

Wiping Out Hep C in New Mexico

www.nmhepc.org · 505.314.6665

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President's Message

"How Can I Help?"

So many people have asked me this question during the past year that I'm using this month's column to share the many ways you can make a difference in many peoples' lives. You could start by joining the Alliance. Membership dues is only \$10 a year and all monies collected go towards fulfilling our mission of reaching out, advocating, educating and supporting New Mexicans affected by or infected with hepatitis C. If you want to do more, there are plenty of volunteer opportunities. Do you enjoy the buzz of a crowd? Do you find yourself talking with people sitting next to you on the plane? Thousands of New Mexicans have hepatitis C and many are reluctant to share their story. Use your voice to get the facts to the general public. Represent the Alliance at Health Fairs, corporate fairs, exhibits, etc. Are you persuasive? Join us in our advocacy efforts and letter writing campaigns. Do you have a knack for writing and experience in public relations? Do you enjoy communicating with the media? Help us with our press releases, public awareness ideas and activities. Or join a team of volunteers focused on a special event or project, such as Hepatitis C Awareness events coming up in May. *You don't have to have hepatitis C in order to volunteer.* Here's another way you can help: We're seeking sponsors for the New Mexico hepatitis C Quilt Project. The first quilt will be unveiled this May in conjunction with Hepatitis C Awareness Month.

Please call us at 505.314.6665 or email me at deboergavriela@gmail.com if you're interested in joining, volunteering and/or sponsoring our various endeavors. And don't forget HepC Awareness Month in May. We'll be in Roswell May 5; Albuquerque and Edgewood May 12; Espanola May 19; and Santa Fe May 26. Hope to see you there!

Fatigue and Illness

<http://www.ahfmr.ab.ca> (also available on hcvadvocate.org)

Why do we feel tired when we're ill?

In many illnesses, such as cancer, multiple sclerosis, rheumatoid arthritis, and liver disease, as well as infections; fatigue can be a major issue. Brain function drives the fatigue in these diseases, even though all of them occur outside of the brain, Calgary hepatologist Dr. Mark Swain points out.

"When we become sick with the flu or a bacterial infection, we feel tired, as well as losing our appetite and so on," explains Dr. Swain. "The body signals the brain to produce these symptoms or behaviors. It's important for us to conserve energy and not move around and do things so we'll get over the illness and get back to normal. *Unfortunately, with a chronic disease, we don't get over the illness.* The stimuli to the brain keep happening. Our bodies try to adapt but they never fully do so."

Dr. Swain studies, diagnoses, and treats such liver problems as hepatitis, cirrhosis, fatty liver disease, and liver cancer. He investigates the basic mechanisms of liver inflammation and the changes in neurotransmission within the brain that occur in the context of liver disease. He is especially fascinated by the effects of liver damage on symptoms in liver disease, particularly fatigue. Dr. Swain studies how the liver might signal the brain, with the end result

(see page 2, column 1; Liver Problems)

Coinfection News

Compiled by Stephani Patten, NMHCA VicePresident

HCV-Specific Immune Responses Influenced by Injection Drug Use but Not Alcohol Consumption
As reported in the March 15, 2007 Journal of Infectious Diseases, researchers in Boston assessed immune responses in 57 HCV monoinfected and 84 HIV-HCV coinfecting participants classified as injection drug users (IDUs), alcohol drinkers, or "non-users" based on their replies to a questionnaire. Among both HCV monoinfected and HIV-HCV co-infected subjects, those who drank alcohol had immune responses similar to those of participants who were abstinent. Authors concluded "Studies that examine IFN-gamma or IL-10 immune responses in HIV-HCV coinfecting or HCV infected persons need to consider current injection drug use." They added that, "Alcohol, at levels consumed in this cohort, does not appear to have as much of an effect on antigen-specific immune responses."

Beth Israel Deaconess Medical Center and Harvard Medical School; Boston University School of Public Health; Boston Medical Center and Boston University School of Medicine, Boston, MA. Reference: C S Graham, A Wells, E M Edwards, and others. Effect of Exposure to Injection Drugs or Alcohol on Antigen-Specific Immune Responses in HIV and Hepatitis C Virus Coinfection. Journal of Infectious Diseases 195(6): 847-856. March 15, 2007.

Rapid Virological Response Helps Tailor Treatment Duration in HIV-HCV Coinfected Patients with Genotype 3
Reduction of hepatitis C virus (HCV) RNA levels 4 weeks after starting hepatitis C treatment with interferon-based therapy predicts eventual achievement of sustained virological response (SVR) in individuals with HCV alone.

As reported in the February 19, 2007 issue of AIDS, Spanish researchers conducted a study to determine whether this also holds true for HIV-HCV coinfecting patient with genotype 3 HCV.

(see page 2, column 2; Coinfection News)

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Liver problems (continued from page 1)

that the person feels tired. Fatigue is the symptom most commonly mentioned by people with liver disease, but its cause is a puzzle. Since fatigue is an unspecific symptom (in other words, it can be caused by a variety of health problems), it is difficult to determine whether it is caused by the liver disease or by something else, or by a combination of factors. This is one reason why fatigue is difficult to study, understand, and treat.

