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LETTER FROM THE EDITOR

Welcome to the first edition of the HepatitisWA Newsletter for 2013! In this issue we interview Australia’s first hepatology nurse, Saroj Nazareth, as she enlightens us with her background in hepatology, inspirations, challenges, highlights and the importance of liver clinics. We also feature a personal perspective on a Melbourne-based lead-singer’s battle with hep C, our “Going Viral” industry news section, an article on heavy alcohol use and the connection with liver cancer for people with hep B, WASUA’s article on “Risky Business”, and two important media releases on the PBS listing of the new Hepatitis C Treatments, and the outcome of a US university which discriminated on two students with hep B.

In regards to health and lifestyle, we feature the Australian National Physical Activity Guidelines for Adults and list 12 super foods. Lastly, I’d like to take the opportunity to ask readers to give us some feedback on our newsletter by taking a quick survey. Please see page 19 for the QR code and URL.

The cover is a photograph of Royal Perth Hospital’s Saroj Nazareth. The photo was taken, designed and manipulated by Felicia Bradley.

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HepatitisWA is a community based organisation which provides a range of services to the community in response to viral hepatitis, particularly hepatitis A, B and C.

Please contact us for more information, or make an appointment to call by and talk with an appropriate member of our staff.

Opinions published in the HepatitisWA Newsletter are not necessarily those of the editor or of HepatitisWA (Inc). Information in this newsletter is not intended to take the place of medical advice from your GP or specialist. You should always get appropriate medical advice on your particular needs or circumstances.

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“Have you had a good life?”
“Have you made out a will?”
“What the hell was happening?”

This was the sound of the time bomb ticking away inside me that I never thought would go off. When told by a doctor in the mid-eighties that I had contracted hep C I was not that alarmed. He said it would probably take 15 to 20 years to fully kick in and it was not like it was an immediate problem, so I put it to the back of my mind and didn’t think about it. Stupid. Over the years I have met other people who had hep C but when they told me about the nasty side effects that the treatment involved, I just went into denial.

I picked up hep C after I had used intravenous drugs a few times and shared needles. At the time, many people in the rock and roll circles that I mixed with were into such activity and now many of these same people are paying the price. They say sharing a needle just once is one too many times. They are right. Eventually hep C caught up with me, although in hindsight it crept up on me like a thief in the night. The first sign that I had developed a bad liver due to my hep C was a dramatic loss of weight. People I ran into kept commenting on how slim I was looking but I thought nothing of it, perhaps a busy life as a music journalist and working musician was keeping me slim. However, when my body decided to turn a deathly shade of grey meets yellow I recognised something was up. I visited one doctor who told me my liver was not looking too good. Amazingly, he never told me to stop drinking alcohol, but merely to start drinking “light” beer. Stupidly, once again I took this to mean that things couldn’t be too bad so I just kept drinking to excess.

My advice to anyone with hep C is to “STOP DRINKING ALCOHOL NOW”.

The crunch came for me out of the blue one day when my little sister arrived to take me out for lunch at a restaurant.
she had discovered. On the way to lunch I said I should drop into the doctor’s surgery because I had forgotten that I had an appointment for a brief check up. I dropped in to see him at his Footscray practice and that’s when my life changed for the next two years. The doctor did a brief examination, checked my details and said “you have to go across the road to the Western General Hospital immediately for emergency surgery”. Half an hour later a young Chinese Doctor hovered over me saying things like “Have you had a good life?” and “Have you made out a will?” What the hell was happening?

Luckily, I survived emergency treatment to remove fluid from my stomach but then what followed was sixteen months of pure hell as I spent time in and out of the Austin Hospital in Heidelberg.

After my first operation I actually woke to find my brother, a Doctor, in tears at the end of my bed. “What is the matter with you,” I inquired. “You need a liver transplant.” So what, I thought. A doctor will come in, pull a new one out of his bag, stick it in me and I will be back doing shows with my band in a few weeks. Wrong! To get a new liver you must (rightly in my opinion) prove you are worthy of the gift. Arduous tests are made and you must prove you are abstaining totally from drinking alcohol.

One sign that you are “back on it” and you will lose your chance at getting a new liver. Donated organs are so scarce in Australia that medical experts think – why waste a liver on a person who is not committed to treating it right. Lastly, you must find a compatible donated liver. No easy thing. Nowadays, hepatitis C treatment has greatly improved so I would advise anyone with hep C to consider undertaking it and to refrain from drinking. Folks, trust me, you do not want to go through a liver transplant. I thank God and an unknown generous Australian for giving me a second chance. You do not know how much you need your liver until you destroy it. A healthy liver is a very, very good thing.

PAUL IS THE LEAD SINGER FROM A WELL-KNOWN MELBOURNE BAND.

GET YOUR VOICE HEARD

If you have been diagnosed with hep C, or have undergone treatment for hep C, and would like to share your story with our readers, please contact the editor of the HepatitisWA Newsletter on (08) 9227 98 02 or via email at eto@hepatitiswa.com.au
U.S. pharmaceutical giant Bristol-Myers Squibb has agreed to pay $US80 million ($76.5m) to settle cases involving 15 patients killed or hurt during company-sponsored testing of an experimental drug for hepatitis C.

