
Hepatitis C

What you need to know

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Hepatitis C Council of NSW

Acknowledgements:

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Hepatitis C Information Pack (Hepatitis C Council of NSW) 1994

Hepatitis C, a guidebook for health professionals and people with the disease (WA Health Dept) 1995

Hepatitis C: Second Edition (AGI) 1994

Hepatitis C, an information booklet about hepatitis C for healthcare providers (VIDRL Fairfield Hospital) 1994

Hepatitis C folder pack (Queensland Health) 1994

Hepatitis C - Epidemiology, Natural History, Control and Treatment (National Health & Medical Research Council) 1994

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This booklet was published in July 1996. Some information contained in it may soon be obsolete as knowledge about hepatitis C is evolving rapidly. Readers are encouraged to contact the Hepatitis C Council of NSW to check that information in this edition of the booklet is still current.

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Important:

This information booklet aims to give only a general overview of hepatitis C. It is not meant to replace the advice you would get from your doctor or specialist.

If you have hepatitis C, you should see your doctor regularly. Doctors can provide monitoring, up-to-date information and advice, and counselling if needed.

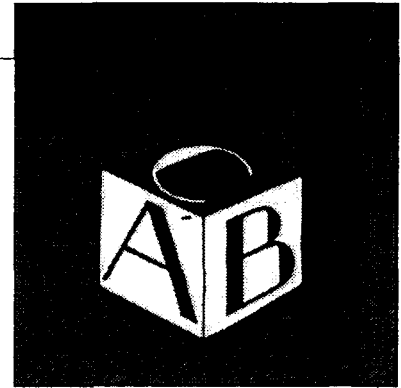
If any information in this booklet needs further explanation, please phone the *NSW Hepatitis C Information and Support Line* on 1800 803 990 (9332 1599 - Sydney metro) or talk to your doctor or specialist.

What is hepatitis C?

Hepatitis means inflammation of the liver which causes damage to liver cells. Hepatitis can be caused by chemicals, by drinking too much alcohol, or by drugs or viruses.

There are several different hepatitis viruses that can cause hepatitis. They produce similar inflammation of the liver but result in different illness and may require different treatments.

The hepatitis C virus is often called HCV. This name is similar to HAV (for hepatitis A), HBV (for hepatitis B) and HIV (human immunodeficiency virus), but one doesn't lead to another because they are all completely different viruses.



When someone catches the hepatitis C virus, their body produces antibodies to try to destroy it. More often than not, the antibodies fail to identify the hepatitis C virus properly. The infection then remains long-term. Most infected people don't know that they have the virus. This is because for some people there will be no symptoms and for others, symptoms take an average 13 years to develop. Some people may have hepatitis C for 20 years or more before finding out.

Hepatitis C may damage the liver. The damage may be slight or serious. If people have symptoms, they might feel tiredness, abdominal discomfort and nausea. There is no way to predict what will happen for any one person. Some things can worsen symptoms, alcohol being the most damaging.

The liver is vital to our body's good health. It has a number of functions which include: manufacturing and storing bile (which is used to break down fats in our digestion system), storing sugar and controlling the amount of sugar in our blood; manufacturing protein and other substances; and removing toxins, drugs and hormones etc. from our blood stream. If enough liver cells are not functioning well, a number of important body systems will eventually suffer.

What is a virus?

Viruses are minute organisms capable of infecting almost all animals and plants. Most viruses infect only one species. Hepatitis C virus only infects humans.

A virus is a minute organism composed of an outer 'skin' encasing a core structure. It is capable of infecting almost all animals and plants, including bacteria.

They lack independence and are characterised by a complete reliance on their host for reproduction.

Where did hepatitis C come from?

The hepatitis C virus has been around for over 20 years. Infection with it used to be called 'non-A non-B hepatitis'. Doctors first noticed it when some people who had been given blood in hospital developed hepatitis.

