clinics linked to the local hepatitis scare, those files have finally been organized. An outside firm hired by the police department to alphabetize the files reportedly completed its work recently. As a result, Metro is expected to set up a hot line for patients to call and obtain their records. That hot line number could be announced later this week. At least eight cases of acute hepatitis C have been linked to alleged unsafe practices at the now-closed "Endoscopy Center of Southern Nevada," and some 50,000 patients have been urged to get tested for hepatitis and HIV as a precaution. Several other clinics with ties to the Endoscopy Center are also affected, and their records are now in the hands of police.

July 9, 2008

Peptide Vaccine Shows Some Promise in Hard-To-Treat HCV

www.medscape.com

NEW YORK (Reuters Health) Jun 30 - The synthetic peptide vaccine IC41 induces a T-cell response specific to hepatitis C virus (HCV) in patients with chronic HCV infection refractory to standard therapy, German researchers report.

"This clinical study with the HCV therapeutic vaccine IC41 clearly shows that a T lymphocyte immune response can be induced in the difficult-to-treat non-responders to previous interferon-based HCV therapies," lead investigator Dr. Michael P. Manns told Reuters Health.

In the May issue of *Gastroenterology*, Dr. Manns of Hannover Medical School and colleagues note that in an earlier study with healthy volunteers the vaccine was shown to be safe and capable of eliciting HCV-specific immune response.

In the current trial, the team studied 60 patients with chronic HCV infection who were not responding or were relapsing on standard therapy. The patients were randomized into five groups. Three groups received one of three doses of a total of six IC41 vaccinations; a fourth group received HCV peptides alone (control group); and a fifth group received the poly-L-arginine adjuvant alone (control group).

The researchers detected T-cell proliferation in 67% of patients who received the vaccine compared with 17% in those who received the HCV peptides alone. No response was seen in patients who received the adjuvant alone.

Three patients had a plasma HCV RNA response; all were in one of the two highest dose vaccine groups. These patients had a greater than 1 log decline in HCV RNA. However, this was transient and was followed by a rebound to baseline levels.

Nevertheless, concluded Dr. Manns, "although the decrease in viral load is minor, the stimulation of the cellular immune response against important HCV T lymphocytes is encouraging."

In an accompanying editorial, Dr. Carlo Ferrari of Azienda Ospedaliero-Universitaria di Parma, Italy, observes: "Although definitive answers are still lacking, what is promising for immunotherapy is that our knowledge of the complex mechanisms governing T-cell differentiation and influencing T-cell dysfunction in chronic hepatitis C are rapidly improving."

Gastroenterology 2008;134:1385-1395,1601-1614.

Hepatitis C Virus Infection Not Directly Tied to Kidney Disease

www.medscape.com

NEW YORK (Reuters Health) Jul 08 - Infection with hepatitis C virus per se is not associated with an increased risk of developing chronic kidney disease, according to findings published in the June issue of the *American Journal of Kidney Diseases*.

"Hepatitis C and chronic kidney disease (CKD) are both highly prevalent diseases in the United States," Dr. Sharon M. Moe and colleagues from Indiana University School of Medicine, Indianapolis, write. "We hypothesized that infection with hepatitis C virus increased the risk of CKD and accelerated progression to CKD."

To test this, they conducted retrospective cross-sectional and longitudinal analyses of data on 13,139 African American and white patients tested for hepatitis C between 1994 and 2004.

The team identified 3938 patients (30.0%) with hepatitis C and 2549 (19.4%) who had CKD. In cross-sectional analysis, after controlling for diabetes, hypertension, age, liver enzymes, and HIV status, hepatitis C was significantly associated with decreased risk of CKD (odds ratio 0.694).

A total of 7038 subjects without CKD were followed for a median of 3.5 years. Of these, 2243 (31.8%) had hepatitis C at the onset of follow-up. Results of longitudinal analysis, after adjusting for multiple confounders, showed that being hepatitis C positive was associated with a nonsignificant decreased risk of developing CKD (hazard ratio 0.896).