Now the patients and families must sign on to the tentative settlement and submit to binding arbitration to determine how much money each will receive, according to a letter, reviewed by The Wall Street Journal, outlining the terms of the deal.

The letter, which was sent to a trial subject in Texas by the two lead plaintiffs’ lawyers, described the $US80m figure as better than the lawyers expected.

“We are especially pleased,” wrote the lawyers, Robert Hilliard and Stephen Sheller, who noted that they expected a $US40m to $US50m deal.

Signing off on the agreement “avoids protracted and lengthy litigation and also the very real likelihood Bristol-Myers would have spent years appealing any large jury verdict”.

A spokeswoman for Bristol said the sides “have an agreement in principle to settle the matters that were in mediation. The terms of the settlement are confidential.”

Bristol abruptly scuttled development of its hepatitis C pill and took a $US1.8 billion charge last August, after one patient died during testing and several others were hospitalised.

“Withdrawing the drug from its clinical testing programme will no doubt be a blow to Bristol-Myers Squibb, which had initially hoped to bring the drug to market in 2015,” said the lawyers.

“However, this, in our view, is a just settlement for the patients and their families.”

Asked whether she would consider a needle exchange trial similar to one about to begin in the ACT, Ms Morton said she had only recently become aware of the trial.

Ms Morton later told AAP the state government was not considering a needle exchange program in WA prisons.

“I understand there is a potential trial being undertaken in the ACT, and I would like to hear and understand a little bit more about the impact of that,” she said.

“This in no way indicates we are considering a trial for WA.”

Corrective Services Minister Murray Cowper said the government had a zero-tolerance policy towards drugs in WA prisons.

“We have an opportunity to break the cycle of drug use while prisoners are in prison, and a needle exchange program would simply condone and maintain their ongoing drug use,” he said.

The WA Prison Officers’ Union says it would not support such a program.

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**BRISTOL TO PAY $76M IN COMPO**

**WA: COLD WATER POURED ON PRISON NEEDLE TRIAL**

PERTH, Jan 24 AAP - The West Australian government has ruled out a needle exchange program in the state’s prisons.

The government says while it will look at a trial of the program in a Canberra prison, that does not mean a similar trial will be implemented in WA.

Mental Health Minister Helen Morton was speaking at an alcohol and drug forum in Perth on Thursday when she acknowledged the high percentage of inmates at Bandyup Women’s Prison with blood-borne viruses such as hepatitis C.

“Withdrawing the drug from its clinical testing programme will no doubt be a blow to Bristol-Myers Squibb, which had initially hoped to bring the drug to market in 2015,” said the lawyers.

“However, this, in our view, is a just settlement for the patients and their families.”

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**Disclaimer:** The news articles and excerpts displayed in the HepatitisWA Newsletter remain the copyright of the original authors and news publications.
he Victorian Supreme Court has heard the failure of the Medical Practitioners Board to stop a drug-addicted anaesthetist from practising medicine was a catastrophe waiting to happen.

Former doctor James Peters, has admitted to infecting 55 women with the potentially fatal disease hepatitis C between June 2008 and November 2009.

The pre-sentence hearing was told that he was hopelessly addicted to Fentanyl, a drug commonly used in procedures at the Croydon Day Surgery where he worked.

The court heard the Medical Practitioners Board ordered drug screening by Melbourne Pathology and 225 urine samples were tested between January 20, 2001 and November 19, 2009.

However they were not tested for Fentanyl, his drug of choice.

The chief prosecutor, Gavin Silbert, told the court the Medical Practitioners Board knew of his addiction but did not know he had hepatitis C, despite the fact the health board had been informed in 1997.

Mr Silbert said it was a catastrophe waiting to happen and told the court the medical board’s monitoring of Peters was incompetent and relied solely on the word of a drug addict.

The court heard drug addiction in medical practitioners is higher than average, and in anaesthetists even higher.

Peters was involved in a program designed to help drug-addicted doctors.

Mr Silbert said while an honourable program, it only took one doctor to fall through the cracks to create a public health disaster.

“James Peters was that doctor,” he said.

The court heard the disease is a “ticking time bomb” and the infected women will have to wait until 2050 to discover if they will develop the related fatal conditions, such as liver cancer.

Mr Silbert told the court many of the 55 women have not told their partners they had an abortion or that they have contracted hepatitis C.

The court heard another 10 patients from the clinic refused to speak to police, because they did not want their partners to know.

There have only been three other similar cases - two in the United States and one in Spain.

Women who contracted the disease told the court of the physical and emotional effect the disease has had on their lives.

In victim impact statements read in court, they described how the difficult decision to terminate a pregnancy had left them with a life sentence and the stigma of having a disease more commonly associated with drug addicts.

Many of the women said their marriages had been ruined and they lived in fear of infecting their children.

BY SARAH FARNSWORTH

Feb 12, 2013 for ABC
HEAVY ALCOHOL USE INCREASES LIVER CANCER RISK FOR PEOPLE WITH HEPATITIS B

Written by Liz Highleyman  tinyurl.com/hepb-and-alcohol

Jan 24, 2013 for HIVandHepatitis.com

Hepatitis B patients with liver cirrhosis who consumed large amounts of alcohol were more likely to develop hepatocellular carcinoma (HCC) than people who drank less, according to a report in the December 6, 2012, online edition of the Journal of Hepatology. However, antiviral treatment can help prevent liver cancer.

