

HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Jan 17, 2009

Now, a nanotech gadget to diagnose any disease!

<http://www.deccanherald.com>

Washington, PTI:

A team at Pennsylvania State University created the gadget, a microchip, by coating a series of nanowires with DNA sequences which match those from the disease-causing bacteria or viruses - whether hepatitis or HIV.

Scientists have developed a nanotech gadget which they claim could diagnose a number of diseases in a single liquid sample and give an instant result.

A team at Pennsylvania State University created the gadget, a microchip, by coating a series of nanowires with DNA sequences which match those from the disease-causing bacteria or viruses - whether hepatitis or HIV.

According to the scientists, if DNA from one of those pathogens is present in a sample, it will bind to the nanowire with the matching sequence, a process that changes the wire's conductivity, the 'New Scientist' reported.

"Our DNA-coated rhodium nanowires 'feel' the electric field at a distance and are drawn towards the region spanning our guide electrodes until they reach a microwell, which they then snap into due to the higher field strength there," team leader Christine Keating said.

The process is very accurate, with nanowires slotting into the right place 99 per cent of the time. And, having many nanowires for each disease is important for avoiding any false negatives and false positives, the scientists said.

In tests, the team created a chip that was able to detect the presence of DNA from hepatitis B, hepatitis C, and HIV, although it signalled a positive match by glowing, rather than using electrodes.

A full prototype with the transistors necessary to read out the conductivity of individual nanowires is currently in progress.

"The team's way to manoeuvre tiny objects with electrodes could also provide a way to put together future computer chips with ever smaller components," said Mayer whose findings are published in the 'Science' journal.

Jan 18, 2009

Workers' compensation law being challenged

<http://www.dailypress.com>

By VERONICA CHUFO | 247-4741

Bills would alter statute of limitations and ease a former police officer's medical burden.

Lt. Kurt Beach, who tried to revive a dying baby more than 20 years ago, found out too late that the baby had hepatitis C.

Beach contracted the disease, but by the time he made the connection, he had missed the deadline to apply for workers' compensation.

That leaves the Smithfield police investigator — who now awaits a liver transplant — with costly medical bills.

Del. William K. Barlow wants to make sure it doesn't happen again.

"This was an injustice. And nobody intentionally caused the injustice," Barlow said. "It was sort of a gap in the law, and he fell through that gap."

Barlow, D-Isle of Wight, filed two bills this past week for the General Assembly to consider. The first, House Bill 2252, would extend the time period that public safety employees have to

file a workers' compensation claim.

The second, House Bill 2243, would provide \$250,000 to help cover Beach's medical expenses.

Beach, 52, of Smithfield, believes he contracted hepatitis C in 1988, while trying to revive a baby who had stopped breathing.

Her airways seemed to be blocked, so Beach — the first to arrive on scene — tried sucking blood and mucous from her airways, but she died.

In 1988, there were no required safety kits for emergency responders in these situations, and blood transfusions — Beach found out later the baby had received several during her short life — weren't tested for things like hepatitis C, a blood-borne virus that can attack the liver.

Beach found out he had the virus several years later. By that time, the deadline to apply had passed, so his workers' compensation claim was denied through the Virginia Court of Appeals.

He was stuck. A liver transplant is covered by his town-provided insurance, but the co-pay for the anti-rejection drugs after the surgery would cost his family roughly \$40,000 the first year, Beach said.

That's why Barlow proposed the \$250,000 compensation bill. The bill would pay him \$50,000 this year and \$20,000 a year for the next 10 years.

Compensation claims bills usually compensate wrongful incarceration, Barlow said, but he did succeed in winning some compensation in the 1990s for an Isle of Wight sheriff who was physically and mentally disabled in a line-of-duty shooting.

"It's highly unusual," he said. "The statute didn't cover it, but the man is a public servant. We ought to come to his assistance."

Del. Phil Hamilton is a member of the appropriations committee, which considers compensation claims. He said restitution is usually requested in cases in which the Commonwealth is at fault. He's not sure that's the case with Beach.

"It's an unfortunate circumstance, but I don't think we're at fault," said Hamilton, R-Newport News. "We'll just have to wait and see what all the circumstances are."

House Bill 2252 would change the statute of limitations for workers' compensation law. Currently, the limit is either two years after the diagnosis of certain diseases is communicated to the employee or five years from the date of the last exposure to the disease, whichever comes first.

A change to the bill will help other emergency workers who put themselves in harm's way, Barlow said.

Getting that bill passed might also be difficult, Hamilton said.

