

HEP C

HANDBOOK

**"A RESOURCE GUIDE FOR
GEORGIANS"**
1st Edition

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 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!

Graphic illustration by Bill Patrie

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*The 1st Edition of this guide is dedicated to Teresa Nipper
who died on November 12, 2004
while waiting for a liver transplant.*

~ ~ ~ ~ ~

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 some next steps in dealing with the growing hepatitis C epidemic. As a result, the Hepatitis C Working Group of Georgia was formed in summer 2003. The development of this guide is our first major project and accomplishment.

The Hepatitis C Working Group meets on the third Thursday of the 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 Julie Wolthuis at 404-657-2588.

Special thanks to Fred Johnson and Paul Cherashore of the HRC and the staff of AHRC for planting the seeds.

The Working Group looked to the HIV/AIDS resource guide, Key Contacts, as a model for this handbook. Thank you, Southeast AIDS Training and Education Center (SEATEC) for the model!

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Forward

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). Nearly 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 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. Although treatments in the early 1990's cured about one in ten people, 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. Nonetheless, these therapies aren't 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 aren't even treatment candidates to begin with. 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, organs for which are in short supply.

Forward

Regardless of whether HCV-infected persons are on therapy or not, hepatitis C creates a burden to 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). Just 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 HCV 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. Its 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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References:

- 1) Kim WR. The burden of hepatitis C in the United States. *Hepatology*. 2002; 36(5 Supl 1):S30-4.
- 2) United Network for Organ Sharing. Organ procurement and transplant network. Transplants by diagnosis: January 1991 to November 2001. Available at <http://www.unos.org>. Inquiry March 15, 2003.
- 3) Alter MJ, Kruszon-Moran D, Nainan OV, et al. The prevalence of hepatitis C virus infection in the United States. *N Engl J Med*. 1999; 341:556-562.
- 4) Davis GL, Albright JE, Cook SF, et al. Projecting future complications of chronic hepatitis C in the United States. *Liver Transplant*. 2003; 9:331-338.
- 5) Simmonds P. Variability of hepatitis C virus. *Hepatology*. 1995; 21:570-83.
- 6) Strader DB, Wright T, Thomas DL, Seeff LB. Diagnosis management and treatment of hepatitis C. *AASLD Practice Guidelines*. 2004.
- 7) Leigh JP, Bowlus CL, Leistikow BN, Schenker M. Costs of hepatitis C. *Arch Intern Med*. 2001; 161:2231-7.
- 8) Beavers KL, Shumaker J, Dougherty K, et al. Social stigmatization and chronic hepatitis C virus. *Hepatology*. 2002; 36:560A.

Preface

Thank you for your interest in *The Hepatitis C Handbook: A Resource Guide for Georgians*. We hope that the information in this guide is 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.

In Georgia, hepatitis C is beginning to be recognized as a significant public health problem. While the exact number of individuals with hepatitis C is unknown, it is estimated that almost 155,000 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 is beginning to collaborate with public and private partners to integrate hepatitis C activities and services into existing programs throughout the state. During 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. We also welcome your input for how to make future editions of this guide more useful.

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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 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 is caused by a virus, sometimes referred to as HCV. The hepatitis C virus is a flavivirus. Other flaviviridae are: St. Louis encephalitis, West Nile Virus, Yellow Fever, and Dengue Fever. The hepatitis C 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, 2b, 3c, 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, 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 or B virus (HAV, HBV), two viruses which 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.

Frequently Asked Questions

HAV is usually transmitted through household contact with an infected person or by eating food, raw shellfish (such as clams), or drinking water that is contaminated with the virus. The virus can be spread at daycare centers, if, when diapering children, their feces come into contact with others. 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, since 1992, blood has been screened 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. 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 enters 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 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; nosocomial

[*Although considerable inconsistencies exist among studies, data indicate 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)]

Frequently Asked Questions

Injection Drug Use 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.

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. 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.

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

A qualitative PCR (polymerase chain reaction) 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 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 international Units 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. 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, bloodborne 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 10-20 years. HCV is the leading cause of liver transplantations in the U.S. Currently over 2.7 million Americans are chronically infected with hepatitis C. Most do not know they are infected because they do not have symptoms. However, they are infectious and many unknowingly be spreading the disease to others. Worldwide, the number is estimated to be 170 million or about 3% of the world population.

How does hepatitis C affect the liver?

HCV is a bloodborne (transmitted via contact with the blood) virus that affects the liver, the largest organ in the body. The liver's job is to process everything that is eaten, breathed, 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 cause scarring and other damage to the liver.

Frequently Asked Questions

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

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

- 15 clear the virus without treatment;
- 85 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 who 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?

After initial exposure to the virus, the incubation period until the virus is detectable is 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), liver cancer, will 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
Pain in the Upper Right Quadrant	

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

Frequently Asked Questions

- **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, vasculitits, 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)
- Cryoglobulins
- 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)
- Hallucinations
- Coma

Sources:

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

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:

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

Post-exposure testing for HCV should be done for:

- o Children born to HCV-positive mothers
- o 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:

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

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

Hepatitis C Testing

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?

The genotype test determines which of the 6 types of HCV a person has. Genotypes describe which “family” a person’s virus belongs to. 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).

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 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 ever were 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 in 2004 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. Indicates 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 anti-body test; includes HCV RNA PCR test, HCV RNA bDNA test, and HCV RNA TMA test
- 2 types:
 - Qualitative – Detects presence of circulating HCV RNA; can be reported as detected or undetected
 - Quantitative – Determines concentration of HCV RNA (viral load); reported as a numerical value
- **Genotype** – Specifies which genotype/subtype 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 1-40. ALT levels 280 are one marker of possible acute HCV infection.

Websites:

What Does My Blood Test Mean?

<http://www.bloodbook.com/test-result.html>

Lab Tests - What they are and what they mean.

<http://hepatitis-central.com/hcv/labs/toc.html>

Hepatitis C Treatment

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 sustained response. Natural interferons are produced in the body when invaded with a virus. 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. 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 1mU/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.

Hepatitis C Treatment

Contraindications (reasons not to use) for interferon treatment are:

patients who are active alcohol users, patients with clinically decompensated cirrhosis, patients with autoimmune hepatitis, patients with sarcoidosis, patients with uncontrolled diabetes, uncontrolled high blood pressure, or uncontrolled heart disease. Patients with very severe depression, especially if uncontrolled are not candidates for treatment.

Uncommon side effects of interferon treatment are: autoimmune, especially thyroid, disease; severe bacterial infections; seizures; depression; retinopathy; hearing loss; and tinnitus.

Side effects of ribavirin can include: anemia, fatigue and irritability, itching, skin rash, nasal stuffiness, sinusitis and cough, angina pectoris, and some rare cases of myocardial infarction and stroke.

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

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 three antiviral therapies for treatment of chronic hepatitis C in persons 18 years and older: alpha interferon, pegylated interferon, and alpha or pegylated interferon in combination with ribavirin. All are given for up to 52 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 daily or twice daily depending on genotype.

Prescribed in combination with Pegasys (peginterferon 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)
www.rebetol.com

Taken orally twice a day.

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

- Interferon alfacon-1 (consensus interferon)
INFERGEN® (Intermune)
www.infergen.com

Injected subcutaneously every 48 hours.

Infergen is prescribed for the treatment of chronic hepatitis C in patients 18 years of age or older with compensated liver disease.

Possible Side Effects of Treatment:

Peginterferon may cause depression, irritability, anxiety, and flu-like symptoms (fatigue, fever, malaise, headache, and rigors). Ribavirin can cause 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.

Patient Assistance Programs:

Information on Pegasys and the Pegassist program:

1-800-285-4484

1-877-734-2797 (check phone numbers)

www.pegassist.com

Information on Peg-Intron, Commitment To Care and Be In Charge programs:

1-800-656-9485

www.beincharge.com

Sources:

Medical Management of Chronic Hepatitis B and Hepatitis C; CDC, September 2002

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. The Hepatitis C Handbook is not responsible for any inaccurate or outdated information.

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

Providers are listed by 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 404-657-2588 or hepatitis@dhr.state.ga.us.