Using tests for hepatitis A and hepatitis B, doctors proved these two viruses weren't causing the symptoms. For years, the doctors could only guess what was causing non-A non-B hepatitis. In 1988, using genetic engineering, scientists discovered the virus responsible for causing the 'non-A non-B' hepatitis and called it hepatitis C virus (HCV).

As world-wide research continues, we now know that the virus can mutate or change rapidly and there are several major sub-strains. Each sub-strain varies. This could be one explanation for why our antibody response does not eliminate the virus. By the time our antibodies are ready to attack the virus, it has changed and our antibodies have no effect on it.

How many people have hepatitis C?

In Australia, the level of people with the virus is lower than overseas. It is believed that between 150,000 and 200,000 Australians have hepatitis C.

In Australia, the prevalence of people with the virus is estimated at between 0.5% and 1%. This means that on average, up to one in every 100 people would carry the virus.

How does hepatitis C affect people?

Hepatitis C is different for different people. Some are not affected by the condition, but others are affected very badly. As time goes on, we are learning more about hepatitis C. See the figure on next page as you read the following.

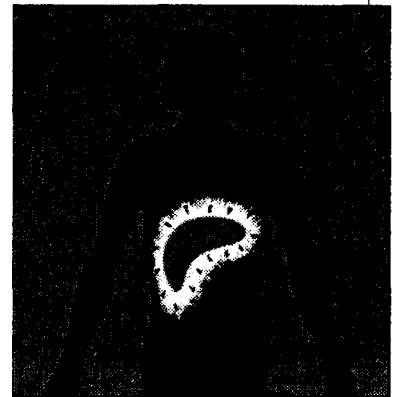
It currently seems that if 100 people catch hepatitis C:

15-20 people will get rid of it within 2 - 6 months (like we get rid of a flu virus)

60 people will have a long-term infection that may cause no problems or may cause levels of liver damage ranging from mild to serious. Symptoms that can range from mild to severe will occur. These often include tiredness, nausea and abdominal pain .

20-25 people will have a long-term infection that leads to serious liver damage after 20 years. Of these people, 10-15 will remain stable and the other 10 will progress to liver failure or liver cancer after another 5 to 10 years.

Hepatitis C infection doesn't always make people sick. When someone does get sick, symptoms take a long time to develop (approximately 13 years). Symptoms often stay at a certain level and don't always get worse. They can come and go with no real pattern.



Hepatitis C infection involves an initial acute phase of infection which is usually not noticed and lasts two to six months. During this phase, levels of the virus in the blood rise dramatically until the body's immune response starts producing antibodies. Although our antibodies fight the virus, in 80 to 85% of cases the virus is not eliminated and following the acute phase of infection, people are left with a long-term chronic infection.

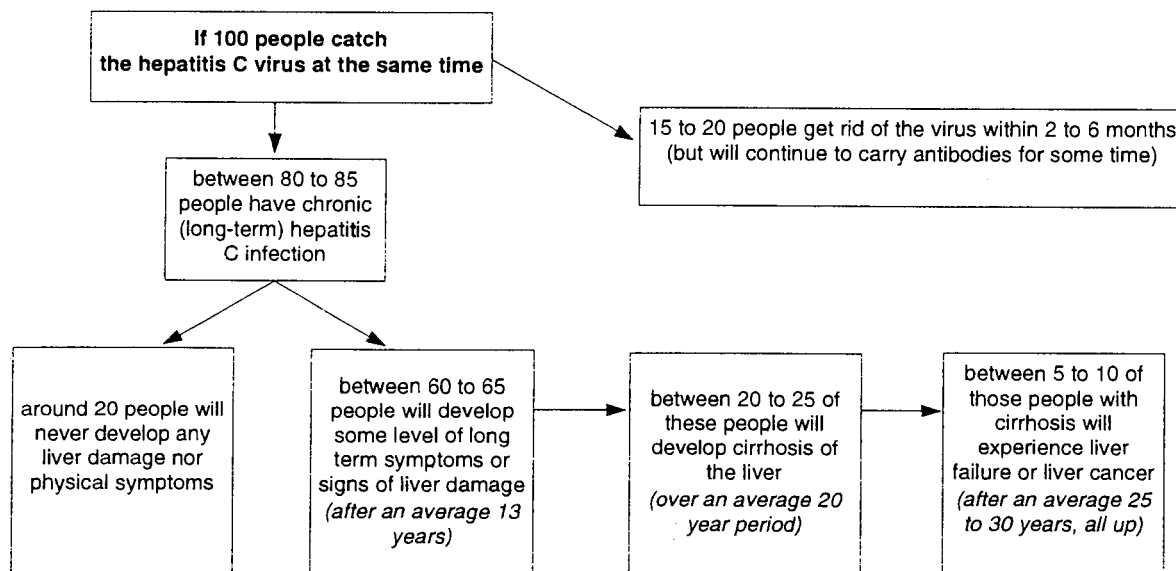
Some people with chronic infection don't have any noticeable liver damage or symptoms. These people remain well, but they are infectious and should take care to reduce any risk of transmitting the virus to others.