"We just haven't changed the workers' compensation law in the 20 years I've been in the legislature," he said.

The bill could face resistance from insurance providers who pay workers' compensation claims, but Beach's plight has caught a lot of media attention, which could work in his favor, Barlow said.

"With all the publicity, I would hope that the insurance companies, the workers' compensation carriers, might think twice before they try to oppose it," he said. "Plus, it might not affect that many cases. I would like to think this type of thing is rare."

Beach hasn't worked since August, when his doctor said he was unfit for duty. He hopes to find a living donor — someone willing to donate part of a liver — because there aren't enough livers from deceased donors to meet the need. Beach's nurse is busy screening potential donors, but no match has been found.

Jan 19, 2009

Campaign demands renewed urgency in tackling hepatitis

<http://www.walesonline.co.uk>

by Gregory Tindle, *Western Mail*

CAMPAIGNERS are calling for urgent action to tackle a potential explosion in cases of liver failure.

Despite repeated promises over the past two years, the Welsh Assembly Government has yet to publish a strategy to deal with hepatitis C.

The nation has been criticised in a damning parliamentary report which reveals Wales is lagging behind the rest of the UK in tackling the problem.

It is thought that 14,000 people in Wales have hepatitis C but thousands more people may be undiagnosed.

Charles Gore, chief executive of the Hepatitis C Trust said: "The Assembly Government cannot be permitted to continue postponing publication of the Welsh action plan any longer.

"Years have gone by with very little progress while the death toll just keeps growing – why are patients in Wales being ignored?"

The Assembly Government has promised the action plan will be published "shortly".

But in a response to Health Wales in October, the action plan was due to be published "in weeks".

The strategy, estimated to cost around £2m, is aimed at tackling hepatitis B and C by raising awareness of the infections, harm reduction and improving treatment and care.

Mr Gore said the plan was submitted to the Assembly Government in 2007 but, despite repeated promises from ministers, has still not even been put out for consultation.

Bob Laxton, co-chairman of the all-party Parliamentary hepatology group, said: “Our report shows there’s so much more that needs to be done to tackle hepatitis C in England and Wales.

“Scotland is leading the way and we must quickly follow otherwise we will continue to see more and more unnecessary deaths from hepatitis C.”

Dr Ruth Alcolado, a consultant physician at the Royal Glamorgan Hospital in Llantrisant, said: “In 40 years’ time we will have an explosion of end-stage liver disease that will cost the taxpayer a fortune.

“Liver disease as a result of hepatitis C is slow and progressive, but in the future we could need two liver transplant centres in Wales and how much would they cost?

“We are in a relatively privileged position at the moment as Wales’ numbers of hepatitis C are not as high as in England or Scotland.

“If we can start treating people and educating those at risk, then we can probably make a difference but I’m getting very frustrated that this will ever take place.”

Hepatitis C mainly affects injecting drug users, although a number of people developed the disease as a result of receiving contaminated blood products mainly blood transfusions during surgery.

An Assembly Government spokesman said: “We are pleased that the all-party Parliamentary hepatology group endorses the holistic approach to tackling hepatitis B and hepatitis C that is contained in the blood-borne viral hepatitis action plan for Wales. Health Minister Edwina Hart is committed to meeting the challenge of blood-borne viral hepatitis and ensuring we address the public health issues posed by these viruses.

“A significant amount of work has been undertaken in the development of an action plan.

“A draft plan, prepared by the National Public Health Service (NPHS), was submitted to Assembly Government officials for consideration.

“The plan made a number of wide-ranging recommendations with significant operational and financial implications for the Assembly Government, the NHS and its partners.

“Officials have worked with the NPHS to refine the plan, to prioritise its recommendations and to consider where future investment would make the most immediate impact.

“The process for setting budget allocations for 2009-10 and beyond is currently underway and the costs and timetable for implementing the plan is being considered in that process.”

Expand hepatitis B vaccination for all Canadian infants: study

<http://www.cbc.ca>

Hepatitis B shots should be offered for infants in all Canadian provinces and other countries, say researchers who reviewed evidence on immunization.

In a review article published in Tuesday's issue of the *Canadian Medical Association Journal*, Dr. Christopher Mackie, an assistant professor in the department of clinical epidemiology and biostatistics at McMaster University in Hamilton, and his colleagues said research suggests about one-third of chronic hepatitis B infections are picked up during infancy and early childhood.

A baby infected with the hepatitis B virus is about 10 times more likely than an adult to develop a chronic hepatitis B infection, which can lead to liver cancer or liver failure and, in some cases, death.

