



HEP C

HANDBOOK

2nd Edition

*“ A RESOURCE GUIDE FOR
GEORGIANS ”*

About the cover:

Hepatitis C has long been referred to
by the HCV community as “The Dragon.”

In Chinese medicine, the liver is represented by a dragon.
Appropriately, dragons in folklore can sleep for a long time
and awaken with a vengeance. They are unrelenting beasts that are
notoriously difficult to kill, but with persistence and strength they
can be conquered!



The 2nd edition of this guide is dedicated to:

Sheila Rae McCallister

who lost her battle with the hepatitis C virus on January 11, 2007



Thanks to www.HCVSupport.org for contributing the
shield on the cover

Cover design by Reo Smith

(Assistant Webmaster, Georgia Division of Public Health)

Acknowledgements

This resource guide was researched and compiled by the Hepatitis C Working Group of Georgia.

The Hepatitis C Working Group of Georgia was formed after a hepatitis C training for front-line workers in June 2003. The training was presented by the Harm Reduction Coalition of New York City and hosted by the Atlanta Harm Reduction Center.

Training participants and others touched by hepatitis C wanted to address the impact of the growing hepatitis C epidemic. As a result, in 2003, the Hepatitis C Working Group of Georgia was formed. The publication of the original HEP C Handbook: A Resource Guide for Georgians was the committee's first major achievement.

The Hepatitis C Working Group meets once a month. Membership is open to anyone who has a personal or professional interest in hepatitis C. If you would like to become involved, please contact Miss Tina J. Benoit at 404-463-0849 or the American Liver Foundation Georgia Chapter: Georgia@liverfoundation.org

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Foreword

The hepatitis C virus (HCV) has become the leading cause of death from liver disease (1) and the most frequent indication for liver transplantation in the United States (2). More than 3 million people in the U.S. are chronically infected with HCV, a prevalence roughly three times that of HIV infection (3). However, current numbers probably underestimate the true magnitude of HCV in the U.S. Unfortunately, the numbers are expected to get far worse. A fourfold increase in the number of people diagnosed with HCV is expected to occur by 2015 (2), and HCV-related liver deaths are expected to triple by the year 2020 (4).

Hepatitis C is an RNA virus that belongs to a group or family of viruses known as *Flaviviruses*. More than ninety virus subtypes (5) attest to HCV's substantial genetic variation. It is this genetic diversity that explains, in part, why the development of a HCV vaccine has been difficult.

Most HCV-infected persons in the U.S. acquired the virus by intravenous drug use. However, a significant number were infected because of contaminated blood transfusions prior to the routine testing of the U. S. blood supply in 1992. Other routes of infection include high-risk sexual behavior, infected organs from transplant donors, occupational exposure, unsafe medical practices and mother-to-infant transmission.

There have been substantial strides in HCV treatment success in the past few years. Today's pegylated interferon-based therapies can cure more than half of all patients treated. In fact, certain patients can be cured about 80% of the time. These outcomes are much improved when compared to the early 1990's, a time where treatments cured about one in ten people. Nonetheless, these therapies are not easy to tolerate in that roughly 75% of patients develop one or more side effects (6), and many have to terminate therapy early. Moreover, some HCV-infected persons cannot even be considered for treatment. Unfortunately, new FDA-approved therapies are at least three to five years away from widespread use.

Furthermore, none of the current or likely future treatments can be used in those with end-stage (decompensated) liver disease; these patients can only be cured by liver transplantation, which requires the use of organs short in supply.

Regardless of whether HCV-infected persons are on therapy, hepatitis C creates a burden on our healthcare system (\$ 5.5 billion was spent on HCV during 1997 alone (7)). Yet the larger burden of this virus is borne by the infected individual. HCV-infected persons are more apt to suffer social isolation as well as fear for their job security (8). The knowledge of being HCV-infected can be overwhelming and it is difficult to know where to turn for help. Medical care is only one facet of what persons with hepatitis C might require. Where can one find a support group? What sites on the internet are helpful for the latest information on the virus? How does one find out about ongoing clinical trials? How does one get help with substance abuse or depression? What financial or legal resources are available? Where does one find a Spanish-speaking provider? *The HEP C Handbook* was developed with these questions in mind in hopes of alleviating some of the burden on those infected.

It has been my privilege to be involved with an extraordinary community organization – The Hepatitis C Working Group. It's members are truly unselfish devotees to the goal of helping individuals infected with HCV. I am honored to work alongside them and to be able to help introduce our guide to the community.

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Preface

Thank you for your interest in *The HEP C Handbook: A Resource Guide for Georgians*. We hope that the information in this guide will be useful to you, your family, and friends.

The idea for this guide came from a dedicated group of individuals who have a personal or professional interest in hepatitis C. The sections in this guide were developed as a result of the experiences and frustrations of those who have spent many hours researching the disease and learning to navigate the system.

Hepatitis C is beginning to be recognized as a significant public health problem in Georgia. While the exact number of individuals with hepatitis C is unknown, it is estimated that almost 163,000 Georgians have hepatitis C. Many of these individuals, however, are unaware of their infection.

To address the growing needs of those infected with hepatitis C, the Georgia Division of Public Health collaborates with public and private partners to integrate hepatitis C activities and services into existing programs throughout the state. During the summer 2004, a group of individuals committed to viral hepatitis prevention developed a statewide strategic plan for viral hepatitis. This plan will serve as a “roadmap” for the development of future hepatitis programs and services in Georgia.

If you would like to be involved in future hepatitis C initiatives, please contact the Georgia Division of Public Health or any of the individuals who contributed to this guide for more information. The first edition printing of this resource guide was prepared under the guidance and expertise of our first Hepatitis C Coordinator, Julie Wolhuis, MPH, MSW. Thanks, Julie.

Tina J. Benoit, MPH
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Preface to the Second Edition

In the 2nd edition of *The HEP C Handbook: A Resource Guide for Georgians*, the Hepatitis C Working Group of Georgia has conducted broader research to give you a more comprehensive resource guide. The goals remain the same as with the first edition: to develop an unbiased guide that will assist all communities affected by hepatitis C, including medical providers. The current edition reflects up-to-date advances that have been made in our knowledge of hepatitis C resources.

In the past, this handbook has proven to be a practical guide for health care providers, infected individuals and their families with a wealth of useful information about hepatitis C. The second edition will become even more useful with added websites and providers. Since the development of the first edition, the hepatitis C antibody (anti-HCV) screening test became available at all Georgia family planning, HIV, and STD public health clinics. This preliminary screening is available to uninsured or underinsured high-risk patients.

We realize how confusing a new hepatitis C diagnosis can be. The Hepatitis C Working Group revised this edition with these concerns in mind.

If you would like to be involved in future hepatitis C initiatives, please contact Miss Tina J. Benoit at 404-463-0849. As always, we welcome your suggestions and comments on how to make future editions of this guide even more useful.

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Ordering Additional Copies

Copies of the second edition of *The HEP C Handbook: A Resource Guide for Georgians* are available at no cost to agencies and individuals as long as supplies last. Multiple copies may also be ordered, however, you must make arrangements to pick up the order. Please contact Tina J. Benoit at 404-463-0849 to order copies. The Resource Guide will also be available on the Internet at:

www.liverfoundation.org/chapters/georgia

and

www.HEALSotheSouth.org

Disclaimer

Listings and descriptions of resources in *The HEP C Handbook: A Resource Guide for Georgians* are for informational purposes only. Inclusion in this guide does not constitute any endorsement or recommendation of, or for, any individual, service, treatment, or organization by those who contributed to this guide.

Phone numbers, providers' addresses and service information change. The information contained in this guide was current and correct when it was printed. Contributors to this guide are not responsible for programs or services that are no longer available. This guide should **not** be used in place of professional medical or mental health care. If you find an error, a change in information, or a resource that was not included, please contact us in writing. Changes or updates should be submitted to: tbenoit@dhr.state.ga.us

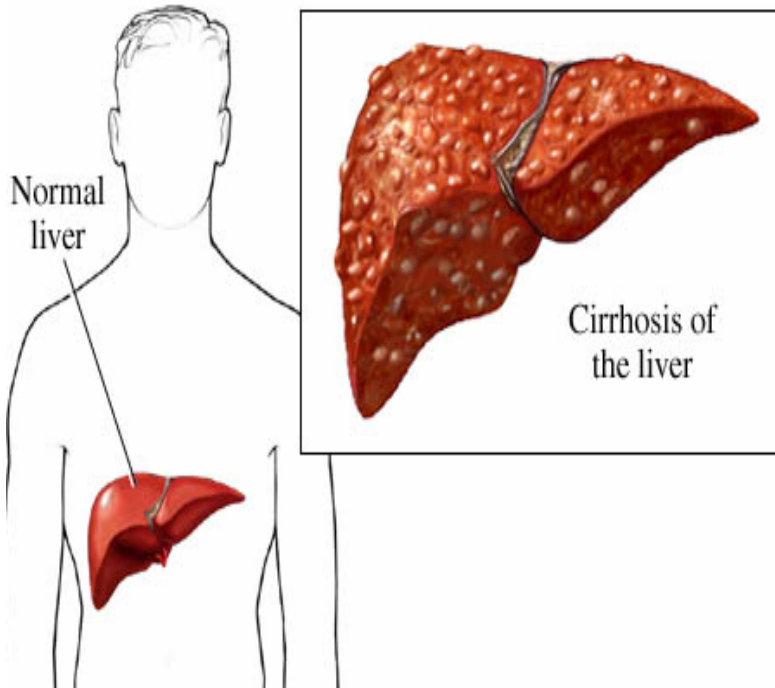
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Functions of the liver

Hepatitis C virus (HCV) is a blood borne (transmitted via contact with the blood) virus that affects the liver, the largest organ in the body. The liver is a wedge-shaped organ located underneath the right rib cage (see picture below). Its function is to process everything that is eaten by mouth, breathed through the lungs, and absorbed through the skin. It converts food into nutrients, stores vitamins, minerals and sugars, produces bile, and detoxifies substances that are harmful to the body. Over time, the hepatitis C virus can lead to major liver damage such as cirrhosis and even death.



Frequently Asked Questions (FAQs)

This section contains general questions and answers about hepatitis C. Please refer to other sections for FAQs that address specific topics.

What is a virus?

A virus is composed of a piece of genetic material surrounded by a protein shell. The protein shell attaches itself to cellular membranes and invades the cell by fusion. Viral replication occurs inside the invaded cell. Virus particles are then transported to the cellular membrane and released.

What is the hepatitis C virus?

Hepatitis literally means “inflammation of the liver”. Hepatitis C virus (HCV) is caused by a virus, sometimes referred to as HCV. HCV is a *flavivirus*. Other viruses in this family are: St. Louis encephalitis, West Nile virus, Yellow Fever virus, and Dengue virus. HCV is species-specific. This means only humans and chimpanzees can be infected with the virus. HCV is also organ specific. It only replicates in liver cells, although it may be found in other cells.

There are 6 known genotypes of HCV: 1, 2, 3, 4, 5, and 6. There are also subtypes, designated as 1a, 1b, 2a, 2b, etc. In the U.S., approximately 70% of people with HCV have genotype 1a or 1b. The hepatitis C virus replicates inside its host every 7 to 9 hours and typically produces about 10 trillion viral copies per day. The virus is able to evade the host’s immune system by mutating the regions of its genetic code. The mutations can result in quasi-species, which are virus subtypes that differ from each other in part of their genetic code. Quasi-species reflect the virus’ extreme genetic diversity.

What are the differences between hepatitis A, B, and C?

Hepatitis C is sometimes confused with hepatitis A virus (HAV) or the hepatitis B virus (HBV), two viruses that can be prevented by vaccination. People with HAV infection or HBV infection may not have any symptoms or may just feel like they have the flu.

HAV is usually transmitted by eating contaminated food or drinking water. The virus can be spread at daycare centers if feces during diapering come in contact with other children. It can also be spread by sexual contact or by sharing syringes. HAV is never chronic and most people recover completely, although death from hepatitis A does occur.

HBV is transmitted through exposure to blood, semen, vaginal secretions, and open sores. It is not spread casually. Among adolescents and adults, the primary mode of transmission is sexual. About 6% of HBV-infected adults develop chronic infection that can lead to severe liver damage, cirrhosis, or death.

What is non-A, non-B hepatitis?

In the 1960's, an unidentified type of hepatitis, originally called non-A, non-B hepatitis, had infected many post-transfusion patients. In 1988 it was discovered that the hepatitis C virus was the primary cause of non-A, non-B hepatitis. HCV is now rarely transmitted via blood transfusions because blood has been screened since 1992 and infected blood has been removed from the blood supply. Similarly, the screening process has virtually eliminated the risk of acquiring HCV from transplantation.

What are the symptoms of viral hepatitis?

The symptoms of acute (newly acquired) hepatitis A, B and C are the same for all three types. Symptoms occur more often in adults than in children. If symptoms occur, they may include:

- Tiredness
- Loss of appetite
- Nausea
- Abdominal discomfort
- Dark urine
- Clay-colored bowel movements
- Yellowing of the skin and eyes (jaundice)

How is hepatitis C spread?

HCV is spread when blood or body fluids from an infected person enter the body of a person who is not infected.

What are the risk factors for HCV transmission?

Established risk factors:

- Injection drug use with a shared syringe, even once, long ago
- Transfusion of blood or blood products before July 1992
- Infected blood that has made contact with cuts or broken skin
- Kidney dialysis

Uncertain risk factors for HCV:

- Unprotected sex with multiple partners
- Unsterile tattoo or body piercing practices
- Cocaine snorted with a shared straw
- Sharing razors and toothbrushes

HCV is NOT spread by:

- Sneezing, hugging, coughing, food or water, breastfeeding, sharing eating utensils or drinking glasses, or casual contact

HCV Cases Associated with Risk Factors:

- 60% injection drug use
- 15% sexual risk*
- 10% transfusion of blood or blood products (before 1992)
- 10% unknown
- 5% mother-to-child (perinatal); healthcare workers (occupational exposure); nosocomial (hospital-acquired)

[*Although considerable inconsistencies exist among studies, data indicates that sexual transmission of HCV appears to occur, but the virus is inefficiently spread in this manner. (MMWR, October 16, 1998, Vol. 47, No. RR-19)]

Injection Drug Use (IDU) and HCV Transmission:

HCV is very efficiently and quickly transmitted via injection drug use with an infected syringe or other drug equipment. HCV is four times more common than HIV and studies have shown that 60%-90% of IDUs who have injected drugs for 5 years are infected with HCV. However, people can get hepatitis C by injecting IV drugs only once.

Can people get infected with hepatitis C from having unprotected sex?

HCV can be transmitted sexually, but not very easily. Transmission is rare between long-term steady partners and it is still unknown what factors contribute to sexual transmission. However, like most sexually transmitted diseases, women are more susceptible than men to being infected from a sexual contact with an infected partner. Cases of HCV sexual transmission have been documented in those patients who have both HIV and HCV. More research is needed to learn which factors contribute to the sexual transmission of hepatitis C.

How is hepatitis C diagnosed?

Anyone with elevated liver enzymes, ALT and AST, shown in their blood panels should consider being screened for HCV. Likewise, if someone has a known risk factor for HCV, he/she should be tested. Up to a third (1/3) of people infected do not have elevated AST or ALT, so one can not suspect hepatitis C simply on the basis of elevated liver tests. Risk factors are more important when making a diagnosis for someone with hepatitis C.

An antibody screening test, enzyme immunoassay (EIA) is effective in screening most patients with HCV. Antibody screening tests may not be accurate for immune suppressed or immune deficient patients.

A qualitative or quantitative polymerase chain reaction (PCR) test is used as a confirmatory test. A PCR test detects RNA genetic material of the virus in the blood serum. PCR is extremely sensitive and can detect as few as 10 International Units (IU) per milliliter of blood serum. Qualitative PCR results are measured as positive or

negative for the presence of the hepatitis C virus. In 1-3 weeks after initial exposure, HCV RNA can be detected in blood. A quantitative PCR test measures the number of IUs per milliliter. Quantitative PCR testing and genotyping of HCV RNA can be used as a predictor of response to therapy.

How will I know if I have hepatitis C?

Most people who are infected with hepatitis C do not know because they have no symptoms. Therefore, they can unknowingly spread the disease to others. Until recently, many people did not know about hepatitis C, but now people recognize the danger of the disease. Screening tests are becoming more widely available and better treatments are being developed.

How common is hepatitis C?

Hepatitis C is the most common chronic, blood-borne infection in the United States. The CDC reports that HCV causes 8,000-10,000 deaths per year and the number is expected to increase greatly in the next 10 to 20 years. HCV is the leading cause of liver transplantations in the U.S. Currently, at least 3.2 million Americans are chronically infected with hepatitis C. Worldwide, the number is estimated to be 170 million or about 3% of the world population.

What happens to people who are infected with the hepatitis C virus?

Out of 100 people who become infected with HCV, approximately:

- 15 will clear the virus without treatment
- 85 will develop chronic infection

Of those 85,

- 65-70 will remain stable
- 15-20 may develop cirrhosis or scarring of the liver over a period of 20-30 years, some of whom may develop liver cancer. Less than 3% die from the consequences of chronic infection (liver cancer or cirrhosis).

What is the natural history of hepatitis C?

The incubation period, from initial exposure to the virus until the virus is detectable through lab testing, can last 2 to 6 weeks. The acute period of the disease is the first 6 months after initial infection. After 6 months, up to 85% of patients will fail to clear the hepatitis C virus and will become chronically infected. Chronic HCV may take 10 to 20 years or more to progress to liver damage. In approximately 20% of patients with chronic hepatitis C, liver damage will slowly advance to cirrhosis of the liver during the first 10-20 years. HCV patients with heavy to moderate alcohol consumption may develop cirrhosis, or scarring of the liver, and end stage liver disease in as little as 5-7 years. Hepatocellular carcinoma (HCC), a type of liver cancer, can develop in 1%-5% of HCV patients with cirrhosis.

Most people diagnosed with HCV should consider having a liver biopsy. A liver biopsy is currently the most accurate method to assess liver damage. An initial biopsy can be used as a baseline for future testing and evaluation. A liver biopsy may show various levels of inflammation (irritation) and/or various levels of scarring (fibrosis/cirrhosis).

In general, there is no correlation between ALT levels and symptoms, symptoms and pathology, or ALT levels and pathology. In other words, there is no clear relationship between symptoms, liver disease progression, liver enzymes, and viral load.

Can I donate blood if I have had any type of viral hepatitis?

If you had any type of viral hepatitis since age 11, you are not eligible to donate blood. In addition, if you ever tested positive for hepatitis B or hepatitis C, at any age, you are not eligible to donate, even if you were never sick or jaundiced from the infection.

How long can HCV survive outside the body?

Recent studies have shown that HCV can survive outside the body and still transmit infection for 16 hours, but not longer than 4 days.

What are the extrahepatic symptoms of hepatitis C?

In acute hepatitis C patients, 30% have flu-like symptoms, while 70% have no symptoms. Fewer than 20% of chronic HCV patients have extrahepatic (outside the liver) symptoms. In some cases, symptoms can be disabling.

Extrahepatic HCV symptoms may include: fatigue, pain in joints, nausea, short term memory loss, malaise, dizziness, stomach pain, vascular spiders and pain in the upper right quadrant of the body.

Some extrahepatic diseases that are associated with hepatitis C patients are:

- **Depression** – sadness, lethargy, despair, anger, insomnia, poor appetite, or weight gain, obsessive thoughts, and terrible guilt without a loss or out of proportion to the loss
- **Essential mixed cryoglobulinemia** – the presence of cryoglobulins in the blood. These are abnormal forms of protein molecules that precipitate in the extremities at cold temperatures and re-dissolve at normal body temperatures. This can cause skin rashes, nerve damage, and joint pain.
- **Glomerulonephritis** – a type of kidney disease
- **Keraconjunctivitis sicca** – a persistent dryness of the cornea and conjunctiva due to decreased function of the tear glands (Sjogren's syndrome)
- **Lichen planus** – an autoimmune rash of unknown origin
- **Neuropathy** – painful nerve damage, usually in the feet
- **Non-Hodgkin's type, B-cell lymphomas** – cancer of the lymph gland system
- **Poor appetite and/or nausea**
- **Porphyria cutanea tarda** – skin lesions on exposed portions of the body frequently associated with alcoholism or hepatic disease
- **Seronegative arthritis** – inflammation of a joint or joints, characterized by pain, swelling, stiffness, and redness
- **Skin Rashes** – purpura, vasculitis, or urticaria

What about nutrition?

Unless you have cirrhosis of the liver, a balanced, low-fat diet with 5 servings of fruits and vegetables and a minimum of 4 ounces of animal protein or the equivalent (1 oz of animal protein = ½ cup of legumes) is recommended. Protein is very important since the liver converts protein into amino acids, the basic food of every cell in your body. Amino acids help liver cells regenerate. Individuals with hepatitis C should restrict the amounts of iron rich foods in their diet, such as red meats and cereals fortified with iron. If you take a multi-vitamin, choose one without iron. Iron may play a part in viral replication. Consult a registered nutritionist or dietician for detailed information. For HCV patients with cirrhosis of the liver – consult a registered dietician, preferably one with experience in treating patients with end-stage liver disease. Patients with cirrhosis need diets specifically designed for each individual for their particular stage of disease. Since an impaired liver cannot convert protein as easily, protein intake should be monitored to prevent ammonia buildup in the blood. Wasting of muscle tissue may warrant a higher fat intake. Amino acid supplements can be prescribed if needed.