A majority of infected people will eventually develop liver damage that will result in symptoms related to hepatitis C. These typically include tiredness, nausea or abdominal discomfort. Sometimes symptoms may be disproportionately disabling compared to the amount of liver damage. Doctors and specialists do not yet fully understand the cause of fatigue associated with hepatitis C.

Over a 20 year period, chronic infection may result in permanent scarring of the liver called **cirrhosis**. This

is not life-threatening in itself but after a further 5 to 10 years, extensive cirrhosis may result in liver failure or cancer of the liver. Liver failure may be treated by liver transplant.

Current belief regarding outcome of hepatitis C



How is the hepatitis C virus passed on?

Transmission is nearly always through blood to blood contact:

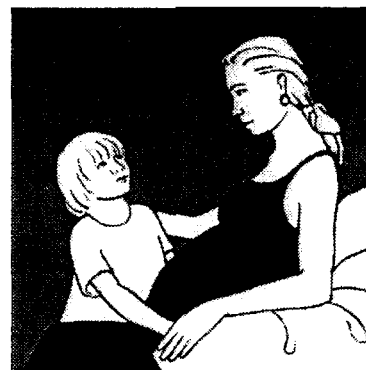
Sharing of injecting drug equipment	very high risk
Unsafe tattooing and body piercing	high risk
Mother to baby, before or at birth	moderate/low risk
Sharing of razor-blades, toothbrushes etc	moderate/low risk
Healthcare worker, needlestick and sharps injury	low risk
Blood transfusion and use of blood products, before 1990	low risk
Sexual activity (that doesn't involve blood to blood contact)	very low risk
Blood transfusion / blood products, after 1990	extremely low risk
Breastfeeding (see page 7)	extremely low risk

Sharing of injecting drug equipment is now the most common way of becoming infected. All injecting equipment is involved - syringes, spoons, filters, water, tourniquet and swabs. Stopping the bleeding with fingers also involves transmission risks. Although it is safer to inject in the company of other people due to the risk of drug overdose (approximately 500 people overdose per year in Australia), sharing *any* equipment is likely to lead to transmission of hepatitis C and other viruses. People who are already infected can become reinfected with different strains of hepatitis C and experience another initial acute stage of infection. Because of the many possible risk factors involved with injecting drug use, some experts believe the safest way of taking drugs is to smoke, drink or eat them.

Unsafe tattooing and body piercing: Tattooing and body piercing are not always carried out under sterile conditions. Although single-use needles are commonly used, dye and dye tubs may be used for many customers. You should make sure that your tattooist or body piercer adopts infection control practices, ie. uses single use disposable surgical gloves, needles and dye tubs etc.

Blood banks began testing for hepatitis C virus as soon as tests became available in 1990. Before that, all blood transfusions and blood products carried some risk, with about 20% of people with hepatitis C having caught it through contaminated blood or blood products. Blood banks now test all donated blood and inform donors who have hepatitis C antibodies. Risk of hepatitis C transmission is extremely low.