Medical Providers

Bibb County

Facility: Private Practice

Doctor: Quyen Luu

Specialty*: Infectious Disease

Address: 682 Hemlock Street, Suite 400

City: Macon **State:** GA **Zip:** 31201

Telephone: 478-741-5945 **FAX:** 478-743-5890

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: Most
- Other information or services: _____

- *Physician & type of setting: GI ID GP IM
- Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 - Organization Support Group Student Health
 - Traditional Healer Acupuncture Website
 - X Other: Private Practice

Bryan County

Facility: Medical Clinic

Doctor: Olatunji Awe

Specialty*: Internal Medicine

Address: 164 Taylor Court

City: Richmond Hill **State:** GA **Zip:** 31324

Telephone: 912-963-2506 **FAX:** 912-956-6966

e-mail: charl173@aol.com

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: _____
- Other information or services: _____

- *Physician & type of setting: GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 - Organization Support Group Student Health
 - Traditional Healer Acupuncture Website
 - Other: _____

Clayton County

Facility: Advanced Internal Medicine

Doctor: Abdul Odemuyiwa

Specialty*: Internal Medicine

Address: 750 Mount Zion Road, Suite 103

City: Jonesboro

State: GA

Zip: 30236

Telephone: 770-960-8855

FAX: 770-960-8811

e-mail: aimdu@bellsouth.net

Services Provided:

- Accepts uninsured or low-income patients
- Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: Medicare, Medicaid, all PPOs

Other information or services: Literature & education

- *Physician & type of setting: GI ID GP IM
- Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 - Organization Support Group Student Health
 - Traditional Healer Acupuncture Website
- Other: _____

Facility: Infectious Disease Associates

Doctor: Richard Prokesch

Specialty*: Infectious Disease

Address: 6285 Garden Walk Blvd, Suite A

City: Riverdale

State: GA

Zip: 30274

Telephone: 770-991-1500

FAX: 770-991-9047

e-mail: bonpro@aol.com

Services Provided:

- Accepts uninsured or low-income patients
- Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: All

Other information or services: _____

- *Physician & type of setting: GI ID GP IM
- Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 - Organization Support Group Student Health
 - Traditional Healer Acupuncture Website

Other: _____

Medical Providers

Columbia County

Facility: Center for Primary Care

Doctor: Richard W. Livingston, Jr.

Specialty*: FF

Address: 363 N. Belair Road?

City: Evans **State:** GA

Zip: 30809

Telephone: 706-650-7563

FAX: 706-650-0512

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: All insurance
- Other information or services: _____

*Physician & type of setting: GI ID GP IM
 X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website

Other: _____

DeKalb County

Facility: Emory University / Children's Healthcare

Doctor: Rene Romero

Specialty*: Pediatric Gastroenterology and Hepatology

Address: 2040 Ridgewood Drive NE

City: Atlanta **State:** GA

Zip: 30322

Telephone: 404-417-0914

FAX: 404-315-2631

e-mail: rene.romero@choa.org

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- X Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: _____
- Other information or services: _____

*Physician & type of setting: GI ID GP IM
 X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website

Other: _____

Facility: Latin/American Medical Center

Doctor: Jaime Sacotto

Specialty*: General Practice/Pediatrics

Address: 2841 Buford Highway

City: Atlanta

State: GA

Zip: 30329

Telephone: 404-321-5151

FAX: 404-321-5501

e-mail: jsacotto@yahoo.com

Services Provided:

- X Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- X Spanish spoken X Other Language(s): English
- Insurance Plans Accepted: _____
- Other information or services: _____
- *Physician & type of setting: GI ID X GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Fayette County

Facility: Piedmont Physician

Doctor: Kathy A. Edwards

Specialty*: Internal Medicine

Address: 1000 Commerce Drive

City: Peachtree City

State: GA

Zip: 30269

Telephone: 770-486-5000

FAX: 770-486-5010

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: _____
- Other information or services: _____
- *Physician & type of setting: GI ID GP X IM
- Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Medical Providers

Fulton County

Facility: Atlanta ID Group

Doctor: Philip Brachman

Specialty*: Infectious Diseases

Address: 2001 Peachtree Road, Suite 525

City: Atlanta **State:** GA **Zip:** 30309

Telephone: 404-355-3161 **FAX:** 404-355-1353

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment X Co-Infection
- Support Group Clinical Trials
- X Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: most except Kaiser
- Other information or services: _____

*Physician & type of setting: GI X ID GP IM
 Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website

Other: _____

Facility: North Atlanta Gastroenterologists, PC

Doctor: Jay A. Cherner, MD

Specialty*: Gastroenterology

Address: 2500 Hospital Blvd, Suite 280

City: Roswell **State:** GA **Zip:** 30076

Telephone: 770-410-1600 **FAX:** 770-410-0006

e-mail: drcherner@mindspring.com

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations X Medical Treatment Co-Infection
- Support Group Clinical Trials
- X Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: _____
- Other information or services: _____

*Physician & type of setting: X GI ID GP IM
 Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
X Traditional Healer Acupuncture Website

Other: _____

Facility: ID Clinics of Emory University Hospitals

Doctor: Helmut Albrecht

Specialty*: Infectious Disease

Address: 550 Peachtree Street, Crawford Long MOT, Suite 7000

City: Atlanta **State:** GA **Zip:** 30308

Telephone: 404-686-8114 **FAX:** 404-686-4841

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment X Co-Infection
- Support Group X Clinical Trials
- Spanish spoken X Other Language(s): German
- X Insurance Plans Accepted: most except Kaiser
- Other information or services: _____
- *Physician & type of setting: GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Facility: ID Clinics of Emory University Hospitals

Doctor: Kimberly Workowski

Specialty*: Infectious Disease

Address: 550 Peachtree Street, Crawford Long MOT, Suite 7000

City: Atlanta **State:** GA **Zip:** 30308

Telephone: 404-686-8114 **FAX:** 404-686-4841

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment X Co-Infection
- Support Group X Clinical Trials
- Spanish spoken X Other Language(s): German
- X Insurance Plans Accepted: most except Kaiser
- Other information or services: _____
- *Physician & type of setting: GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Medical Providers

Facility: Emory University Clinic

Doctor: Kim Workowski

Specialty*: Infectious Disease

Address: 550 Peachtree Street, #7000

City: Atlanta

State: GA

Zip: 30306

Telephone: 404-686-2882

FAX: 404-686-4841

e-mail: kworkowski@emory.edu

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment X Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: _____
- Other information or services: _____

- *Physician & type of setting: GI X ID GP IM
- Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 - Organization Support Group Student Health
 - Traditional Healer Acupuncture Website
- Other: _____

Facility: North Atlanta Medical Associates, Inc

Doctor: Regina Wang

Specialty*: Family Practice

Address: 545 Vinington Court

City: Atlanta

State: GA

Zip: 30350

Telephone: 678-473-4777

FAX: _____

e-mail: regina.wang@hotmail.com

Services Provided:

- X Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment X Co-Infection
- X Support Group X Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: _____
- Other information or services: _____

- *Physician & type of setting: GI ID X GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 - Organization Support Group Student Health
 - Traditional Healer Acupuncture Website
- Other: _____

Facility: Center for Hepatitis C/Atlanta Medical Center

Doctor: Brian Pearlman

Specialty*: Internal Medicine

Address: 315 Boulevard NE, Suite 200

City: Atlanta

State: GA

Zip: 30312

Telephone: 404-265-4644

FAX: 404-265-1190

Services Provided:

- X Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment X Co-Infection
- Support Group X Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: All including Medicaid and Medicare
- Other information or services: Registered ADA dietician available
- *Physician & type of setting: GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Gwinnett County

Facility: Eastside Medical Center / Gwinnett Medical Center

Doctor: Dr. Sanjay Parikh

Specialty*: Gastroenterology

Address: 1700 Tree Lane Road, Suite 190

City: Snellville

State: GA

Zip: 30078

Telephone: 770-992-4780

FAX: 770-922-2371

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations X Medical Treatment X Co-Infection
- Support Group X Clinical Trials
- Spanish spoken X Other Language(s): Gujarati, Hindi
- X Insurance Plans Accepted: All
- Other information or services: _____
- *Physician & type of setting: GI ID GP IM
- Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Medical Providers

Facility: Atlanta Gastroenterology

Doctor: Kerry King

Specialty*: Gastroenterology

Address: 748 Old Norcross Road

City: Lawrenceville **State:** GA **Zip:** 30045

Telephone: 770-822-5569 **FAX:** _____

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- Vaccinations X Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: _____
- Other information or services: _____
- *Physician & type of setting: X GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Facility: Atlanta Gastroenterology

Doctor: Sanjay Parikh

Specialty*: Gastroenterology

Address: 748 Old Norcross Road

City: Lawrenceville **State:** GA **Zip:** 30045

Telephone: 770-822-5569 **FAX:** _____

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- Vaccinations X Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: _____
- Other information or services: _____
- *Physician & type of setting: X GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Facility: Atlanta Gastroenterology

Doctor: Olaitan Adeniji

Specialty*: Gastroenterology

Address: 748 Old Norcross Road

City: Lawrenceville **State:** GA **Zip:** 30045

Telephone: 770-822-5569 **FAX:** _____

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- Vaccinations X Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: _____
- Other information or services: _____

*Physician & type of setting: X GI ID GP IM
 X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website

Other: _____

Facility:

Doctor: Yong S. Kim, MD

Specialty*: Family Practice

Address: 4075 Bradstone Trace

City: Lilburn **State:** GA **Zip:** 30047

Telephone: 770-356-2888 **FAX:** _____

Services Provided:

- X Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken X Other Language(s): Korean
- X Insurance Plans Accepted: Call to find out
- Other information or services: _____

*Physician & type of setting: GI ID X GP IM
 X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website

Other: _____

Medical Providers

Facility:

Doctor: Scott Schorr

Specialty*: Gastroenterology

Address: 763 Old Norcross Road

City: Lawrenceville **State:** GA **Zip:** 30045

Telephone: 678-985-2000 **FAX:** 678-985-1999

Services Provided:

- Accepts uninsured or low-income patients
 - X Hepatitis Testing X Hepatitis Counseling & Education
 - Vaccinations X Medical Treatment Co-Infection
 - Support Group Clinical Trials
 - Spanish spoken Other Language(s): _____
 - X Insurance Plans Accepted: Most
 - Other information or services: _____
- *Physician & type of setting: X GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Facility:

Doctor: Mark Kukler, DO

Specialty*: Gastroenterology

Address: 763 Old Norcross Road

City: Lawrenceville **State:** GA **Zip:** 30045

Telephone: 678-985-2000 **FAX:** 678-985-1999

Services Provided:

- Accepts uninsured or low-income patients
 - X Hepatitis Testing X Hepatitis Counseling & Education
 - Vaccinations X Medical Treatment Co-Infection
 - Support Group Clinical Trials
 - Spanish spoken Other Language(s): _____
 - X Insurance Plans Accepted: Most
 - Other information or services: _____
- *Physician & type of setting: X GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Facility:

Doctor: Marcelle Owens, MD

Specialty*: Gastroenterology

Address: 763 Old Norcross Road

City: Lawrenceville **State:** GA **Zip:** 30045

Telephone: 678-985-2000 **FAX:** 678-985-1999

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: Most
- Other information or services: _____
- *Physician & type of setting: X GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Facility:

Doctor: Aruind Kulkarni, MD

Specialty*: Gastroenterology

Address: 763 Old Norcross Road

City: Lawrenceville **State:** GA **Zip:** 30045

Telephone: 678-985-2000 **FAX:** 678-985-1999

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: Most
- Other information or services: _____
- *Physician & type of setting: X GI ID GP IM
- X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
- Organization Support Group Student Health
- Traditional Healer Acupuncture Website
- Other: _____

Medical Providers

Hall County

Facility: NE Georgia Diagnostic Clinic

Doctor: Laena M. Karnstedt, MD

Specialty*: Internal Medicine

Address: 1240 Jesse Jewell Parkway, Suite 500

City: Gainesville **State:** GA **Zip:** 30501

Telephone: 770-536-9864 **FAX:** 770-297-5013

e-mail: laena.karnstedt@ngdc.com

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: BCBS, State Merit, Medicare, United Healthcare
- X Other information or services: Multi-specialty practice, ancillary services from lab to MRI

*Physician & type of setting: GI ID GP IM
 Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website
 Other: _____

Houston County

Facility: Robins Medical Associates

Doctor: Hatem Asad, MD

Specialty*: Internal Medicine

Address: 2054 Watson Blvd

City: Warner Robins **State:** GA **Zip:** 31093

Telephone: 478-818-0770 **FAX:** 478-818-0771

Services Provided:

- X Accepts uninsured or low-income patients
- X Hepatitis Testing Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken X Other Language(s): French, Russian
- Insurance Plans Accepted: _____
- Other information or services: _____

*Physician & type of setting: GI ID GP IM
 Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website
 Other: _____

Jackson County

Facility: Ridgeway Family Medicine

Doctor: Beth Ann Sullivan, DO

Specialty*: General Practice

Address: 641 Hospital Road, Suite 3

City: Commerce

State: GA

Zip: 30529

Telephone: 706-335-2034

FAX: 706-336-8638

Services Provided:

- X Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: Medicare, Medicaid, GBH, BC, Cigna, United Healthcare, HHS, Allen Med
- X Other information or services: _____

*Physician & type of setting: GI ID X GP IM
 X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website
 Other: _____

Lowndes County

Facility:

Doctor: G. Saurina, MD, PC

Specialty*: Infectious Disease

Address: 201 Pendleton Drive, Suite 250

City: Valdosta

State: GA

Zip: 31602

Telephone: 229-245-0666

FAX: 229-245-1988

Services Provided:

- Accepts uninsured or low-income patients
- X Hepatitis Testing X Hepatitis Counseling & Education
- X Vaccinations X Medical Treatment X Co-Infection
- Support Group Clinical Trials
- X Spanish spoken Other Language(s): _____
- X Insurance Plans Accepted: All
- Other information or services: _____

*Physician & type of setting: GI X ID GP IM
 X Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture X Website
 Other: _____

Medical Providers

Spalding County

Facility: Grace Medical Center

Doctor: E. Philip Osehobo, MD, PhD

Specialty*: Internal Medicine

Address: 610 S. 8th Street, Suite G

City: Griffin **State:** GA

Zip: 30224

Telephone: 678-688-1155

FAX: 678-688-5071

Services Provided:

- Accepts uninsured or low-income patients
- Hepatitis Testing Hepatitis Counseling & Education
- Vaccinations Medical Treatment Co-Infection
- Support Group Clinical Trials
- Spanish spoken Other Language(s): _____
- Insurance Plans Accepted: All insurance
- Other information or services: _____

*Physician & type of setting: GI ID GP IM
 Clinic Sub. Abuse Treatment Ctr. Prison/Corrections
 Organization Support Group Student Health
 Traditional Healer Acupuncture Website
Other: _____

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 affects 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?
- What do I need to do to physically and/or mentally prepare for treatment?

- Will my insurance cover treatment?
- If I don't have insurance, am I eligible for clinical trials or patient assistance programs?
- How can I minimize the side effects of treatment?
- Under what circumstances would treatment be stopped earlier than 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'm a non-responder? What are my other options?

Clinical Trials

Information about clinical trials changes frequently and quickly becomes outdated. Most government-sponsored clinical trials are located at 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.

Center Watch Clinical Trials Listing Service

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

www.centerwatch.com

Veritas Medicine

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

www.veritasmedicine.com

Clinical Trials.gov (a service of the National Institutes of Health)

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.

<http://mindbody.psychiatry.emory.edu>

Other Information:

Informed Consent: A Guide to the Risks and Benefits of Volunteering for Clinical Trials. http://www.centerwatch.com/bookstore/pubs_cons_infconsent.html

Volunteering for a Clinical Trial, a brief educational pamphlet. If you would like to order this pamphlet click here: http://www.centerwatch.com/bookstore/pubs_cons_brochureform.html

Hepatitis C 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: <http://www.liverfoundation.org/georgia>

Atlanta/Grady Support Group (ALF)

1st Wednesday of each month, 5:30-6:30pm

Emory University Faculty Office Building

School of Medicine, Room 108

49 Butler Street, NE

Atlanta, GA 30303

Contact: Priscilla Oliver, PhD; 404-703-4884

Atlanta/East Point Support Group

2nd Thursday of each month, 6:30-8:30pm

South Fulton Medical Center

Medical Arts Classroom

1136 Cleveland Avenue

East Point, GA 30344

Contact: Tenita Foston, RN, FNP-C; 404-993-6505

Atlanta/Pediatric Parent Support Group

2nd and 4th Wednesdays of each month, 11:30am-1:00pm

Children's Healthcare of Atlanta at Egleston

Contact: Lauren Saners; 404-315-3733 lauren_mengel@choa.org

Hepatitis C Support Groups

Athens Support Group

1st Thursday of each month, 5:15-6:30pm
Loran Smith Center for Cancer Support
240 Talmadge Drive
Athens, GA
Contact: Karen Lynch; 706-548-0058

Augusta Support Group (ALF)

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

Augusta Support Group

2nd and 4th Tuesday of each month, 7:00pm
Adult Education Building
Lakemont Presbyterian Church
1000 Bluebird Road
August, GA
Contact: Millie; 706-863-3216 (before 9:00pm)
hcvsupport@comcast.net

Austell Support Group (ALF)

1st Thursday of each month, 6:30-9:00pm
Wellstar Cobb Medical Center
Auditorium 1 or 2
3950 Austell Road
Austell, GA 30106
Contact: Elizabeth Coombs; 770-819-0022

Moultrie Support Group

Friendship Liver Disease Support Group

4th Tuesday of each month, 7:00-9:00pm

Colquitt Regional Medical Center

Ferguson Room

3131 South Main St.

Moultrie, GA 31768

Contact: Phillip Potter; 229-271-6161 phillip_potter88@yahoo.com

or Pam Langford 850-443-8029 figment@nettally.com

Stockbridge/Henry County (ALF)

3rd Tuesday of each month, 7:00-8:30pm

Henry Medical Center, Executive Dining Room

1133 Eagle's Landing Parkway

Stockbridge, GA 30281

Contact: Jane Adams 770-472-5621 jradams3@bellsouth.net

or Gary Bishop garybishop@aol.com

Tucker/Gwinnett Support Group (ALF)

1st Thursday of each month, 7:00-8:30pm

First United Methodist Church of Tucker

Room 203

5095 LaVista Road

Atlanta, GA 30084

Contact: ALF Office 404-633-9169

Valdosta

4th Thursday of each month, 6:00-8:00pm

Barnes Healthcare Services/Optioncare

200 South Patterson Street

Valdosta, GA 31601

Contact: Lori; 229-245-6039 ext 1250

or 800-643-4173 ext 1250

email loria@barneshc.com

Hepatitis C Support Groups

Woodstock HCV Support Group –

HEALS of North Georgia

3rd Tuesday of each month, 7:00 – 9:00pm

Woodstock Community Church

8534 Main Street

Woodstock, GA

Contact: Dee Lemmon 770-926-8535 dee0987@aol.com

or Pam Langford 850-443-8029 figment@nettally.com

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. Don't 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. Don't 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.
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.