What are the symptoms of advanced liver disease?

Only about 10-15% of those infected with hepatitis C will progress to advanced liver disease. Symptoms of cirrhosis or end-stage liver disease are: swelling of the feet and ankles (edema), swelling of the abdomen (ascites), dark colored urine, enlarged liver, enlarged spleen, light colored or fatty stools, pain in the right shoulder/neck area, bruising easily, flapping tremors, fainting, blackouts, loss of cognitive function, variceal bleeds (large dilated blood vessels in the esophagus/food tube or stomach), hallucinations, and coma.

Sources:

Centers for Disease Control and Prevention
American Liver Foundation
Harm Reduction Coalition

Living with hepatitis C: Managing Common Symptoms

Lucinda K. Porter, RN
Alan Franciscus, Editor-in-Chief

• *hcs*FACTsheet •

Hepatitis C Support Project • www.hcvadvocate.org

Common symptoms are frequently reported by chronically infected HCV patients. Results of a study published in *Hepatology* stated that more than 70% of HCV positive patients reported at least one complaint. This article identifies some of the most common symptoms reported by HCV patients, along with some tips for managing symptoms. These tips are suggested for the average non-cirrhotic HCV patient. Before employing any of these techniques, talk to your doctor or other licensed care provider. Self-diagnosis should not replace health care; it can also be a prescription for disaster

Fatigue

- Rule out other causes of fatigue, such as thyroid abnormalities, diabetes, anemia, depression, sleep disorders, dehydration, etc.
- Make sure you are getting sufficient sleep. The National Sleep Foundation states that the average adult needs 7 to 9 hours of sleep per night.
- Drink sufficient water and other nutritional liquids (10 to 16 glasses per day) that do not contain sugar or caffeine.
- Use moderate exercise to re-energize. A ten-minute walk can work wonders, particularly a walk in a scenic area. Stretching, especially for those confined to a desk for hours, can be helpful.
- Take short naps – no more than 20 minutes and not too close to bedtime.
- Consider an integrated movement program such as Pilates, Qigong, Tai Chi, or Yoga.
- Avoid excess stress. Use stress-reduction techniques, such as meditation, massage, watching a sunrise or sunset.
- Keep your life simple. Establish priorities and cut back on responsibilities.
- Look for short cuts. All meals do not have to be made from scratch. A car can be cleaned at a car wash rather than by hand.

- Ask for help. As much as they would have you believe, it is not considered slave labor to ask children to empty the dishwasher. It is not tacky to ask friends over for a potluck dinner and ask them to help with the dishes.

Muscle and Joint Aches

- Get a proper diagnosis for the cause of pain before beginning a self-help regimen.
- Ask your physician about the use of prescription and non-prescription medications to help with these symptoms. It is a common myth that HCV patients cannot take acetaminophen (brand name – Tylenol) or paracetamol. In most cases, acetaminophen is considered to be safe if taken occasionally and within the recommended dose. Never mix acetaminophen and alcohol. If you take other prescription or over-the-counter medications, ask your doctor or nurse about the safety of taking these along with acetaminophen.
- Try gentle stretching exercises.
- Avoid prolonged periods of inactivity.
- Try warm or hot baths. Spoil yourself with a bubble bath.
- Massage and acupressure may be helpful. You can see a trained practitioner or learn these techniques for yourself.

Headaches

- Discuss headaches with your medical provider.
- Ask your provider about the use of prescription and non-prescription medications to help with these symptoms.
- Avoid stress.
- Try relaxation techniques.

Dryness -skin, mouth, nose and eyes

- Drink sufficient water and sip it throughout the day.
- Chew sugarless gum or suck on sugarless candy to relieve dry mouth.
- Avoid soap. Use a non-soap cleanser such as Cetaphil.
- Hypoallergenic creams applied immediately following bathing can reduce dry skin. Use cream alone or add a couple of drops of light-weight oil. (Neutrogena sells excellent body oil. Baby oil is another choice.)

- Do not forget to use sun protection on your skin, lips and hair.
- For occasional dry eyes, use over-the counter artificial tear drops. If regular use is necessary, use a preservative-free type.
- Saline nose sprays can help with dry nasal passages

Gastrointestinal (GI) Complaints

- Intermittent pain in the liver area is common. Discuss GI complaints with your medical provider.
- Eat small, frequent meals.
- Choose low-fat, nutritional foods when at all possible.
- Avoid greasy, acidic or spicy food.
- Consult a nutritionist for further advice.

Emotional Concerns

Some people with chronic HCV infection complain of problems that affect their overall sense of well being and ability to function. These can include depression, irritability, insomnia, difficulty concentrating and even some confusion. If any of these problems occur, discuss them with your doctor. It is important to rule out other causes for these complaints. Try meditation, moderate exercise, Tai Chi, Qigong, Yoga, or stress management techniques. Reserve your “best times” for activities that require the most concentration. Do not neglect your recreational needs. Find ways to laugh. Humor has no side effects except perhaps a few laughs.

Cognitive Issues

Some patients with chronic HCV infection report mental or cognitive impairment. Among patients, this is referred to as “brain fog.” There are many factors that can affect mental acuity, including stress, depression and fatigue. If you are experiencing “brain fog,” try to analyze your situation. Are you experiencing stress? Are you getting sufficient sleep? Are you depressed?

When it comes to health improvement, the brain is sometimes left out of the equation. However, the brain is an essential component of health and needs to be included in health maintenance. Here are suggestions for coping with brain fog and keeping the brain healthy:

- Be physically and mentally active on a daily basis.
- Maintain a healthy diet. Do not skip meals. Drink sufficient

water.

- Manage stress. Meditation and relaxation techniques can help you think more clearly, especially when practiced regularly.
- Avoid alcohol and unhealthy substance use.
- Get sufficient sleep. The average adult needs seven to nine hours of sleep each night.
- Breathe – oxygen is essential for our brains.
- Use tools to remind you of important tasks and events, such as calendars, post-it notes and daily or weekly pill containers.
- Create habits and daily routines. Write things down and keep your lists in the same place.
- Stay organized.
- Challenge your brain with games, puzzles – try one of HCSP's hepatitis Crossword Puzzles.
- Learn to laugh at yourself if you forget minor things or cannot remember a certain word. If you laugh at yourself, others will be follow suit and laugh with you, not at you.

Social and Sexual Issues

The diagnosis of chronic hepatitis C can have a negative impact on one's sexual relationships. The issue of transmitting HCV to another can create both real and emotional concerns. It is essential that everyone engaging in sexual activity (with or without a potentially infectious disease) practice safer sex. Having said this, sexual transmission of HCV among monogamous sexual partners is very uncommon. Communicate your fears and concerns of transmission with your sexual partner. For additional information, see HCSP's Sexual Transmission of hepatitis C, or contact the Centers for Disease Control and Prevention, your local public health department, Planned Parenthood, or your medical provider.

Sometimes fatigue and fear can lead to self-absorption and seclusion. Make every attempt to avoid isolation. The importance of support cannot be minimized. Hepatitis C support groups can be valuable. Patients can be experts of a very special kind. They are true authorities on how to live with this disease. Learning how to cope can make all the difference in the world. As the saying goes, "pain is inevitable; suffering is optional."

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Hepatitis C Testing

Frequently Asked Questions:

Who should be tested for HCV?

HCV infection can occur in a person of any age.

People with any of these risk factors should be tested for HCV:

- ❖ Anyone who ever shared a needle or syringe when injecting drugs, even once, long ago;
- ❖ Anyone who received a blood transfusion before July, 1992;
- ❖ Anyone who ever received long-term kidney dialysis; and
- ❖ Anyone with unexplained liver disease or several abnormal liver tests.

Post-exposure testing for HCV should be done for the following individuals:

- ❖ Children born to HCV-positive mothers (no sooner than 18 months of age). Some providers are using PCR testings; and
- ❖ Healthcare workers who have been stuck by a contaminated needle or had other occupational exposures (There is no post-exposure treatment immediately for HCV).

Is HCV testing recommended for everyone with a risk factor?

Individuals with a risk factor should consider being tested. Although probably not at risk, people with the following risk factors may consider testing:

- ❖ People with a history of sexually transmitted diseases,
- ❖ People who have had unprotected sex with multiple partners,
- ❖ People who have had tattoos or body piercings with unsterile equipment (especially in prisons),
- ❖ People who have shared straws for drug use,*
- ❖ Vietnam era veterans,* and
- ❖ Long-term steady partners of HCV-positive people*

**The CDC does not consider these to be significant risks.*

What tests are used to diagnose HCV?

The screening test for HCV is a blood test that tells whether the body has developed antibodies to the hepatitis C virus. If positive, the test must be confirmed by a second blood test that rules out a false positive test result.

What is the viral load test?

After a person is confirmed to have hepatitis C, viral load tests may be done to determine the concentration of HCV in the blood.

What is the genotype test used for?

Genotype testing is used to determine one of the 6 types of HCV present in a person's blood. Genotypes describe to which "family" a person's virus belongs. Types 1a and 1b are the hardest to treat and are the most common types in the United States. Healthcare providers usually request the genotype test only when a patient is a likely candidate for treatment because it helps the provider to assess the most effective course of treatment.

What do liver enzyme tests do?

Liver enzyme tests are blood tests that measure the amount of inflammation in the liver (ALT, AST). However, one cannot rely on ALT or AST alone to assess liver inflammation; some people have severe inflammation with normal AST or ALT, and some have high ALT or AST with practically no liver inflammation.

Why are liver biopsies sometimes recommended?

A liver biopsy is done to determine if there is inflammation (irritation) or scarring (fibrosis) of the liver. It is the only way to accurately determine the actual condition of the liver tissue. The procedure involves inserting a needle into the liver and taking a small tissue sample to test for damage to the liver.

What does it mean if I have the hepatitis C antibody, but I have no detectable virus by an RNA test?

It could mean one of several things. If you were treated more than

six months ago, chances are you are a sustained responder (see glossary). If you never received treatment in the past, and your RNA has been repeated a second time and is once again negative, it is likely that you were exposed to the hepatitis C virus but were lucky in that you cleared it naturally (only about 15-45% of the population who are exposed). It does not mean you are protected against hepatitis C if you are ever exposed again. The hepatitis C antibody is not a “protective” antibody like the hepatitis B antibody is. The final possible explanation is that it is a false result, although the accuracy of the antibody test as of 2007 makes this less likely.

Sources:

Centers for Disease Control and Prevention
American Liver Foundation
Harm Reduction Coalition

Information about hepatitis C Testing

There are several types of hepatitis C tests. Some tests are primarily used for diagnosing hepatitis C, while other tests are more useful for monitoring HCV treatment.

- **Antibody tests (anti-HCV)** – Usually the first test done when identifying or diagnosing HCV infection. This test identifies past or present infection, but does not differentiate between acute, chronic, or resolved infection. All positive antibody tests should be verified by a more specific serologic test (e.g. RIBA) or a nucleic acid test (NAT).
- **RIBA (recombinant immunoblot assay) test** – Supplemental assay used to confirm HCV antibody test; can be reported as positive, negative or indeterminate. This test is frequently used by blood banks to screen blood donations.
- **Nucleic acid tests (NAT) for HCV RNA** – Supplemental tests to confirm HCV antibody test; includes HCV RNA PCR test, HCV RNA bDNA test, and HCV RNA TMA test. There are two (2) types:
 - 1- **Qualitative** – Detects presence of circulating HCV RNA; can be reported as detected or undetected
 - 2- **Quantitative** – Determines concentration of HCV RNA (viral load); reported as a numerical value
- **Genotype** – Specifies which kind the person is infected with.
- **ALT/SGPT (alanine aminotransferase)** – An enzyme made in liver cells. If liver cells are damaged or die, ALT leaks out into the bloodstream; normal range is usually 1-40 (depending on the lab). Elevated ALT levels are one marker of possible acute HCV infection.

Websites:

What does my blood test mean?

www.bloodbook.com/test-result.html

Lab tests – What they are and what they mean

www.hepatitis-central.com/hcv/labs/toc.html

Hepatitis C Treatment Information

Frequently Asked Questions:

What are the treatment options for hepatitis C?

Alpha interferons either alone or in combination with the anti-viral ribavirin are currently the only drugs scientifically shown to result in a sustained response. Natural interferons are produced when a virus invades the body. Interferon stimulates the immune system to attack the invading virus and any infected liver cells. Fevers, chills, nausea, and general malaise are caused by the interferon your body releases. Interferon treatment has two goals: 1) clearing the hepatitis C virus from your system and/or 2) causing some remission of liver disease.

The National Institutes of Health (NIH) Consensus Development Conference recommends that treatment should be limited to those patients with progressive liver disease as evidenced by fibrosis, moderate to severe inflammation, and necrosis by liver biopsy. Individuals with less severe degrees of histology should be managed on an individual basis.

Duration of treatment varies. For combination therapy in patients with genotype 2 or 3, a 24-week treatment is recommended. For combination therapy in HCV genotype 1, a 48-week treatment is recommended. However, lately there has been interest in shortening or extending these treatment durations if patients meet or do not meet certain treatment milestones. Non-responders can be identified by assessing the ALT level and qualitative PCR at 6 months of treatment with interferon. Patients with detection of HCV by PCR RNA are non-responders and treatment should be discontinued. Response rates vary according to some different factors. Genotypes 1a and 1b have a lower overall response rate than types 2a, 2b, 3a, and 3b. Early detection of HCV infection can raise the response rate.

A high viral load (greater than 800,000 IU/ML of blood serum) can negatively affect the response rate. The presence of advanced liver disease can lower predicted response. None of these predictors of response should be used to deny treatment.

What are the Contraindications (reasons not to use) for interferon treatment?

The following patients are not candidates for treatment:

Patients who are active alcohol users.

Patients with clinically decompensated cirrhosis.

Patients with autoimmune hepatitis.

Patients with sarcoidosis (Sarcoidosis involves inflammation that produces tiny lumps of cells in various organs in your body).

Patients with medical conditions (uncontrolled diabetes, seizure, high blood pressure, or heart disease).

Patients with very severe depression, especially if uncontrolled.

What are some uncommon side effects of interferon treatment?

Severe bacterial infections

Thyroid disease

Seizures

Depression

Problem with the back of the eye (retina)

Hearing loss

Tinnitus (ringing in the ears)

What are the side effects of ribavirin?

Anemia

Fatigue and irritability

Itching

Skin rash

Nasal Stuffiness

Sinusitis and cough

Angina pectoris

Myocardial infarction and stroke (very rare)

It is recommended that all HCV patients be vaccinated for hepatitis A and in some situations, hepatitis B. Co-infection with either hepatitis A or B can be devastating.

If left untreated/uncured, how might hepatitis C affect the body?

It can permanently damage the liver by replacing the normal liver with scar tissue. When this is severe, it is called cirrhosis. In some cases, hepatitis C can cause liver cancer; although, the liver has to become scarred first.

Sources:

Centers for Disease Control and Prevention
American Liver Foundation

Treatment Information

The Food and Drug Administration (FDA) has approved four antiviral therapies for treatment of chronic hepatitis C in persons 18 years and older: Alpha interferon, pegylated alpha interferon, ribavirin, and consensus interferon (Infergen). All are given for up to 48 weeks.

The main goal of therapy is to eliminate the hepatitis C virus. Undetectable virus at the end of treatment is called the end of treatment response (ETR). Therapy is considered successful if the virus remains undetectable 6 months after treatment ends. This is called sustained virologic response (SVR).

While antiviral therapy is available, it is not recommended for all chronically infected individuals. Because of advances in the field of antiviral therapy for chronic hepatitis, standards of practice may change over time. Those with hepatitis C should consult with a health care provider who is experienced in treating viral hepatitis.

Treatment Currently Available:

- ◆ Peginterferon alfa-2a
Pegasys® (Roche Pharmaceuticals)
www.pegasys.com

Injected subcutaneously each week.

Pegasys can be prescribed alone or in combination with Copegus (ribavirin) for the treatment of adults with chronic hepatitis C who have compensated liver disease and have not been previously treated with interferon alpha.

- ◆ Ribavirin
Copegus™ (Roche Pharmaceuticals)
www.pegasys.com

Taken orally twice daily depending on genotype.

Prescribed in combination with Pegasys (peg interferon alfa-2a) for the treatment of adults with chronic hepatitis C.

- ◆ Peginterferon alfa-2b
Peg-Intron® (Schering)
www.pegintron.com

Injected subcutaneously each week.

Peg-Intron can be prescribed alone or in combination with Rebetol (ribavirin) capsules for the treatment of chronic hepatitis C infection in adults at least 18 years of age.

- ◆ Ribavirin
Rebetol® (Schering-Plough)
www.rebetol.com

Taken orally twice a day.

Prescribed in combination with Peg-Intron (peg interferon alfa-2b) for the treatment of chronic hepatitis C in adults at least 18 years of age.

- ◆ Interferon alfacon-1 (consensus interferon)
INFERGEN® (Valeant Pharmaceuticals)
www.infergen.com

Injected subcutaneously 3 times a week.

Infergen is prescribed for the treatment of chronic hepatitis C in patients 18 years of age or older with compensated liver disease or non-responders to pegylated interferon. Some providers are using daily therapy for peg interferon non-responders.

Possible side effects of treatment: Interferons may cause depression, irritability, anxiety, and flu-like symptoms (fatigue, fever, malaise, headache, and rigors). Ribavirin can cause rash and birth defects and should not be taken by pregnant women or women who may become pregnant. Ribavirin may cause hemolytic anemia that can worsen cardiac problems. (See also the section on managing HCV treatment side effects, page 27).

Patient Assistance Programs

Patient assistance programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medicine. Pharmaceutical companies have a long-standing tradition of providing prescription medicines free of charge to physicians whose patients might not otherwise have access to necessary medicines. Pharmaceutical companies operate these programs, commonly referred to as patient assistance programs, voluntarily. Many drug manufacturers offer patient assistance programs, which can greatly decrease or entirely eliminate the costs of many medications.

RxAssist Directory of Patient Assistance Programs: RxAssist offers a comprehensive database of these patient assistance programs, as well as practical tools, news, and articles so that health care professionals and patients can find the information they need. All in one place: www.rxassist.org

Partnership for Prescription Assistance

The Partnership for Prescription Assistance brings together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that's right for them. Many will get them free or nearly free. Among the organizations collaborating on this program are the American Academy of Family Physicians, the American Autoimmune Related Diseases Association, the Lupus Foundation of America, the NAACP, the National Alliance for Hispanic Health and the National Medical Association.

To access the Partnership for Prescription Assistance by phone, you can call toll-free, 1-888-4PPA-NOW / 1-888-477-2669
www.pparx.org

Please note that the requirements for program eligibility vary. Some programs may be applied for directly by the patient, whereas other program applications must be initiated by the healthcare provider (physician, pharmacist or agency). Below are a few telephone numbers you can call to ask questions.

PRODUCT NAME	PHARMACEUTICAL COMPANY AND CONTACT INFO	TYPE
Epivir HBV (lamuvidine)	GlaxoSmithKline Pharmaceuticals www.hepatitisbhelp.com www.gskforyou.com 866-PATIENT / 866-728-4368	hepatitis B
Hepsera (adefovir dipivoxil)	Gilead Pharmaceuticals www.hepsera.com/reimbursement.aspx 800-226-2056	hepatitis B
Baraclude (entecavir)	Bristol-Myers Squibb www.bmspaf.org 800-736-0003	hepatitis B
Tyzeka (telbivudine)	Idenix Pharmaceuticals, Inc. and Novartis Pharmaceuticals Corporation www.idenix.com 877-8-TYZEKA / 877-889-9352	hepatitis B
Pegasys (Peg Interferon alfa-2a) injection Pegasys/Copegus Combination (Peginterferon alfa-2a+Ribavirin)	Roche Pharmaceuticals http://www.rocheusa.com/programs/patientassist.asp 877-75ROCHE / 877-757-6243	hepatitis B & C
Intron-A (Interferon alfa-2b recombinant) injection Rebetron (Ribavirin, capsules) Peg-Intron (Peg Interferon alfa-2b) powder for injection	Schering Pharmaceuticals www.hep-help.com/peg/application www.beincharge.com Commitment to Care 800-521-7157	hepatitis C
RibaPak™ (ribavirin) Tablets	Three Rivers Pharmaceuticals www.3riverspharma.com/pat_riba.htm RibaCare® 866-650-RIBA	hepatitis C

Infergen (Interferon alfacon-1)	Valeant Pharmaceuticals Infergent Aspire Nursing and Reimbursement Support program www.infergen.com/5-Aspire/6- Reimbursement.html 888-MOVE-FWD / 888-668-3393	hepatitis C
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Social Security and Medicare – Prescription Drug Assistance Programs

<http://www.ssa.gov/prescriptionhelp>

<https://s044a90.ssa.gov/apps6z/i1020/main.html>

To receive a copy of Pharmaceutical Research and Manufacturers of America's **Directory of Prescription Drug Patient Assistance Programs**, contact **1-800-835-3410**

<http://www.hepatitisneighborhood.com>

Managing HCV Treatment Side Effects

• *hcs*FACTsheet •

Hepatitis C Support Project • www.hcvadvocate.org

A series of fact sheets written by experts in the field of liver disease

Alan Franciscus, Executive Director, Editor-in-Chief

Almost everyone who uses INTERFERON and RIBAVIRIN notices side effects, some of which are unpleasant. It is important to remember that not everyone experiences the same side effects, nor are they necessarily severe. Some of the treatment side effects are similar to the symptoms of hepatitis C and the same approaches may be used to control both. Fortunately, there are numerous steps people with HCV can take to manage treatment-related side effects, several of which are discussed below. It is highly recommended that people considering treatment develop a good support system prior to starting HCV therapy. Peer support groups, family, and friends can help get most people through the most difficult times during HCV therapy. It is also prudent to check in with your medical provider if moderate or severe symptoms persist.