"These data do not support widespread testing for hepatitis C as a means to identify patients at risk of CKD," Dr. Moe's team concludes.

"However, our data do not preclude testing patients with known CKD for hepatitis C because some data showed that hepatitis C may worsen the rate of progression of CKD, especially in patients with diabetic nephropathy," they note. "In addition, seropositivity is high in dialysis units and may lead to more problems with transplantation."

Am J Kidney Dis 2008;51:885-892.

Approach to Managing the Pregnant Woman With Chronic Hepatitis B and Detectable Viral Load?

www.medscape.com

William F. Balistreri, MD

Question

Should pregnant women with chronic hepatitis B with detectable viral load be treated with antiviral agents during pregnancy to decrease the risk for transmission to the baby?

Response from William F. Balistreri, MD

Let me first frame the question -- what problem are we trying to solve? Infection with hepatitis B virus (HBV) in infancy or early childhood often leads to persistent infection, as evidenced by the fact that in countries with a high prevalence of chronic hepatitis B, perinatal transmission from mother to infant accounts for the majority of cases.[1] Approximately 90% of untreated infants born to mothers positive for hepatitis B e-antigen (HBeAg) will develop "immune tolerance." This is traditionally explained by transplacental transfer of viral antigens, which induces a specific nonresponsiveness of helper T cells to HBeAg and hepatitis B core antigen (HBcAg). Spontaneous HBeAg seroconversion (to anti-HBe positive) may develop with time, but liver damage may occur during the process of immune clearance of HBeAg.[1] Screening for maternal hepatitis B surface antigen (HBsAg), followed by administration of HBV vaccine and hepatitis

B-specific immunoglobulin (HBIG) to the newborn within 24 hours of birth, is the most effective way to prevent perinatal HBV infection. The first universal HBV immunization program in the world was launched in Taiwan over 20 years ago; thus, the HBV infection rate and the incidence of hepatocellular carcinoma and fulminant hepatitis in children have been reduced.[1] Current published guidelines state that newborns of HBV-infected mothers should receive passive-active immunoprophylaxis with HBIG and hepatitis B vaccine at delivery and complete the recommended vaccination series.[2] This strategy is approximately 95% effective in reducing the risk for HBV transmission, but is less effective in HBeAg-positive mothers with very high serum HBV DNA levels. Maternal serum HBV DNA concentrations >10⁷ IU/mL have been associated with a 5% to 10% failure of immunoprophylaxis.[3]

In highly viremic HBsAg-positive mothers, reduction of viremia in the last month of pregnancy may be an effective and safe measure to decrease the risk for failure of prophylaxis. Two separate strategies have been used to reduce the "viral burden" during pregnancy: prenatal HBIG administration and specific antiviral therapy. However, prophylactic therapy is complex, controversial, and not well studied.

HBIG:

In a prospective randomized controlled trial, Xu and colleagues[4] administered either placebo or HBIG (200 IU intravenously every 4 weeks for 3 times) from the 28th week of gestation in HBsAg-positive mothers. There was a significant difference in the rate of HBeAg and HBV DNA positivity in the newborns (positivity rates: 25% in those born to mothers who received HBIG vs 83% in placebo recipients). In addition, the HBV DNA load of newborns was lower than that of their treated mothers and significantly lower than that of untreated controls.

Specific Antiviral Therapy:

The only oral antiviral agent studied in this setting is lamivudine. When given in the last 4 weeks of pregnancy, lamivudine has been shown to reduce high-level viremia. van Zonneveld and colleagues[5] treated 8 highly viremic (HBV DNA >1.2 x 10⁹ IU/mL) mothers with 150 mg of lamivudine daily during the last month of pregnancy. Children (n = 24) born to untreated HBsAg-positive mothers with similar HBV DNA levels served as controls. All children received passive-active immunization with HBIG and HBV vaccine at birth and were followed up for 12 months. Seven of the 8 lamivudine-treated mothers had a decrease in their serum HBV DNA concentrations. One of the 8 children (12.5%) in the lamivudine group remained HBsAg- and HBV DNA-positive at the age of 12 months; all other children seroconverted to anti-HBs. In the untreated control group, perinatal transmission occurred in 7 of 25 children (28%). Other studies have evaluated the efficacy and safety of lamivudine for the treatment of chronic hepatitis B in pregnancy.[6-9] Li and colleagues[6] investigated the effect of lamivudine vs HBIG on HBV intrauterine transmission. HBsAg-positive pregnant women (n = 56) were given either 200 IU of HBIG intramuscularly every 4 weeks from the 28th week of gestation, or lamivudine (n = 43) 100 mg orally every day from the 28th week of gestation until the 30th day after labor. Subjects in the control group (n = 52) received no specific treatment. The rate of neonatal HBV infection was significantly lower among those patients receiving HBIG (16%) or lamivudine (16%) compared with those in the control group (33%; P < .05). There was no significant difference between HBIG and lamivudine treatment (P > .05). No side effects occurred in the pregnant women or their newborns.

Lamivudine therapy may not prevent perinatal transmission of HBV infection in every newborn. Kazim and colleagues[8] reported the development of chronic HBV infection in a newborn despite suppression of HBV DNA to undetectable levels in the mother by prolonged lamivudine therapy. The newborn received neonatal vaccination and treatment with HBIG, yet had still had increased aminotransferase levels and was persistently positive for HBV DNA. On HBV DNA sequencing, complete sequence homology and a similar precore mutation was found in the mother and child, indicating vertical transmission.

A major question, in addition to efficacy, is, of course, safety. Again, to place the issue in perspective, it is important to remember that hepatitis B during pregnancy does not increase maternal morbidity or mortality or the risk for fetal complications.[1,3] In addition, the use of lamivudine did not directly lead to adverse events in the infected mothers. However, in one study, when compared with untreated women, there was a significant increase in liver disease activity after delivery in those patients treated with lamivudine.[9] And what about the potential effects of these drugs on the fetus? Lamivudine, adefovir, and entecavir are designated as category C drugs, which indicates that these drugs are capable of exerting teratogenic or embryocidal effects in animals; however, there are no controlled studies in humans.[3] With the emergence of additional nucleos(t)ide analogs (telbivudine and tenofovir [currently undergoing review by the FDA for use in chronic hepatitis B], which are category B drugs), studies are needed to evaluate their role in reducing viral burden during pregnancy.[3,10]

The bottom line: The strategy of using antiviral therapy to reduce viremia during pregnancy to decrease the risk for transmission of HBV to the baby is reasonable. However, at present, the data are not sufficient to make broad recommendations. The approach should be evaluated in a large controlled trial using new antiviral agents in combination with HBIG to prevent intrauterine HBV infection.

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Murderer bailed on medical grounds

<http://www.dailytimes.com.pk>

Staff Report

LAHORE: The Lahore High Court (LHC) on Monday granted bail to accused murderer Ameer Nawaz on medical grounds. The judge said that a prisoner who required treatment for a fatal disease could not be kept in jail.

After accepting the bail application and a bail bond worth Rs 200,000, the court ordered Nawaz's release.

During the proceedings, Ameer Nawaz of Jhang district admitted he had been in jail for the past year on murder charges. He said the jail medical board had confirmed that he was suffering from Hepatitis C. He said his presence in jail could lead to the spread of the disease among the other inmates. He added that there was no treatment facility for hepatitis patients in jail.

He asked for bail so that he could receive treatment and the other inmates would not be at risk of contracting the disease.

Senate passes Medicare bill with Kennedy's help

www.reuters.com

By Kim Dixon

WASHINGTON (Reuters) - A Medicare bill opposed by the White House won final congressional approval on Wednesday with the help of Sen. Edward Kennedy, who returned to the Senate floor for the first time since brain surgery last month.

With Kennedy's dramatic and surprise appearance, he and fellow Democrats overcame a Republican procedural hurdle and, on a voice vote, passed the measure earlier approved by the House of Representatives.