Source: <http://www.hepcbc.ca/FAQv5.htm#VII.1>

Other Websites for Family and Friends

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, HBV)

Frequently Asked Questions:

What do I need to know about HCV and HIV co-infection?

It is estimated that up to 240,000 people are now co-infected with HIV and HCV in the United States. Co-infection with HIV and HCV infection is common, especially among IDUs. Hepatitis C may progress more rapidly in people who are co-infected with HIV. Although HCV does not make HIV progress faster, the liver damage caused by HCV may interfere with the body's ability to utilize HIV medicines.

What special care should an HIV/HCV co-infected person get?

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

- Ask their healthcare provider about being vaccinated 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 both HIV and hepatitis C, or, if one is not available, be sure the healthcare provider consults with specialists of both diseases
- Do everything possible to slow the progress of liver damage
 - Limit or stop all alcohol consumption
 - Eat nutritious meals
 - Exercise
 - Reduce stress
 - Discuss treatment options with medical provider

What treatments are available for people with HIV/HCV co-infection?

More research is needed to determine effective treatments for people with both HCV and HIV. Treatment of co-infected people must take into consideration how the medications and conditions of both diseases affect the patient.

Co-Infection (HIV, HBV)

Since HIV and HCV are both blood-borne viruses, they affect many of the same populations.

- In the U.S. an estimated 200,000 persons are infected with both viruses.
- Studies estimate that as many as 25-30% of HIV positive people in the U.S. are co-infected with HCV, and up to 10% of HCV positive persons are also HIV infected.
- In urban areas of the U.S., up to 90% of persons who acquired HIV infection from injection drug use also have HCV.

Most studies indicate that people with HIV/HCV co-infection experience faster progression to cirrhosis and more liver damage than people who are infected with only hepatitis C. Faster progression may be less likely if the individual's HIV disease is well under control. It is still unclear if HCV causes faster progression of HIV, however.

Persons considering treatment should consult with healthcare providers with knowledge of both HIV and HCV treatment. Most physicians work to get HIV under control first before treating the HCV. Although response rates are lower for HCV treatment in those co-infected with HIV, there is still a chance of curing the HCV.

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

Source: Harm Reduction Reader, published by the Harm Reduction Coalition

Websites:

HIVandHepatitis

The website's objective is to create a quality online publication that provides accurate, timely and cutting-edge information about treatment for HIV/AIDS, chronic hepatitis B and hepatitis C, and co-infection with HIV/HCV and HIV/HBV.

www.hivandhepatitis.com

Project Inform

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

www.projectinform.org/fs/hcv.html

The Body

An AIDS and HIV Information Resource

www.thebody.com/Forums/AIDS/Hepatitis/

National AIDS Treatment Advocacy Project (NATAP)

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

www.natap.org

Hepatitis B Foundation

A national nonprofit organization dedicated to finding a cure and improving the quality of life for those affected with hepatitis B. The Hepatitis B Foundation publishes a free newsletter, B Informed, three times a year with an updated "Drug Watch" of approved treatments and drugs in development for hepatitis B, a "Hepatitis Vaccine Watch" of new vaccines, timely articles about hepatitis B, conference summaries, and information for patients and families.

www.hepb.org/

The Hepatitis Information Network

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

<http://www.hepnet.com/hepb.html>

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 Hepatitis 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.

Milk Thistle is the one herb that has been **proven** to be beneficial for liver patients.

Other herbs **thought** to be good for liver problems:

Aloe Vera

Artemisia (Common Wormwood, Green Ginger)

Artichoke

Astragalus

Baical Skullcap

Barberry

Black Cohosh

Black Root

Blessed Thistle

Boldo

Bupleurum

Burdock Root

Californian Buckthorn

Cats Claw

Celandine (Chelidonium majus)

Dandelion

Desmodium

Echinacea

Elder Flowers

Espinheira Santa

Euphorbia

Fenugreek

Fringe Tree Root Bark

Garlic

Gentian Root

Ginger Root

Gingko Leaf

Alternative Treatments/Therapies

Ginseng
Golden Seal
Licorice
Milk Thistle Seeds
Oregon Grape Root
Pau D'Arco
Peony Root
Picao Preto
Pokeweed Root
Psyllium Seeds
Red Clover
Sarsaparilla
Schisandra
Slippery Elm
St. Johns Wort
Suma
Wild Yam
Yellow Dock

Medicinal Mushrooms:

Maitake
Reishi
Shiitake
Turkey Tail

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
Essiac Tea

Herbs to **BEWARE OF** if you are a liver patient:

Alkana
Asfetida
Borage
Chaparral
Colts Foot
Comfrey
Dong Quai
Dusty Miller
Ephedra
Forget Me Not
Germander
Gordologo yerba tea
Hemp
Hops
Jin Bu Huan
Kava Kava
Life Root
Lobelia
Margosa Oil
Mate' Tea
MistleToe
Mormon Tea
PennyRoyal
Petasites
PokerRoot
Ragwort
Rue
Sassafrass
SkullCap
Valerian
Yohimbe

Alternative Treatments/Therapies

Herbs with Known Toxicity if taken at High Doses:

Alpine Cranberry
Cayenne
Mercury Herb
Schisandra
Sweet Clover
Tonka Beans
Trailing Arbutus
Witch Hazel
Woodruff
Uva Ursi

Alternative therapies thought to help Hepatitis C:

Acupuncture
Chiropractic
Homeopathy
Naturopathic Medicine
Exercise
Stress Management
Tai Chi
Yoga
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.

Prevention

Frequently Asked Questions:

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

You can't get hepatitis C by casual contact. In other words, you can't get it by hugging, kissing, shaking hands or sitting next to infected people. However, you shouldn't have unprotected (unsafe) sex with them. Although 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.
- Don't 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.

Prevention

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. NEVER pound somebody else's cotton/rinse somebody else's cotton or dip into someone else's water supply. There is no way to clean cotton or water.

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 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

Prevention

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 drugs:

- Use your own straws when snorting. Use those little sticky Post-It-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:

- 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.
- Consider quitting drugs.

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 lube dries out just add spit or water and it will slick back up. For women prone to yeast infections, there are water-based lubricants available that don't 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 used 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

Prevention

Websites:

U.S. guidelines on prevention and control of all hepatitis viruses, released January 2003.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5201a1.htm>

A news story about the guidelines can be found at:

http://www.hivandhepatitis.com/hep_c/news/012903b.html

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

Applying for Disability

- 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.

Source: www.ssa.gov

Getting Disability Benefits Under Social Security with HCV

Jacques Chambers, CLU, 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 didn’t understand the disability determination process and didn’t 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 haven’t 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 doesn’t have much impact in determining disability, and,
- Many of the most common symptoms of HCV are “subjective” in that they can’t be readily measured in a laboratory test. Examples are fatigue, headaches, memory loss, and depression. Therefore, medical records alone don’t often adequately describe the functional problems the applicant has trying to work.

Applying for Disability

- A person dealing with HCV rarely suddenly awakes one day to find himself or herself unable to continue working. Typically it's 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 won’t carry the weight of “regular” doctors, but they can support your claim by documenting your symptoms and your efforts to relieve them.

Applying for Disability

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 be 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 doesn’t 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 won't 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't 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.

Source: www.helpwithbenefits.com

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 2003
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.

Source:

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

Legal Resources

Atlanta Legal AID

151 Spring Street, NW
Atlanta, GA 30303
404-524-5811

Atlanta Legal Aid Society's primary function is to provide referrals and legal representation to people who otherwise cannot obtain access to the court system - the poor, minorities, the elderly, those disabled by mental illness or long term diseases, and recent immigrants. In addition to the issues covered through special projects, we offer assistance with simple legal matters, such as drafting wills and seeking redress for substandard consumer goods.

Georgia Legal Services

104 Marietta Street, Suite 250
Atlanta, GA 30303
Tel.: 404-206-5175
Fax.: 404-463-1632

Provides referrals for legal aid for people throughout Georgia.

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

Resources for Prisoners and their Families

Southern Center for Human Rights

83 Poplar St. 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.

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. Prisoners can subscribe to their bi-monthly newsletter for free by writing to the address above.

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.

Resources for Prisoners

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/HCSP
P.O. Box 427037
San Francisco, CA 94142-7037

A monthly Newsletter for \$12.00 per year

Infectious Disease in Corrections Report

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.)