General Tips:

- If at all possible, take a week or two off work and other responsibilities when you begin treatment (for example, ask for a change in work schedule, a lighter work load, or a medical leave).
- Take medication before bedtime; this allows most people to sleep through the worst of the side effects since the majority occur within 4 to 6 hours after the injection.
- Drink plenty of fluids (without caffeine or alcohol); this helps to relieve side effects. It is especially important to drink water or clear fruit juices (apple, cranberry, or grape) right before and right after self-injection.
- Some patients may take an over-the-counter pain reliever one hour before their injection to help relieve side effects. Others may find that taking a pain reliever 2 to 3 hours after the injection works better to relieve the pain.

Caution: Alcohol and acetaminophen, such as Tylenol (acetaminophen is an ingredient found in many over-the-counter cold preparations) taken together can cause fulminant hepatitis, and may lead to liver failure.

- Headaches can often be relieved by rest, massage, or application of heat to the back of the neck.
- Fever can sometimes be reduced by sponging with lukewarm water (do not use hot or cold water).
- Dental care is especially important during HCV therapy. Interferon induces dry mouth, which can result in tooth decay and gum disease. Regular dental check-ups and good oral hygiene are extremely important.

Tips for Specific Symptoms

Flu-like symptoms

- Use pain relievers as recommended by a physician;
- Drink plenty of clear fluids each day;
- Self-inject at bedtime to sleep through the symptoms.

Skin irritation at injection site

- Rotate injection site; use local topical creams.

Fatigue

- Rest as much as possible.
- Get regular, moderate exercise.
- Change work schedule, if possible.

Irritability, depression, anxiety

- Seek help from support groups, family, and friends;
- Try relaxation techniques;
- Consult with a physician for anxiety and depression: anxiety may be treated with medications recommended by a doctor, depression may be treated with antidepressants (allow enough time to become effective);
- Consider professional help if symptoms become severe.

Loss of appetite

- Eat small meals regularly, even if you have little or no appetite

- Treat foods as medicine (they are necessary for good health);
- Drink clear juices in addition to water;
- Brush teeth often to help eliminate any metallic taste in your mouth.

Weight loss

- Choose foods that are high in calories and protein;
- Drink clear juices in addition to water for extra calories;
- Try products designed to promote weight gain, such as nutritional supplements, canned formulas, instant breakfast powders, high-calorie puddings, etc.;
- Add ingredients to increase nutritional value. For example:
 - Add powdered milk to regular milk, milkshakes, casseroles, soups, eggs, mashed potatoes, hot cereal, and puddings;
 - Spread peanut butter on bread;
 - Add cooked beans or hard-boiled eggs to soups, casseroles and pasta which already contain cheese or meat;
 - Melt cheese on sandwiches, hamburgers, vegetables, rice or noodles.

Nausea/Vomiting

- Take over-the-counter medication for nausea as recommended by a doctor;
- Avoid trigger-foods or odors;
- Avoid foods that are spicy, greasy, or deep-fried;
- Eat small amounts of food every 2-3 hours;
- Avoid citrus juices (orange, pineapple, and grapefruit) during periods of nausea - instead, try clear juices, ginger ale, weak tea, or sports drinks;
- Eat slowly and sip drinks slowly;
- Eat foods at room temperature (neither very hot nor very cold); if morning nausea is a problem, eat some dry crackers when first awakening and get out of bed slowly.

Diarrhea

- Diarrhea is more common when taking high doses of interferon
Ask your medical provider about dose reduction, if appropriate; try

medications such as Immodium and bulking agents such as Metamucil or psyllium bran.

Dry Mouth/Dental Care

- Visit your dentist before, during, and after treatment;
- Drink plenty of water or clear fluids (avoid soda, coffee, tea);
- Use artificial saliva; brush and floss your teeth, and rinse your mouth after every meal;
- Use a soft toothbrush.

Rashes

- Moisturize daily with over the counter lotions;
- Use oatmeal based lotions; over the counter hydrocortisone creams, oral antihistamines and other anti-itch medications.
- Avoid perfumed soaps or lotions; apply sunscreen when needed;
- Consult with a Dermatologist for more serious skin problems or rashes.

Insomnia

- Use relaxation techniques that include meditation, warm baths, visualization, and massage;
- Develop consistent routines before going to bed;
- Try over the counter medications such as Benadryl as recommended by a physician.
- Avoid exercise, vigorous activity, caffeinated drinks or medications that contain stimulants prior to bedtime;
- Consult with a physician for prescription medication if insomnia persists for more than a few days.

The information in this fact sheet discusses a wide variety of side effects that some people may experience while on therapy. It is important to remember, though, that side effects from HCV therapy vary considerably from person to person. Everyone experiences some side effects, but few experience severe or life threatening side effects. While the side effects can be unpleasant, the majority of people can get through treatment if given proper care and support. There are even people who feel better while on HCV therapy!

An important part of managing HCV treatment side effects is to be proactive in dealing with the potential sides and to plan well in advance for any potential problems that may come up during therapy or as a result of therapy. This is best accomplished by enlisting the help and support of family, friends, loved ones, employers and health care providers. Prepare others around you well in advance before starting therapy so that you can be assured of their support and care. It is also a good idea to designate at least one person who can watch for anxiety and/or depression and who can contact family and/or medical professionals if the side effects become severe or life threatening.

Getting through treatment is a process, which may require drawing on every reserve and resource available to you. But remember: it can be done and more importantly it does not have to be done alone.

This information is provided by the hepatitis C Support Project - a non-profit organization for HCV.

The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV.

Medical Providers

This list of medical providers is not an exhaustive list of all providers who provide hepatitis services. The providers listed are those who responded to a provider survey conducted by the Georgia Division of Public Health in 2007. The Hepatitis C Working Group is not responsible for any inaccurate or outdated information.

The HEP C Handbook does not endorse or recommend any physician or medical office.

Providers are listed alphabetically by the county where the office is located.

Providers who wish to be included in future editions should contact the Georgia Division of Public Health at 404-463-0849.

For those without health insurance, the following clinics/providers will see patients without insurance. Please check with the provider of choice. Some providers will require a payment plan coordination while others will only see self-pay (pay out of your pocket) patients. Not all providers treat hepatitis C patients. Be sure to check the listings on the following pages for hepatitis C treatment.

Sheffield Health Center	Fulton County
Latin-American Medical Center	Fulton County
Gastroenterology Consultants	Fulton County
Dr. Norman Gitlin	Fulton County
Dr. Olaitan Adeniji	Gwinnett County
Good Samaritan Health & Wellness	Pickens County
Dr. Narendra M. Patel	Whitfield County

Look for the § symbol in the “medical providers” directory for providers who offer some services to uninsured patients.

Baldwin County

Facility/Specialty: Central State Hospital / Family Practice

Practice: Mental Disability, mental retardation, substance abuse

Doctor (s): James C. Kelly

Address: 119-E Phoenix (Allen East) Milledgeville, GA 31062

Pager: 478-451-3650

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: Accepts uninsured or low-income patients

Bibb County

Facility/Specialty: Infectious Diseases

Practice: Private

Doctor (s): Quyen Luu

Address: 639 Hemlock Street Suite 200 Macon, GA 31201

Telephone: 478-741-5945

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, and medical treatment

Insurance Plans Accepted: Most

Language (s) spoken: English, Vietnamese, and French

Facility/Specialty: Gastroenterology Associate of Central GA / GI

Doctor (s): Shahriar Sedghi

Address: 610 3rd Street Suite 204 Macon, GA 31201

Telephone: 478-464-2600

Email: gisedghi@aol.com

Services Provided: hepatitis counseling and testing, and medical treatment

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English

Carroll County

Facility/Specialty: Family Practice

Practice: Private

Doctor (s): Phillip L. McGhee

Address: 624 Dixie Street Carrollton, GA 30117

Telephone: 706-675-6949

Services Provided: hepatitis counseling and testing and medical treatment.

Insurance Plans Accepted: Most – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: West GA Gastro/Gastroenterology

Practice: Private

Doctor (s): Howard Seeman

Address: 157 Clinic Avenue Carrollton, GA 30117

Telephone: 770-214-2800

Services Provided: hepatitis counseling and testing and medical treatment

Insurance Plans Accepted: Most except HMO where only United Healthcare HMO is accepted

Language (s) spoken: English and Spanish

Chatham County

Facility/Specialty: GA Gastroenterology Group / GI

Practice: Private

Doctor (s): Nicholas U. Costrini

Address: 501 Eisenhower Drive Savannah, GA 31406

Telephone: 912-354-2175

Email: ncostrini@georgiagi.com

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English

Clayton County

Facility/Specialty: Advanced Internal Medicine / Internal Medicine

Practice: Private

Doctor (s): Abdul Odemuyiwa

Address: 750 Mount Zion Road Suite 103 Jonesboro, GA 30236

Telephone: 770-960-8855

Email: aimdr750@yahoo.com

Services Provided: hepatitis counseling and testing

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Cobb County

Facility/Specialty: Gastroenterology Consultants / GI

Practice: Private

Doctor (s): Eugene Hirsh

Address: 4470 N. Shallowford Road Suite 203 Dunwoody, GA 30338

Telephone: 770-452-0717

Website: www.gastroconsultantsonline.com

Services Provided: hepatitis medical treatment and clinical trials

Insurance Plans Accepted: All including Medicaid – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Gastrointestinal Specialist of Georgia/GI

Practice: Private

Doctor (s): Aasim Sheikh

Address: 61 Witcher Street Suite 3100 Marietta, GA 30060

Telephone: 770-429-0061

Services Provided: hepatitis counseling and testing, hepatitis vaccinations, medical treatment and clinical trials

Insurance Plans Accepted: Most-accepts uninsured or low income patients

Language (s) spoken: English and Spanish

Colquitt County

Facility/Specialty: South GA Gastroenterology/ GI

Doctor (s): George Yared

Address: 2509 South Main Street Moultrie, GA 31768

Telephone: 229-985-1230

Services Provided: hepatitis counseling and testing and medical treatment.

Insurance Plans Accepted: All but not HMO's

Language (s) spoken: English

Dekalb County

Facility/Specialty: Atlanta Center for Gastroenterology/ GI - Hepatology

Practice: Private

Doctor (s): David B. Rausher, Cliff Parrish

Address: 2665 N. Decatur Road Suite 550 Decatur, GA 30033

Telephone: 404-296-1986

Website: www.acgaec.com

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: Almost All – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Dekalb Gastroenterology Assoc. / GI

Doctor (s): Mark Stern

Address: 2675 N. Decatur Road Suite 506 Decatur, GA 30033

Telephone: 404-299-1679

Services Provided: hepatitis counseling and testing, medical treatment, and clinical trials

Insurance Plans Accepted: All

Language (s) spoken: English

Facility/Specialty: Infectious Diseases

Practice: Private

Doctor (s): Anson Wurapa

Address: 2665 N. Decatur Road Suite 330 Decatur, GA 30033

Telephone: 404-297-9755

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, and medical treatment

Insurance Plans Accepted: All – Does not accept uninsured or low-income patients

Language (s) spoken: English

Dooly County

Facility/Specialty: UnaHealth / Family Practice

Practice: Community Health Center

Doctor (s): Charles Ruis

Address: 2858 Pine Street Unadilla, GA 31091

Telephone: 478-627-3263

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: Accepts uninsured or low-income patients (listed as self pay)

Language (s) spoken: English

Fayette County

Facility/Specialty: Infectious Disease Solutions / Infectious Diseases

Practice: Private

Doctor (s): Elizabeth Abell, Ronald Devine, Richard Hengel, Christine Surawski

Address: 1260 Highway 54 Suite 103 Fayetteville, GA 30214

Telephone: 678-435-3040

Website: www.idshealthcare.com

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, and medical treatment.

Insurance Plans Accepted: All except Kaiser HMO – Does not accept uninsured or low-income patients

Language (s) spoken: English

Floyd County

Facility/Specialty: Rome Gastroenterology / GI

Doctor (s): Louis Lataif, Roderick Remoroza, Kenn Griffith

Address: 11 John Maddox Drive Rome, GA 30165

Telephone: 706-295-3992

Website: www.romegi.com

Services Provided: hepatitis counseling and testing, and medical treatment

Insurance Plans Accepted: All major plans – Accepts uninsured or low-income patients

Language (s) spoken: English

Fulton County

Facility/Specialty: Infectious Disease Solutions / Infectious Diseases

Practice: Private

Doctor (s): Elizabeth Abell, Ronald Devine, Richard Hengel, Christine Surawski

Address: 35 Collier Road Suite M245 Atlanta, GA 30309

Telephone: 404-351-8873

Website: www.idshealthcare.com

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, and medical treatment.

Insurance Plans Accepted: All except Kaiser HMO – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Emory Crawford Long Hospital / Infectious Diseases

Doctor (s): Melissa K. Osborn

Address: 550 Peachtree Street MOT 7th floor Atlanta, GA 30308

Telephone: 404-686-8114

Email: melissa.osborn@emoryhealthcare.org

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, medical treatment and clinical trials.

Insurance Plans Accepted: All including Medicaid – Does not accept

uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: ID Group of Atlanta / Infectious Diseases

Practice: Private

Doctor (s): John P. Ouder Kirk

Address: 340 Boulevard NE # 210 Atlanta, GA 30312

Telephone: 404-588-4680

Services Provided: hepatitis counseling and testing, and vaccinations

Insurance Plans Accepted: Most

Language (s) spoken: English

Facility/Specialty: Gastroenterology Consultants / GI

Practice: Private

Doctor (s): Eugene Hirsh

Address: 5669 Peachtree Dunwoody Road Atlanta, GA 30342

Telephone: 404-255-1000

Website: www.gastroconsultantsonline.com

Services Provided: hepatitis medical treatment and clinical trials

Insurance Plans Accepted: All including Medicaid – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Sheffield Health Center – Atlanta Medical Center / §
Internal Medicine

Doctor (s): Internal Medicine Residents

Address: 265 Boulevard NE 2nd Floor Atlanta, GA 30312

Telephone: 404-265-4940

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: Accepts uninsured or low-income patient

Facility/Specialty: Atlanta Medical Center – Center for hepatitis C /
Internal Medicine

Practice: Private

Doctor (s): Brian Pearlman, Nomi Traub

Address: 315 Boulevard NE Suite 200 Atlanta, GA 30312

Telephone: 404-265-4644

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, medical treatment, and clinical trials

Insurance Plans Accepted: All – Accepts uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Atlanta Gastroenterology

Practice: Private

Doctor (s): R. H. Kramer

Address: 5671 Peachtree Dunwoody Road Suite 600 Atlanta, GA 30342

Telephone: 404-257-9000

Services Provided: hepatitis counseling and testing, and medical treatment

Insurance Plans Accepted: All – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Atlanta Gastroenterology Associates -Piedmont /GI - Hepatology

Practice: Private

Doctor (s): Dale C. Holly

Address: 35 Collier Road Suite 535 Atlanta, GA 30309

Telephone: 404-351-9512

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: All plans – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Comprehensive Gastro / GI

Doctor (s): Eric Steinberg

Address: 960 Johnson Ferry Road Suite 415 Atlanta, GA 30342

Telephone: 404-252-7910

Services Provided: hepatitis medical treatment

Insurance Plans Accepted: Aetna, Blue Cross Blue Shield, Cigna, United, Private Healthcare System, Medicare – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Latin-American Medical Center / General Practice §

Practice: Private

Doctor (s): Jaime Sacotto

Address: 2841 Buford Hwy Atlanta, GA 30329

Telephone: 404-321-5151

Email: jsacotto@yahoo.com

Services Provided: hepatitis vaccinations only

Insurance Plans Accepted: Accepts uninsured or low-income patients

Language (s) spoken: English and Spanish

Facility/Specialty: Gastroenterology Consultants, P.C. / GI §

Practice: Private

Doctor (s): Alan M. Fixelle

Address: 5669 Peachtree Dunwoody Road Suite 270 Atlanta, GA 30342

Telephone: 404-255-1000

Services Provided: hepatitis counseling and testing, vaccinations, medical treatment, and clinical trials

Insurance Plans Accepted: All but Kaiser – Accepts uninsured or low-income patients (need to coordinate payment plan)

Language (s) spoken: English and Spanish

Facility/Specialty: Vinings Family Health Care / Internal Medicine

Practice: Private

Doctor (s): Richard Kauffman

Address: 4199 Paces Ferry Road Suite A Atlanta, GA 30339

Telephone: 770-436-2444

Website: www.viningsfamilyhealthcare.com

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, and medical treatment

Insurance Plans Accepted: Aetna PPO, United Health Care PPO, and Cigna PPO

Language (s) spoken: English and Spanish

Facility/Specialty: North Atlanta Gastroenterology/ GI

Doctor (s): Jay Cherner

Address: 2500 Hospital Blvd #280 Roswell, GA 30076

Telephone: 770-410-1600

Insurance Plans Accepted: Most plans except Medicaid and Private Healthcare System – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Atlanta ID Group / Infectious Diseases

Practice: Private

Doctor (s): Philip Brachman and Sophie Lukashok

Address: 2001 Peachtree Road Suite 525 Atlanta, GA 30309

Telephone: 404-355-3161

Website: www.atlantaidgroup.com

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, and medical treatment

Insurance Plans Accepted: Most – Does not accept uninsured or low-income patients

Language (s) spoken: English and Spanish

Facility/Specialty: Liver Center of Atlanta / Hepatology - GI

Practice: Private

Doctor (s): Michael Galambos and Raymond Rubin

Address: 95 Collier Road # 4085 Atlanta, GA 30309

Telephone: 404-355-3200

Website: www.digestivehealthcare.net

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, medical treatment, and clinical trials

Insurance Plans Accepted: All, including Medicaid – Does not accept uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Travel Immunization Center / Travel

Practice: Private

Doctor (s): Crawford F. Barnett

Address: 3193 Howell Mill Road NW Suite 302 Atlanta, GA 30327

Telephone: 404-262-1414

Website: www.travelimmunizations.com

Services Provided: hepatitis vaccinations

Language (s) spoken: English

Facility/Specialty: Children's Center for Digestive Healthcare /
Hepatology – Pediatric GI

Practice: Private

Doctor (s): Jay Hochman

Address: 993-D Johnson Ferry Road Suite 440 Atlanta, GA 30342

Telephone: 404-257-0799

Website: www.ccdhc.org

Services Provided: hepatitis medical treatment

Insurance Plans Accepted: Almost All – Accepts uninsured or low-income patients

Language (s) spoken: English and Spanish

Facility/Specialty: Internal Medicine Associates of Atlanta / Internal
Medicine

Doctor (s): James P. Capo, Jr.

Address: 5505 Peachtree Dunwoody Road Suite 650 Atlanta, GA 30342

Telephone: 404-256-1104

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: Blue Cross Blue Shield – Does not accept uninsured or low-income patients

Language (s) spoken: English and Spanish

Facility/Specialty: Atlanta South Gastroenterology / GI

Practice: Private

Doctor (s): David M. Martin, Ralph C. Lyons

Address: 1136 Cleveland Ave Suite 608 East Point, GA 30344

Telephone: 404-763-1606

Website: www.atlantasouthgastro.com

Services Provided: hepatitis counseling and testing, and medical treatment

Insurance Plans Accepted: Most including Aetna, United Healthcare, Cigna, Blue Cross Blue Shield, Medicare, and Medicaid

Language (s) spoken: English and Spanish

Facility/Specialty: Atlanta Gastroenterology / GI

Practice: Private

Doctor (s): Luis Galvez

Address: 5671 Peachtree Dunwoody Road Suite 600 Atlanta, GA 30342

Telephone: 404-257-9000

Services Provided: hepatitis counseling and testing, medical treatment, and clinical trials

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English and Spanish

Facility/Specialty: Greater Atlanta Gastroenterology & Hepatology

Practice: Private

Doctor (s): Christopher D. Sarzen

Address: 755 Mt Vernon Hwy Suite 230 Atlanta, GA 30328

Telephone: 404-303-0003

Website: www.gratlantagastro.com

Services Provided: hepatitis medical treatment

Insurance Plans Accepted: All

Language (s) spoken: English

Facility/Specialty: Hepatology §

Practice: Private

Doctor (s): Norman Gitlin

Address: 550 Peachtree Street #1600 Atlanta, GA 30308

Telephone: 404-881-1094

Services Provided: hepatitis counseling and testing, clinical trials, and support group

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English

Gwinnett County

Facility/Specialty: Gastroenterology

Practice: Private

Doctor (s): Bennett H. Bruckner

Address: 575 Professional Drive Suite 290 Lawrenceville, GA 30045

Telephone: 770-962-9410

Services Provided: hepatitis counseling and testing and medical treatment.