Mother to baby transmission: If a baby is born to a hepatitis C positive mother and its blood was tested at birth for hepatitis C antibodies, the test would come back positive. This is because the baby has some of its mother's antibodies - these antibodies clear naturally over time. A test at 12 months usually confirms a toddler has the virus. Less than 10% of babies actually acquire the virus from a mother with hepatitis C. Mothers in the acute phase of infection, or those with serious liver damage, have a higher possibility of transmitting the virus.



Occupational transmission occurs mainly through needlestick (or sharps) injuries. For every 100 needle stick injuries involving hepatitis C positive blood, 4 result in transmission (4% risk). With hepatitis B needlestick injuries, the risk is 30% and for HIV the risk is 0.4% (4 in 1000). Healthcare workers are advised to always practice universal infection control precautions.

Household transmission is rare. It can occur where blood-to-blood contact happens. This could involve your blood spills coming into contact with someone's open cut, or to a lesser extent, the sharing of razor blades, toothbrushes and sharp personal grooming aids. It is advisable to wipe up blood spills with paper towels and bleach, and to keep razors and toothbrushes separate from those belonging to other family members.

Sexual transmission of hepatitis C is very uncommon. All sexually active people should consider the benefits of safe sex in regard to the wide range of sexually transmissible diseases. If you have any condition that involves scratching, sores or blisters (especially when these may come into contact during sexual activity) the possibility of blood-to-blood contact and transmission is increased.

When one partner is hepatitis C positive couples need to reassess their sexual practices to exclude the risk of blood-to-blood contact during sex. Using condoms and dams when a female partner is menstruating or when having anal sex is recommended. It is also advised to use a water-based lubricant to avoid condom breakage, skin damage or abrasion during sex.

Risk of sexual transmission is thought to be influenced by a person's **viral load** (virus levels in the blood). Risk of transmitting hepatitis C sexually is possibly increased during the initial acute phase of infection - lasting up to six months after catching the virus. People who are already infected can become reinfected with different strains of hepatitis C and experience another initial acute stage of infection.

Breastfeeding: The hepatitis C virus has not been found in samples of breastmilk taken from hepatitis C positive women. Transmission risk via breastmilk is therefore very unlikely. There are many advantages to breast feeding. The choice to breastfeed or bottle feed is up to parents. Breastfeeding mothers should check their nipples before each feed and avoid breastfeeding if they are cracked or bleeding.

Who should have the hepatitis C test?

People who ever had blood transfusions or blood products before screening was introduced (February 1990), and people who have ever shared injecting equipment for drugs including steroids should have themselves tested.

Other people who should consider having the test are those who have been tattooed, had body piercing or a needle-stick injury. People with abnormal liver function tests with no apparent cause would also benefit from having a hepatitis C antibody test. Healthcare workers who perform 'exposure prone procedures' should also have themselves tested.

What do tests involve?

Initial screening tests for hepatitis C do not look directly for the virus itself, they look for *antibodies* (which are produced by our bodies to fight the virus).