Over years or decades chronic hepatitis B virus (HBV) infection can lead to serious liver disease including cirrhosis (scarring) and HCC, a form of primary liver cancer. Other things that injure the liver, including exposure to toxins, also increase HCC risk, and together they may have an additive effect.

Chih-Wen Lin from Kaohsiung Medical University in Taiwan and colleagues looked at the impact of heavy alcohol consumption and HBV infection on HCC among people with cirrhosis.

The analysis included 966 cirrhotic patients in Taiwan, where HBV is endemic in the population. Within this group 132 were alcoholics with HBV infection, 632 had HBV but were not alcoholics, and 202 were alcoholics without HBV.

Heavy alcohol consumption was defined as more than 80g daily for at least 5 years, based on self-report. Participants were enrolled during 2000-2009 and followed until 2011. The primary end point was development of new HCC.

Results

Over 6 months of follow-up, people with both hepatitis B and alcoholism were most likely to develop liver cancer:

- Alcoholic with HBV: 38 patients (28.8%);
- HBV but not alcoholic: 100 patients (15.8%);
- Alcoholic without HBV: 21 patients (10.4%).

The risk of developing HCC was significantly higher among cirrhotic patients with HBV and alcoholism than among those with HBV alone or alcoholism alone:

- Annual HCC incidence: 9.9%, 4.1%, and 2.1%, respectively;
- 10-year cumulative incidence: 52.8%, 39.8%, and 25.6%, respectively.

In a multivariate analysis of participants with both HBV infection and alcoholism, other significant predictors of HCC were higher baseline HBV DNA viral load (odds ratio [OR] 16.8, or about 17 times higher risk) and higher serum alfa-fetoprotein (OR 1.18). Treatment with nucleoside/nucleotide analog antiviral drugs was protective against liver cancer (OR 0.01).

Based on these findings, the study authors concluded, “Heavy alcohol consumption significantly increased the risk of HCC in HBV-related cirrhotic patients.”

“Elevated baseline serum HBV DNA was a strong risk predictor of HCC and antiviral [nucleoside/nucleotide analog] therapy reduced the incidence of HCC in cirrhotic patients with HBV infection and alcoholism,” they added, recommending that, “Aggressive [nucleoside/nucleotide therapy] should be considered in alcoholic cirrhosis with detectable serum HBV DNA in order to reduce the incidence of HCC.”

Reference:
HEPATITISWA ABORIGINAL COMMUNITY GRANTS 2013

HepatitisWA (Inc) in collaboration with the Aboriginal Blood-borne Virus Prevention & Capacity Building Project from the Drug & Alcohol Office (DAO) is pleased to offer small community grants to support and resource Aboriginal community organisations, or organisations which work with Aboriginal people, in the Perth metropolitan and regional areas to undertake activities to raise awareness of viral hepatitis.

Groups have the opportunity to apply for a grant up to $1000 plus GST.

Grant recipients are required to host an Aboriginal focused community event, with the aim of increasing awareness of viral hepatitis within the community.

The events must take place between the 25th of March to the 31st of May 2013.

If your organisation is interested in applying for a grant, please contact Felicia Bradley at HepatitisWA to obtain a grant application form via (08) 9227 9802 or eto@hepatitiswa.com.au.

THE DEADLINE FOR APPLICATIONS IS 30TH APRIL 2013

Download the application form here or contact HepatitisWA on (08) 9227 9802.
The need for movement: The human body was designed to move. Over hundreds of thousands of years of evolution, humans have been active in the process of survival. But the technology of today has reduced much of the opportunity for human movement.

Changing the way we think about movement: If we view all movement as an opportunity, rather than an inconvenience, we will be taking a positive step towards better health and preventing illness.
2. **BE ACTIVE EVERYDAY, IN AS MANY WAYS YOU CAN**

**Increase your activity:** Walk or cycle to work instead of using the car, park further away from your destination and walk the rest of the way, walk or cycle to and from your tram/train station or bus stop, and get on and off at a stop that is further away, take the stairs instead of the lift, walk rather than rest on escalators or travelators, work in the garden, walk or play with pets, challenge family, friends and work colleagues to be active with you.

3. **30 MINUTES OF ACTIVITY PREFERABLY, EVERY DAY**

**Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all days:** Moderate-intensity activity isn’t hard! Moderate-intensity activity will cause a slight, but noticeable, increase in your breathing and heart rate. A good example of moderate-intensity activity is brisk walking, that is at a pace where you are able to comfortably talk but not sing.

4. **ENJOY SOME REGULAR, VIGOROUS ACTIVITY**

If you can, also enjoy some regular, vigorous activity for extra health benefits and fitness. (This guideline is for those who are able, and wish, to achieve greater health and fitness benefits): How hard is vigorous activity? “Vigorous” implies activity that makes you “huff and puff”, for example where talking in full sentences between breaths is difficult. Vigorous activity including: football, netball, basketball, squash and activities such as aerobics and jogging. For best results, this type of activity should be carried out for a minimum, three to four days a week.