Insurance Plans Accepted: All - Does not accept uninsured or low-income patients

Language (s) spoken: Spanish

Facility/Specialty: Southern Gastroenterology Associates – GI

Practice: Private

Doctor (s): Arvind A. Kulkarni

Address: 763 Old Norcross Road Lawrenceville, GA 30045

Telephone: 678-985-2000

Website: www.southern-gastro.com

Services Provided: hepatitis counseling and testing, and medical treatment.

Insurance Plans Accepted: Most (check with office) – Accepts uninsured or low-income patients

Language (s) spoken: English and Spanish.

Facility/Specialty: Advanced Gastroenterology Associates – GI

Practice: Private

Doctor (s): Brian Hudes

Address: 4275 Johns Creek Parkway Suite A Suwanee, GA 30024

Telephone: 678-475-1606

Services Provided: hepatitis counseling and testing, support group and medical treatment.

Insurance Plans Accepted: Most Medicare

Language (s) spoken: English

Facility/Specialty: Gastroenterology §

Practice: Private

Doctor (s): Olaitan Adeniji

Address: 748 Old Norcross Road Lawrenceville, GA 30045

Telephone: 770-822-5560

Website: www.atlantagastro.com

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, medical treatment, and clinical trials

Insurance Plans Accepted: All – Accepts uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Internal Medicine

Practice: Private

Doctor (s): Kenneth J. Sobel

Address: 575 Professional Drive Suite 510 Lawrenceville, GA 30045

Telephone: 770-513-2072

Services Provided: hepatitis counseling and testing and vaccinations.

Insurance Plans Accepted: Does not accept uninsured or low-income patients

Henry County

Facility/Specialty: Atlanta Gastroenterology Association/ Gastroenterology

Practice: Clinic

Doctor (s): Mark Edge, Christopher Brown, Timothy Gilrane, Hitesh Chokski

Address: 7402 Davidson Pkwy Stockbridge, GA 30281

Telephone: 770-507-0909

Website: www.atlantagastro.com

Services Provided: hepatitis counseling and testing, and medical treatment

Insurance Plans Accepted: Most

Language (s) spoken: English and Spanish

Houston County

Facility/Specialty: Infection Specialists of Middle Georgia / Infectious Diseases

Practice: Private

Doctor (s): Mobolaji Ogunsakin

Address: 130 Hospital Drive Warner Robins, GA 31088

Telephone: 478-922-5122

Email: tigerzap7@aol.com

Services Provided: hepatitis counseling and testing, co-infection, and medical treatment

Insurance Plans Accepted: Blue Cross Blue Shield, United Healthcare, Medicare, Medicaid – Does not accept uninsured or low-income patients

Language (s) spoken: English

Liberty County

Facility/Specialty: Internal Medicine

Practice: Private

Doctor (s): Glenn Carter

Address: 109 W. Oglethorpe Hwy Hinesville, GA 31313

Telephone: 912-368-2290

Email: glenn0712@yahoo.com

Services Provided: hepatitis vaccinations, and medical treatment

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English

Lowndes County

Facility/Specialty: Valdosta Medical Clinic / Gastroenterology

Doctor (s): James Sinnott

Address: 3207 Country Club Drive Valdosta, GA 31605

Telephone: 229-242-8480

Website: www.valdostamed.com

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, medical treatment, and clinical trials

Insurance Plans Accepted: Most

Language (s) spoken: English

Facility/Specialty: VGA / Gastroenterology

Doctor (s): Allen Woods, Eric Ward

Address: 410 Connell Road Valdosta, GA 31602

Telephone: 229-244-4720

Services Provided: hepatitis counseling and testing, vaccinations, and medical treatment

Insurance Plans Accepted: Most – Does not accept uninsured or low-income patients

Language (s) spoken: English

Macon County

Facility/Specialty: Flint River Clinic / Family Practice

Practice: Private clinic

Doctor (s): Richard K. Chase

Address: 300 Medical Court Oglethorpe, GA 31068

Telephone: 478-472-8178

Services Provided: hepatitis vaccinations only

Insurance Plans Accepted: Accepts uninsured or low-income patients

Language (s) spoken: English and Spanish

Muscogee County

Facility/Specialty: Gastrointestinal Diseases Inc / Gastrointestinal

Practice: Private

Doctor (s): Pravinchandra Patel

Address: 1130 Talbotton Road Columbus, GA 31904

Telephone: 706-327-0700

Services Provided: hepatitis counseling and testing, and medical treatment

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English

Pickens County

Facility/Specialty: Good Samaritan Health & Wellness §

Internal Medicine

Practice: Free clinic

Doctor (s): Joseph A. Wilber

Address: 175 Samaritan Drive Jasper, GA 30143

Telephone: 706-253-4673

Website: <http://www.goodsamhwc.org/>

Services Provided: hepatitis counseling and testing, and medical treatment
(must live or work in Pickens county)

Insurance Plans Accepted: Accepts uninsured or low-income patients

Language (s) spoken: English

Richmond County

Facility/Specialty: Augusta Gastroenterology / GI

Practice: Private

Doctor (s): Joseph W. Griffin

Address: 1514 Anthony Road Augusta, GA 30904

Telephone: 706-738-0162

Email: augustagastro@bellsouth.net

Services Provided: hepatitis counseling and testing, and medical treatment

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English

Facility/Specialty: Augusta VA Medical Center / GI – Infectious Diseases

Practice: Veterans Affairs

Doctor (s): Multiple

Address: 1 Freedom Way Augusta, GA 30904

Telephone: 706-733-0188

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, medical treatment, clinical trials, and support group

Insurance Plans Accepted: Must be VA eligible

Language (s) spoken: English and Spanish

Facility/Specialty: Medical College of Georgia

Doctor (s): Robert R. Schade

Address: 1120 15th Street BBR-2538 Augusta, GA 30912

Telephone: 706-721-2268

Services Provided: hepatitis counseling and testing, hepatitis vaccinations

Insurance Plans Accepted: Medicare, Medicaid and most private insurances – Does not accept uninsured or low income

Language (s) spoken: English, Spanish and has interpreters for most languages

Rockdale County

Facility/Specialty: Gastroenterology

Practice: Private

Doctor (s): J. Scott Fantz, Karim K. Shakoor

Address: 1495 Old McDonough Hwy Suite A Conyers, GA 30094

Telephone: 770-922-7000

Services Provided: hepatitis counseling and testing, co-infection, and medical treatment.

Facility/Specialty: Nile Salem Medical Center/Internal medical – Family Practice

Practice: Private Clinic

Doctor (s): Fabio K. Banegura

Address: 1359 Milstead Road NE Suite 103 Conyers, GA 30012

Telephone: 770-929-1770

Email: banegura1@aol.com

Services Provided: hepatitis counseling and testing, vaccinations, co-infection, medical treatment, clinical trials, and support group

Insurance Plans Accepted: Most – Accepts uninsured or low-income patients

Language (s) spoken: English, Spanish, and Swahili

Spalding County

Facility/Specialty: Grace Medical Clinic / Internal Medicine

Practice: Private Clinic

Doctor (s): Philip Osehobo
Address: 230 B West College Street Griffin, GA 30224
Telephone: 678-688-1155
Insurance Plans Accepted: All
Language (s) spoken: English

Upson County

Facility/Specialty: Family Practice – Pediatrics
Practice: Private
Doctor (s): David P. Fieseler
Address: 523 W. Main Street Thomaston, GA 30286
Telephone: 706-647-9638
Email: fieselermd@windstream.net
Services Provided: hepatitis counseling and testing, and medical treatment
Insurance Plans Accepted: Most – Accepts uninsured or low-income patients
Language (s) spoken: English

Washington County

Facility/Specialty: Infectious Diseases – Internal Medicine
Doctor (s): Jean R. Sumner
Address: 501 Sparta Road Suite F Sandersville, GA 31082
Telephone: 478-552-0001
Services Provided: hepatitis vaccinations and medical treatment
Insurance Plans Accepted: Does not accept uninsured or low-income patients

Whitfield County

Facility/Specialty: Gastroenterology §
Practice: Private
Doctor (s): Narendra M. Patel
Address: 1109 Burleyson Road # 103 Dalton, GA 30720
Telephone: 706-226-6445
Services Provided: hepatitis counseling and testing, and medical treatment
Insurance Plans Accepted: Most – Accepts uninsured or low-income patients
Language (s) spoken: English

Questions to Ask Your Doctor

The following is a list of possible questions to ask your doctor about HCV infection. This is not a complete list, but is intended to be used as a guide.

At Diagnosis:

- What are the symptoms of hepatitis C?
- What are the long-term effects of hepatitis C?
- Where can I get more information?
- Should I be immunized for hepatitis A or hepatitis B?
- How can I prevent further damage to my liver?
- How do alcohol and other drugs affect my liver?
- For women, does my diagnosis affect the ability to have children?
- Are my family members at risk of contracting hepatitis C?
- Should my family members be tested?
- Will I need to see a specialist to be treated?

Pre-Treatment and During Treatment:

- What types of treatment are available?
- What are the success rates of each type of treatment?
- What are the side effects of treatment?
- Are there any long-term side effects?
- What are the advantages and disadvantages of treatment?
- How long will my treatment last?
- Will I be cured after treatment?
- What are the alternatives to treatment?
- How safe are alternative therapies?
- What is my genotype?
- How will my genotype respond to treatment?
- What is a biopsy?
- Will I need a biopsy?
- How are biopsy results interpreted?
- What kinds of tests will I need to begin treatment?
- Will I need a psychological evaluation before starting treatment?
- Will I need any other special evaluation before starting treatment?

- Will my insurance cover treatment?
- If I do not have insurance, am I eligible for clinical trials or patient assistance programs (See patient assistance programs section)
- How can I minimize the side effects of treatment?
- Under what circumstances would treatment be stopped earlier than I planned?
- Do I have to take my medication at the same time every day?
- What happens if I miss a dose?
- How does alcohol affect treatment or viral response?

Post-Treatment:

- What is sustained viral response?
- How long will I continue to need lab tests after finishing treatment?
- How long will side effects last after treatment ends?
- When can I expect to feel better?
- Will I have any lifestyle or diet restrictions?
- Do I still have to protect my liver?
- Can I resume alcohol consumption?
- What does non-response mean?
- What happens if I am a non-responder? What are my other options?

Six (6) Must-Ask Questions about Medications

What do good mystery novels and new prescriptions have in common? Both can keep you guessing.

Doctors should communicate six basic points whenever they prescribe a new medication. Unfortunately, research shows they usually deliver only about four of them. For the full story, ask these six critical questions when you are given a new drug:

1. What's the name (trade or generic) of the medication?
2. Why are you prescribing it for me?
3. What are the potential side effects?
4. How much should I have (how many pills, squirts, teaspoons, etc.)?
5. How many dose(s) do I need each day, and what time should I take them?
6. How long should I take the medication?

Not taking your medication correctly can make you look as much as 4.5 years older. It can also lead to some serious health trouble, such as a hospital stay for side effects, an unintentional overdose, or a relapse of your original condition. Nevertheless, about 50 percent of people who need medications for the long term to manage health conditions stop taking them within 6 months of their last doctor's appointment -- a major no-no.

Whether you quit your pills because you did not know the answer to question 6, or because you feel better, experience side effects, or want to save money, there's really only one good reason you should ever stop taking your medication: Your doctor tells you to.

So help your doctor help you. Jot down notes about your medications, ask for printed information -- do whatever it takes to make instructions crystal clear. Then, follow doctor's orders.

www.realage.com/news_features/tip.aspx?cid=17682&#MI

Clinical Trials

Information about clinical trials changes frequently and quickly becomes outdated. Most government-sponsored clinical trials are located at the National Institutes of Health (NIH) in Maryland; however, clinical trials are sometimes available in Georgia or the Southeast. If interested in clinical trials, it is recommended that you visit the following websites on a regular basis to watch for new postings.

CenterWatch Clinical Trials Listing Service

The site is designed to be an open resource for patients interested in participating in clinical trials for research professionals.

www.centerwatch.com

Veritas Medicine

A free and confidential resource providing access to clinical trials and information on treatment options.

www.veritasmedicine.com

ClinicalTrials.gov (a service of NIH) Provides regularly updated information about federally and privately supported clinical research in human volunteers. The website gives information about a trial's purpose, who may participate, locations, and phone numbers for more details:

www.clinicaltrials.gov

Emory Mind Body Program

The Emory University Mind-Body Program is committed to understanding the side effects associated with interferon-alpha treatment for hepatitis C. This website gives information about current clinical trials at Emory University.

www.psychiatry.emory.edu/PROGRAMS/mindbody

Volunteering for a Clinical Trial - a brief educational pamphlet.

If you would like to order this pamphlet click here:

www.centerwatch.com/bookstore/pubs_cons_brochureform.html

Informed Consent: A Guide to the Risks and Benefits of
Volunteering for Clinical Trials

www.centerwatch.com/patient/ifcn_00.html

Hepatitis and Liver Disease Support Groups

Hepatitis C is a serious illness that can be frightening and may cause anxiety. Support groups can help those infected to better understand the disease, learn what questions to ask, consider treatment options, and make lifestyle changes that will help them remain as healthy as possible. Support groups can help reduce anxiety and provide leads to additional resources.

Support group information changes from time to time. Before attending for the first time, please contact the person listed to confirm time, date, and location. The Georgia Chapter of the American Liver Foundation also maintains a list of support groups on their website: www.liverfoundation.org/chapters/georgia/

Augusta Hepatitis Support Group

4th Monday of each month
12:00 noon to 1:00PM
VA Hospital
950 15th Street, 4D Conference Room
Specialty Care #25
Augusta, GA 30901
Contact: Angela Hardy, RN, MSN
706-733-0188 Ext. 3844

Austell Support Group

1st Thursday of each month
6:30PM to 8:00PM
Wellstar Cobb Medical Center, Auditorium 1
3950 Austell Road
Austell, GA 30106
Contact: Elizabeth Coombs
770-819-0022

Awareness Matters Support Group

1st Tuesday of each month
7:00PM to 9:00PM
Palmyra Hospital/Education Department
(Parking at rear of hospital)

Hepatitis and Liver Disease Support Groups

3000 Palmyra Road
Albany, GA 31707
Contact: Katie at Option Care in Camilla, GA
229-434-2000 or 1-800-282-9345

Columbus Hepatitis Support Group

Once a month/TBA
Contact: Yolanda
hepatitis_c_Columbus_ga@yahoo.com
Or join the hepatitis C support group at MeetUp in
Columbus, GA at: www.meetup.com

Emory Healthcare Hepatitis C Support Group

2nd Monday of each month
6:30PM to 8:30PM
The Emory Clinic, Building B
6th Floor in the Patient Education Room
1365 Clifton Road, NE
Atlanta, GA 30322
Contact: Tenita Foston or Jacqueline Meekins
404-778-4271

Grady Hospital Support Group

1st Wednesday of each month
5:30PM to 6:30PM
Emory University Faculty Office Bldg.
School of Medicine, Room 108
49 Butler Street NE
Atlanta, GA 30303
Contact: Priscilla Oliver, PhD
404-703-4884

Hepatitis C Support Group

3rd Tuesday of each month
7:00PM to 9:00PM
Woodstock Community Church
8534 Main Street
Woodstock, GA 30188
Contact: Frankie Lynn at 770-720-8258 or
bluemountaindreams@yahoo.com

Hepatitis Focus/Support Group DeKalb County

1st and 3rd Wednesdays of each month

6:00PM to 7:30PM

Absolute Care

2484 Briarcliff Road

Atlanta, GA 30020

Contact: Salah Salin at sista_lah@yahoo.com

Pediatric Parent Support Group at Children's Healthcare of Atlanta (CHOA)

Egleston - 2nd and 4th Wednesday of each month

11:30AM to 1:00PM

(Separate supervised activities provided simultaneously for pediatric patients)

Contact: Laureen Sanders 404-315-3733 or

lormengel@aol.com

Tucker/Gwinett Support Group

1st Thursday of each month

7:00PM to 8:30PM

First United Methodist Church of Tucker

5095 LaVista Road, Room 203

Tucker, GA 30084

Contact: ALF Office 404-633-9169 or

arwithers@att.net

Tips for Coping with a Family Member Who Has hepatitis C

Remember:

1. You cannot cure your family member.
2. It can be as hard for you to accept the illness, as it is for the ill family member.
3. Separate the person from the virus. Love the person, even if you hate the virus. Separate medication side effects from the disease/ person.
4. The illness of a family member is nothing to be ashamed of. Reality is that you may encounter discrimination from an apprehensive public.
5. Do not forget your sense of humor.
6. The family relationships may be in disarray in the confusion around the disease. It may be necessary to renegotiate the way things have been done in your relationship, both emotionally and physically.
7. Symptoms may change over time while the underlying disorder remains.
8. The disorder may be periodic, with times of improvement and deterioration, independent of your hopes or actions.
9. Do not shoulder the whole responsibility for your ill family members for mistakes made.
10. The needs of the ill person do not necessarily always come first.
11. It is important to have boundaries and set clear limits.

Tips for coping with a family member who has hepatitis C

12. Chronic illness affects the entire family, not just the person who actually has the disease.
13. Recognizing that a person has limited capabilities should not mean that you expect nothing of them.
14. It is natural to experience a cauldron of emotions such as grief, guilt, fear, anger, sadness, hurt, confusion, etc. You, not the ill member, are responsible for your own feelings.
15. You are not alone. Sharing your thoughts and feelings with others in a support group is helpful and enlightening for many.

Sources:

www.caregivers.com This site has a magazine, a newsletter, discussion forum, care links, and a list of many support groups for caregivers along with several other useful resources.

Co-Infection (HIV or HBV)

Melissa Osborn, MD

Emory University School of Medicine

How does HIV affect HCV?

Many people with HIV also have HCV because both viruses are spread through blood. Co-infection is especially common in injection drug users (IDU) and in people with hemophilia (bleeding disorder in which the blood does not clot normally) who received contaminated blood products. People with HIV may have faster progression of their HCV with a shorter time until cirrhosis. HCV probably does not affect the progression of HIV. Also, many medications used to treat HIV can harm the liver, so certain HIV medications may need to be avoided.

What special care should a person who is co-infected with HIV and HCV get?

An HIV positive person with confirmed HCV co-infection should:

- Ask for vaccination against hepatitis A and hepatitis B if at risk to prevent further damage to the liver
- Receive care from a specialist who has expertise in HIV and HCV or be sure their provider consults with specialists of both diseases
- Do everything possible to slow the progress of liver damage
 - Limit or stop alcohol consumption to avoid further liver damage
 - Talk about the need for liver biopsy or treatment of HCV with their healthcare provider

What treatments are available for HIV/HCV Co-infection?

Patients with HIV are treated with the same medications as HIV-negative patients with hepatitis C (interferon and ribavirin). The response rates are lower in co-infected patients, about 14-20% for genotype 1 and about 40-50% for genotypes 2 and 3. Often, a liver biopsy is obtained to help decide how urgently treatment should be

considered. Since HCV progresses faster in co-infected patients, your healthcare provider may recommend treatment at an earlier time than in HIV-negative patients. Sometimes it is necessary to treat HIV infection first, since medicines for HCV do not work as well in patients with low CD4 counts. Your healthcare provider will talk to you about the best time to start HIV and HCV treatment.

It is important for co-infected patients to be treated by a specialist who is knowledgeable about both HIV and HCV. Treatment is slightly different in co-infected patients and there are certain HIV medicines which can not be used with HCV treatments.

All persons co-infected with HCV and HIV should be:

- Seen by physicians knowledgeable about both HIV and HCV
- Provided with information to maintain liver health
- Counseled about the impact of alcohol on the progression of liver disease
- Counseled on ways to reduce the transmission of HIV and HCV
- Vaccinated against hepatitis A and hepatitis B if not already immune
- Considered for HIV and/or HCV treatment as needed
- Counseled about drug interactions and side effects of HCV and HIV treatments

What about hepatitis B and hepatitis C co-infection?

Because the two viruses have overlapping transmission routes, some people are infected with both hepatitis B and C. Although co-infection with hepatitis B and hepatitis C is not very common, studies have shown that those infected with both viruses may have faster progression and more severe liver disease than those infected with only one virus. Fortunately, pegylated-interferon is also active against hepatitis B, so it is possible to treat both infections at the same time. The other medicines available for hepatitis B are not active against HCV. Patients with hepatitis B and C together should see a specialist experienced in treating viral hepatitis to help determine the best treatment or combination of treatments. Sometimes, hepatitis B does not need to be treated, but only a healthcare provider can help you make this decision.