"Aye," declared a smiling Kennedy of Massachusetts -- a Democratic icon, the party's leading liberal voice and a longtime champion of expanding health care. Democratic as well as Republican colleagues applauded.

"Win, lose or draw, I wanted to be here. I wasn't going to take the chance that my vote could make the difference," Kennedy said after the vote.

The bill would cancel a scheduled 11 percent pay cut to doctors who treat Medicare patients. It is largely funded by cutting about \$13 billion in reimbursements to insurers such as UnitedHealth Group Inc and Aetna Inc that contract with the Medicare program.

The Bush administration opposes any effort to trim payments to private health plans. The president has said the move would limit plan choices for seniors. But doctors and the seniors' group AARP waged an aggressive lobbying effort to prevent the doctors' pay cut.

"This is pretty much a done deal. The president is not going to win this fight," Ipsita Smolinski, a health care analyst with JP Morgan, said after the Senate vote.

The White House had no comment.

Medicare is the federal health insurance program for 44 million elderly and disabled Americans. About 10 million seniors use the private plans known as Medicare Advantage.

Last month, an effort to clear a Republican procedural hurdle on the bill in the 100-member Senate came up one vote short of the needed 60.

After Kennedy cast his vote to end the roadblock, nine Republicans who had earlier opposed the measure voted for the popular election-year bill.

Kennedy underwent surgery for removal of a malignant brain tumor on June 3. He has been undergoing chemotherapy and was not expected to return to the Senate until at least late this month.

But in a telephone call late Tuesday with Senate Majority Leader Harry Reid, a Nevada Democrat, Kennedy said he wanted to come back early to help in the fight for Medicare, aides said.

Kennedy entered the Senate to a standing ovation, accompanied by his son, Rep. Patrick Kennedy, a Rhode Island Democrat. Following behind was presumptive Democratic presidential nominee Barack Obama, an Illinois senator.

Tourists in the normally quiet visitors gallery rose, applauded and cheered Kennedy, his party's leading liberal voice. Kennedy's wife, Vicki, and niece, Caroline Kennedy Schlossberg, were among those in the packed gallery.

The bill garnered a veto-proof majority of 69 in favor, with 30 opposed. Republican Sen. John McCain of Arizona was the only member of the Senate not to vote. He was campaigning as his party's presumptive presidential nominee. He told reporters traveling with him he would have opposed the measure.

The shares of companies that operate one lucrative version of the Medicare Advantage program, called "fee-for-service," will be weaker on Thursday, predicted Lehman Brother analyst Tony Clapsis.

"The big losers are certainly anyone who is playing in the private fee for service program," Clapsis said, citing Humana Inc, Universal American Corp and Coventry Health Care Inc.

(Additional reporting by Richard Cowan, Thomas Ferraro; Editing by Andre Grenon/Jeffrey Benkoe)

Hepatitis C Virus May Need Enzyme's Help To Cause Liver Disease

<http://www.sciencedaily.com>

ScienceDaily (July 11, 2008) — A key enzyme may explain how hepatitis C infection causes fatty liver -- a buildup of excess fat in the liver, which can lead to life-threatening diseases such as cirrhosis and liver cancer, report University of Pittsburgh Graduate School of Public Health and School of Medicine researchers.

The study shows that an enzyme known to play a major role in lipid production, fatty acid synthase (FAS), was highly elevated in human liver cells exposed to the hepatitis C virus. While preliminary, the research suggests that testing for elevated levels of FAS could help determine which patients with hepatitis C virus may go on to develop more serious, long-lasting health consequences brought on by fatty liver.

Nearly 200 million people worldwide are infected by hepatitis C, including 4 million Americans. Seventy percent of people with hepatitis C develop chronic liver disease, and the infection is the leading reason for liver transplantation in the United States.

Unlike hepatitis A and B, there is no vaccine to prevent hepatitis C infection. Since hepatitis C typically has no symptoms, many people do not know they have the infection until they develop signs of liver failure or fatty liver, sometimes decades after infection. The virus replicates and mutates quickly, helping it to evade discovery and attack by the immune system and allowing it to slowly wreak damage on the liver.