Most provinces started universal hepatitis B immunization programs for adolescents in the 1990s, but only British Columbia, New Brunswick and Prince Edward Island offer the vaccines for infants.

Vaccinating teenagers offers protection against the infection, but studies suggest that booster shots in adolescence aren't needed when people are immunized as babies.

In 2001, B.C. became the only province to offer the vaccine to both age groups.

After years of having more cases of hepatitis B infections than other provinces, B.C. now has an annual incidence that is consistently below the national average, with no cases reported in the past four years, the researchers said.

"The few jurisdictions that continue to offer universal immunization in adolescence rather than infancy should consider changing to an infant program," the team concluded.

Less cost, pain

Targeting the program toward infants would help maximize protection for the whole population, they said.

"Although we have not completed a costing analysis, switching from the adolescent program to an infant campaign would actually save costs, time and pain as well as prevent more illness," Mackie said in an email.

"An infant campaign could be delivered as part of the standard series of vaccines."

Also, a new form of the vaccine is available for infants that combines six immunizations in one. Using the combination would eliminate the need for expensive school-based programs while reducing the number of pokes, he added.

Worldwide, 98 per cent of universal hepatitis B immunization programs are offered in infancy.

To track and evaluate the effectiveness of such a campaign, the researchers recommended a

national immunization registry.

The standard hepatitis B vaccine has been used safely for more than 30 years.

Hepatitis B can be passed on during birth, sexual activity or through open cuts.

Jan 22, 2009

Town hall forum on hep C

<http://www.ebar.com>

by Cynthia Laird

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City health leaders and others will host a town hall meeting Tuesday, January 27 from 7 to 9 p.m. at the LGBT Community Center, 1800 Market Street, to inform the community about what is reported to be a rising incidence of hepatitis C in the gay men's community. The goals of the forum are to encourage discussion about the sexual transmission of hepatitis C and to begin forging a consensus of what actions the men's community wants city health policy makers and service providers to take, including providing hepatitis C screening within standard sexually transmitted disease protocols.

"We believe there is a higher incidence of hepatitis C than HIV at this point," said Rick Osmon, one of the community organizers.

Race Bannon will facilitate a short discussion with a panel of medical professionals, public health officials, patients, sex club promoters, and community leaders. Organizers said that gay men, in particular, and those who serve the gay men's community are encouraged to attend to learn more about sex and hepatitis C.

Panelists include Michael Allerton, operations and policy practice leader, the Permanente Medical Group; Ryan Clary, director of public policy, Project Inform; Dr. Brad Hare, assistant clinical professor of medicine, UCSF and medical director of San Francisco General Hospital's Positive Health program; Tom Kelly, playwright and theater critic; and Larry Shockey, sex club promoter.

The free program is organized and facilitated by a grassroots community coalition, and sponsored by the San Francisco Department of Public Health. For more information, visit www.sexandhepc.wetpaint.com.

Secret past could have killed

By Jane Symons

Susan Wright is an everyday mother of four and a granny.

A retired teacher living in a neat terrace, she ran a secondary school drama department for more than a decade before going back to college to retrain as a hairdresser.

But Susan has a secret past that nearly killed her. When going for a routine medical for an insurance policy, it was discovered she was carrying hepatitis C – and the virus was slowly destroying her liver.

When she was 20, her then husband, Brian, introduced her to drugs. For eight years, off and on, they injected heroin and amphetamines, often sharing needles with other users.

Susan, now 51, says: “In my early 20s I did some crazy stuff. Brian and I went travelling, spending time in Amsterdam, Greece and what was then West Berlin. It was a slippery slope and in 1979 we both got hepatitis.

“But that was before the hepatitis C strain had been discovered and we had no idea of the risks. It wasn’t just us who were in ignorance, the medical profession was, too.”

Brian later died of a drugs overdose, while Susan was told to avoid fatty foods and alcohol and her symptoms subsided.

But no one warned her the virus could still be in her body, slowly destroying her health.

It’s estimated that as many as 500,000 people carry hepatitis C but only one in ten has been diagnosed.

That’s why Susan, from Bolton, has agreed to speak out.

She says: “There’s no point walking around feeling terrible shame and regret. You cannot alter the past but you don’t have to let it kill you.

“You may as well say, ‘Yes, I made mistakes, but I’ve moved on. I’ve changed my life.’”

Susan has been lucky. After a 48-week course of interferon she has now been cleared of the virus. Her new husband, teacher Dave, 54, and her older children, Lucy, 26, and Hannah, 19, have been tested and found clear. Twins Ellie and Faye, 14, will be tested when they are older.