Websites:

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).

<http://www.hcvinprison.org/> (including state guidelines)

<http://www.prisons.org/HIV/hcvlinks.htm>

This page has about 25 links to organizations and publications working on issues related to HIV/HCV co-infection in prison.

Mental Health Resources

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 is of benefit in these conditions, IFN-alpha has been repeatedly observed to cause a variety of neuropsychiatric side effects, including 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, however, 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. These data provide 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.

Andrew H. Miller, MD

Bobbi J. Woolwine, MSW

The Mind Body Program

Department of Psychiatry & Behavioral Sciences

Emory University

Atlanta, GA

404-727-8229

<http://mindbody.psychiatry.emory.edu>

The 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. Our goal is to identify new ways to help patients better tolerate interferon-alpha 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

Sleep changes

If you are interested in joining our effort to improve the quality of life for patients receiving interferon-alpha, please contact us at:

The Mind-Body Program

Department of Psychiatry and Behavioral Sciences

Emory University School of Medicine

Atlanta, GA

404-727-8229

<http://mindbody.psychiatry.emory.edu>

Monetary compensation will be provided to our study participants.

State Mental Health Agency

Division of Mental Health, Developmental Disabilities & Addictive Diseases (MHDDAD)

Department of Human Resources

2 Peachtree Street, NW, Suite 22-224

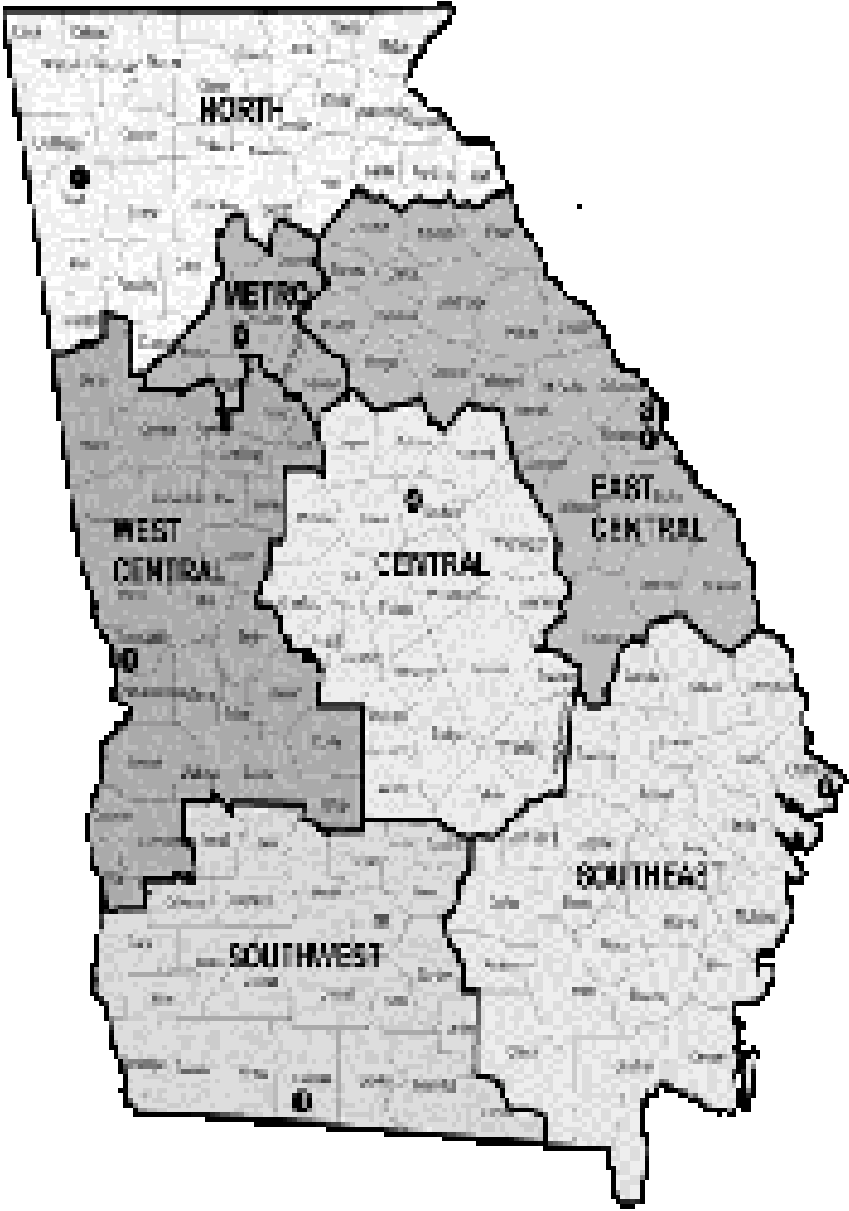
Atlanta, GA 30303

Phone: 404-657-2168

Internet: www2.state.ga.us/departments/dhr/mhmrsa/index.html

The Division of MHDDAD serves people of all ages and those with the most severe problems. 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 Service Boards are public agencies created by state law to provide mental health, developmental disability, and substance abuse services.



State Mental Health, Developmental Diseases, and Addictive Disorders Regions

MHDDAD North Regional Office

475 Tribble Gap Road, Suite 200
Cumming, GA 30040
Toll Line: 800-646-7721
Telephone: 770-205-5411
Fax: 770-205-5410

Public Providers

Community Service Boards

Cobb County Community Services Board

3830 South Cobb Drive
Suite 300
Smyrna, Georgia 30080
Telephone: 770-429-5000
Fax: 770-438-5136
County served: Cobb

Douglas County Community Services Board

3830 South Cobb Drive
Suite 300
Smyrna, Georgia 30080
Telephone: 770-429-5002
Fax: 770-438-5136
County served: Douglas

Georgia Mountain Community Services

4331 Thurmond Tanner Road
Flowery Branch, Georgia 30542-2829
Telephone: 678-513-5700
Toll Free 1-800-525-8751 (Emergency and Night Number)
Fax: 678-513-5827

Counties served: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Stephens, Towns, White

Mental Health Resources

Lookout Mountain Community Services

P.O. Box 1027

LaFayette, Georgia 30728-1027

Telephone: 706-638-5584

Fax: 706-638-5585

Counties served: Catoosa, Chattooga, Dade, Walker

Highland Rivers Community Service Board

1710 White House Drive, Suite 204

Dalton, Georgia 30720

Telephone: 706-270-5000

Fax: 706-270-5124

Counties served: Bartow, Cherokee, Fannin, Floyd, Gilmer, Gordon,

*Haralson, Murray, Paulding, Pickens, Polk, Whitfield

*Haralson County receives many MHDDAD services from Haralson Behavioral Health Services operated by the Board of Health.

State Hospital

Northwest Georgia Regional Hospital

1305 Redmond Circle

Rome, Georgia 30161

Telephone: 706-295-6246

Fax: 706-802-5454

MHDDAD Metro Regional Office

100 Crescent Centre Parkway, Suite 900
Tucker, GA 30084
Phone: 770-414-3093
Fax: 770-414-3054

Public Providers

Community Service Boards

DeKalb Community Service Board

Eleanor L. Richardson Health Center
445 Winn Way
Room 464
Decatur, Georgia 30030-1707
Telephone: 404-294-3836
Fax: 404-508-7795
County served: DeKalb

GRN Community Service Board

P.O. Box 687
Lawrenceville, Georgia 30046-0687
Telephone: 770-339-5019 - during office hours,
770-963-8141 - after hours
Fax: 770-339-5382
Counties served: Gwinnett, Newton, Rockdale

Clayton County Community MH/SA Developmental Services Board

112 Broad Street
Jonesboro, Georgia 30236-1919
Telephone: 770-478-2280
Fax: 770-477-9772
Counties served: Clayton

Mental Health Resources

State Hospital

Georgia Regional Hospital at Atlanta

3073 Panthersville Road

Decatur, Georgia 30037

Telephone: 404-243-2110

Fax: 404-212-4621

MHDDAD West Central Regional Office

3800 Schatulga Road

Columbus, GA 31907-3118

Toll free: 800-832-2439

Phone: 706-568-5281

Fax: 706-569-3140

Public Providers

Community Service Boards

Pathways Center for Behavioral and Developmental Growth

120 Gordon Commercial Drive, Suite A

LaGrange, Georgia 30240-5740

Telephone: 706-845-4045

FAX: 706-845-4341

Counties served: Carroll, Coweta, Heard, Meriwether, Troup

Mcintosh Trail Community Service Board

1501-A Kalamazoo Drive

Griffin, Georgia 30224

Telephone: 770-358-5252

Fax: 770-229-3223

Counties served: Butts, Fayette, Henry, Lamar, Pike, Spalding,
Upson

New Horizons

P.O. Box 5328

Columbus, Georgia 31906-0328

Telephone: 706-596-5583

Fax: 706-596-5589

Counties served: Chattahoochee, Clay, Harris, Muscogee,
Quitman, Randolph, Stewart, Talbot