**Seeking medical advice:** Medical advice is recommended for all people who wish to partake in vigorous activity. Particularly those with pre-existing medical conditions and those receiving treatment for medical conditions.
We sit down with Saroj Nazareth, Australia’s first Hepatology Nurse Practitioner, to discuss her background, inspirations, challenges, highlights and the importance of liver clinics for hepatitis C patients.

HWA: Tell me about your background.
SN: I started in the Liver Service in 1999. I qualified as a Registered Nurse in England and obtained my tertiary degrees in Perth after I migrated. Previously I had worked as an ICU nurse, from the time I qualified.

I commenced in the Liver Service at Royal Perth Hospital (RPH) in 1998 and took on the role of the Nurse Practitioner (NP) in 2005. Professor Wendy Cheng, Head of Liver Service at RPH, initiated the position to assist in the development of a predominantly nurse-led clinic, to help with reducing the patient waitlist. At that time, when the NP position was being introduced into WA, the volume of patients was increasing and there were not enough medical clinics.

HWA: What inspired you to get in the hepatology field rather
than another speciality? **SN:** Professor Cheng has been an inspiration and a great mentor. Firstly, I came to relieve my colleague (Marion’s Clinical Nurse position) for two days a week, working with the team and Professor Cheng. I enjoyed the opportunity to be able to bring my background and experience into an area that allowed me to make a difference that would benefit the patients.

**HWA:** What have been some of the challenges in your career? **SN:** Establishing the NP position initially when there was limited support and increased scrutiny from the medical fraternity outside of the liver service, and having to prove that I was capable of doing the job. Managing patients with co-morbidities and advanced liver disease and ensuring that they complete treatment can also prove to be a challenge.

**HWA:** What have been some of the highlights of your career? **SN:** Definitely, becoming the first nurse practitioner in the field of hepatology in Australia. It was an achievement not only for me, but also for RPH and for our service, because we managed to establish the first hepatology NP position. Increasing access to treatment for patients in the rural and remote areas via a Telehealth Service, again, another first in Australia. Representing RPH and Australia in various meetings internationally, and helping to build our service into one of the largest treatment centres for HCV patients in Australia.

**HWA:** How does it feel to be Australia’s first hepatology nurse practitioner? **SN:** I feel honoured and am grateful to my team at RPH for making this possible. It is recognition of the nurses’ clinical expertise, and a great career pathway for nurses. It is also rewarding to be able to provide total care for the patient – by this I mean that as an NP I can prescribe certain medications, order tests and refer to appropriate health care professionals. At the end of the day it helps with patient management and better quality of care.

**HWA:** What does a typical day look like for you? **SN:** My day comprises of managing the Liver Service which includes patient management, running clinics, staff education and support, and acting as a resource person. This entails attending meetings, liaising and collaborating with the multi-disciplinary team that looks after all of the hepatitis C patients and troubleshooting.

**HWA:** What does the treatment process consist of? **SN:** The treatment process consists of patient education, counselling and management of side effects. It is essential to prepare the patients properly, as the better prepared they are, the better they are at handling their treatment. The patients did not take off. I think in WA the whole process for the establishment and implementation of the role was done very well and the Liver Service and RPH embraced the role and marketed it effectively. Professor Cheng and other hepatologists who had previously worked in America found a model that worked well, and so it was a great opportunity and the right time to introduce it to WA.
are followed up regularly in the liver clinic. The treatment depends on their HCV genotype. If patients have genotype 2 or 3, treatment consists of Interferon and ribavirin and is only for 6 months, unless they have advanced disease in which case treatment duration is extended to 12 months. If they have genotype 1, the whole treatment process will change with the introduction of direct-acting antivirals (DAAs). It is only after 6 months following completion of medication that the final result on whether they’ve cleared the virus is known. If they’ve cleared the virus and are not cirrhotic, they are discharged back to their GP. If they have advanced disease, they are followed-up 6 monthly in our hepatocellular carcinoma surveillance clinic. If they don’t clear the virus, we keep their records for any new treatments that might come up.

HWA: What about drug use while on treatment?  
SN: Usually by the time patients come to us, drug use is not an issue. The majority of them don’t use intravenous drugs anymore. It’s typical that these patients may have used once or twice or in their teenage or earlier years of their lives. By the time they come to us, the mean age of our patients is about 41 to 43 years of age. These patients are all in a different era in their lives. You will also find that if patients clear the virus through treatment, they will seldom go back to their previous behavioural patterns and drug use.
If they are currently ‘using’ (which is very rare), we have to make sure that they lead a stable life with good support before we start them on treatment, because the treatment itself can be very stressful.

HWA: Are the patients usually aware that they have contracted hep C, or is it newly found news to them?  
SN: Many of our patients have been diagnosed years ago, but didn’t feel right to come and have treatment at that time, and many others have been waiting for new treatments to come on board. You’d be surprised that some of them didn’t know there were treatments available.

HWA: Can you tell us about the new hepatitis C treatment available?  
SN: Yes. There is a new release of treatment drugs that will be coming out soon. It’s a triple therapy regime which consists of interferon and ribavirin (which is the standard of care), and, either boceprevir or telaprevir (the new treatment drugs called direct antiviral agents or DAA). These treatments will make a significant change, specifically to patients with hepatitis C genotype 1, due to the increased success rate. Typically, genotype 1 patients have a success rate of 50%. With the new DAA coming on board the success rate will increase to around 65% – 75%.