Internet Resources

www.cdc.gov/hiv/resources/factsheets/Coinfection.htm

This fact sheet gives a brief overview of HIV and HCV co-infection and provides links to other parts of the CDC website with related material. This is a good place to start.

www.hivandhepatitis.com

This site has a lot of information on the latest studies and information being presented in the scientific community about HIV and hepatitis B and C. It is best for those who know the basics but want more detailed information.

www.thebody.com/nmai/hepc.html

“The Body” is a complete HIV/AIDS Resource that provides answers to many frequently asked questions about HIV and HCV co-infection.

Fact sheets from www.aidsinfonet.org are also available through this website.

www.hepb.org

The hepatitis B Foundation website covers everything you need to know about hepatitis B, both the basics and more detailed information on new developments in treatment. They publish two free newsletters “B Informed” and “B Connected” available by mail or on the Internet.

www.projectinform.org

Project Inform

Project Inform is a national nonprofit community based organization working to end the AIDS epidemic.

www.natap.org

National AIDS Treatment Advocacy Project (NATAP)

NATAP’s website is a leader in up-to-the minute HIV treatment information, covering the latest in drug development and research comprehensive conferences, etc.

www.hepnet.com/hepb.html

The hepatitis Information Network

Contains links to a variety of hepatitis B information and news.

VACCINATION

Hepatitis A and B:

People infected with hepatitis C should be vaccinated against hepatitis A and B, if not already immune, regardless of the severity of liver damage. Your physician can determine if you are already protected against these viruses with simple blood tests.

The importance of vaccination cannot be stressed enough.

- ✓ If you have hepatitis C and were to acquire hepatitis B infection, the severity and speed of your liver damage could be made much greater than with just hepatitis C virus alone
- ✓ If you have hepatitis C and were to acquire hepatitis A infection, it could increase your chance to die (compared to people who only get hepatitis A without first having hepatitis C)

The good news is that you can easily protect yourself with safe, effective vaccines. You can receive hepatitis A vaccines (two separate shots six months apart) and hepatitis B vaccines (three separate shots; the second- one month after the first, and the third-five months after the second).

Two hepatitis A vaccines are licensed in the U.S. for use in people aged 2 years and older: HAVRIX[®] (manufactured by GlaxoSmithKline) and VAQTA[®] (manufactured by Merck & Co., Inc.)

Likewise, there are currently two hepatitis B vaccines available in the United States: Recombivax HB[®] (manufactured by Merck & Co.) and Engerix-B[®] (manufactured by GlaxoSmithKline).

TWINRIX[®] manufactured by GlaxoSmithKline, is a combined hepatitis A and hepatitis B vaccine licensed for persons over 18 years of age. The vaccine was first approved by the Food and Drug Administration (FDA) in 2001 on the same schedule as the hepatitis B vaccine. However, in 2007, FDA approved an accelerated dosing schedule for the combination vaccine. The newest dosing schedule can be administered in as a little as 21 days (at 0, 7, 21-30 days),

followed by a lifelong booster at 12 months. This new accelerated dosing schedule was designed to benefit high risk patients (among other groups), including those who are HIV positive. If you need both vaccines (A and B), you can choose the combination vaccine that will protect you against both viruses.

Side effects, other than slight soreness at the injection site, are uncommon. Information on hepatitis vaccines can be found at the following websites:

www.cdc.gov/nip/vaccine/hep/default.htm#acip

www.cdc.gov/vaccines/recs/acip/default.htm

www.immunize.org/catg.d/2081ab.htm

Pneumococcal vaccine (pronounced NEU-mo-KOK-al) is recommended for patients with significant liver disease, especially those with cirrhosis. Such patients should receive a single shot of the vaccine. The vaccine protects against serious infections (eg. Meningitis or pneumonia) from certain types of strep bacteria. It should, however, be pointed out that the vaccine may not work as well in patients with advanced liver disease compared to in those with healthy livers.

Alternative Treatments/Therapies

It is recommended that you consult with a health care provider before beginning alternative treatments or therapies. Individuals who choose alternative treatments or therapies should be aware of any possible side effects. The HEP C Handbook does not endorse or recommend any alternative treatment or therapy. Individuals using any of the following therapies assume personal responsibility for their use.

Healthwise: herbs & hepatitis C

By Lucinda K Porter, RN

The use of herbs is controversial in the medical community largely because of the lack of evidence-based research supporting efficacy. Couple this fact with the potential harm these substances might inflict, and it is easy to see why physicians are reluctant to endorse the use of herbs. On the other hand, many patients are interested in alternative therapies to use with, or in place of, a standard treatment their doctors have prescribed.

Since many herbs can cause liver damage, this review with list of apparently safe and potentially toxic herbs is to help the hepatitis patient make informed choices. Many herbs can be harmful in other ways, such as by having potentially carcinogenic properties or by causing neurological damage. The list of herbs reviewed below is primarily specific to patients with liver disease and by no means exhaustive. The substances on this list are referred to in their oral form only.

Herbs and supplements can be powerful. As with any medication, be certain your healthcare practitioner is aware of what you are taking or plan to take. Do this even if you feel that your healthcare provider is not supportive of the use of supplements or herbs. Healthcare practitioners are becoming increasingly aware of the use of herbs and the potential for interactions with other drugs and supplements. Herbs and supplements are considered to be dietary supplements. This means that they are virtually unregulated by any federal agency. Since herbs can vary in strength and purity, it is wise to take a

standardized and certified form. Certification and standardization is voluntary.

The goal of the United States Pharmacopeia (USP) is to set industry standards for drugs and dietary supplements in the U.S. The label of a supplement that states it meets the standards of the USP is worth considering. If it meets the USP standards, the product is allowed to display a National Formulary (NF) seal. Another standard is that of the world's leading authority on herbs, the German Commission E. This agency is the German equivalent of the Food and Drug Administration (FDA). The American Herbal Pharmacopoeia is also developing standardization guidelines for the American marketplace.

Recently, a company named ConsumerLab.com has provided a much-needed service by testing popular supplements. This company has discovered that many products do not contain the levels of key ingredients that are on the products' labels. A product that passes their inspection may carry the triangular label with the ConsumerLab.com quality of approval. This service is in its infancy and at the time of this article only a few products have been tested. Companies that belong to the American Herbal Products Association and who submit to this organization's code of ethics are another good choice. These are listed at www.ahpa.org

Herb Tips

- Tell your doctor all the herbs and supplements you take, even if you think your doctor might disapprove. Drugs and supplements can interact with each other as well as affect other health conditions.
- Follow the label's dosage recommendations; more is not better.
- Know your source; herbs may be contaminated. Before ingesting anything, ask yourself what you know about what you are about to take.
- Buy products that submit to voluntary self-regulation.
- Natural does not equal healthy or safe. Dirt is natural, but would you eat it?
- Do not be swayed by bargain prices; not all herbs are equal.
- Check the expiration date on the container.

- Do not rely on the health food store staff for health care information. Although they may be helpful, remember that they are not licensed to practice medicine. Do not treat your condition on the advice of a salesperson. Apply the same commonsense approach to herbs as you would to any drug. Consider that if you are reluctant to take acetaminophen, why would you take an herb?
- Herbs and supplements should not be given to children or taken by pregnant or nursing women without a physician's approval. Older adults and those with various health conditions should also exercise extra caution before taking non-prescribed supplements.

Report any suspected adverse reactions to an herb or supplement to the FDA's monitoring program, Medwatch. Call 800-322-1088 or www.fda.gov/medwatch

Milk Thistle

Milk Thistle (*Silybum marianum*), is the most commonly used herb for liver disease. The use of milk thistle for chronic hepatitis C virus (HCV) infection has not been well researched. Milk thistle may interact with other drugs. If you take milk thistle, look for a standardized dose. A product label that states it meets more stringent manufacturing requirements is even better. Tell your doctors if you are taking milk thistle, especially if you are taking other medications such as Interferon

Warning: Although Chinese herbs are sometimes used successfully to treat symptoms, these also need to be used with great caution. This article does not cover Chinese herbs. One exception is worth noting.

Xiao Chai Hu Tang (Minor Bupleurum) is a popular herb used in Traditional Chinese Medicine for liver conditions. At least 16 deaths have been reported in Japan for HCV patients being treated simultaneously with alpha interferon and Xiao Chai Hu Tang (Minor Bupleurum).

For more information on herbs and the possible effects on the liver visit www.hcvadvocate.org/library/herb_glossary.asp

Herbs with known toxicity

Alkanna (Alkanna tinctoria) *
Borage (Borago officianalis) *
Chaparral (Larrea tridentata)*
Colt's Foot (Tussilago farfara)*
Comfrey (Symphytum officinale and S. uplandicum)*
Dong Quai (Angelica polymorpha) Dusty Miller (Senecio cineraria)
Ephedra aka Ma Huang (Ephedra Sinica) Forget-Me-Not (Myosotis arvensis)*
Germander (Teucrium chamaedrys)*
Groundsel (Senecio vulgaris)*
Hemp Agrimony (Eupatorium cannabinum)*
Hops (Humulus lupulus)
Jin Bu Huan (Lycopodium serratum)
Life Root (Senecio aureus and S.nemorensis)*
Mistletoe (Phoradendron leucarpum and viscum album)
Mormon Tea (Ephedra nevadensis)
Pennyroyal (Mentha pulegium)*
Petasites (Petasites hybridus) *
Pokeroot (Phytolacca americana)
Ragwort (Senecio jacoboea)*
Rue (Ruta graveolens)
Sassafrass (Sassafrass albidum)
Skullcap (Scutellaria lateriflora)*
Yohimbe (Pausinystalia yohimbe)

**Signifies Potential Hepatotoxicity*

Herbs with known toxicity if taken at high doses (also possibly toxic at low doses)

Alpine Cranberry (Vaccinium vitis-idaea)
Cayenne (Capsicum annum)
Mercury Herb (Mercurialis annua)
Schisandra (Schisandra chinensis)
Sweet Clover (Melilotus officianalis)

Tonka Beans (*Dipteryx odorata*)
Trailing Arbutus (*Epigae repens*)
Witch Hazel (*Hamamelis virginiana*)
Woodruff (*Galium oderata*)
Uva Ursi (*Uva Ursi srcostaphylos*)

Herbs that may be Safe (unproven health benefits)

Artichoke (*Cynara scolymus*)
California Poppy (*Eschscholtzia californica*)
Chamomile (*Matricaria chamomilla*)
Dandelion (*Taraxacum officinale*)
Licorice (*Glycyrrhiza glabra*) (not recommended for long-term use, especially for people with high blood pressure)
Maitake (*Grifloa frondosa*)
Milk Thistle (*Silybum marianum*)
Peppermint (*Mentha piperita*)
Rosemary (*Rosemarinus officinalis*)
Soybean (*Glycine soja*)

Vitamins and Minerals thought to be good for the liver

Vitamin B Complex, Folic Acid, L-carnitine, L-methionine, Omega Fatty Acids, Carotenoids, Bioflavonoids, Calcium, Magnesium, Selenium, Zinc, Potassium, Alpha Lipoic Acid, Vitamin C, Vitamin E, Thymic Factors, and Essiac Tea

Alternative therapies thought to help hepatitis C

Acupuncture, Chiropractic, Homeopathy, Naturopathic Medicine, Exercise, Stress Management, Tai Chi, Yoga and Meditation

Avoid exposure to chemical fumes, gasoline fumes, etc. Use the least toxic products (cleaning products, health and beauty aids, etc) available in your home and on your body.

HCV Prevention

Frequently Asked Questions:

If you know someone who has hepatitis C, what could one do to prevent getting infected?

You can not get hepatitis C by casual contact. In other words, you can not get it by hugging, kissing, shaking hands or sitting next to infected people. However, you should not have unprotected (unsafe) sex with them. If you are in a long-term monogamous relationship with someone who is infected, the chance of your getting it without protection is still very low (about one-third percent per year). Also, you should not share personal items with them that could draw blood like razors/razor blades or toothbrushes. There is no risk from sharing drinking glasses.

How can hepatitis C be prevented among injection drug users (IDUs)?

Injection drug use is a risk factor in 60% of the new HCV infections in the U.S. IDUs are encouraged to:

- ✓ Always use a new syringe for each injection.
- ✓ If a new syringe is not available, bleach syringes carefully. In practice, bleach may not effectively kill HCV. Research shows that IDUs did not leave bleach in their syringes long enough to kill HIV. The same may be true for HCV. Only bleach if you must inject drugs before you can get a new syringe.
- ✓ Do not share or reuse cookers, water, surfaces you prepare your shot on, cotton, or even tourniquets (i.e., ties, belts). Since bleach may not effectively kill HCV, try not to share any equipment.

What is the correct method for bleaching syringes?

Step 1: Rinse. Fill the syringe with clean water by pulling back on the plunger. Shake the syringe and squirt the water out. Repeat twice with new water.

Step 2: Bleach. Fill the syringe with full strength bleach and shake. Leave for 30 seconds; use a watch with a second hand to be sure. Squirt the bleach out through the syringe. Repeat the bleaching two more times, each for 30 seconds.

Step 3: Rinse. Rinse the syringe three more times with clean water. Keep rinse water apart from water used to prepare drugs. Clean your cooker/spoon with bleach as well if you are re-using somebody else's cooker.

How can hepatitis C be prevented among non-injectors?

- Limit unprotected sex.
- Make every effort to use a latex condom every time. Although HCV is not easily transmitted sexually, it is believed that 10-20% of new infections have occurred because of sexual intercourse with an infected partner.

What other precautions can IDUs take?

- IDUs should be tested for HCV because there is a good chance that they are already HCV-infected. If they test positive, they should seek medical care, take steps to keep healthy, and prevent transmitting HCV to others.
- It is recommended that IDUs be vaccinated against hepatitis A and hepatitis B. The hepatitis A and hepatitis B viruses can damage the liver. Getting vaccinated against HAV and HBV will protect your liver from these diseases.

How can HCV-infected people stay healthy?

- ✓ See a healthcare provider. Do not take any medications, including over-the-counter and herbal medicines before consulting with your healthcare provider. It is best to see a physician knowledgeable in the treatment of liver diseases or

have your health care provider consult with one who is knowledgeable.

- ✓ Be aware that alcohol can be toxic to the liver. Patients with hepatitis C are more sensitive to the toxic effects of alcohol. Drinking as few as 1-2 drinks per day can damage the liver, allowing hepatitis C to progress faster.
- ✓ Get vaccinated. Check with a healthcare provider about getting vaccinated against the hepatitis A and hepatitis B viruses to protect from other liver damage.
- ✓ Consider entering a drug treatment program (if addicted to alcohol or other drugs). Reducing the amount and toxicity of the substances that enter the body will help keep the liver as strong as possible.
- ✓ Attend a risk reduction program to get help reducing alcohol and drug intake. Not only do risk reduction programs offer free syringes, but they also can recommend ways to reduce drug toxicity or to better manage drug use. Many programs offer stress-reducing therapies such as acupuncture and Reiki that may reduce drug cravings.
- ✓ Eat healthy foods, get rest, exercise, and relax. Taking care of the body will help to strengthen the liver and prevent hepatitis C from progressing.
- ✓ Get support. Most people with hepatitis C have no symptoms, but others feel very fatigued or depressed. Having hepatitis C can be scary and overwhelming. Mentoring and support groups may help a person make life-altering decisions.

How can HCV-infected people protect others from the disease?

The same measures that can be taken to prevent being infected with HCV can also be taken to protect others.

- Do not share syringes, surfaces, cookers, water, cotton, ties, etc.
- Do not let anybody else inject you or inject anybody else. If you do, use latex gloves as a barrier.
- Do not donate blood, body organs, other tissue, or sperm.

- Be sure to cover cuts and sores on the skin.
- Use latex condoms and tell partners that you are HCV-positive.
- Do not share razors, toothbrushes, or other personal items that may have blood on them.
- Do not share straws used to sniff cocaine.

Hepatitis C is a blood-borne virus. The blood of an infected person must get into your bloodstream. Hepatitis C is not spread through casual contact like shaking hands with, hugging, drinking after, or eating off the same plate with an infected person.

Prevention Suggestions for drug users

If you inject drugs:

- Use safer injection techniques.
- Use sterile syringes.
- Use your own new cotton, cooker/spoon, clean water & ties.
- Have a clean surface on your preparation area – open a newspaper and put your supplies on it.
- Try to use less risky methods to take your drugs, like taking prescription drugs instead of powder, or snorting and smoking instead of injecting.

If you snort (sniff) drugs:

- Use your own straws when snorting.
- Use little sticky style notes to make your own straws. All snorters can have their own sticky note-straw, and they are easy to carry around, roll up, and throw away.
- Be careful of where you place your straws when snorting with a group or snorting around injectors. Any blood on the injection equipment, or place where the straws were laid could contaminate the straws with the hepatitis C virus.

If you smoke drugs:

- Consider quitting drugs.
- Use your own rubber tip on a glass crack pipe to keep your lips from getting cut. It can protect your lips from getting burned on a hot pipe, too. These sores can dry out, crack open and bleed –possibly exposing you to or spreading hepatitis C. Cut and burnt lips also offer a direct pathway into your bloodstream during oral sex.
- Keep the mouthpiece of your smoking equipment clean and try not to share. If you must share your pipe, wiping the glass mouthpiece with bleach or the rubber mouthpiece with alcohol may help prevent the spread of infections.

Safer sex and other HCV prevention tips:

- ◆ Use latex condoms, dental dams, and latex gloves to reduce the risk of sexual transmission. If you do find blood on a condom, dam, or latex glove, carefully throw it away, and then wash your hands thoroughly with soap and water.
- ◆ Clean all sex toys after each use; any dried blood on the toys may transmit hepatitis C. It is even better to use a condom on sex toys; most toys are made of materials that are porous (have little holes) and they are hard to keep clean. Bacteria can grow on and inside the surface of the toy and cause yeast and/or bacterial infections later.
- ◆ Using water-based lubricant is a very good way to decrease the chance of irritation – and bleeding – during most sex activities. If the lubricant dries out just add water or spit and it will slick back up. For women prone to yeast infections, there are water-based lubricants available that do not have glycerin (a sugar).
- ◆ It is safest not to share household items – like razors, toothbrushes, and fingernail clippers – which can hold blood.

- ◆ Make sure that anyone tattooing or piercing you uses properly sterilized or brand new equipment and that you have your own container of new ink, if you are getting tattooed. Make sure the shop has an autoclave to properly sterilize tattooing needles and tubes.

Adapted from “Hepatitis C” published by the Harm Reduction Coalition

The Hepatitis C booklet is available at:

www.hepcproject.typepad.com/hep_c_project/Publications-publications.htm

The link to the PDF version is:

www.hepcproject.typepad.com/hep_c_project/hepCbrochure.pdf

Financial Resources / Applying for Disability

Social Security

Services available by phone:

- With a touch-tone phone, you can get recorded information and some services 24 hours a day including weekends and holidays
- If you need an appointment or to speak to a service representative, call the toll-free phone number 1-800-722-1213. This number is available Monday through Friday between 7:00am and 7:00pm (Eastern Standard Time).
- If you are deaf or hard of hearing, call the toll-free TTY number, 1-800-325-0778. This number is available Monday through Friday between 7:00am and 7:00pm (Eastern Standard Time).

Lines are busiest early in the week and early in the month, so it is recommended to call at other times. When you call, have your Social Security Number handy.

According to the Social Security Administration, when you *apply for disability benefits*, they will ask you general questions about yourself and questions about the medical condition that prevents you from working.

General Questions:

- Your name, gender, and social security number
- Your name at birth (if different)
- Your date of birth and place of birth (State or foreign country)
- Whether a public or religious record was made of your birth before age 5
- Whether you or anyone else has ever filed for Social Security benefits, Medicare, or Supplemental Security Income on your behalf. (If so, you will be asked for information on whose Social Security record you applied)
- Whether you were ever in the active military service before 1968 and, if so, the dates of service and whether you have ever been eligible to receive a monthly benefit from a military or civilian agency

Financial Resources and Disability Information

- Whether you or your spouse have ever worked for the railroad industry
- Whether you have earned social security credits under another country's social security system
- Whether you qualified for or expect to receive a pension or annuity based on your own employment that was not covered by Social Security
- Whether you are currently married and, if so, your spouse's name, date of birth (or age) and social security number (if known)
- Whether you have filed or intend to file for workers' compensation or any public disability benefits
- The names, dates of birth (or age) and social security numbers of your current and former spouses (if any)
- The dates and places of each of your marriages and, for marriages that have ended, how and when they ended
- The names of any unmarried children under 18, 18-19 and in secondary school, or disabled before age 22
- Whether you have a parent who was dependent on the worker for his or her support at the time you became disabled
- Whether you have had earnings in all years since 1978
- The name(s) of your employer(s) or information about your self-employment and the amount of your earnings for this year and last year
- Whether you received or expect to receive any money from an employer since the date you became unable to work

Medical Questions:

- Whether you have been unable to work because of illnesses, injuries, or conditions at any time within the past 14 months. (If yes, you will also be asked when you became unable to work and whether you are still unable to work)
- You will need to complete form SSA-3368 with information on your disability including your medical sources, medications, and how your disability prevents you from working.