Middle Flint Behavioral HealthCare

P.O. Drawer 1348

Americus, Georgia 31709-1348

Telephone: 229-931-2470

Fax: 229-931-2474

Counties served: Crisp, Dooly, Macon, Marion, Schley, Sumter,
Taylor, Webster

State Hospital

West Central Georgia Regional Hospital

3000 Schatulga Road

Columbus, Georgia 31907

Telephone: 706-568-5203

Fax: 706-568-2257

Mental Health Resources

MHDDAD Central Regional Office

1022 B Hillcrest Parkway
Dublin, GA 31021
Toll free: 800-413-9317
Phone: 478-274-7912
Fax: 478-274-7915

Public Providers

Community Service Boards

Community Service Board of Middle Georgia

2121 A Bellevue Road
Dublin, Georgia 31021-2998
Telephone: 478-272-1190
FAX: 478-275-6509
Counties served: Bleckley, Dodge, Johnson, Laurens, Pulaski, Telfair,
Wheeler, Wilcox

River Edge Behavioral Health Center

175 Emery Highway
Macon, Georgia 31217-3692
Telephone: 478-751-4515
FAX: 478-752-1040
Counties served: Bibb, Monroe, Jones, Twiggs

Phoenix Center Behavioral Health Services

P.O. Box 2866
Warner Robins, Georgia 31099-2866
Telephone: 478-322-4058
FAX: 478-322-4085
Counties served: Houston, Crawford, Peach

Oconee Community Service Board

P.O. Box 1827

Milledgeville, Georgia 31061-1827

Telephone: 478-445-4817

Fax: 478-445-4963

Counties served: Baldwin, Jasper, Putnam, Hancock, Washington, Wilkerson

State Hospital

Central State Hospital

Powell Building

Milledgeville, Georgia 31062

Telephone: 478-445-4128

FAX: 478-445-6034

MHDDAD East Central Regional Office

1056 Claussen Road, Suite 121

Augusta, GA 30907

Toll free: 800-380-4835

Phone: 706-667-4833

Fax: 706-667-4840

Public Providers

Community Service Boards

Community Service Board of East Central Georgia

3421 Mike Padgett Highway

Augusta, Georgia 30906-3815

Telephone: 706-432-4800

Fax: 706-771-4798

Counties served: Columbia, Lincoln, McDuffie, Richmond, Taliaferro, Warren, Wilkes

Mental Health Resources

Ogeechee Behavioral Health Services Board

P.O. Box 1259

Swainsboro, Georgia 30401-1259

Telephone: 478-289-2522

Fax: 478-289-2544

Counties served: Burke, Emanuel, Glascock, Jefferson, Jenkins, Screven

Advantage Behavioral Health Systems

250 North Avenue

Athens, Georgia 30601-2244

Telephone: 706-542-9739

Fax: 706-542-9681

Counties served: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton

State Hospital

Georgia Regional Hospital at Augusta

3405 Mike Padgett Highway

Augusta, Georgia 30906

Telephone: 706-792-7000

Fax: 706-792-7041

Gracewood State School and Hospital**

100 Myrtle Boulevard

Gracewood, Georgia 30812

Telephone: 06-790-2030

Fax: 706-790-2025

**Statewide Facility

MHDDAD Southwest Regional Office

200 West Oglethorpe Blvd, 4th Floor, Suite 402
Albany, GA 31701
Phone: 229-430-3017
Fax: 229-430-4098

Public Providers

Community Service Boards

Albany Area Community Service Board

P.O. Box 1988
Albany, Georgia 31702-1988
Telephone: (229) 430-4042
Fax: (229) 430-4047
Counties served: Dougherty, Terrell, Lee, Calhoun, Worth,
Early, Miller, Baker

The Georgia Pines Community MHMRSA Services

1102 Smith Avenue, Suite K, P.O. Box 1659
Thomasville, Georgia 31799
Telephone: (229) 225-4370
Fax: (229) 225-4374
Counties served: Thomas, Mitchell, Colquitt, Seminole,
Decatur, Grady

Behavioral Health Services of South Georgia

3120 N. Oak Street Extension Suite C
Valdosta, Georgia 31602-1007
Telephone: (229) 333-7095
Fax: (229) 333-7093
Counties served: Lowndes, Turner, Ben Hill, Irwin, Tift,
Berrien, Cook, Brooks, Lanier, Echols

Mental Health Resources

State Hospital

Southwestern State Hospital

400 Pintree Boulevard

Thomasville, Georgia 31799

Phone: (229) 227-3020

Fax: (229) 227-2883

MHDDAD Southeast Regional Office

7001 Chatham Center Drive

The Liberty Building

Savannah, GA 31405

Phone: 912-651-0964 or -0965

Fax: 912-651-0968 or -0969

Public Providers

Community Service Boards

Satilla Community Service Board for MH, MR and SA

P.O. Box 1397

Waycross, Georgia 31502-1397

Telephone: 912-284-2543

Fax: 912-287-6660

Counties served: Ware, Coffee, Bacon, Atkinson, Pierce, Brantley, Clinch, Charlton

Pineland Area MH, MR and SA Community Service Board

P.O. Box 745

Statesboro, Georgia 30459-0745

Telephone: 912-764-6906

Fax: 912-489-3058

Counties served: Bulloch, Candler, Evans, Toombs, Tattnall, Jeff Davis, Appling, Wayne

Gateway Community Service Board

100 Commissioner's Drive

Darien, Georgia 31305

Telephone: 912-437-9300

FAX: 912-437-9483

Counties served: Glynn, Bryan, Liberty, Long, McIntosh, Camden,
Chatham, Effingham

State Hospital

Georgia Regional Hospital at Savannah

191 Eisenhower Drive

Savannah, Georgia 31406

Telephone: 912-356-2045

Fax: 912-356-2691

Other Resources

1-800-662-HELP (Spanish: 800-662-9832), the treatment referral telephone hotline maintained by SAMHSA. 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 a person 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. (Please see the prevention section for more information)

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 who 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: 404-657-2168

Public Information: 404-657-2272

Internet: www2.state.ga.us/departments/dhr/mhmrsa/index.html

The Division of MHDDAD serves people of all ages and those with the most severe problems. 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.

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

Community Service Boards are public agencies created by state law to provide mental health, developmental disability, and substance abuse services.

**See the Mental Health Section for a map of the State Mental Health, Developmental Diseases, and Addictive Disorders Regions*

Drug Treatment

Other Drug Treatment Services

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)

1561 McLendon Avenue NE
Atlanta, GA 30307
404-526-9222

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 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
404-526-9222

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

<http://www.alcoholics-anonymous.org/>

Cocaine Anonymous World Services

(800) 347-8998

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

Narcotics Anonymous World Service Office

(818) 780-3951 and <http://www.wsoinc.com/>

Dual Recovery Anonymous

(913) 676-7226

Al-Anon Family Groups

(800) 356-9996 and <http://www.Al-Anon-Alateen.org/>

Nar-Anon Family Groups

(213) 547-5800

Drug Treatment

12-Step Alternative Self Help Groups

Recovery, Inc.

A self-help mental health program based on the ground breaking 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 inquiries@recovery-ing.org

Smart Recovery – Savannah

Contact: (912) 352-2425 Donald Musick

Moderation Management – Atlanta Meeting

Contact: Ron, ronabop@yahoo.com

Meets weekly on Saturday 4-5pm

Emory University

Bishop's Hall Room 104 (1st floor)

Substance Use Management

Mylifeboat.com

Mylifeboat.com is a site for people who want to change their use of alcohol or drugs. You may want to stop using a substance altogether because of the trouble it causes you or you may want to change the WAY you drink or use drugs so that you can control it rather than it controlling you. You may be using a drug and you don't want to stop using but are interested in how you can reduce the harm it is doing to your health. This site is based on the idea that people use substances to cope with their lives. You do not have a disease. You do not have a character defect. It uses the stages of change and tips to help you move forward.

The Atlanta Harm Reduction Center

1561 McLendon Ave NE

Atlanta GA 30307

(404) 526-9222

www.atlantaharmreduction.org

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.

Recovery Café

188 South Milledge Avenue

Athens, GA 30604

Telephone: 706.369.0970

Fax: 706.353.1943

General Info: info@recoverycafe.com

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

Drug Treatment

Harm Reduction Psychotherapy Center

423 Gough Street

San Francisco, CA 94102-4415

Office Phone: 415-863-4282

Office Fax: 415-431-9848

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

H R T C 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

903 Dawson Street

Bronx, NY 10459

phone: 718-842-6050

fax: 718-842-7001

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

Websites

Hepatitis C Harm Reduction Project

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

The Harm Reduction Coalition

<http://www.harmreduction.org>

Drug Treatment

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

UNOS

The United Network for Organ Sharing (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)
- 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

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

Liver Transplant Patients

Life Link Foundation

<http://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: One hundred and sixty counties in Georgia, approximately seven-million population, 167 hospitals in Georgia, plus two hospitals in South Carolina.