The other positive feature about the new treatment is that you can shorten treatment duration, so instead of genotype 1 patients having 48 weeks, some of their treatment could actually be shortened significantly to 6 months or even 38 weeks. This will depend on their treatment response.

HWA: How accessible are these new drugs?  
SN: The new drugs have just been PBS listed, and will be available after the 1st of April.
HWA: What are the costs associated with the new drugs?
SN: It is definitely going to be more expensive than the standard of care, but you have to consider the benefits for the patient - some of them will have shorter treatment times, so it will work to their benefit. At the end of the day the drugs offer a better cure rate, and help with stopping the progression of liver disease in general. If we don’t go forth with these drugs, it would cost the Government a lot more money, so when we’re looking at dollars and cents, the release of these drugs will actually be more cost effective.

HWA: Can you touch on research and clinical trials?
SN: Research is very important for the benefit of the patient. There is a lot of research involved with hepatitis C, so there will always be new drugs coming on board and we need to keep abreast with the latest research studies.
It’s vital to be involved in research. We perform many clinical trials here, and by doing research, we’re always aware of what is new on the horizon. Researchers are looking at Interferon-free (no injections) regimens and that will come in time. For patients that are not eligible for current treatment, they may be able to participate in clinical trials, giving them access to the latest treatment, which isn’t currently available in the market.

HWA: Lastly, can you touch on patient management?
SN: Patient management will become even more critical with the introduction of DAAs. These new treatments are more complex, and adverse events can be more severe and will require intensive monitoring. Early identification and management of adverse events will assist with patient compliance and adherence.
Another issue that will be of concern to patients is the pill-burden – patients may have to take up to 18 pills per day. This is another reason to ensure that patients are motivated, committed and empowered through proper education and preparation to embark on this new treatment. Skipping medication will impact on treatment outcome and also these new drugs (boceprevir and telaprevir) can create resistance, if not used properly, which can impact on future treatment.

It is imperative that the public know that there are new treatment drugs available for hepatitis C and that the nurses in the liver clinics are always there to support them.

“"It is imperative that the public know that there are new treatment drugs available for hepatitis C and that the nurses in the liver clinics are always there to support them.”

Saroj can be contacted at RPH (Royal Perth Hospital) Liver Service on (08) 9224 8055

INTERVIEWED BY
FELICIA BRADLEY
Steroid users who may be collaborating, run the risk if more than one person is drawing up their dose with their own used equipment and then passing the ampoule on. Passing a bladder or vial around the room and having each person drawing up their dose can be extremely problematic, especially if users are not monitoring what each other is doing.

It is easy to define high risk using behaviour as sharing needles, unsterile equipment or surroundings, sharing spoons, not swabbing etc. The situation is, there are many others who are at great risk and still maybe 100% unaware of safe using practises, and run the risk of transmitting a blood borne virus including Hep C. People engaging in drug taking without injecting drugs still run the real risk of catching Hep C through other ways of transmission such as straws, rolled-up notes and glass pipes.

Steroid users who may be collaborating, run the risk if more than one person is drawing up their dose with their own used equipment and then passing the ampoule on. Passing a bladder or vial around the room and having each person drawing up their dose can be extremely problematic, especially if users are not monitoring what each other is doing.
When drawing up from ampoules or extracting from a bladder, the main issue is making sure every dose is drawn up with clean needles fresh out of their wrappers, accompanied by clean syringes. Straws and rolled-up notes have quite a sharp edge and when used to snort gear, it is easy to scrape the nasal cavity causing signs of blood. Then it has only to be passed onto the next person for them to do the same and there we have blood-to-blood contact. When using a glass pipe, there is also a possibility for hep C transmission. The glass itself can become rigid or nicked slightly, causing small cuts on your lips. If you were to leave any amount of blood (usually not enough to see) on the pipe, the next person can then do the same — again blood-to-blood contact.

Now in this technological world, users of different drugs are able to buy their product online. These sites are equal to the black market of eBay-type sites with direct capability to cater to the user's drug of choice, unlike many users who at some stage may use drug and alcohol services, or at least have information passed down to them concerning safer drug using practices. Those who use avenues like these to obtain drugs would miss out completely on any information to do with safer using practises and blood borne viruses. Therefore, it may be that there could be a rapidly growing amount of people who need information to do with blood borne virus transmission. This includes groups such as those going to private inner bush trance parties, where drugs used are bought through places like those mentioned online, to those using gyms and health clubs, where their supplier did not pass on correct, or any information.

There is a great need for peers and educators to continue breaking down the social barriers between those among us who are in need of but are unaware of safer using strategies. By continuing to spread information on safer using practices, hopefully the information reaches those most in need of learning safer using practises, which in turn will then help lower the spread of blood borne viruses in our community.

For further information concerning Hep C and other Blood Borne Viruses, please feel welcome to contact myself, the Hep C Educator at WASUA via hepc@wasua.com.au.