Peripheral fatigue

Many people with very severe liver disease suffer what is called peripheral fatigue as a result of muscle atrophy. Patients with less severe disease often experience fatigue not related to muscle deterioration: that is, fatigue that comes from changes occurring within the brain. The severity of the fatigue in these individuals does not relate to their liver function. **This means that some people who have severe liver damage may not feel tired at all, while others with minimal liver damage may feel totally exhausted.**

"Fatigue can be the main feature of many forms of liver disease, and can be anywhere from mild and trivial to completely incapacitating," explains Dr. Swain. "The thing that's most difficult is that there's no correlation between the severity of the fatigue and the severity of the liver disease. Some people will say, 'If I have cirrhosis, why do I feel so good?' Others will say, 'Why do I feel so bad?' I think, inherently, some people are more tired than others because of the different ways individuals adapt to the signals which their bodies are sending to their brain." Dr. Swain hopes that his research may someday allow physicians to better target the treatment of fatigue as a symptom, improving quality of life for patients with liver disease and possibly for those with other chronic diseases as well.

Dr. Mark Swain is an AHFMR Senior Scholar and a professor in the Department of Medicine at the University of Calgary.

In the News

Compiled by Gaviela de Boer, NMHCA President

Roche Driving PROGRESS in Treatment of Hepatitis C Patients with New PEGASYS(R) Trial
Roche has announced the start of a large, multinational trial to examine a new treatment strategy in hepatitis C patients with difficult-to-treat characteristics. The study will evaluate the effect of PEGASYS(R) (peginterferon alfa-2a) and ribavirin in patients who have a high level of genotype 1 virus in their blood (high viral load) and who are heavier than average in weight. The trial, known as PROGRESS (PEGASYS and Ribavirin Optimized in Genotype 1 high viral load patients to improve SVR), will examine the potential benefits of using a fixed dose induction (360 mcg) of PEGASYS for the first 12 weeks of therapy.

(see column 2; In the News)

Coinfection News (continued from page 1)

The study included 35 HIV-HCV coinfecting participants with genotype 3 HCV enrolled in a randomized comparative trial of pegylated interferon alpha-2b (PegIntron) versus conventional interferon, both in combination with ribavirin. Patients were treated for 24 weeks, the standard duration of therapy for those with genotypes 2 or 3. "Monitoring early viral response may be useful to tailor the duration of treatment among patients with HCV genotype 3/HIV coinfection," the authors wrote. "Patients whose HCV RNA falls below 600 IU/mL at 4 weeks are at low risk of relapse after 24 weeks of combination therapy."

Reference: M Crespo, J I Esteban, E Ribera, and others. Utility of week-4 viral response to tailor treatment duration in hepatitis C virus genotype 3/HIV co-infected patients. *AIDS* 21(4): 477-481, February 19, 2007.

In the News (continued from left column)

Patients with high levels of genotype 1 virus in their blood who also are overweight tend not to respond well to current antiviral therapy regimens. PROGRESS will reveal whether induction dosing with PEGASYS in combination with either a higher dose or a standard dose of ribavirin offers these patients an improved chance of treatment success." Fifteen countries will participate in the trial with a total of 150 trial sites. Enrollment is ongoing in the U.S., and other countries. The trial is expected to conclude in 2008. If you are interested in the trial, more information can be found at www.roche-trials.com.

Hepatitis C Remains Most Common Chronic Systemic Viral Infection in United States. The Hepatitis C Caring Ambassadors Program (CAP) is urging policy-makers and private citizens not to be lulled into complacency regarding the ongoing hepatitis C crisis in the U.S. Their statement was a reaction to the report, "Surveillance for Acute Viral Hepatitis - United States, 2005," published by the CDC in the *Morbidity and Mortality Weekly Report* (MMWR). According to CAP officials, the article addresses the incidence of acute hepatitis only, which is rarely seen with the hepatitis C virus. The vast majority of people infected with the hepatitis C virus become chronically infected and many sustain serious, even life-threatening liver damage before the infection is diagnosed. The burden of chronic hepatitis C among Americans, which is not addressed in the MMWR article, remains alarmingly high. It is critically important that people recognize chronic hepatitis C is an ongoing substantial problem for millions of Americans. A mistaken sense of reassurance or complacency could prove devastating to control and prevention efforts. More-not less-attention and effort are needed to avert thousands of needless deaths due to hepatitis C.

From Martha Mendoza of the ASSOCIATED PRESS... The most dangerous thing coming out of prison these days may be something most convicts don't even know they have: hepatitis C. Nobody knows how many inmates have the disease; by some estimates, around 40 percent of the 2.2 million in jail and prison are infected, compared with just 2 percent of the general population.

Eventually, when they are released, medical experts predict they will be a crushing burden on the health care system, perhaps killing as many people as AIDS in years to come. At the same time, they will be carriers, spreading the disease.

Hepatitis C can be treated, but in many states, prisons do not test for it. Among the reasons: Budgets are tight, and treatment is expensive. So prison officials close their eyes to the gathering emergency and pass it along to the outside world. **[This is NOT the case in New Mexico, where testing and treatment ARE available in our prisons. GdB]**



**NEW MEXICO
HEPATITIS C
ALLIANCE**

OUR MISSION: To create, coordinate and inspire participation in the "parade" that will bring individual, community, state, and national awareness and resources to hepatitis C prevention and treatment

OUR VISION: A compassionate, non-judgmental society that ensures education and universal, equitable access to resources to prevent, manage, and cure HCV infection, and support all of those infected and affected by this disease