NUMBER ON TRANSPLANT WAITING LIST: More than 1,300 Georgians waiting. Over 80,000 Americans waiting for organ transplants. More than 100,000 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.

LOCATION:

2875 Northwoods Parkway
Norcross, GA 30071

Satellite Offices:

14 Chatham Center Drive, Suite B
Savannah, GA 31405

2743 Perimeter Parkway, Building 100, Suite 120
Augusta, GA 30909

Liver Transplant Patients

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

Name	Location	Phone
University of Alabama Hospital	Birmingham, AL	205-934-3411
Broward General Medical Center	Ft. Lauderdale, FL	954-355-4400
Jackson Memorial Hospital – University of Miami School of Medicine	Miami, FL	305-585-1281
St. Luke’s Hospital (Mayo Clinic)	Jacksonville, FL	904-296-9074
Tampa General Hospital	Tampa, FL	813-844-7000
Shands Hospital at the University of Florida	Gainesville, FL	352-265-0111
Children’s Healthcare of Atlanta at Egleston	Atlanta, GA	404-325-6000
Emory University Hospital	Atlanta, GA	404-712-2000
Children’s Hospital	New Orleans, LA	504-899-9511
Ochsner Foundation Hospital	New Orleans, LA	504-842-3925
Lindy Boggs Medical Center	New Orleans, LA	504-483-5000

Liver Transplant Patients

Tulane University Medical Center	New Orleans, LA	504-588-5263
Willis Knighton Medical Center	Shreveport, LA	318-212-4000

Public Health

The Georgia Division of Public Health (DPH) 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 19 health districts and 159 county health departments. GDPH is part of a larger state agency, the Georgia Department of Human Resources (DHR).

For more information on GDPH, email gdpinfo@dhr.state.ga.us

Public Health Website:

<http://www.health.state.ga.us>

Hepatitis services 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 vaccine; however, an administrative fee still applies.

The following populations are eligible for state-funded hepatitis A vaccine:

- 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

Public Health

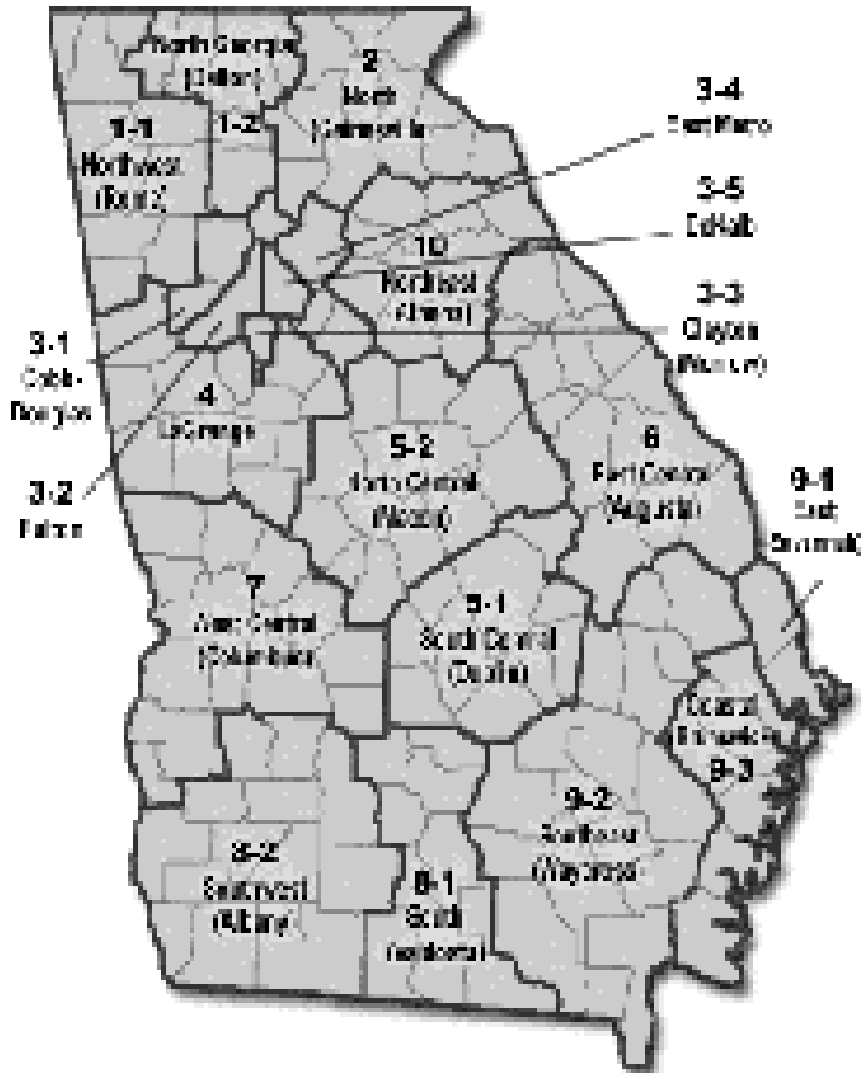
The following populations are eligible for state-funded hepatitis B vaccine:

- 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

Testing for hepatitis A and B is generally available through family planning, STD, and HIV clinics. Unfortunately, hepatitis C testing is not routinely available at county health centers.

For hepatitis questions, please call GDPH at 404-657-2588 or email hepatitis@dhr.state.ga.us

Public Health Districts



Public Health

District 1-1: Northwest

1305 Redmond Road, Bldg. 614
Rome, GA 30161-1391
706-295-6648
Fax: 706-295-6015

District 1-2: North Georgia

100 W. Walnut Ave., Suite 92
Dalton, GA 30720-8427
706-272-2342
Fax: 706-272-2221

District 2: North

1280 Athens Street
Gainesville, GA 30501-7001
770-535-5743
Fax: 770-272-2342

District 3-1: Cobb-Douglas

1650 County Services Pkwy
Marietta, GA 30008-4010
770-514-2330
Fax: 770-514-2320
www.cobbcountypublichealth.org

District 3-2: Fulton

99 Jessie Hill Jr. Dr.
Atlanta, GA 30303-3045
404-730-1205
Fax: 404-730-1294

District 3-3: Clayton

1380 Southlake Plaza Drive
Morrow, GA 30260
770-961-1330
Fax: 770-961-8370

District 3-4: East Metro

324 West Pike St.
P.O. Box 897
Lawrenceville, GA 30046-0897
770-339-4260
Fax: 770-339-2334

District 3-5: DeKalb

445 Winn Way
P.O. Box 987
Decatur, GA 30031-1701
404-294-3700
www.dekalbhealth.net

District 4: LaGrange

122 Gordon Commercial Drive, Suite A
La Grange, GA 30240-5740
706-845-4035
Fax: 706-845-4350

District 5-1: South Central

2121-B Bellevue Road
Dublin, GA 31021-2998
478-275-6545
Fax: 478-275-6575

District 5-2: North Central

811 Hemlock St.
Macon, GA 31201-2198
478-751-6303
Fax: 478-751-6099

District 6: East Central

1916 North Leg Rd
Augusta, GA 30909-4437
706-667-4255
Fax: 706-667-4365

Public Health

District 7: West Central

P.O. Box 2299
2100 Comer Ave.
Columbus, GA 31902-2299
706-321-6300
Fax: 706-321-6126

District 8-1: South

P.O. Box 5147
312 North Patterson St.
Valdosta, GA 31603-5147
229-333-5290
Fax: 229-333-7822

District 8-2: Southwest

1109 North Jackson Street
Albany, GA 31701-2022
229-430-4575
Fax: 229-430-5143
www.southwestgeorgiapublichealth.org/

District 9-1: East

PO Box 14257
Savannah, GA 31416-1257
912-356-2108
Fax: 912-356-2868

District 9-2: Southeast

1101 Church Street
Waycross, GA 31501-3525
912-285-6010
Fax: 912-284-2980

District 9-2: Southeast

1101 Church Street
Waycross, GA 31501-3525
912-285-6010
Fax: 912-284-2980

District 10: Northeast

220 Research Dr

Athens, GA 30605

706-583-2870

Fax: 706-548-5181

Hepatitis Books and Websites

Hepatitis Books:

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

Coma Life: Touch Me, Talk To Me, I'm 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 <http://www.comalife.com/>

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.

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.

Living with Hepatitis C: A Survivor's Guide by Gregory T. Everson, Hedy Weinberg, et al (June 1999). Approximate price \$15.95. This very popular book was written by a member of the faculty at the University of Colorado School of Medicine.

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.

Books and Websites

Triumph Over Hepatitis C: An Alternative Medicine Solution (Revised Edition) by Lloyd Wright, et al (June 2000). Approximate price \$19.95. Lloyd Wright's personal program and success in battling hepatitis C using natural products.

Hepatitis C: A Personal Guide to Good Health by Beth Ann Petro Roybal, Emmet B. Keefe (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.

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.

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.

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.

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.