Mikayla-Jay McGinley - Hepatitis C Educator

WASUA provides a number of services on premises at 519 Murray Street, West Perth, including:

- NSEP (Needle and Syringe Exchange Program)
- Free hep A and B vaccinations for hepatitis C positive people
- Free blood testing in a friendly confidential environment
- Drug treatment support and referral
- Peer education and training
- Street-based outreach
- Advocacy and support for users
- Safe injecting and safe disposal education and resources
- Hepatitis C/blood-borne virus information and resources
There is no magical food that will protect your liver from disease and damage, but including these top 12 super foods as part of a balanced diet and lifestyle will help you maintain a healthy weight, aid digestion and reduce cholesterol – all good news for your liver.

If you have high cholesterol, high blood pressure, insulin resistance, abdominal obesity or diabetes you’re at a higher risk of developing liver disease, so it’s even more important for you to eat wisely and manage these conditions. If you’ve been diagnosed with liver disease, you may need to manage your protein, salt and fluid intake too – seek advice from your doctor or dietitian.

Almonds
Almonds are the nuts. Jam-packed with fibre, riboflavin, magnesium and iron, they also have more calcium than any other nut. Like all nuts, they provide one of the best natural sources of protein, and because they contain unsaturated fats they lower cholesterol levels, which is good for your heart.

Other sources: All nuts – except coconuts, which contain saturated fat.

Recommended intake: One to two tablespoons of raw, unsalted almonds (or other nuts), five times a week.

Oats
Oats have a high soluble fibre content, a low glycaemic index and they are a whole grain, which means they contain many essential vitamins and minerals. So, a regular dose of oats in your diet may help lower cholesterol levels, reduce heart disease risk and prevent Type 2 diabetes.

Other sources: Brown rice, couscous.

Recommended intake: Oats are part of the ‘breads and cereals’ food group, which includes wholegrain bread, breakfast cereals, crackers, pasta, rice and noodles. You should have four to eight serves of breads and cereals per day, depending on how physically active you are. One serve is equal to two slices of bread, one cup of cooked pasta, rice, noodles or couscous, one cup of cooked porridge or one and 1/2 cups of breakfast cereal flakes. Aim to include half to one serve of oats, brown rice or couscous per day.

Blueberries
Blueberries, like cranberries, are high in plant compounds (phytonutrients) which may help prevent urinary tract infections. This super food may also help improve your short-term memory, promote healthy aging and lower your risk of heart disease and cancer. They have anti-inflammatory properties, vitamin C to keep your capillaries and blood vessels healthy, and they’re a good low-calorie source of fibre and potassium.

Other sources: Cranberries, boysenberries, strawberries, currants, sultanas, blackberries and cherries.

Recommended intake: Two servings of fruit per day. One serve is equal to one medium piece of fresh fruit, one cup of diced fresh fruit, or two tablespoons of dried fruit. Of these serves, aim to have four to five serves per week of blueberries or the other sources listed above.

Salmon
Packed with protein, oily fish is also a good source of omega 3 fatty acids – a type of unsaturated fat with huge health benefits. Omega 3 decreases cholesterol and triglyceride levels, preventing the clogging of arteries and lowering blood pressure which, in turn, lowers the risk of heart disease and stroke. There is also evidence to suggest it can help reduce inflammation associated with arthritis, prevent memory loss and reduce depression.

Other sources: All fish, especially oily types (salmon, mackerel, tuna, marlin, swordfish, sardines, herring, trout, oysters and clams), as well as fortified eggs, flax seed (linseed) and walnuts.

Recommended intake: Two to four times per week (fresh and/or canned).

Soybeans
Soy is a top quality protein that has no cholesterol or animal fat. It’s low in saturated fat, high in fibre and is known to reduce the risk of heart disease and stroke, may help prevent osteoporosis, alleviate those hot flushes during menopause and may even help protect against breast, prostate and bowel cancer. In over 3,000 research papers on soy, there is no sound evidence to support recent controversy over the relationship between soy and cancer, or any other negative health effects.

Other sources: Soy milk, soy yoghurt, soy custard, soy ice cream, tofu and soy-based meat substitutes.

Recommended intake: One to four servings per day (soy milk on your cereal, tofu in your evening meal and/or soy ice cream for dessert).

FOODS

Super foods

capsicum – one of your five serves of vegetables per day.

One serve of vegetables is equal to ½ cup of cooked, or one cup of raw/salad. Make pumpkin, carrots, sweet potatoes, or capsicum one of your five serves of vegetables per day.

Recommended portion: One cup per day.

Put the kettle on and make yourself a nice cup of green or black tea. Brimming with antioxidants, a cuppa can help protect your body’s cells against damage and mutation. Green tea also packs ECGC – a powerful antioxidant that may inhibit the growth of cancer cells, while black tea can boost the immune system, lower the risk of stroke and may help prevent osteoporosis.

Recommended portion: One cup per day.

Yogurt

Dairy foods are the best sources of calcium, promoting strong bones and a healthy heart. Yoghurt has the added bonus of pre and probiotics, which promote a healthy digestive tract too. Dairy is also naturally high in saturated fat, high consumption of which is known to increase the risk of heart disease, so seek out reduced fat, low fat or no fat varieties. Although yummy, be aware that ice cream, cream and soft cheeses, such as brie and camembert, are relatively low in calcium and high in saturated fat.