"Our study has provided new insight into how hepatitis C causes fatty liver. This has important implications for future studies and efforts to understand how the virus causes an increase in fatty acid levels that can lead to serious liver conditions," said Tianyi Wang, Ph.D., assistant professor, Department of Infectious Diseases and Microbiology, University of Pittsburgh Graduate School of Public Health, and the study's lead author.

To identify possible proteins in the hepatitis C virus linked to an increase in fatty acids, Dr. Wang worked with Thomas Conrads, Ph.D., co-director of clinical proteomics at the University of Pittsburgh Cancer Institute, and colleagues on a mass spectrometry-based proteomics approach in which they measured protein expression from liver cell cultures exposed to the hepatitis C virus. The approach sorted proteins based on their weight and electrical charge, looking for divergent patterns linked to the virus. Of the 175 proteins they identified, only FAS was highly elevated in cell cultures. Furthermore, when they blocked the expression of FAS, they noted a three to four times decrease in the level of the virus, indicating that FAS is directly linked to the virus's expression.

"Viruses are very complex, so it is challenging to determine what proteins may be at play in their survival and growth," said Dr. Wang. "The proteomic approach we used revealed many proteins linked to hepatitis C that may be worthy of further study, but FAS appears to be the protein most strongly associated with the production of fatty acids that can cause liver disease."

"Our next step in this research is to see how high the level of FAS is in tissue samples from hepatitis C patients and determine whether elevated FAS levels directly result in overproduction of fat in livers. If we learn that FAS is highly present in tissue, testing for it may be a way to predict those at risk for liver disease."

The study was published in the July 9 online issue of *Hepatology*. In addition to Drs. Wang and Conrads, other authors include Wei Yang, Ph.D., Sara Chadwick, B.S., and Shufeng Liu, Ph.D., University of Pittsburgh Graduate School of Public Health; Brian Hood, Ph.D., University of Pittsburgh Cancer Institute; Simon Watkins, Ph.D., University of Pittsburgh School of Medicine; and Guangxiang Luo, Ph.D., University of Kentucky College of Medicine.

The research was supported by a grant from the National Institutes of Health and University of Pittsburgh Central Research Development Funds.

Adapted from materials provided by University of Pittsburgh Schools of the Health Sciences, via EurekAlert!, a service of AAAS.

July 10, 2008

China crackdown targets critics ahead of Olympics

<http://news.yahoo.com>

By HENRY SANDERSON, Associated Press Writer

BEIJING - Lu Jun, a campaigner for the rights of millions of Chinese with hepatitis B, seems an unlikely threat to the Beijing Olympics.

But the popular Web site he runs was blocked in May. This month, police detained him for four hours when he returned to China from a hepatitis conference in Los Angeles. They wanted to know what he intended to do with a large red banner he was carrying that urged the government to provide support to people with hepatitis B.

"Everyone believes it's because of the Olympics," Lu said.

As Beijing enters the final stretch before the August 8-24 Olympics, the government is trying to shut out anyone it believes might mar an event meant to showcase China as a modern nation. AIDS activists have been followed by police and beggars rounded up.

This week, petitioners in from the provinces to request the government's intervention in local squabbles were being rounded up by police, plainclothes officers or hired thugs, who sometimes packed them into waiting vans to be sent back home.

"Now I can't stay in hotels. I have to live on the streets because if I ever register my name the police will kick me out," said Wang Lijun, 37, nervously clutching copies of his complaint letters amid 40 or so petitioners Wednesday.

Wang has traveled countless times to Beijing, trying to recoup unpaid pension benefits for his father, a World War II and Korean War veteran later labeled a political criminal. But in recent months, Wang said, officials in his home in barren Shaanxi province and in Beijing have twice told him not to travel to the capital because of the Olympics.