Getting Disability Benefits Under Social Security with HCV

Jacques Chambers, Chartered Life Underwriter, Benefits Consultant

Social Security offers several types of monthly benefits for a disabled person: Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), as well as disability benefits for disabled widows, children, and adult children disabled since childhood. While each program has its own requirements for non-medical eligibility, they all use the same definition of total disability and the same method to determine if a person is “disabled enough” to be eligible for disability benefits.

Under Social Security a person is considered disabled if:

- 1) Due to a medical condition he/she is unable to perform the tasks of a job for which he/she is suited, AND
- 2) That condition either has or will last for at least 12 months or is expected to result in death.

Well over 50% of the initial applications for disability benefits are denied, not because the disability definition is difficult to meet, but primarily because the applicant did not understand the disability determination process and did not give Social Security the information they needed to award benefits.

The problem of being denied Social Security benefits appears to affect people with HCV even more, for several additional reasons:

- To Social Security, HCV is a relatively new disabling condition and they really have not developed an organized approach to reviewing HCV claims
- The symptoms of HCV can vary from none at all to completely debilitating, so the diagnosis of HCV alone does not have much impact in determining disability, and,
- Many of the most common symptoms of HCV are “subjective” in that they can not be readily measured in a laboratory test. Examples are fatigue, headaches, memory loss, and depression. Therefore, medical records alone do not often adequately describe the functional problems the applicant has trying to work.

- A person dealing with HCV rarely suddenly awakes one day to find himself or herself unable to continue working. Typically it is a gradually deteriorating ability to work. Work becomes more and more difficult; finding the energy to work is more and more time-consuming. Some reach the point where they only work and spend the remainder of their time in bed trying to regain enough strength to return to work.

If you believe that the time to apply for Social Security Disability is approaching, especially in the next few months, there are two things you can do before stopping work and applying that can greatly increase your chances of getting your claim approved the first time around:

- 1) Learn how Social Security processes a claim for disability; and
- 2) Assemble and review the “medical evidence” which they will use to determine if you are disabled by their definition.

Learn How Social Security Processes a Claim for Disability

Social Security has a lot of information about the disability process on their website www.ssa.gov

For example, in examining a disability claim there are five questions that a Disability Analyst seeks the answers to:

1. Are you working?
2. Is there a medical problem that impacts your ability to work to any degree?
3. Is your condition found in the Listing of Impairments? (more on this list below)
4. Can you do the work you did previously?
5. Can you do any other type of work?

To be eligible for benefits, the answer to #1 must be “No,” and the answer to #2 must be “Yes.”

If the answer to #3 is “Yes,” your claim will be approved. If not, then #4 and #5, must be “No.”

To facilitate the process and to maintain some uniformity throughout the country, Social Security publishes a book called Disability Evaluation under Social Security, or “The Blue Book,” which includes a Listing of Impairments. If your medical condition is listed in that Listing of Impairments, and it meets the criteria given, then your claim is routinely approved.

The Listing, however, does not directly deal with hepatitis C, although there is a listing for Chronic Liver Disease that includes chronic active hepatitis.

However, because the symptoms can vary substantially, they also include some guidelines on how severe the condition must be. (see below).

If your medical condition meets one of these criteria, your claim should be approved. However, it will help if your physician states the condition in a letter to Social Security, using terms and results shown in the Listing.

If your condition does not meet any of these criteria, all is not lost. It is still possible to have your claim approved if the symptoms you exhibit are as severe as one of the listings. If your symptoms clearly show that the answers to questions #4 and #5 are both “No,” your claim will also be approved.

Usually, however, more medical evidence will be required to get the claim accepted. In that case, you should make sure you submit all the medical evidence that you can with the application.

Assemble and Review Your Medical Evidence

The most important evidence in determining disability is the records of your medical providers. This could be more than the records of your primary care physician and specialist. It may also include the records of your therapist, chiropractor, acupuncturist, and other medical practitioner. “Non-medical establishment” providers would not carry the weight of “regular” doctors, but they can support your claim by documenting your symptoms and your efforts to relieve them.

Disability determination focuses on your symptoms and how they prevent you from working so it is a good idea to make sure your physicians enter your symptoms into the record with each visit, even if it is repetitive.

To greatly speed up processing time, it is also recommended that you take copies of your medical records when you go to your initial interview with Social Security.

While the medical records of your providers are the primary source of evidence in reviewing your claim, there are other documents and records that can also help your claim.

These include:

- Questionnaires – Once you apply for disability benefits, the Disability Analyst will send you questionnaires to get specific information. They may be about pain, fatigue, your daily activities, or other conditions or symptoms. These questionnaires are your opportunity to transform the medical data from your physicians into actual descriptions of the problems your condition causes you when working and in your daily routines. You should not skimp on these or rush through them. Take your time, add extra sheets of paper, well labeled, and thoroughly describe exactly how your symptoms impact your routine.
- Letters from Physicians – Ask each of your doctors to write a thorough summary of your condition. They should focus on relating the medical conditions and test results to the symptoms you are experiencing. To adequately do the job, each letter should be several pages long, not just a few paragraphs.
- Third Party Testimony – These are letters from friends, family, or co-workers that describe their observations of your problems trying to function. These should include anecdotes and descriptions of what they have observed in your performance. One of the best is a copy of a “write-up” by your supervisor on your deteriorating performance from your personnel file. Not

everyone will have one of these as many people work that much harder to make sure their performance does not deteriorate.

- Letters from a spouse, co-worker, or housemate on how your activities and abilities have changed due to your condition are also good. A description through anecdotes of how your ability to function has deteriorated should be their goal. While these alone would not get your claim approved, they do help provide a good picture of how your medical condition affects your activities.
- Symptom Diary – This can be an especially helpful tool when the symptoms are primarily subjective. Psychologically it is not fun to do, but it can help confirm the impact of the symptoms on your activities. A symptom diary is simply a daily log in which you enter the symptoms you experienced during the day, their severity including how long they lasted, and their impact on your daily activities such as requiring you to rest, cancel planned appointments, etc.

This seems like a lot of work just to get benefits, but remember Social Security is so big that they can not be bothered with “what’s fair” or “what you deserve.” You need to know their rules and “play the game.” Making the effort with the initial application can avoid having to drag through a year or more of appeals and sharing your award with an attorney that will save you time, money, and lots of stress.

Disability Evaluation Under Social Security

Liver disease falls under section 5.00 of the SSDI Blue Book. The following criteria are what SSDI uses when evaluating liver disease disabilities.

Blue Book- January 2008
5.00 Digestive System - Adult

Section 5.00 Digestive System

5.05 Chronic liver disease (e.g., portal, postnecrotic, or biliary cirrhosis; chronic active hepatitis; Wilson's disease). With:

- A.** Esophageal Varices (demonstrated by endoscopy or other appropriate medically acceptable imaging) with a documented history of massive hemorrhage attributable to these varices. Consider under disability for 3 years following the last massive hemorrhage; thereafter, evaluate the residual impairment; or
- B.** Performance of a shunt operation for esophageal varices. Consider under a disability for 3 years following surgery; thereafter, evaluate the residual impairment; or
- C.** Serum bilirubin of 2.5 mg. per deciliter (100 ml.) or greater persisting on repeated examinations for at least 5 months; or
- D.** Ascites, not attributable to other causes, recurrent or persisting for at least 5 months, demonstrated by abdominal paracentesis or associated with persistent hypoalbuminemia of 3.0 gm. per deciliter (100 ml.) or less; or
- E.** Hepatic encephalopathy. Evaluate under the criteria in Listing 12.02; or
- F.** Confirmation of chronic liver disease by liver biopsy (obtained independent of Social Security disability evaluation) and one of the following:

1. Ascites not attributable to other causes, recurrent or persisting for at least 3 months, demonstrated by abdominal paracentesis or associated with persistent hypoalbuminemia of 3.0 gm. per deciliter (100 ml.) or less; or
2. Serum bilirubin of 2.5 mg. per deciliter (100 ml.) or greater on repeated examinations for at least 3 months; or
3. Hepatic cell necrosis or inflammation, persisting for at least 3 months, documented by repeated abnormalities of prothrombin time and enzymes indicative of hepatic dysfunction.

Sources:

<http://www.ssa.gov/disability/professionals/bluebook/5.00-Digestive-Adult.htm>
www.helpwithbenefits.com

Legal Resources

Atlanta Legal Aid Society
151 Spring Street NW
Atlanta, GA 30303
Downtown Office- 404-524-5811
Cobb County- 770-528-2565
DeKalb County- 404-377-0701
Gwinnett County- 678-376-4545
South Fulton/Clayton County- 404-669-0233

The Atlanta Legal Aid Society has represented Atlanta's poor in civil legal cases since 1924. Our work helps our clients deal with some of life's most basic needs -- a safe home, enough food to eat, a decent education, protection against fraud, and personal safety. Our clients come from Clayton, Cobb, DeKalb, Fulton, and Gwinnett Counties in Georgia

American Civil Liberties Union of Georgia (ACLU)
70 Fairlie Street, Suite 340
Atlanta, Georgia 30303
404-523-5398
Director: Debbie Seagraves
Legal Director: Gerry Weber

The ACLU is a public interest law firm. The ACLU defends civil liberties through public education and by litigating precedent-setting legal questions to protect the rights of all Georgians.

Atlanta Volunteer Lawyers Foundation, Inc. (AVLF)
1750 North Tower
235 Peachtree Street
Atlanta, Georgia 30303
404-521-0790
Executive Director: Martin L. Ellin

The Atlanta Volunteer Lawyers Foundation provides civil legal representation to low-income Georgians primarily through the use of

volunteer lawyers. The AVLF's clientele are Fulton County residents with the exception of City of Atlanta residents.

DeKalb Volunteer Lawyers Foundation
118 E. Trinity Place
Decatur, Georgia 30030
404-373-0865
Executive Director: Sheila Ogletree

The DeKalb Lawyers Foundation provides, through volunteer lawyers, civil legal services to indigent DeKalb County residents who cannot or would not be served by existing legal services programs. They handle matters including, but not limited to, domestic relations, landlord-tenant, general litigation, wills and trusts, real property, social security, bankruptcy, debtor-creditor, nonprofit corporation, foreclosure, fraud, guardian ad litem, juvenile law, employment, and personal injury.

Georgia Advocacy Office, Inc. (GAO)
One Decatur Town Center
150 E. Ponce de Leon Ave. S 430
Decatur, GA 30030
404-885-1234
800-537-2329 (Georgia only)
info@thegao.org
Executive Director: Ruby Moore

The Georgia Advocacy Office serves Georgia citizens with physical and/or mental disabilities who have been or are being discriminated against free of charge. GAO investigates abuse, neglect and rights violations; as well visits state psychiatric hospitals, prisons, jails, foster care settings, group homes, private psychiatric hospitals and other places. They will also provide legal services if the issue is a legal one and will go to court, as a last resort, if it is necessary. GAO also helps people to get reestablished in their community in ways that provide safety, adequate treatment, respect, and friends and neighbors who take active roles in their lives.

State Bar of Georgia Pro Bono Project
104 Marietta St. NW, Suite 100
Atlanta, GA 30303
404-527-8763
mike@gabar.org
Director: Michael L. Monahan

The Pro Bono Project assists local bar associations, individual private attorneys and communities in developing pro bono private attorney/bar involvement programs in their areas for the delivery of Legal services to the poor.

Georgia Legal Services
104 Marietta Street
Atlanta, GA 30303
Tel: 404-206-5175

The mission of the Georgia Legal Services Program is to provide access to justice and opportunities out of poverty for Georgians with low-incomes. Our lawyers and paralegals provide the help that reflects your community's values of fairness, equality, and responsibility to assist others in need.

12 Questions to Ask Your Lawyer:

- What is your experience in this field?
- Have you handled matters like mine?
- What are the possible outcomes of my case?
- What are my alternatives in resolving the matter?
- Approximately how long will it take to resolve?
- Do you recommend mediation or arbitration?
- What are your rates and how often will you bill me?
- What is a ballpark figure for the total bill, including fees and expenses?

- How will you keep me informed of progress?
- What kind of approach will you take to resolve the matter
– aggressive and unyielding, or
- Will you be more inclined to reach a reasonable settlement?
- Who else in the office will be working on my case?
- Can junior attorneys or paralegals in the office handle some of the administrative work at a lower rate?

Source: www.lawyers.com

Hepatitis C Management in Prisons and Jails

A guide for incarcerated persons, their families, and other concerned people in Georgia

Up to 1 out of 3 inmates in the U.S. has hepatitis C infection. Supreme Court case law protects inmates from “deliberate indifference” to medical problems. However, passing through a jail or prison does not mean you will necessarily get screened for hepatitis and receive treatment for the disease during that stay. How long you stay in a prison helps the doctors decide whether to start treatment.

County and City Jails hold persons who are awaiting trial or are serving very short sentences. Usually there is not enough time to start treatment for hepatitis C while in a local jail. If you enter a jail on interferon for hepatitis C, and you are doing well, you should ask the medical staff to continue it. You should not have to stop treatment. However, if you are in for just a very short time, rest assured that going without treatment for a few days will probably be fine.

State Prisons hold persons serving longer sentences. If you think you may be infected with hepatitis, you should ask for the test. Some prisons will offer you the test even without you requesting it. If you find that you are infected, you will usually be enrolled in a Chronic Illness Clinic (CIC). Ask the clinic doctor if you have also been exposed to hepatitis A and hepatitis B. If you have not had these other virus infections, ask for the vaccine(s).

In the state prisons of Georgia, the medical staff will usually consider treating hepatitis C if you are still 2 or more years away from your maximum release date. Outside, it is still hard to get hepatitis treatment in many rural areas of Georgia. Especially if you are planning on resettling in a small town after prison, you may not have a way to continue treatment. Incomplete treatment probably does little good. The prison system aims to finish what it starts.

But let's say that you are looking at some serious time, maybe many years. First, the doctors will make sure that you are suitable for treatment. One of the more common reasons why people may not be ready for treatment is that they have mental health issues that are not under control. If you have depression, bipolar disease, or hear voices, you will want to work with your psychiatrist to get those problems under control before starting interferon treatment. There may be other health problems that need controlling before treatment can begin. Some medical problems may prevent you from ever qualifying for treatment. The late stage of cirrhosis, when patients can get fluid around their ankles or in their abdomen, and need water pills, is one such situation where treatment does more harm than good.

If you are a good candidate for therapy, treatment in Georgia prisons follows what is done in the community. The medical staff should draw a viral load to confirm that you actually still have the virus in your body. Next, they should run a genotype. If you are type 1, you probably will go on to get a liver biopsy, usually at a local hospital or Augusta State Medical Prison. If type 2 or 3, the doctor may not feel you need a biopsy.

Before starting therapy, you will probably see a liver specialist, either an infectious disease doctor or a GI doctor. You will need more blood work and a chest x-ray. The doctor at your camp will ask you to sign a consent form for treatment.

When treatment begins, you will get the ribavirin capsules twice a day at Medline and the interferon shots once a week in the medical area. If you are doing well on treatment, you may be able to get ribavirin as a Self Administered Medication (SAM) and avoid the pill line.

Once you start taking medications, you will need blood work at two weeks, four weeks and then every month. **You will need to go to CIC every month while you are on treatment.** Make sure you get your blood work and your CIC visit. Write a letter to medical if they seem to have forgotten an appointment, especially if you get transferred to a new camp.

If your cirrhosis is too advanced for treatment, make sure you get special blood work, a test called Alpha Feto-Protein, every six months and that you get liver imaging (usually an upper abdominal ultrasound) once or twice a year. Also if you have cirrhosis, you will need a specialist to go in through your mouth to your stomach with a lighted scope and make sure there are no vessels about to bleed.

Federal Prisons handle hepatitis C treatment in much the same way as Georgia prisons. You can find the Federal Bureau of Prisons guidelines for treatment on the web at:

www.bop.gov/news/PDFs/hepatitis.pdf

Resources:

- A Framework for Management of hepatitis C in Prisons. Available at www.annals.org/cgi/reprint/144/10/762.pdf
- You can find some states' hepatitis treatment protocols on the web. If the site is not manned by the prison system itself, beware that the protocols may be out of date, not the ones currently in use.
- If you have concerns about medical care in a Georgia prison, you can start with contacting health services at that facility. Many problems can be resolved at a local level. After trying to resolve the problems at the facility level, you can contact the Central Office of Health Services, by phone at 404-657-2041 or 404-657-4601.

Anne Spaulding, MD, MPH
Infectious Disease Consultant
Georgia Correctional Health Care

Resources for Prisoners and their Families

HCV Prison Support Project

P.O. Box 41803
Eugene, OR 97404
www.hcvinprison.org

HCV Prison Support Project is a nationwide advocacy organization based in Oregon. To request newsletter or information packet send request to: Hepatitis C Awareness Project, PO Box 41803, Eugene, OR 97404. There is no charge for the newsletter. HCV Prison Support Project now has a toll free number, 1-866-HEPINFO (1-866-437-4636), available to HCV positive and co-infected prisoners who have just been released from prison. They will be providing information on Medicaid, hepatitis C and HCV support. Prisoners, however, will not be able to make toll free calls from prison.

HEP News

Prison Project of Santa Fe
P.O. Box 1911
Santa Fe, NM 87504-1911

HEP News is a bi-monthly newsletter for prisoners with hepatitis C published by the Prison Project of Santa Fe. It is \$10.00 per year or free to prisoners.

Southern Center for Human Rights

83 Poplar Street NW
Atlanta, GA 30303
Phone: 404-688-1202 (Does not accept collect calls)
Fax: 404-688-1202
www.schr.org

The Center is a non-profit law office and advocacy organization for prisoners and their families in Georgia and Alabama.

Prison Legal News

2400 NW 80th St. #148
Seattle, WA 98117

Prison Legal News is a monthly magazine covering legal issues facing prisoners, including regular articles about hepatitis C. \$18.00 per year for prisoners, \$25.00 per year for individuals, \$60.00 per year for lawyers or institutions.

HCV Advocate

Tides Center/H CSP
P.O. Box 427037
San Francisco, CA 94142-7037

A monthly Newsletter for \$12.00 per year

Infectious Disease in Corrections Report (IDCR)

Brown University
Box G-B4
Providence, RI 02912
Phone: 401-277-3651
Fax: 401-277-3656
www.idcronline.org

IDCR, a forum for correctional problem solving, targets correctional administrators and HIV/AIDS and hepatitis care providers including physicians, nurses, outreach workers, and case managers. The editorial board and contributors to IDCR include national and regional correctional professionals, selected on the basis of their experience with HIV and hepatitis care in the correctional setting and their familiarity with current HIV and hepatitis treatment. (IDCR is the newsletter formerly known as the HEPP Report.)

National Hepatitis C Prison Coalition

The National Hepatitis C Prison Coalition was formed to bring together organizations and individuals interested in raising awareness and providing support to prisoners who are suffering from hepatitis and HIV/ HCV co-infection. Our goal is to help educate prisoners and advocate for better testing, treatment and prevention of these diseases. This site includes Department of Corrections HCV treatment guidelines for 26 states (others are being added now) and many useful links on HCV, HIV, and prisons (check the bottom of the home page, as well as the “Links” page).

www.hcvinprison.org (including state guidelines)

Mental Health Resources

Hepatitis C is a viral infection that, like many viral infections, can influence the brain and behavior. Patients with hepatitis C have been reported to experience depression, fatigue and problems with memory and concentration. These problems can significantly impair quality of life and may respond to standard antidepressant therapies. In addition to the virus itself, some of the treatments for hepatitis C may influence mental health.

Over the last several decades, interferon (IFN)-alpha has played an increasingly important role in the treatment of a number of medical conditions, including hepatitis C. Although IFN-alpha can be beneficial, IFN-alpha has been repeatedly observed to cause a variety of neuropsychiatric side effects (depression, fatigue and cognitive dysfunction) in a high percentage of patients. In addition to negatively affecting quality of life, these side effects increase the risk of poor treatment outcome because they are often associated with dosage reduction and/or discontinuation of treatment. Fortunately, increasing evidence suggests that appropriate recognition and management of IFN-alpha-induced neuropsychiatric side effects (especially depression) can help the majority of patients to remain on treatment. Indeed, combined with an increased appreciation of the prominence of IFN-associated neuropsychiatric side effects, new data on potential treatment strategies have prompted increased recognition among health care providers of the importance of learning to effectively manage IFN-alpha-induced psychiatric disturbance.

One major advance has been the recognition that individuals with mild levels of emotional distress immediately prior to treatment are most at risk for developing behavioral problems during IFN-alpha therapy. Such individuals may benefit from proactive strategies to prevent problems before they occur including the use of antidepressant pre-treatment.

This data provides hope for patients with neuropsychiatric side effects, like depression, during IFN-alpha and encourage these patients to seek treatment at the earliest signs of emotional or physical distress.

