

C in CT Newsletter

Central Connecticut Hepatitis Community

Volume I Number 1

July 11, 2006

WELCOME

to our first *C in CT* publication for the Central Connecticut Hepatitis C Community. Comments and suggestions are appreciated and brief original articles will be considered. Email us and we will review

WE ARE:

Confidential public hepatitis C Connecticut support group for diagnosed, family, friends, interested individuals and those with other liver maladies. Regular meetings are held on second Wednesdays from 7-9pm at UConn Health Center (Research Building, Room EG013), 263 Farmington Avenue, Farmington, Connecticut.

Anonymously visit to experience periodic educational segments (with professional speakers from various fields), to talk to those afflicted (some considering treatment, some on treatment, and some finished treatment) and family/ friends/ supporters or to just hear what these diseases are all about.



SCHEDULE

July 12th and August 9th will have roundtable open-forum discussions; invite others you know that may be afflicted with a liver disease or invite friends/family who may have questions for the group, where caregivers and family members may give insight to what they have done and continue to do to support patients. We will include updating the group on the Support Groups' Annual LiverFest '06 Summer Picnic.

September 13, 2006 Dr. George Wu will be giving the group an "update on HBV"; bring your research and medical inquiries for this very informative and thoroughly enjoyable speaker speaker and important topic. Irene O'Brien, LCSW agreed to speak in February 2007,

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VOLUNTEERS NEEDED

REQUEST FOR HELP

Throughout the year, there are many tasks that could be performed by members instead of counting on the Facilitators to handle. Please consider assisting Marty and Adrian for one or more tasks. Some tasks include assisting with:

- Dec. Holiday Party
- Facilitator Election
- LiverFest
- Speaker confirmation
- Speaker follow-up
- Refreshment Sponsors
- Newsletter
- Web Page
- LiverWalk

Call/Email Marty or Adrian to offer assistance.

Marty (860-628-9750) or Adrian (chcgroup@sbcglobal.net)
URL: www.geocities.com/chcgroup@sbcglobal.net

P.O. Box 1213
Farmington, CT 06034-1213

Acute vs. Chronic HCV

Connecticut identifies hepatitis C virus (HCV) cases by using the Council of State and Territorial Epidemiologists '05 past or present (chronic or resolved) hepatitis C case definition and '04 acute hepatitis C case definition.

CDC clinical definition of Acute Hepatitis found on their website: "...An acute illness with a) discrete onset of symptoms (such as nausea, vomiting, abdominal pain and diarrhea) and b) jaundice or abnormal serum aminotransferase levels..." and uses "...Serum alanine aminotransferase levels greater than 7 times the upper limit of normal, and Antibody to hepatitis C virus (anti-HCV) screening-test-positive (repeat reactive) verified by an additional more specific assay (e.g. recombinant immunoblot assay [RIBA] for anti-HCV or nucleic acid testing for HCV RNA) or Anti-HCV screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay (e.g., ≥ 3.8 for the enzyme immunoassays)..." Cases meeting the definition is a lab confirmed diagnosis.

CDC clinical definition of Chronic HCV found on their website: "...Most HCV-infected persons are asymptomatic. However, many have chronic liver disease, which can range from mild to severe including cirrhosis and liver cancer..." and uses "Anti-HCV positive (repeat reactive) by EIA, verified by an additional more specific assay (e.g. RIBA for anti-HCV or nucleic acid testing for HCV RNA), or HCV RIBA positive, or Nucleic acid test for HCV RNA positive, or report of HCV genotype, or Anti-HCV screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay (e.g., ≥ 3.8 for the enzyme immunoassays) as determined and posted by CDC" as the lab criteria for diagnosis. Cases not meeting the case definition for acute HCV is considered laboratory confirmed. Further, a case is considered classified as 'Probable' when a case that is anti-HCV positive (repeat reactive) by EIA and has alanine aminotransferase (ALT or SGPT) values above the upper limit of normal, but the anti-HCV EIA result has not been verified by an additional more specific assay or the signal to cutoff ratio is unknown.

HCV Research

Consider joining the approximately 1750 advocates to have Bill and Melinda Gates Foundation earmark grant money for additional funding of research for the insidious Hepatitis C Virus. Recalling the Dr. Wu belief that a way to speed up a cure is for researchers to collaborate, unlike pharmaceutical companies who are close-chested with their findings. The Petition's Link:
<http://www.thepetitionsite.com/takeaction/703119152?tl=1151776250>

Prospects for '06-'07 meetings

A Naturopathic Doctor, a Massage Therapist, Connecticut Attorneys, a medical presentation on HIV/HCV co-infection issues and a psychiatrist or a psychologist.

MARTY'S CORNER

This is a place where contemporary thoughts and personal opinions of Co-Facilitators and/or members may be embellished and thought provocative discussions and topics may develop.

HCV Diagnosis

We frequently hear "after donating blood, I was advised that I have hepatitis C virus (HCV) and need to see my doctor immediately, but not told anything about the disease, whether I am dying and need to get my affairs in order..." and the like. Firstly, calm down, take a deep breath and regain your composure, as chronic HCV has probably been with you for years, possibly decades, and only now are the symptoms coming to light. Learn about your disease, through many reliable resources, including support groups such as ours, summarize your unanswered questions and then speak to your doctor to formulate a plan on how to quantify and manage the progress of your disease. It is advisable to cease alcohol use, and drug use if applicable, and any other unhealthy behaviors. HCV has a blood-to-blood transfer mechanism so universal precautions should be followed and sharing toiletries should be stopped if performed. It is important to remember that viral load has little to do with liver damage; more details in upcoming news letters. Besides our site, noted below, CTALF.org is a great site, as is LiverFoundation.org, hcvadvocate.org, etc...