Beijing began tightening its already strong squeeze on political activists more than a year ago, and since then has targeted others regarded as potential troublemakers. In January, Beijing Communist Party Secretary Liu Qi, who also heads the Olympic organizing committee, was quoted in state media as saying beggars and vagrants would be cleared away for the games.

Sporadic violence involving Muslim separatists in China's far west and a widespread uprising by Tibetans against Chinese rule in early March have heightened Beijing's fears of disruptions.

But targeting Chinese who have never openly challenged the party underscores the lengths the government is going to make sure no protests disrupt an Olympics it hopes will boost its domestic and international legitimacy.

Lu, the hepatitis B activist, has campaigned for awareness about the disease, which infects the liver and is endemic in China, with an estimated 120 million sufferers. They often face discrimination and are sometimes denied jobs, even though it cannot be transmitted by casual contact. His Web site has become a lively forum attracting 300,000 members and often airing critical statements.

"This Web site deals with lots of discrimination and people criticize the government. These are negative things and they don't want to lose face during the Olympics," said Lu.

The growing police pressure on some activists is driving some to leave Beijing during the games, while others have been explicitly told to do so.

"Many people are keeping their heads down," said Sara Davis, executive director of Asia Catalyst, a New York-based group that works with activists in Asia on human rights, the environment and social justice.

Wan Yanhai, an outspoken, pioneering AIDS activist, plans to leave Beijing in August. He said authorities have put dozens of AIDS activists under house arrest or surveillance. Since late May, he has been repeatedly followed by police cars, sometimes 24 hours a day.

"This year people have already become very careful and not many people are organizing large activities," he said.

Two Web sites for people with AIDS were temporarily shut down in March and electronic bulletin boards for sites dealing with HIV and AIDS have also been closed down, activists said.

This past week, Dechen Pemba, an ethnic Tibetan who holds a British passport, said she was detained by police as she was leaving her Beijing apartment. They searched her apartment, then took her to the airport in a convoy of three black cars and put her on a flight to London.

Pemba had a valid Chinese work visa, but she said police told her she had broken the laws of the country, though they did not specify which ones.

Pemba is a friend of many Tibetans in Beijing, including Woesser, an author who like many Tibetans goes by one name. She has written critically of China's rule in Tibet and was recently under police surveillance.

Pemba once worked for the lobbying group International Campaign for Tibet in Berlin, but said she had stayed away from political activities in China.

Chinese Foreign Ministry spokesman Liu Jianchao said Thursday that Pemba was involved in separatist activities and was a part of the Tibetan Youth Congress, an exile group Beijing accuses of being a terrorist organization. Pemba denied the allegations, calling them "completely baseless and fabricated."

"I think they're very nervous on anything to do with Tibet," she said.

Official worries are also making life difficult for Tibetans, Muslims from the far West and other minority ethnic groups, who are finding it difficult to get hotel rooms.

Zhang Shihe, a blogger who has written extensively about the lives of migrant workers in Beijing, said that since March, local police have told neighborhood residents' committees near the Olympic venues not to provide accommodation to people from Tibet, Inner Mongolia and the Central Asian border province of Xinjiang.

"The whole thing shows that the government is very immature," he said. "It is not people-oriented, and it's harming the public."

African American Council On Liver Awareness Convenes In Washington D.C.

<http://www.medicalnewstoday.com>

Concerns over the increasing number of hepatitis C cases in the past four months has brought together African Americans in the fields of medicine, social work and advocacy to the nation's capitol to discuss its implications in their community.

The AACLA summit took place at the Capital Hilton hotel, June 26-29, 2008, hosted by its Chief Executive Officer and President, Johanna Blanding-Koskinen, and included key health providers of the African American community: Mark Colomb, Ph.d, of "My Brother's Keeper," Luther Virgil, M.D. and CEO of the National Minority Clinical Research Association. (NMCRA) and Terrence Young, Program Manager/Outreach Coordinator of the "Community Education Group" based in Washington, D.C.