Other sources: Milk, cheese and custard.

Recommended intake: Three serves of reduced fat dairy per day.

Kidney beans

Red beans are the business when it comes to boosting your iron, magnesium, phosphorus, potassium, copper and thiamine intake. They also contain phytonutrients, which may help prevent chronic health issues such as heart disease, high blood cholesterol, high blood pressure and cancer. All legumes are low in fat, low in kilojoules, high in dietary fibre and are packed full of protein – making them a great meat alternative for vegetarians.

Other sources: Legumes including chickpeas, cannellini beans, borlotti beans, baked beans and three bean mix.

Recommended intake: Four servings per week – one serve is ½ cup of canned/cooked legumes.

Broccoli

These greens are an especially good source of calcium, potassium, folate, fibre and a group of compounds called phytonutrients that may help prevent chronic diseases such as heart disease, diabetes and some cancers. Also high in antioxidants and vitamins A and C, a regular serve of broccoli helps protect your body’s cells from damage, boosts the immune system, builds healthy bones and is thought to reduce the incidence of birth defects.

Other sources: Brussel sprouts, cabbage and cauliflower.

Recommended intake: Five serves of vegetables per day, with only one serve of starchy veggies (potato, sweet potato, corn). One serve of vegetables is equal to ⅛ cup of cooked, one cup of raw/salad or one medium potato. Of your four serves of non-starchy veggies, include one serve of broccoli, brussel sprouts, cabbage or cauliflower each day.

Is spinach really good for your skin and hair? You’d better believe it. The plant compounds in spinach are also good for boosting your immune system and contain high levels of vitamins A and C and folate, as well as riboflavin, vitamin B-6, calcium, iron and magnesium.

Other sources: Baby spinach, silver beet, turnips and dark lettuce.

Recommended intake: One serving two to three times a week – one serving is ½ cup of lightly steamed, or one cup of raw spinach.

Vegetable juice

An easy way to make sure you get your five serves of vegetables in your daily diet. Vegetable juice contains the essential vitamins, minerals and other nutrients found in vegetables in their original form (except fibre). Unlike fruit juice, it contains very little, or no sugar, making it low in kilojoules and high in nutrients. Tomato juice is a particularly good source of lycopene, an antioxidant that may reduce the risk of heart attack, prostate cancer and possibly other types of cancer. Carrot, celery, beetroot, cucumber, capsicum, tomato and ginger can all be juiced. If you buy pre-packed vegetable juices, be sure to select the low-sodium varieties.

Recommended intake: If you regularly meet your recommended five serves of vegetables per day, have one vegetable juice per week. If you struggle to eat all of your five-a-day, use juices to help top up your vitamins and minerals.

Including these top 12 super foods as part of a balanced diet and lifestyle will help you maintain a healthy weight, aid digestion and reduce cholesterol – all good news for your liver.
more than 130,000 patients will benefit from new and extended subsidies of important medicines each year through the Pharmaceutical Benefits Scheme (PBS).

Among the listings, announced today by Minister for Health Tanya Plibersek, are two groundbreaking new treatments for chronic hepatitis C.

“These breakthrough medicines represent new hope for patients with hepatitis C,” Ms Plibersek said.

“In many cases, this virus can progress into life-threatening conditions, such as liver failure and liver cancer.”

The Gillard government will provide more than $220 million over five years to subsidise boceprevir (Victrelis®) and telaprevir (Incivo®), for people at least 18 years old with a certain type of chronic hepatitis C (genotype 1).

“These medicines could double the cure rate and shorten the treatment duration by six months,” Ms Plibersek said.

As one of the most commonly reported notifiable diseases in Australia, hepatitis C represents a significant public health problem. It was estimated in 2011 that more than 300,000 Australians had been exposed to the hepatitis C virus and at least 220,000 were living with chronic hepatitis C.

Unlike other types of hepatitis, there is currently no vaccine to prevent hepatitis C and medication is the only way to manage the disease.

Ms Plibersek said: “Our decision to list boceprevir and telaprevir reflects the government’s continuing commitment to patients and industry – to consider and decide on high-cost listings within the timeframes agreed with Medicines Australia.”

“Patients would have to pay up to $78,000 a year for these medicines without subsidised access through the PBS.”

In addition to the new treatments for hepatitis C, the government has also agreed to list an oral contraceptive, as well as treatments for Parkinson disease, for type 2 diabetes and for high cholesterol.

The Government has also agreed to extend the PBS listing for an osteoporosis treatment, and to increase the price of nine other medicines for conditions including high blood pressure and inflammatory bowel disease.

All PBS listings and price changes are subject to final arrangements being met by the suppliers of the medicines.

Further Information:
New listings in full:
• boceprevir (Victrelis®) and telaprevir (Incivo®) – for people at least 18 years old with a certain type of chronic hepatitis C (genotype 1).
• levonorgestrel with 20 mg ethinyloestradiol (Femme-Tab ED®) – for use as an oral contraceptive.
• rotigotine (Neupro®) – for the treatment of Parkinson disease as additional therapy for patients being treated with other medicine for this condition.
• sitagliptin with simvastatin (Juvicor®) – for the treatment of type 2 diabetes and high cholesterol.