A Real “Hep” Cookbook by Ramona L. Jones, C.N.C. Price: \$10.95 plus \$4 for shipping. Cookbook designed for those with a chronic illness such as hepatitis C. Contains 200 recipes that are “liver friendly.” Includes main dishes, pastas, salads, vegetables, juices, snacks, desserts, and tips for a healthy diet. Most recipes are extremely simple, no fancy products to look for at the grocery store, no meat recipes (some for fish).

Call 1-800-216-5195 or Send mail orders to:

Nature’s Response
22 Fairview Lane
Shawnee, OK 74804

The Bible Cure for Hepatitis C by Don Colbert, MD (September 2002) approximate price \$5.59. Find out how and why wise decisions, nutrition, supplements, stress-free living and faith can bring your hepatitis—including hepatitis C—under control. Next to your skin, your liver is the largest organ in the body, and it carries a heavy load of responsibility in keeping you healthy. Learn how to treat it well and make liver-friendly choices!

www.drcolbert.com

Books and Websites

Websites:

Alternative Treatment/Therapy Websites:

National Center for Complimentary & Alternative Medicine

<http://nccam.nci.nih.gov/health/>

HCV Caring Ambassadors Program

<http://hepcchallenge.org/>

Hepatitis and Complementary Alternative Medicine

<http://hepatitis.about.com/od/cam/>

International Deutsches Hepatitis C Forum

<http://hepatitis-c.de/natural.htm>

<http://hepatitis-c.de/alternae.htm>

Dr. Burgstiner's Complete Thymic Formula

<http://www.thymic.com/>

Dr. Burgstiner was a Georgia physician with Hepatitis B.

Both HBV and HCV patients have used this formula.

LiverFriend

www.liverfriend.com

Owned and operated by an HCV patient for herbs.

Lab Tests:

What Does My Blood Test Mean?

<http://www.bloodbook.com/test-result.html>

Lab Tests - What they are and what they mean.

<http://hepatitis-central.com/hcv/labs/toc.html>

Liver Nutrition and Diets:

Nutrition and Hepatitis C at HepCNet
<http://www.hepcnet.net/nutritionandhepc.html>

Parents of Kids with Infectious Diseases
<http://www.pkids.org/>

Medication Assistance:

Info on Pegasys and the Pegassist program
www.pegasys.com and
www.pegassist.com

Info on Peg-Intron, Commitment To Care and Be In Charge programs
www.pegintron.com and
www.beincharge.com

Infergen by Intermune
www.intermune.com

RX Assist for medication assistance
<http://www.rxassist.org/default.cfm>

Helping Patients for medication assistance
<http://www.helpingpatients.org/index.cfm>

Internet Sources for HCV Info and Support

Federal Government Resources:

Medicare

<http://www.medicare.gov>

Centers for Disease Control & Prevention

www.cdc.gov

Food and Drug Administration

<http://www.fda.gov/>

Social Security

<http://www.ssa.gov>

Social Security Disability

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

State Government Resources:

Georgia Division of Public Health

www.ph.dhr.state.ga.us

Georgia Division of Public Health - Hepatitis

<http://www.ph.dhr.state.ga.us/epi/disease/hepatitis.shtml>

Georgia Department of Human Resources

<http://www.georgia.gov/00/home/0,2125,4802,00.html>

Medical Resources in Georgia:

Georgia Partnership for Caring

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

Georgia Cares (Area Agency on Aging)

<http://wcgaaa.org/Georgia%20Cares.htm>

Georgia ADAP (Aids Drug Assistance Program)

<http://www.atdn.org/access/states/ga/ga.html>

Georgia Gastro's

<http://www.calladoctor.net/physicians-specialties-atlanta/gastroenterology.htm> and

<http://www.gastro.org/ypages/yellowpages/doc-ga.html>

Major Hospitals in Georgia:

Emory HealthCare

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

Grady Hospital

<http://www.gradyhealthsystem.org>

Crawford Long

www.emoryhealthcare.org/departments/ECLH

Piedmont Hospital

www.piedmonthospital.org

Medical College of Georgia

<http://www.mcg.edu/som/medicine/Gastro/>

Books and Websites

Non-profit Resources in Georgia:

HEALS of North Georgia

<http://www.HEALSOFGA.org>

Atlanta Harm Reduction Center

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

American Liver Foundation – GA Chapter

www.liverfoundation.org/georgia

Aids Survival Project

www.aidssurvivalproject.org or

<http://www.mindspring.com/~asp/>

Georgia Aids Coalition and Hepatitis Info

<http://www.georgiaaids.org/articles/hepatitis.htm>

Georgia Council on Substance Abuse

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

National Center for Research Resources (Georgia)

<http://www.ncrr.nih.gov/ncrrprog/clindir/georgia.asp>

On Line Georgia Support Group

<http://groups.yahoo.com/group/GAHepCSupport>

Pam's Hep C Links Page

<http://www.HEALSOFNFL.bravehost.com>

Non-profit Resources outside of Georgia:

Hepatitis Foundation International

<http://www.HepFI.org>

Hepatitis C Association

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

Hepatitis Magazine

<http://www.hepatitismag.com/>

Hep C Connection

<http://www.hepc-connection.org/>

Hep C Alert

<http://www.hep-c-alert.org/>

Hepatitis Neighborhood

<http://www.hepatitisneighborhood.com/>

National Hepatitis C Coalition, Inc.

<http://nationalhepatitis-c.org/>

American Liver Foundation

www.liverfoundation.org/

Sandi's Crusade Against Hepatitis C

<http://www.creativeintensity.com/smking/>

Care Givers:

Care Givers.com

www.caregivers.com

Tips for Coping with a Family Member

<http://www.hepcbc.ca/FAQv5.htm#VII.1>

Books and Websites

Harm Reduction:

Harm Reduction Coalition

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

Harm Reduction Coalition Hepatitis C Reader

<http://www.harmreduction.org/hepc/hepcreader/hepcreaderindex.html>

Atlanta Harm Reduction Center

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

Harm Reduction Psychotherapy Center

<http://www.harmreductiontherapy.org>

Harm Reduction Project

<http://www.hepcproject.org>

Advocacy:

HCV Advocate

<http://www.hepatitis-c-advocate.org/>

Hepatitis C Advocate Network

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

Hepatitis Activist

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

Organ Transplant:

Organ donation and transplant info:

Life Link

www.lifelinkfound.org

United Network for Organ Sharing

www.unos.org

Veterans:

VA National Hepatitis C Program
<http://hepatitis.va.gov/>

Prison Related:

Georgia Correctional HealthCare
<http://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 8a to 8p EST

Clinical Trials:

Center Watch
www.centerwatch.com

Veritas Medicine
www.veritasmedicine.com

Government Clinical Trials
www.clinicaltrials.gov

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

Books and Websites

Internet Shopping/Home Delivery:

Netgrocer.com

www.netgrocer.com

Nationwide delivery of non-perishable groceries, health and beauty supplies and home and gift items. Netgrocer also carries hard-to-find and regional grocery products.

AUL Super Store.com

www.a-u-l.com/aul/

Online grocery store offering discount groceries plus free delivery to all 48 contiguous U.S. states

Online foods.net

www.onlinefoods.net

Offers online ordering of grocery, meat, dairy products with international delivery options available.

Coop Grocer.com

www.coopgrocer.com

Complete online supermarket. Coopgrocer carries all nationally recognized brand name grocery products and general merchandise, at discount prices. Nationwide shipping by UPS.

Schwans

www.schwans.com

Frozen foods and stuff.

Glossary

Acute infection – a suddenly occurring infection that may resolve itself or turn into a chronic infection; the acute stage 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

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

Assay – a test or analysis

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

Glossary

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 for 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 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 genotype 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 – a HCV patient who has not responded to interferon treatment

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

Pathology – the study of the causes of diseases or abnormalities

PCR – Polymerase Chain Reaction; a method of testing for very small quantities of DNA and RNA

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

Glossary

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

Serum – fluid portion of blood

Sustained responder – a 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

Ordering Additional Copies

Individual copies of *The Hepatitis 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, but postage fees may be charged. To order, please contact the Georgia Division of Public Health at 404-657-2588.

The Resource Guide will also be available on the Internet at <http://www.liverfoundation.org/georgia> or <http://www.healsoftnga.org/>.

Disclaimer

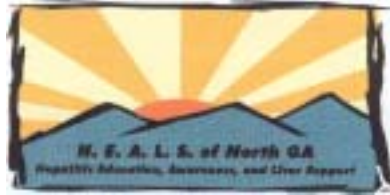
Listings and descriptions of resources in *The Hepatitis C Handbook: A Resource Guide for Georgians* are for informational purposes only. Inclusion in this guide does not constitute any endorsement or recommendation of, or for, any individual, service, treatment, or organization by those who contributed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

Phone numbers and service information change. The information contained in this guide was as current and correct as possible at the time 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:

hepatitis@dhr.state.ga.us

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Valdosta, GA



Schering-Plough

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