Johanna Blanding-Koskinen, previously the executive director of the Hepatitis C Multicultural Outreach, is the official spokesperson of the council, coordinating efforts to bring the hep C education, prevention and treatment message to the African American community, a group representing over 14% of the United States population. The seriousness of hepatitis C is compounded by the fact that African Americans tend to fall into the category with of the most resistant strain of the virus, and treatment is not always as effective for them as other races.

"As African Americans are not regularly sought out for clinical trials, this makes finding the right treatment more difficult," says Ms. Blanding-Koskinen.

AACLA's agenda will involve strategy sessions that will address the disproportionate effect of Hepatitis C on the African American population, including the creation of educational messages that are culturally sensitive, culturally appropriate, and encourages community education, awareness and responsibility in the prevention of spreading the virus.

AACLA's efforts, through programs like the Hepatitis C Multicultural Outreach will focus on the ten states with the highest population of African Americans, using various forms of media. Poster campaigns have already made an impact, across the United States, with slogans that read, "HEP C: LEARN HOW YOU GET IT. LEARN HOW NOT TO," and "IT'S NOT ABOUT COLOR. IT'S ABOUT CARE. IT'S ABOUT A CURE," speaking to the heart of health disparity issues within the African American community.

AACLA's poster campaign has brought calls from across the U.S., including states outside of the targeted campaign areas of New York, Florida, Maryland, Texas, and other states, where communities of color are of significant numbers. "We've received calls from everywhere - Arizona, New Mexico and Tijuana," says, Ms. Blanding-Koskinen.

It's no surprise to Ms. Blanding-Koskinen, that AACLA's key message: "It's not about color. It's about care. It's about a cure" has touched a nerve outside of the African American community. We get calls from everyone, not just African Americans," says Ms. Blanding-Koskinen. "Everyone is concerned about this virus, and they just want to talk with someone who can give them the tools to make right decisions about care.

"Our council turns no one away. We're here for everyone."

AACLA also offers free screening and testing for hep B and C nationwide, directing callers to agencies and organizations in their city that will provide health service and other resources as needed.

The African American Council on Liver Awareness (AACLA), is a national organization promoting viral hepatitis prevention, treatment and research in order to optimize the health of the African American community.

AACLA receives and identifies emerging and established information concerning products and services used to diagnose, prevent and treat viral hepatitis in the African American population. The council serves as a credible resource in both the African American community and the viral liver diseases arena by providing policy and information analysis, education and technical assistance.

AACLA has office locations: Washington D.C. and Kansas City, Missouri. Their toll-free hep C helpline is 1.888.436.HEP C (4372). The website is located at: <http://www.aac-la-national.org>.

As the most common cause of liver-related deaths, Hepatitis C virus (HCV) is now regarded as a major Health problem in the US. HCV is thought to cause approximately 10,000 deaths annually in the US. Unfortunately, that number is expected to increase threefold by 2020.

In the US, people of all races are adversely affected by HCV infection. However, for reasons that are not yet understood, African Americans have disparate clinical features (e.g., response to therapy) and more complications from HCV infection than Caucasians.

<http://www.aac-la-national.org>

Response to Vaccination Affected by Gender, Time of Day

<http://www.medicalnewstoday.com>

A new study in the journal *Psychophysiology* reveals that men, but not women, vaccinated in the morning produced a better peak antibody response to both hepatitis A and the influenza strain.

Led by Anna Catriona Phillips of the University of Birmingham, researchers assessed the response to a hepatitis A vaccine in young healthy adults and also examined responses to the annual influenza vaccination in older community-based adults.

In the first study, participants consisted of 75 University of Birmingham students who were vaccinated with the hepatitis A vaccine during a morning session (10 am to 12 pm) or early

evening session (4 pm to 6 pm). In the second study, 90 older adults attended their medical practice for the annual influenza vaccination and received the vaccination in the morning between 8 am and 11 am or in the afternoon between 1 pm and 4 pm.

Men vaccinated in the morning showed the strongest immune response. Almost twice as many men showed a twofold increase in antibody response when vaccinated in the morning as opposed to the afternoon.