Extended listing in full:
• strontium ranelate (Protos®) - for the treatment of osteoporosis - the listing will be extended to include male patients at least 70 years of age with a certain bone mineral density.

Price increases in full:
• aciclovir (Zovirax®) - for the treatment of herpes simplex virus infections of the eye.
• benzylpenicillin (BenPen®) - for the treatment of serious bacterial infections.
• carmellose (Aquae®) and hypromellose (Aquae Gel®) - for the treatment of dry mouth in the palliative care setting.
• erythromycin (E-Mycin®) - for the treatment of respiratory tract infections.
• hydralazine (Alphapress®) - for the treatment of high blood pressure.
• hydrocortisone (Colifoam®) - for the treatment of inflammatory bowel disease.
• nitrofurantoin (Macrodantin®) - for the treatment of urinary tract infections.
• sucralfate (Ulcyte®) - for the treatment of stomach ulcers.

ENDS
is facilitating a new peer support service for people living with hepatitis.

The new peer support group assists people to achieve better health and well being through discussions and activities. The monthly meetings are confidential, free and provide opportunities to share experiences and thoughts with peers in a friendly and non-judgemental way. Healthy and tasty snacks will be provided.

For more information, please contact Kim Rossow on 9227 9806 or support@hepatitiswa.com.au
PRESS RELEASE

JUSTICE DEPARTMENT SETTLES WITH UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY OVER DISCRIMINATION AGAINST PEOPLE WITH HEPATITIS B

5 March, 2013

The Justice Department announced today that it has reached a settlement with the University of Medicine and Dentistry of New Jersey School (UMDNJ) under the Americans with Disabilities Act (ADA). The settlement resolves complaints that the UMDNJ School of Medicine and the UMDNJ School of Osteopathic Medicine unlawfully excluded applicants because they have hepatitis B. This is the first ADA settlement ever reached by the Justice Department on behalf of people with hepatitis B.

In 2011, the two applicants in this matter applied and were accepted to the UMDNJ School of Osteopathic Medicine, and one of them was also accepted to the UMDNJ School of Medicine. The schools later revoked the acceptances when the schools learned that the applicants have hepatitis B. The Justice Department determined that the schools had no lawful basis for excluding the applicants, especially because students at the schools are not even required to perform invasive surgical procedures, and that the exclusion of the applicants contradicts the Centers for Disease Control and Prevention’s (CDC) updated guidance on this issue. According to the CDC’s July 2012 “Updated Recommendations for Preventing Transmission and Medical Management of Hepatitis B Virus (HBV) – Infected Health Care Workers and Students,” no transmission of Hepatitis B has been reported in the United States from primary care providers, clinicians, medical or dental students, residents, nurses, or other health care providers to patients since 1991.

“Excluding people with disabilities from higher education based on unfounded fears or incorrect scientific information is unacceptable,” said Thomas E. Perez, Assistant Attorney General for the Civil Rights Division. “We applaud the UMDNJ for working cooperatively with the Justice Department to resolve these matters in a fair manner.”

“It is especially important that a public institution of higher learning – especially one with a mission to prepare future generations of medical professionals – strictly follow the laws Congress has enacted to protect from discrimination those people who have health issues,” said U.S. Attorney for the District of New Jersey Paul Fishman. “The remedies to which the school has agreed should ensure this does not happen again.”

Under the settlement agreement, the UMDNJ must adopt a disability rights policy that is based on the CDC’s Hepatitis B recommendations, permit the applicants to enroll in the schools, provide ADA training to their employees and provide the applicants a total of $75,000 in compensation and tuition credits.

Both of the applicants in this matter come from the Asian American Pacific Islander community. The CDC reports that Asian American Pacific Islanders (AAPIs) make up less than 5 percent of the total population in the United States, but account for more than 50 percent of Americans living with chronic Hepatitis B. Nearly 70 percent of AAPIs living in the United States were born, or have parents who were born, in countries where hepatitis B is common. Most AAPIs with Hepatitis B contracted Hepatitis B during childbirth. The Civil Rights Division is committed to ensuring that this community is not subjected to discrimination because of disability.

Title II of the ADA prohibits state and local government entities, like the UMDNJ, from discriminating against individuals with disabilities in programs, services, and activities. State and local governments must also make reasonable modifications in policies, practices, and procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless those modifications would result in a fundamental alteration.

ENDS

More information about the Civil Rights Division and the laws it enforces is available at the website www.justice.gov/crt.

More information about the ADA and today’s agreement with UMDNJ can be accessed at the ADA website at www.ada.gov or by calling the toll-free ADA information line at 800-514-0301 or 800-514-0383 (TTY).
We need your feedback

Do you enjoy reading the HepatitisWA Newsletter? Are the articles and features relevant to you? Let us know by doing a quick 10 question survey!

Very interesting

Somewhat relevant

Very professional

I’d recommend it

To take the online survey, just scan this barcode on your smart phone, or visit this URL:
www.tinyurl.com/HWA-Survey-2013

Your feedback is appreciated
IT'S NOT THAT OBVIOUS.

For more information on testing for Hep B or Hep C, call us on 9328 8538 (Metro) or 1800 800 070 (Country) Monday - Friday 9-5pm.

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