Bobbi J. Woolwine, MSW
Director of Research Projects

Andrew H. Miller, MD
William P. Timmie Professor

*The Mind-Body Program
Department of Psychiatry & Behavioral Sciences
Emory University School of Medicine
Atlanta, GA 30322*

Research

*The Mind-Body Program
Department of Psychiatry and Behavioral Sciences
Emory University School of Medicine
Atlanta, GA 30322*

The Emory University Mind-Body Program is committed to understanding the side effects associated with interferon-alpha treatment for hepatitis C. Our goal is to identify new ways to help patients better tolerate interferon-alpha treatment in order to maximize their chances of successfully treating their disease. To achieve this goal, the Mind-Body Program is conducting research to better understand the following symptoms that often interfere with treatment: depression, fatigue, irritability, problems with thinking, flu symptoms and sleep changes.

If you are interested in participating in or learning more about our hepatitis C research, please contact us at: 404-727-8229 or visit: www.psychiatry.emory.edu/PROGRAMS/mindbody

Mental Health and Drug Treatment Resources

State Mental Health and Substance Abuse Agency

**Georgia Mental Health Services
Statewide Mental Health Crisis & Access Line
1-800-715-4225**

The Georgia Department of Human Resources implemented a new statewide **Single Point of Contact** for Mental Health, Addiction, Developmental Disability and Behavioral Health Crisis Services in 2006. The Georgia Crisis & Access Line (phone number listed above) is a multilingual service call center available 24 hours a day/7 days a week or online at www.mygcal.com.

What is the Single Point of Contact - Statewide Crisis and Access Line?

Professional staff (a Behavioral Health Link Care Consultant) is available to provide screening, triage and linkage for emergent, urgent, and routine calls for mental health services from DHR funded community behavioral health. Any individual in Georgia seeking mental health, addiction, developmental disability, or behavioral health crisis services will be able to receive help. The website provides more information to consumers and their families about their choice of providers.

**Division of Mental Health, Developmental Disabilities &
Addictive Diseases (MHDDAD)
Department of Human Resources**

2 Peachtree Street, NW, Suite 22-224

Atlanta, GA 30303

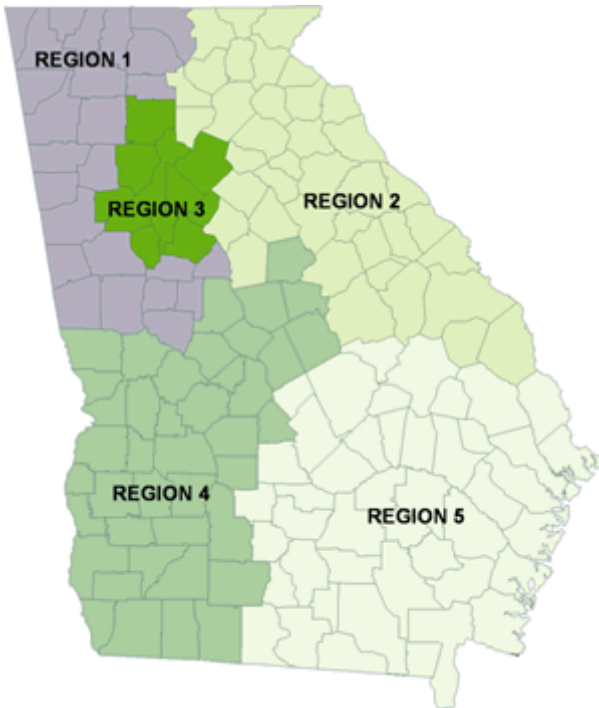
Phone: 404-657-2168 (Mental Health)

Internet: www.mhddad.dhr.georgia.gov/portal/site/DHR-MHDDAD

The Division of MHDDAD serves people of all ages with the most severe and likely-to-be long-term conditions. The MHDDAD

regional offices are the contact points for people needing treatment for mental illness or addictive diseases, problems, support services for people with mental retardation and related developmental disabilities, or substance abuse prevention services. Services are provided across the state through seven regional hospitals, and through contracts with 25 community service boards, boards of health and various private providers. In addition to providing treatment, support and prevention services, contracted community programs screen people for admission to state hospitals and give follow-up care when they are discharged. Community programs provide screening to determine if a person has a disability that could benefit from MHDDAD services, diagnosis and a comprehensive assessment of needs. They also provide services which promote self determination and independence for all consumers and recovery for people with mental illness or addiction. Community Service Boards are public agencies created by state law to provide mental health, developmental disability, and substance abuse services. Service availability and capacity may vary by region.

Substance abuse services may include: group counseling, detoxification, residential programs and services, service coordinators, “ready to work” programs, adolescent services, school assistance programs, and prevention programs.



The Georgia Crisis & Access Line is sponsored by the Division of Mental Health Developmental Disabilities & Addictive Diseases (MHDDAD) through a contract with Behavioral Health Link. Services are available 24 hours a day to help people with mental health crisis, or problems with drug or alcohol. Call the Georgia Crisis & Access Line at 1-800-715-4225 or visit them at www.mygcal.com

This free, confidential hotline provides Medicaid patients with access to crisis counseling and other services available throughout Georgia's 159 counties. When you call, trained and caring professionals will help connect you to services in your area. They can even help you schedule appointments.

Regional Offices

MHDDAD Region 1

Region 1 MHDDAD Office plans and oversees a network of public mental health, developmental disabilities, addictive disease and prevention services for **25 counties** (Bartow, Butts, Carroll, Catoosa, Chattooga, Coweta, Dade, Fanin, Floyd, Gilmer, Gordon, Haralson, Heard, Lamar, Meriwether, Murray, Paulding, Pickens, Pike, Polk, Spalding, Troup, Upson, Walker, and Whitfield)

MHDDAD Region 2

The Region 2 MHDDAD Office plans and oversees a network of public mental health, developmental disabilities, addictive disease and prevention services for **39 counties** (Banks, Barrow, Burke, Clarke, Columbia, Dawson, Elbert, Hancock, Glascock, Greene, Forsyth, Franklin, Habersham, Hall, Hart, Jackson, Jasper, Jefferson, Jenkins, Lincoln, Lumpkin, Madison, McDuffie, Morgan, Newton, Oconee, Oglethorpe, Richmond, Rabun, Screven, Stephens, Taliaferro, Towns, Union, Walton, Warren, Washington, White, and Wilkes)

MHDDAD Region 3

Region 3 MHDDAD Office plans and oversees a network of public mental health, developmental disabilities, addictive disease and prevention services for **10 counties** (Clayton, Cherokee, Cobb, Dekalb, Douglas, Fayette, Fulton, Gwinnett, Henry, and Rockdale)

MHDDAD Region 4

Region 4 MHDDAD Office plans and oversees a network of public mental health, developmental disabilities, addictive disease and prevention services for **41 counties** (Baldwin, Baker, Bibb, Calhoun, Chattahoochee, Clay, Colquitt, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Harris, Houston, Grady, Jones, Lee, Macon, Marion, Miller, Muscogee, Mitchell, Monroe, Peach, Pulaski, Putnam, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Twiggs, Thomas, Webster, Wilkinson, and Worth)

MHDDAD Region 5

Region 5 MHDDAD Office plans and oversees a network of public mental health, developmental disabilities, addictive disease and prevention services for **44 counties** (Appling, Atkinson, Bacon, Ben Hill, Berrien, Bleckley, Brantley, Brooks, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Cook, Dodge, Echols, Effingham, Emanuel, Evans, Glynn, Irwin, Jeff Davis, Johnson, Lanier, Laurens, Liberty, Long, Lowndes, McIntosh, Montgomery, Pierce, Tattnall, Telfair, Tift, Toombs, Treutlen, Turner, Wheeler, Wilcox, Ware, and Wayne)

Community Service Providers

Albany Area Community Service Board

Serving counties: Baker, Calhoun, Dougherty, Early, Lee, Miller, Terrell, Worth, Decatur, Grady, Mitchell, Seminole, Colquitt, Thomas, Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, and Turner

Clayton Community Service Board

Serving Clayton County

Cobb Community Service Board

Serving counties: Cobb, Douglas, Cherokee, Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Murray, Pickens, Polk, Walker and Whitfield

Integrated Health Resources

Serving counties: Fulton, DeKalb, Gwinnett, Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson, Rockdale, Newton, Carroll, Coweta, Haralson, Heard, Meriwether, Paulding, Banks, Barrow, Burke, Clarke, Columbia, Dawson, Elbert, Forsyth, Franklin, Glascock, Greene, Habersham, Hall, Hancock, Hart, Jackson, Jasper, Jefferson, Jenkins, Lincoln, Lumpkin, Madison, McDuffie, Morgan, Oconee, Oglethorpe, Rabun, Richmond, Screven, Stephens, Taliaferro, Towns, Union, Walton, Warren, Washington, White, and Wilkes

New Horizons

Serving counties: Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot, Sumter, Taylor, Marion, Macon, Webster, Schley, Dooly, Crisp, Pulaski, and Troup

River Edge Behavioral Health Center

Serving counties: Bibb, Jones, Monroe, Twiggs, Baldwin, Houston, Putnam, Peach, Crawford, and Wilkinson

Other Resources

1-800-662-HELP (Spanish: 800-662-9832), the treatment referral telephone hotline maintained by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

Drug Treatment Options and Resources

This section includes resources for people who are currently drug users or alcohol users and people who are seeking drug treatment services in Georgia. It is intended to provide a range of options for people seeking to improve their health and wellness. It includes information about self-help groups, books, methadone programs, suboxone, detoxification, and drug treatment programs.

People's experiences with drug use, their motivations for use, and the relationship they have with a drug and how it fits into their lives are varied, unique and can change over time. A person's use can range from complete abstinence (no drug use), to experimental (only once or twice), to regular, to heavy, to chaotic.

Many people become infected with hepatitis C as a result of injection drug use. Injection drug use puts you at risk for HIV and hepatitis C wherever you fall on the spectrum. Injecting just one time can put you or someone you are with at risk, so knowing how to reduce the risks - either through choosing not to inject or learning how to do it more safely - is really important. (For more information, see the HCV prevention section on page 72).

For people who are addicted, the misuse of drugs or alcohol extends beyond mere choice. While the path to addiction did begin with a choice, a person's ability to choose is compromised. Alcohol and drugs change a person's brain chemistry and functioning, which often leads to compulsive or uncontrollable use even in the face of extreme negative consequences.

There is help available for people when they are ready to make a change.

State Substance Abuse Agency

**Division of Mental Health, Developmental Disabilities &
Addictive Diseases (MHDDAD)
Department of Human Resources**

2 Peachtree Street NW, Suite 22-224

Atlanta, GA 30303

Phone: 404-657-2272 (Substance abuse)

www.mhddad.dhr.georgia.gov/portal/site/DHR-MHDDAD

Due to space limitations, we are unable to provide a comprehensive list of all public, non-profit, and private drug treatment programs in Georgia.

Contact information for several resources is provided for those who would like additional information about drug treatment services.

Contact information is available for the following services:

- Detoxification
- Residential Drug Treatment Programs
- Methadone Clinics
- Suboxone/Buprenorphine Providers

Atlanta Harm Reduction Center (AHRC)

472 Paines Ave. NW

Atlanta, GA 30318

404-817-9994

<http://www.atlantaharmreduction.org/index.shtml>

Able to provide information about methadone, how methadone interacts with HIV and hepatitis C medications, new alternative medications like Subutex for opiate users, and programs for people seeking abstinence treatment for heroin use.

AHRC staff can help you take a look at your reasons for using drugs,

help you get clear on how they are impacting your life and their role in your life, and encourage you to make and create your own goals around substance use.

AHRC also provides injection drug users with tools, supplies, and information to stay safer while using and can help you access medical, drug treatment and social services. All services are free, anonymous, and offered with respect for you and your choices.

Drug Help Lines

National Help-Line Drug Treatment and Referral
800-662-4357

Georgia Drug Help-Line
800-338-6745

Mental Health and Substance Abuse Crisis Line
866-821-0465

Atlanta Harm Reduction Center
404-817-9994

Self- Help Groups – 12 Step Recovery Programs

Phone numbers for local 12 Step programs can also be found in the phone book.

Alcoholics Anonymous World Services
212-870-3400
www.alcoholics-anonymous.org

Cocaine Anonymous World Services

800-347-8998

www.ca.org

Narcotics Anonymous World Service Office

818-773-9999

www.wsoinc.com

Al-Anon Family Groups

800-356-9996

www.Al-Anon-Alateen.org

Nar-Anon Family Groups

800-477-6291

www.nar-anon.org/index.html

A listing of Nar-Anon Group meetings in Georgia is available at

www.nar-anon.org/georgia.htm

12-Step Alternative Self Help Groups

Recovery, Inc.

A self-help mental health program based on the groundbreaking work of our founder a neuropsychiatrist, the late Abraham A. Low, M.D. We are non-profit, non-sectarian and completely member managed. Recovery Inc. has been active since 1937 and we have groups meeting every week around the world. Contact: 312-337-5661 or www.recovery-inc.org

Smart Recovery:

www.smartrecovery.org

Meetings in Georgia can be found at:

www.smartrecovery.org/meetings_db/view

Moderation Management

www.moderation.org

Substance Use Management

Recovery Café

188 South Milledge Avenue

Athens, GA 30604

706-369-0970

www.recoverycafe.com

Psychotherapy, drug use counseling (all models/goals okay!)

Harm Reduction Psychotherapy Center

423 Gough Street

San Francisco, CA 94102-4415

415-863-4282

www.harmreductiontherapy.org

HRTC is a nonprofit organization dedicated to providing alternative treatment to people with drug and alcohol problems. The treatment, **Harm Reduction Psychotherapy**, is based on the belief that substance abuse develops in each individual from a unique interaction of biological, psychological, and social factors. Harm Reduction Psychotherapy is a non-judgmental approach to helping substance users reduce the negative impact of drugs and alcohol in their lives. It respects that people use drugs for reasons. It addresses the complex relationship that people develop with drugs and alcohol. Drug and alcohol issues are addressed simultaneously with social and occupational concerns and psychological and emotional issues.

Anyone is welcome in our treatment, regardless of the status of their drug use and regardless of his or her primary concerns or goals. A person's goals can range from complete abstinence to controlled or safer use based on a desire to improve health, relationships, or one's functioning in the world.

Although located in the San Francisco Bay Area, HRTC can provide referrals and linkages to alternative treatment resources nationwide.

New York Harm Reduction Educators (NYGRE)

903 Dawson Street
Bronx, NY 10459
718-842-6050
www.nyhre.org

Through its Harm Reduction Resource and Training Center, NYHRE offers the following trainings:

- How to Work More Effectively with Active Drug Users
- Positive and negative service delivery environments
- Making policies and procedures that work in a harm reduction environment
- Hospital-based harm reduction programs – Harm reduction building blocks; how to introduce harm reduction into existing programs
- Assisting active drug users in taking HIV/AIDS combination therapy -Harm reduction for program administrators

Other Websites:

Hepatitis C Harm Reduction Project: www.hepcproject.org

The Harm Reduction Coalition: www.harmreduction.org

Books about Drug Use and Addiction

Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol by Patt Denning, Jeannie Little, Adina Glickman

Responsible Drinking: A Moderation Management Approach for Problem Drinkers by Frederick Rotgers, Marc F. Kern, Rudy Hoeltzel

Sober for Good: New Solutions for Drinking Problems — Advice from Those Who Have Succeeded by Anne M. Fletcher

Changing for Good by James O. Prochaska, et al.

Mindful Recovery: A Spiritual Path to Healing from Addiction
by Thomas Bien, Beverly Bien

Overcoming Your Alcohol, Drug & Recovery Habits: An Empowering Alternative to AA and 12-Step Treatment by James DeSena, et al.

The Dual Diagnosis Recovery Sourcebook: A Physical, Mental, and Spiritual Approach to Addiction with an Emotional Disorder
by Dennis Ortman

Bridges to Recovery: Addiction, Family Therapy, and Multicultural Treatment by Jo-ann Krestan

Recovery Options: The Complete Guide by Joseph Volpicelli, Maia Szalavitz

Alcoholics Anonymous (2130) [ABRIDGED]
by Alcoholics Anonymous World Service

The Twelve Steps of Alcoholics Anonymous by Hazelden Foundation, James Jennings

Resources for Liver Transplant Patients

United Network for Organ Sharing (UNOS)

www.unos.org

UNOS is a non-profit, scientific and educational organization that administers the nation's only Organ Procurement and Transplantation Network (OPTN), established by the U.S. Congress in 1984. Through the OPTN, we:

- Collect and manage **data** about every transplant event occurring in the United States.
- Facilitate the **organ matching and placement** process using UNOS- developed data technology and the UNOS Organ Center.
- Bring together medical professionals, transplant recipients and donor families to develop **organ transplantation policy**

UNOS Patient Services offers patient information kits to assist patients, family members and friends in making informed and knowledgeable decisions about organ transplantation. The patient information kit includes:

- “What Every Patient Needs to Know” patient booklet (available in both English and Spanish) To order: 888-894-6361
- A list of all U.S. transplant centers for the specified organ
- A “snapshot” of the OPTN waiting list
- Center-specific information request letter
- Organ donor brochure card

Life Link Foundation

www.lifelinkfound.org

LifeLink Foundation is a non-profit community service organization dedicated to the recovery and transplantation of an increasing number of high quality organs and tissues for transplant therapy. The Foundation attempts to work sensitively, diligently, and compassionately with donor families to facilitate the donation of desperately needed organs and tissues for waiting patients.

The Foundation is committed to working closely with and in support of, the United Network for Organ Sharing's (UNOS), goals and objectives.

The Foundation supports research efforts that will enhance the supply of available organs and tissues for transplant patients and improve the clinical outcome of patients post transplantation.

The LifeLink HealthCare Institute implements critical pathways for transplantation care and end-stage disease treatment, allowing for superior patient outcomes while carefully monitoring costs.

AREA SERVED: All counties, all persons in Georgia, 192 hospitals in Georgia, plus two hospitals in South Carolina.

NUMBER ON TRANSPLANT WAITING LIST:

- More than 1,600 Georgians waiting.
- Over 90,000 Americans waiting for organ transplants.
- Thousands more are waiting for tissue transplants.

For the most current numbers in Georgia, visit our Wait List section.

ORGANS AND TISSUES RECOVERED: Kidneys, liver, heart, pancreas, lungs, intestines, bone, skin, heart valves, eyes (recovered by Georgia's Eye Bank). **NUMBER BENEFITING:** One donor can potentially benefit 60 or more people.

LifeLink Foundation of Georgia
2875 Northwoods Parkway
Norcross, GA 30071
770-225-5465

Satellite Offices:

14 Chatham Center Drive, Suite B
Savannah, GA 31405
800-365-2066

2743 Perimeter Parkway, Building 100, Suite 120
Augusta, GA 30909
800-544-6667

Resources for Liver Transplant Patients

Region 3 Transplant Centers with Liver Transplant Programs
(Georgia, Florida, Alabama, Mississippi, Louisiana, Arkansas)

NAME	LOCATION	PHONE
<u>ALUA-University of Alabama Hospital</u>	Birmingham, AL	205-934-3411
<u>ARUA - The University Hospital of Arkansas</u>	Little Rock, AR	501-686-7000
<u>FLBC - Broward General Medical Center</u>	Ft. Lauderdale , FL	954-355-4400
<u>FLUF - Shands Hospital at The University of Florida</u>	Gainesville, FL	352-265-0111
<u>FLSL - St. Luke's Hospital (Mayo Clinic)</u>	Jacksonville, FL	904-296-9074
<u>FLJM - Jackson Memorial Hospital University of Miami School of Medicine</u>	Miami, FL	305-585-8574
<u>FLTG - Tampa General Hospital</u>	Tampa, FL	813-844-7000
<u>GAEH - Children's Healthcare of Atlanta at Egleston</u>	Atlanta, GA	404-785-1807
<u>GAEM - Emory University Hospital</u>	Atlanta, GA	404-712-2000
<u>GAPH - Piedmont Hospital</u>	Atlanta, GA	404-605-5000
<u>LAKR - Kenner Regional Medical Center</u>	Kenner , LA	504-464-3000

Resources for Liver Transplant Patients

LAOF - <u>Ochsner Foundation Hospital</u>	New Orleans, LA	504-842-3925
LATU - <u>Tulane University Medical Center</u>	New Orleans, LA	504-988-5263
LACH - <u>Children's Hospital</u>	New Orleans, LA	504-899-9511
LAWK - <u>Willis Knighton Medical Center</u>	Shreveport, LA	318-212-4000

Public Health Contact Information

The Georgia Division of Public Health (GDPH) is the lead agency with responsibility for the health of communities and the entire population. At the state level, GDPH is divided into numerous branches, sections, programs and offices, and at the local level, GDPH functions via 18 health districts and 159 county health departments. GDPH is part of a larger state agency, the Georgia Department of Human Resources (DHR).

Public Health Website: www.health.state.ga.us

Hepatitis services (testings and vaccinations) are available at most county health centers. Please call for hours of service.

Hepatitis A and hepatitis B vaccinations are available for all Georgians. Please call your local health center for information about the cost of vaccinations. Certain populations are eligible for state-funded hepatitis vaccines; however, an administrative fee may be applied.