"If we can replicate these findings in a randomized controlled trial, there would be implications for the time of day for vaccinating those at risk," the authors conclude. "Adults could be vaccinated at a specific time of day to increase their protection against the flu."

Article adapted by Medical News Today from original press release.

This study is published in the July 2008 issue of *Psychophysiology*.

Anna C. Phillips is affiliated with the University of Birmingham.

July 11, 2008

How To Request Your Records From The Hepatitis Investigation

<http://www.ktnv.com>

This is an update regarding the release of patient files to citizens who have been affected by the Gastroenterology Center of Southern Nevada, Endoscopy Center of Southern Nevada, Desert Shadow Endoscopy Center, and Gastroenterology Center of Nevada.

On July 7, 2008, Chart 1, the private firm contracted by the Las Vegas Metropolitan Police Department finished organizing the approximately 120,000 patient files that were recovered from the clinics.

An inventory of these files indicate that patients who were treated at the clinics between January 2006 to March of 2008 only, may submit requests to Chart 1 to receive copies of their patient records.

These written requests must include the Medical Release Request Form, which can be downloaded from the LVMPD website (<http://www.lvmpd.com/>) or picked up from any LVMPD area command.

Additionally, the request must include a copy of your valid picture identification, along with the mailing address that you wish to have the records sent.

All requests should be sent to: Chart 1, P.O. Box 95546 Las Vegas, Nevada 89119-5546.

Patients who have not received their records within one week may call (702) 828-0170 to check on the status of their request.

The phone line is a message recording service where patients can leave their name, phone number, birth date and last four digits of their social security number.

Patients will receive a call back within 24 hours.

Patients who were treated at the clinics prior to 2006 who wish to obtain their records must follow up with representatives from the clinics.

Source: Las Vegas Metropolitan Police Department

Giving liver disease the chop

<http://inverell.yourguide.com.au>

AILSANORMAN

ILJIBERI Theatre Company visited Inverell East Bowling Club as part of NAIDOC Week with many local residents enjoying the comedic and informative play Chopped Liver.

Chopped Liver was commissioned by the Victorian Health Department to educate indigenous people about living with Hepatitis C in a fun and poignant way.

Melodie Reynolds played lead character Lynne, and said since starting work with the play three years ago, the response has been outstanding.

“This is the first time we have been to NSW, the play has been showing for three years around Victoria and South Australia in prisons and communities but this tour is the biggest and the response hasn’t changed. People have been coming up to us after the show saying ‘that is my story’ or saying how they wished they had bought more people to see it.

“I think the key to the plays success is that we use so much humour and realism. People wouldn’t take the message on as much if we weren’t realistic, Lynne and Jim (the lead characters) could be anyone’s brother, sister, cousin, aunty or uncle and they are good people that made some mistakes – and who hasn’t done that?”

Production Manager Lisa Maza said the tour would be continuing until mid-November and they hoped the story would reach many more people.

“This is our first time through NSW and we are really enjoying it, doing two shows a day can be hard sometimes but we are just excited to reach as many people as we can.”

Staff from Armajun Aboriginal Health Service in Inverell said the play was a great asset for the community.

“I thought the play was really good and got the message across from the point of view of health workers, it would be great to have even more people see it and learn more about the disease,” said Beryl Hepi, Registered Nurse at Armajun.

“I would really like to see the play shown in more schools and prisons around NSW, to really get the message across to young people and people in danger of contracting hepatitis, so they could see the different stages of the disease, the treatment and the support available to them,” said Angela Guan, Aboriginal Health Worker and Enrolled Nurse at Armajun.

Both Beryl and Angela agreed that the play made people talk about the disease and gave sufferers a human face.

“I think when people get Hep C they think no one wants to know them, they aren’t lepers and the more people see that and understand that, learning will follow after,” Angela said.

Armajun Health Service is located on the corner of Rivers and Otho St Inverell.

The service can be contacted on 6721 9777, The Inverell Community Health Centre also has information on Hepatitis C and be contacted on 6721 9600.