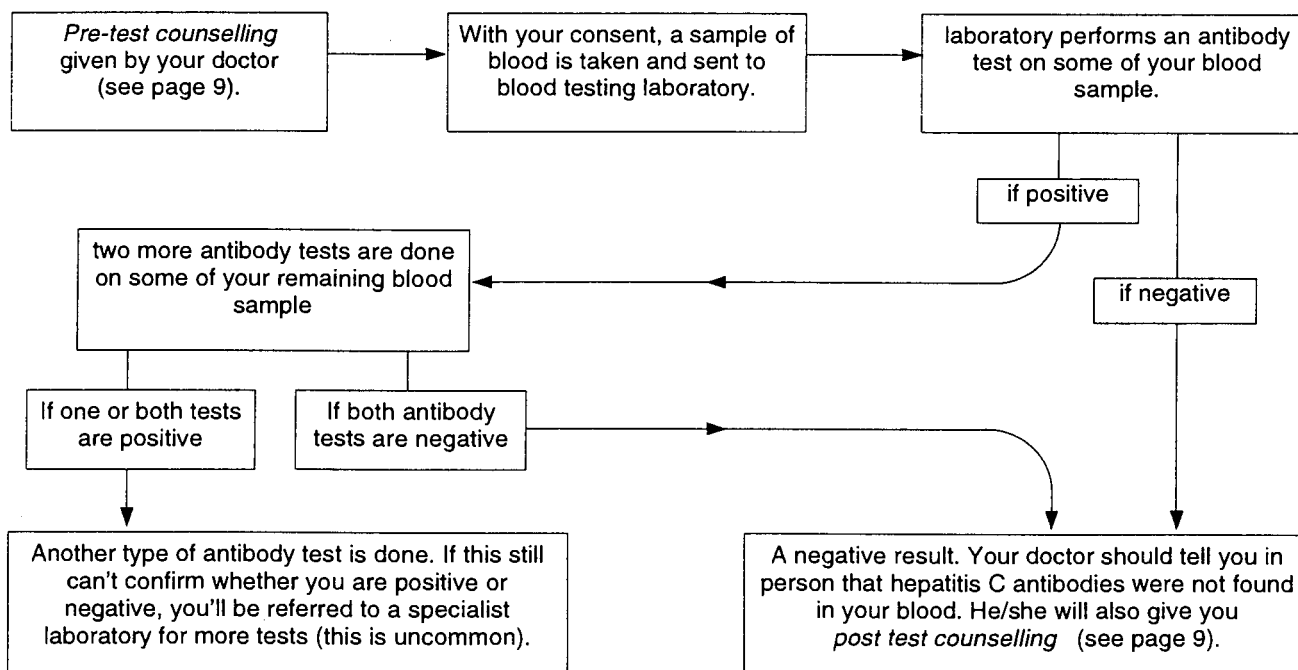
Antibody test results are usually positive or negative, but sometimes they come back unclear. Tests that come back positive are redone to confirm they are right. Unclear results are repeated and if still unclear, different types of blood tests are done - see below.

There are also blood tests called liver function tests which look for signs of liver damage.

Antibody tests indicate whether the body has been exposed to the virus and has produced antibodies to fight it. They do not determine whether or not someone still has the virus or how long they've been infected. After catching the virus, it takes your body up to 6 months to develop antibodies. This is called the *window period*. During this time someone with an active infection could show a negative antibody test. HCV antibody tests are free if you take your Medicare card to a doctor who bulk bills.

If you get a positive test result and have no risk background - eg. blood transfusions or injecting drug use - it's a good idea to check with your doctor that the blood laboratory double checked the result by using confirmatory tests.

A hepatitis C antibody test should involve:



PCR tests are a newly developed test that came onto the market in late 1994. It requires many steps and is expensive. They are not covered by Medicare. PCR tests look for the presence of the virus. The tests are generally used for assessing someone for Interferon and monitoring their treatment. Information gained can also be useful in interpreting unclear antibody test results. Like the hepatitis C antibody test, the PCR cannot tell how long someone has been infected.

With all test results, it's advisable to ask for photocopies of the written test results. If you change doctors or wish to get a second opinion, you then have your own records to show to other doctors or specialists.

Pre and post-test counselling have three main aims: to prevent transmission of the virus, to provide support and to help ensure good management and treatment. In pre/post-test counselling, your doctor should

briefly discuss: reason for having a test, history of HCV, meaning of test results, routes of transmission, general outcome of infection, treatment options, lifestyle issues, implications for life assurance and confidentiality. Your doctor should also check if you have adequate emotional support in case of a positive test result.

Your doctor should provide all the information that allows you to make your own decision whether or not to be tested. He or she should also be able to refer you to health services and/or community support services.

How do I know what is happening?

Regular blood tests are used to measure the general condition of your liver. These are called liver function tests. These tests give useful information but other tests may be needed to give an accurate indication of the condition of liver cells.

Your doctor and/or specialist will also monitor whether you have any hepatitis C related symptoms or liver damage, and your general level of health.

Liver function tests measure levels of particular enzymes in your blood. These enzymes are found in increased levels if liver cells are damaged and excess enzyme 'leaks' into your bloodstream.