Eligibility criteria for state-funded hepatitis A vaccine –for groups seen in public health clinics regardless of whether they have private insurance.

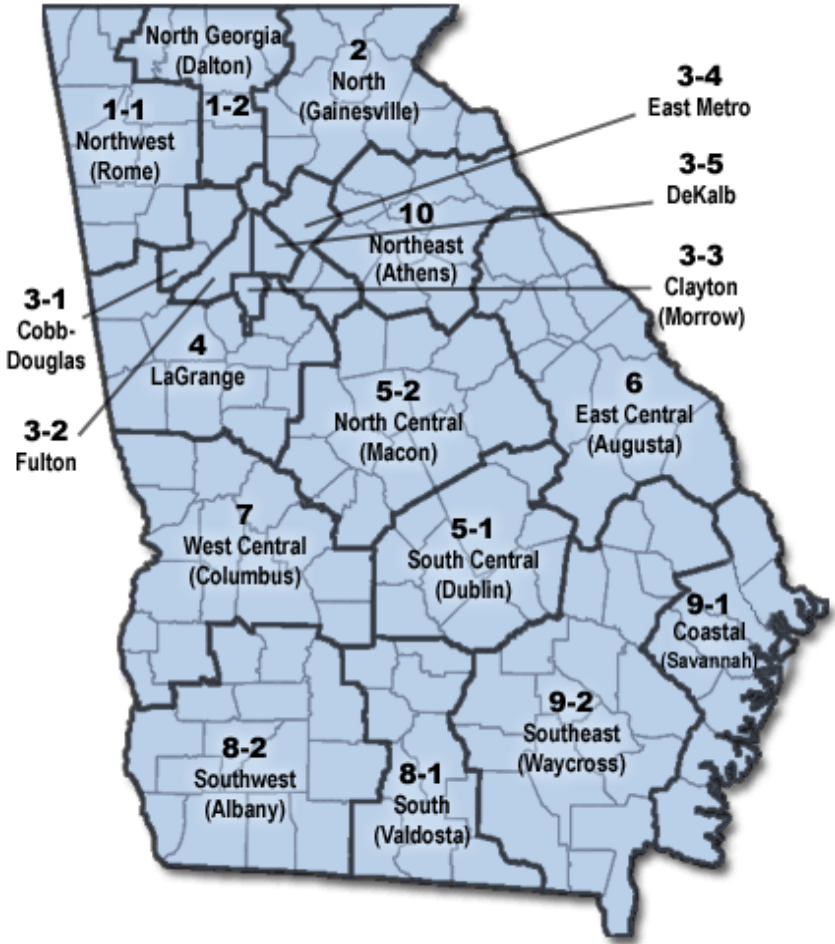
- Men having sex with men (MSM)
- Female partners of MSM
- Illegal drug users
- Persons who engage in sexual practices that could facilitate fecal-oral transmission of hepatitis A
- Persons with chronic liver disease, including hepatitis C
- Persons either awaiting or who have received liver transplants
- Persons with a clotting-factor disorder
- HIV infected persons, or persons seeking HIV clinic services
- American Indians and Alaska natives
- Persons who began the series using state-supplied pediatric vaccine and still need to complete the series

Eligibility criteria for state-funded hepatitis B vaccine –for groups seen in public health clinics regardless of whether they have private insurance.

- Men having sex with men (MSM)
- Illegal drug users
- Persons seeking STD/HIV clinic services including HIV testing and counseling
- HIV infected persons
- Individuals with multiple sex partners (more than 1 partner in 6 months)
- Persons recently diagnosed with a sexually transmitted disease
- Homeless adults
- Persons seeking Family Planning clinic services
- Sexual partners of persons with acute or chronic hepatitis B virus infection
- Household contacts of persons with acute and chronic HBV infection
- Hemodialysis/transplant patients
- Persons who began the series using state-supplied pediatric vaccine and still need to complete the series
- Recipients of clotting factor concentrates

Testing for hepatitis A, B and C is available through family planning, STD, and HIV clinics.

Public Health Districts



District 1-1: Northwest

1305 Redmond Road, Bldg. 614

Rome, GA 30161

706-295-6648

www.nwgahealth.com

District 1-1 includes the following counties: Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, and Walker

District 1-2: North Georgia

100 W. Walnut Avenue, Suite 92

Dalton, GA 30720

706-272-2342

www.nghd.org

District 1-2 includes the following counties: Cherokee, Fannin, Gilmer, Murray, Pickens, and Whitfield

District 2-0: North

1280 Athens Street

Gainesville, GA 30501

770-535-5743

www.phdistrict2.org

District 2-0 includes the following counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White

District 3-1: Cobb-Douglas

1650 County Services Parkway

Marietta, GA 30008

770-514-2300

www.cobbanddouglaspublichealth.org

District 3-1 includes the following counties: Cobb and Douglas

District 3-2: Fulton

99 Jessie Hill Jr. Drive
Atlanta, GA 30303
404-730-1205

<http://co.fulton.ga.us/>

District 3-2 includes Fulton County

District 3-3: Clayton

1117 Battle Creek Road
Jonesboro, GA 30326
678-610-7199

<http://www.co.clayton.ga.us/health>

District 3-3 includes Clayton County

District 3-4: East Metro

2570 Riverside Parkway
Lawrenceville, GA 30046
770-339-4260

<http://health.state.ga.us/regional/gwinnett/>

District 3-4 includes the following counties: Gwinnett, Newton, and Rockdale

District 3-5: DeKalb

445 Winn Way
P.O. Box 987
Decatur, GA 30031
404-294-3700

www.dekalbhealth.net

District 3-5 includes Dekalb county

District 4-0: LaGrange

122 Gordon Commercial Drive, Suite A
La Grange, GA 30240
706-845-4035

www.district4health.org

District 4-0 includes the following counties: Butts, Carroll, Coweta,

Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup,
and Upson

District 5-1: South Central

2121-B Bellevue Road
Dublin, GA 31021
478-275-6545

District 5-1 includes the following counties: Beckley, Dodge,
Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler,
and Wilcox

District 5-2: North Central

811 Hemlock Street
Macon, GA 31201
478-751-6303

www.northcentralhealthdistrict.com

District 5-2 includes the following counties: Baldwin, Bibb,
Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach,
Putnam, Twiggs, Washington, and Wilkinson

District 6-0: East Central

1916 North Leg Road
Augusta, GA 30909
706-667-4255

www.ecphd.com

District 6-0 includes the following counties: Burke, Columbia,
Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie,
Richmond, Screven, Taliaferro, Warren, and Wilkes

District 7-0: West Central

P.O. Box 2299
2100 Comer Avenue
Columbus, GA 31902
706-321-6300

www.columbushealth.com

District 7-0 includes the following counties: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, and Webster

District 8-1: South

P.O. Box 5147
312 North Patterson Street
Valdosta, GA 31603
229-333-5290

www.southhealthdistrict.com

District 8-1 includes the following counties: Ben Hill, Berrien, Brooks, Cook, Echols, Irvin, Lanier, Lowndes, Tift, and Turner

District 8-2: Southwest

1109 North Jackson Street
Albany, GA 31701
229-430-4575
Fax: 229-430-5143

www.southwestgeorgiapublichealth.org

District 8-2 includes the following counties: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, and Worth

District 9-1: Coastal

Brunswick District Office
777 Gloucester Street
Brunswick, GA 31520
Phone: 912-262-2300

Savannah District Office
24 Oglethorpe Professional Plaza Blvd.
Savannah, GA 31416
Phone: 912-644-5211

www.gachd.org

District 9-1 includes the following counties: Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, and McIntosh

District 9-2: Southeast

1101 Church Street
Waycross, GA 31501
912-285-6002

www.sehdph.org

District 9-2 includes the following counties: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, and Wayne

District 10-0: Northeast

220 Research Drive
Athens, GA 30605
706-583-2870

www.publichealthathens.com

District 10-0 includes the following counties: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Oconee, Oglethorpe, and Walton

Hepatitis Books and Websites

Hepatitis Books:

Coma Life: Touch Me, Talk To Me, I am Here by Richard Darling, DDS (November 2002). Approximate price \$21.50. All profits are dedicated to Loma Linda University Medical Center Transplant Institute for HCV Research. You can email Dr. Darling for the book at ComaLife@dc.rr.com or go to www.comalife.com

Conquering Hepatitis C by Dr. Willis C. Maddrey (2000). Approximate price \$14.95. For people who have been diagnosed with hepatitis C or want to learn more about the disease.

Dr. Melissa Palmer's Guide to Hepatitis & Liver Disease: What You Need to Know by Melissa Palmer (2002). Approximate price \$10.50. Dr. Palmer is a liver specialist and her book helps people understand the terms, diagnosis, test, procedures, and treatment options that face those diagnosed with liver disease. Includes diet recommendations.

Guidance for Clinical Health Care Workers: Protection Against HIV and Hepatitis Paperback (June 1990). Approximate price \$12.00. Because this is an older text, it may be hard to find but for those in the health care profession, definitely worth the search.

The First Year - Hepatitis C: An Essential Guide For The Newly Diagnosed by Cara Bruce and Lisa Montanarelli (February 2002). Approximate price \$14.95. The authors, who are both infected with hepatitis C, have written a how to respond guide that moves from the day of diagnosis through the first year of coping.

The Hepatitis C Handbook by Matthew Dolan, et al (May 1999). Approximate price \$20.00 Revised version of Dolan's bestselling book that was recommended by both western and eastern medical practitioners.

<http://www.askemilyss.com/reading/interview.htm>

The Hepatitis C Help Book by Misha Ruth Cohen, Robert Gish, et al. Treatment Program Combining Western and Eastern Medicine for Maximum Wellness and Healing (May 2000). Approximate price \$14.95. An authoritative book from experts in both western and eastern medicine at the University of California Medical School.

Hepatitis C: A Personal Guide to Good Health by Beth Ann Petro Roybal, Emmet B. Keeffe (Introduction) (September 1999). Approximate price \$13.95. Not just a guide to good health, but readable information on how hepatitis C is contracted, the symptoms and treatment. The book emphasizes how widespread liver disease is and describes the upcoming public health crisis.

Hepatitis C, The Silent Epidemic: The Authoritative Guide by Fred K. Askari, Daniel S. Cutler (Illustrator) (March 1999). Approximate price \$25.00. Highly recommended by both health professionals and laypersons.

Hepatitis C Choices - (3rd Edition) by Terry Baker, Misha Cohen, et al (2002). Approximate price \$19.95. The book presents a comprehensive review of both traditional and complementary therapies.

<http://www.hepcchallenge.org/>

Herbs for Hepatitis C and the Liver (Medicinal Herb Guide) by Stephen Harrod Buhner (July 2000). Approximate price \$12.95. Not just herbs. Also includes the causes of hepatitis C and recent medical research. Included are formulas for using herbs to improve liver function.

Heroes of my Transplant – by Allen Russell
Approximate price \$19.00. In this book, you will find stories of some remarkable people who have given the Author, over the past several years, many of the tools he now reflects upon as essential to the journey involving his liver transplant.

To order, please visit: www.thelighthousesteam.org

Living with Hepatitis C: A Survivor's Guide by Gregory T. Everson, and Hedy Weinberg (4th Edition) (2006). Approximate price \$15.95. This very popular book was written by a member of the faculty at the University of Colorado School of Medicine.

Natural Liver Therapy by Christopher Hobbs, et al (October 1990). Approximate price \$6.95. This book has been updated to include hepatitis C. Examples of other problems addressed are poor digestion, acne and PMS.

Symptoms of Withdrawal: A Memoir of Snapshots and Redemption by Christopher Kennedy Lawford (2005). Approximate price \$14.95.

A summary of his personal journey with hepatitis C can be found at: www.rocheusa.com/newsroom/current/2006/pr2006102601.htm

Winning the Hepatitis C Battle: Understanding the Disease & How to Treat it Successfully by Shekhar Challa (October 2003). Approximate price \$20.00. Contains in depth information necessary to fight hepatitis C. Written in an easy to understand format that includes the personal stories of many patients.

Hepatitis Websites:

Alternative Treatment/Therapy Websites:

HCV Caring Ambassadors Program

www.hepcchallenge.org/choices/coverpagep.htm

National Center for Complementary & Alternative Medicine

www.nccam.nih.gov

Lab Tests:

Lab Tests - What they are and what they mean.

www.hepatitis-central.com/hcv/labs/toc.html

What Does My Blood Test Mean?

www.bloodbook.com/test-result.html

Liver Nutrition and Diets:

Diet and Nutrition at Dept. of Veteran Affairs

www.hepatitis.va.gov/vahep?page=diet-00-00

Nutrition and hepatitis C at HCVAdvocate.org

www.hcvadvocate.org/hepatitis/factsheets_pdf/Nutrition_FS.pdf

Nutrition and hepatitis C at Janis & Friends

www.janis7hepc.com/Nutrition%20&%20hepatitis%20C.htm

Internet Sources for HCV Info and Support

Federal Government Resources:

Centers for Disease Control (Hepatitis Branch)

www.cdc.gov/ncidod/diseases/hepatitis

Food and Drug Administration

www.fda.gov

Medicare

www.medicare.gov

National Institutes of Health

<http://www.nlm.nih.gov/medlineplus/hepatitisc.html>

Social Security

www.ssa.gov

Social Security Disability

www.ssa.gov/disability

United States Department of Veterans Affairs National hepatitis C
Program

www.hepatitis.va.gov

State Government Resources:

Georgia Department of Human Resources

www.dhr.state.ga.us/portal/site/DHR

Georgia Division of Public Health

www.health.state.ga.us/index.asp

Georgia Division of Public Health – Hepatitis

www.health.state.ga.us/epi/disease/hepatitis.asp

Medical Resources in Georgia:

Atlanta & Georgia Gastroenterology, Gastrointestinal,
Gastroenterologist Directory
www.calladoctor.net/physicians-specialties-atlanta/gastroenterology.htm#Atlanta-Gastroenterology-gastrointestinal-Gastroenterologist
and
www.gastro.org/ypages/yellowpages/doc-ga.html

Georgia ADAP (Aids Drug Assistance Program)
www.atdn.org/access/states/ga/ga.html

Georgia Partnership for Caring
www.gacares.org

Non-profit Resources in Georgia:

AIDS Survival Project
<http://www.aidsurvivalproject.org/>

American Liver Foundation – GA Chapter
www.liverfoundation.org/chapters/georgia

Atlanta Harm Reduction Center
www.atlantaharmreduction.org

Georgia Aids Coalition
www.georgiaaids.org/resources/hiv-hep.htm

Georgia Council on Substance Abuse
www.gasubstanceabuse.org

H.E.A.L.S of the South
www.HEALSofttheSouth.org
and
www.HEALSofttheSouth.com

National Center for Research Resources (Georgia)
<http://www.ncrr.nih.gov/>

On Line Georgia Support Group
www.groups.yahoo.com/group/GAHepCSupport

Non-profit Resources outside of Georgia:

The Combo Survival Guide
www.hepcsurvivalguide.org/comboguide.htm

Harm Reduction Coalition
www.hepcproject.org

Hep C Alert
www.hep-c-alert.org

Hep C Aware
www.hepcaware.org

Hep C Support Project
www.hevadvocate.org

Hepatitis Activist
www.hepatitisactivist.org

Hepatitis C Association
www.hepcassoc.org

Hepatitis C Advocate Network
www.hepcan.org

Hepatitis Central
www.hepatitis-central.com

Hepatitis Central provides an online encyclopedia for hepatitis information

Hepatitis Doctor Home
www.hepatitisdoctor.com

Hepatitis Foundation International
<http://www.hepfi.org/index.htm>

Liver Health Today
www.liverhealthtoday.org

Hepatitis Neighborhood
www.hepatitisneighborhood.com

HIV and Hepatitis
www.hivandhepatitis.com

Latino Organization for Liver Awareness
www.lola-national.org

National Hepatitis C Advocacy Council
www.hepcnetwork.org

Care Givers:

Care Givers.com
www.caregivers.com

Organ Transplant:

Organ donation and transplant info:

Life Link
www.lifelinkfound.org

United Network for Organ Sharing
www.unos.org

Prison Related:

Georgia Correctional HealthCare
www.mcg.edu/gchc

National HCV Prison Coalition
www.hcvinprison.org

Testing:

Home Access for HCV home testing kits www.homeaccess.com
HCV Hotline 1-800-867-5655 is open 8:00 AM to 8:00 PM EST

Clinical Trials:

CenterWatch
www.centerwatch.com

Emory Mind-Body Program
<http://mindbody.psychiatry.emory.edu>

Government Clinical Trials
www.clinicaltrials.gov

Veritas Medicine
www.veritasmedicine.com

Hepatitis Studies:

www.hepwebstudy.org

This web site features interactive case studies covering a broad array of topics related to prevention, management, and treatment of viral hepatitis.

Glossary

Acute infection – a suddenly occurring infection that may resolve itself or turn into a chronic infection; the acute stage can last for up to 6 months.

ALT – alanine aminotransferase (also called SGPT) is an enzyme released from liver cells.

Amino acids – the basic food for all cells; amino acids are produced from protein processed in the liver.

Antibody – a molecule produced by the immune system in response to a foreign body.

Ascites – fluid within the abdomen, most often caused by cirrhosis.

Assay – a test or analysis.

AST – aspartate aminotransferase (also called SGOT) is an enzyme released from liver cells.

Asymptomatic – disease without any signs or symptoms of illness.

Biopsy (liver) – a thin sample of liver cells taken with a hollow needle under the guidance of ultrasound or CT scan and analyzed under a microscope. A liver biopsy may also be done during surgery or be done “blindly” without using any radiology to guide the needle.

Blood serum – plasma in which blood cells are suspended.

Carcinoma – a cancerous tumor.

Chronic infection – an infection that lasts for longer than 6 months.

Cirrhosis of the liver – the result of long-standing damage to the liver resulting in the formation of scar tissue and the increased resistance to the flow of blood through the liver.

Cognitive function – recognition of objects and spatial relations.

DNA – Deoxyribonucleic Acid is a component in the cells of all living matter that carries genetic information.

Edema – the swelling and fluid buildup in the feet and ankles.

EIA – Enzyme Immunoassay; a test used to detect the presence of HCV antibodies.

Encephalopathy – brain function abnormalities, which may include confusion, disorientation, insomnia, blackouts, and may progress to coma. Seen in patients with advanced cirrhosis only.

Enzymes – naturally occurring substances in the human body that help a chemical reaction take place.

Extrahepatic – outside of the liver or not relating to the liver.

FDA – Food and Drug Administration; a U.S. government agency formed to monitor the safety of our food supply and the safety and effectiveness of prescription drugs.

Fibrosis – scar tissue in the liver.

Flapping tremors –With arms extended in front of the body and palms outward with fingers pointing up, hands will “flap” in unison; symptom of advanced cirrhosis of the liver. Also called asterixis.

Flavivirus – a group of related RNA viruses, including the hepatitis C virus.

Genotype – a subgroup of virus. Hepatitis C has 6 genotypes. In the U.S., the most common is genotype 1.

HAV – Hepatitis A virus; transmitted primarily by fecal matter. Commonly transmitted through contaminated food or water.

HBV – Hepatitis B virus; commonly transmitted through blood or sexual contact.

HCV – Hepatitis C virus; transmitted through blood to blood contact.

Hemodialysis – blood cleansing technique used for renal (kidney) failure.

Hepatic – related to the liver.

Hepatocellular carcinoma – liver cancer.

Histology – the study of microscopic tissue and/or cells.

Interlobular necrosis – dead liver cells between micronodules.

Knodell scale – a method of scoring liver damage in degrees of inflammation (irritation) to fibrosis (scarring).

Metavir scale – a method of scoring liver damage in degrees of inflammation (irritation) and fibrosis (scarring).

Non-responder – an HCV patient who has not responded to interferon treatment.

Partial responder – an HCV patient who has responded to interferon treatment, but relapsed.

Pathology – the study of the causes of diseases or abnormalities.

Polymerase Chain Reaction (PCR) – a highly sensitive test that uses an amplification technique to detect small amounts of genetic material (DNA or RNA) in a blood or tissue sample.

Pegylated interferon – interferon bonded with a long chain protein, propylene glycol.

Periportal necrosis – dead liver cells in the periportal portion of a liver lobule.

Portal hypertension – elevated pressure in the portal circulation (liver blood flow) most frequently elevated because of cirrhosis of the liver.

Portal vein – the large vein feeding into the liver; is formed posterior to the neck of the pancreas by the junction of the superior mesenteric and splenic veins.

Ribonucleic Acid (RNA) – a single-stranded nucleic acid that encodes genetic information. RNA is made up of sequences of four building blocks: adenine, cytosine, guanine, and uracil. The presence of viral RNA in the blood indicates that a virus is actively replicating.

Serum – fluid portion of blood.

Sustained responder – an HCV patient whose virus has remained undetectable 6 months after interferon treatment; also called Sustained Virologic Response or SVR.

Variceal bleeding – bleeding from abnormal blood vessels in the esophagus.

Viral load – measurement of the hepatitis C (or HIV) RNA levels; can be done with either PCR or branched chain technology

Many thanks to the following companies for their financial support for the printing of this booklet:



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