Next week the Department of Health launches a massive campaign urging anyone who could be at risk of hepatitis C to have a test.

Symptoms include pain around the liver – which is under your ribs on the right side of your stomach – as well as tiredness, poor concentration, jaundice and nausea.

Risk factors include:

- A blood transfusion before 1991.
- A tattoo or piercing.
- Unprotected sex with someone who has the virus.
- Medical or dental treatment abroad.
- Sharing a razor or toothbrush with someone who has the virus.
- Exposure to the virus in the womb.
- Sharing drug-injecting equipment.

- Sharing a straw or rolled banknote to snort cocaine.

Check your risk at nhs.uk/hepc and see hepctrust.org.uk

Homemade Tattoo Risks

<http://www.wytv.com>

When done right, tattooing is an art form, but in the wrong hands, the results could leave you with a skin infection or be downright deadly.

"The worst case scenario," says Dr. John Ven Glarcik, "you could get things like blood born pathogens; HIV, Hepatitis B, Hepatitis C, all of which have serious if not potentially fatal complications."

Debbie Lenz has worked as a tattoo artist for three decades and owns Artistic Dermagraphics in Boardman. She says she hears horror stories of people getting tattooed out of someone's house or garage everyday. "My prediction, you know, being around this business for more than 30 years, is that eventually, you know, within the next 10 years or so, there's going to be a surge of Hepatitis C cases which is going to be devastating."

Lenz sits on the Tattoo Advisory Committee on the Board of Health and says in their last meeting she was told about World War II veterans who were dying of liver disease in their later years after getting homemade tattoos in their youth. "They had hepatitis and 99% of them had tattoos, so they probably were infected but the hepatitis had lived in their body for so long, that it was just surfacing and was attacking different parts of their body."

Experts warn no matter how good an artist says they are, the only safe way to get a tattoo is through a licensed professional. "It's not a knock on their reputation or their artistic ability", says Dr. Ven Glarcik, "It's just if you can't prove it, it's not sterile."

HCV-related burden of disease in Europe: a systematic assessment of incidence, prevalence, morbidity, and mortality

<http://7thspace.com>

Hepatitis C virus (HCV) is a leading cause of chronic liver disease, end-stage cirrhosis, and liver cancer, but little is known about the burden of disease caused by the virus. We summarised burden of disease data presently available for Europe, compared the data to current expert estimates, and identified areas in which better data are needed.

Literature and international health databases were systematically searched for HCV-specific burden of disease data, including incidence, prevalence, mortality, disability-adjusted life-years (DALYs), and liver transplantation.

Data were collected for the WHO European region with emphasis on 22 countries. If HCV-specific data were unavailable, these were calculated via HCV-attributable fractions.

HCV-specific burden of disease data for Europe are scarce.

Incidence data provided by national surveillance are not fully comparable and need to be standardised. HCV prevalence data are often inconclusive.

According to available data, an estimated 7.3-8.8 million people (1.1-1.3%) are infected in our 22 focus countries. HCV-specific mortality, DALY, and transplantation data are unavailable.

Estimations via HCV-attributable fractions indicate that HCV caused more than 86 000 deaths and 1.2 million DALYs in the WHO European region in 2002. Most of the DALYs (95%) were accumulated by patients in preventable disease stages.

About one-quarter of the liver transplants performed in 25 European countries in 2004 were attributable to HCV.

Our results indicate that hepatitis C is a major health problem and highlight the importance of timely antiviral treatment. However, data on the burden of disease of hepatitis C in Europe are scarce, outdated or inconclusive, which indicates that hepatitis C is still a neglected disease in many countries.

What is needed are public awareness, co-ordinated action plans, and better data. European physicians should be aware that many infections are still undetected, provide timely testing and antiviral treatment, and avoid iatrogenic transmission.

Credits/Source: BMC Public Health 2009, 9:34

EU body recommends Teva's generic hepatitis C drug

Reporting by Ben Hirschler

<http://www.afxnews.com>

LONDON, Jan 22 (Reuters) - Israel's Teva Pharmaceutical Industries Ltd has won backing from European regulators for its hepatitis C drug Ribavirin Teva, a generic version of Schering-Plough Corp's Rebetol.

Rebetol is an anti-viral drug often given in combination interferon therapy.

The European Medicines Agency said on Thursday it had adopted a positive opinion following a submission by Teva in May 2008. Recommendations from the agency are normally endorsed by the European Commission within a couple of months.