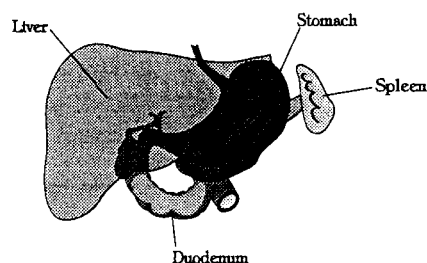
Liver function tests are only a rough guide to the severity of liver damage from hepatitis C - if damage exists. ALT is the most commonly monitored enzyme in liver function tests. Because of differences in technology, 'normal ranges' quoted by laboratories may differ. This means you shouldn't compare your ALT result from one laboratory with results from a different laboratory. Be guided instead by the normal range quoted by your lab at the time of your test.

A doctor can offer ongoing evaluation of your condition by interpreting differences in liver function test results over the last 6 months or so, and whether or not you have physical symptoms or signs of liver disease. Liver function tests are done monthly, quarterly, twice a year or annually, depending on the individual case. It is advisable to ask for your own photocopies of all test results.

Liver damage may be occurring even when liver enzyme levels are normal. In some cases, where ALT readings are consistently high for a long time, where they fluctuate greatly or if the readings don't correlate with presence or lack of symptoms, a specialist may suggest a liver biopsy is done. Some doctors recommend a liver biopsy after 10 to 15 years of infection and every 5 years thereafter.

What is a liver biopsy?

Using a special needle, a specialist takes a small sample of your liver. This is then examined under a microscope. The specialist can then give an accurate report on the condition of your liver.



A biopsy is the best way of determining the condition of liver cells. After the skin is sterilised and an injection of local anaesthetic given, a special needle is passed between the ribs into the liver. A small sample is taken for microscopic examination. Sometimes doctors may do the procedure using an ultrasound machine to guide them.

For people with blood clotting disorders, liver biopsies are not advised because of the small risk of internal bleeding. Discuss the procedure and possible risks with your doctor. Some people experience pain during the procedure, others don't even realise it has been done. Local anaesthetic is always used, but if you are concerned, ask for some pain killing tablets and something to calm you down.

After the procedure, you will be asked to lie still for several hours, so you might like to take a book or a personal radio-cassette.

The biopsy result outlines the condition of various parts of the liver and individual types of liver cells in great detail. The biopsy results will be given to you to take back to your GP. You should ask for a photocopy for your personal records.

What treatments are there for hepatitis C?

Doctors may suggest Interferon treatment. The treatment currently lasts for six-months. In one out of four cases, it results in long-term benefit to the liver. Because Interferon has only been used for hepatitis C for a relatively short time, doctors aren't sure if the long-term benefits are permanent. The treatment does have side effects.

Some people with hepatitis C try natural or alternative treatments. Traditional Chinese Medicine is one option. This can include a mixture of acupuncture and Chinese herbs. Homeopathy and herbalism are other options. If you decide to try alternative therapies, it is important to see a qualified natural therapy practitioner.

Whatever treatment choice you make, it is important to find out as much as possible about the different options. Natural therapists should work alongside GPs who can monitor progress and side effects.

Interferon is currently the only treatment shown to have any effect on hepatitis C, although trials are being conducted to examine the effectiveness of a number of other treatments including herbs and other natural therapies. People with significant symptoms, high ALT levels and chronic persistent hepatitis, and all those with chronic active hepatitis on biopsy, irrespective of symptoms, can be considered for interferon treatment. Treatment involves injections, three times a week, currently for six months.

Around 60% of people respond well while on treatment, but only an overall 20-30% maintain a good long-term response. Recent studies show that 12 month treatment programs improve the response rate to 40%. People who already have cirrhosis respond less well to Interferon, only one in 10 having a good response.

Interferon treatment nearly always involves side effects. Experience of side effects varies. Some people report no problems at all. Others find the side effects so unpleasant they stop treatment. If you are considering treatment you should be aware of the possible side effects before making a decision. If you are concerned, you may decide to postpone treatment until a particularly demanding work project or other personal commitment is completed.

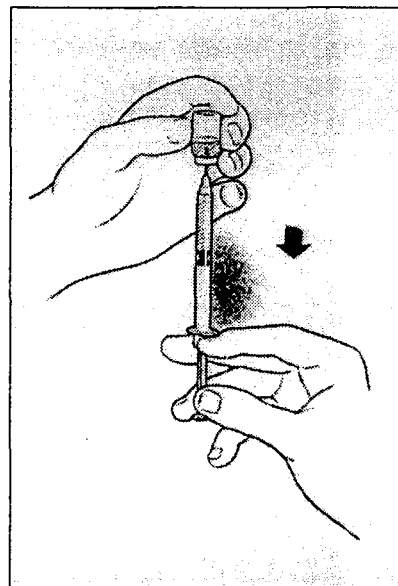
Interferon side effects can include flu-like symptoms - fevers, chills, lethargy, muscle pain, and depression. Sometimes these symptoms may mean that a person has to stop the treatment. Side effects may gradually lessen as a person's body develops a natural tolerance to the drug. Depression and mood swings may worsen and need to be monitored closely.

If someone has a history of psychological problems such as depression, an initial psychological assessment should be given. Interferon treatment may then be given but will be monitored especially closely as it can worsen such pre-existing conditions. Less common side effects can include mild temporary hair loss, blood disorders, thyroid disorders, skin lesions and worsening of psoriasis (a skin disorder). Most side effects will usually go away once treatment stops.

Treatment centres must offer the following facilities: a nurse educator/counsellor for patients, 24 hour patient access to medical advice, a day-stay liver clinic and facilities to do safe liver biopsies.

Current guidelines for specialists prescribing Interferon for HCV include:

- having a liver biopsy that shows you have active hepatitis
- a positive antibody test, repeated 4 to 6 months later



- having ALT levels at least 1.5 times normal upper limit, repeated 3 times over a 6-month period
- not having cirrhosis
- controlled drinking pattern of no more than seven standard drinks over a 7-day period
- not pregnant or likely to become pregnant during treatment
- no illicit injecting drug use in the previous 12 months, unless currently not injecting and stabilised on a methadone program for 6 months
- absence of HIV infection
- no history of autoimmune liver disease
- no history of major psychological problems - eg. schizophrenia, major depression.

Although people who have cirrhosis cannot gain access to government supplied Interferon (Section 100 PBS), they may be treated at a hospital if there are humanitarian grounds. People with cirrhosis could also seek to recover treatment costs from their health fund, or could seek further treatment within current Interferon trials. These trials are being conducted to fine-tune treatment strategies.

Natural therapies have been used to treat hepatitis C and its possible symptoms. To date, there have been few research trials in Australia to check the effectiveness of natural therapies in treating hepatitis C. Good results have been reported by some people using natural therapies but others have found no observable benefits. As with any treatment, wrongly prescribed medicines can be harmful - some can even damage your liver.

Some people may choose natural therapies as a first or a last resort. Others may not use them at all. Some may use them in conjunction with pharmaceutical drug treatments. Whichever way you choose, you should be fully informed. Ask searching questions of whichever practitioner you go to:

- Is the treatment dangerous if you get the prescription wrong?
- How have natural therapies helped people with hepatitis C?
- What are the side effects?
- Is the practitioner a member of a recognised natural therapy organisation?
- How much experience have they had of working with people with hepatitis C?
- How have they measured the health outcomes of their therapy?
- How do they aim to help *you*?



Remember, you have the right to ask any question of any health practitioner and expect a satisfactory answer. If you're not satisfied, shop around until you feel comfortable with your practitioner.

You cannot claim a rebate from Medicare when you attend a natural therapist. Some private health insurance schemes cover some natural therapies. It pays to ask your natural therapist about money before you visit them. Many will come to arrangements about payment - perhaps a discounted fee?

If you decide to use natural therapies, it's vital that you see a practitioner who is properly qualified. It is also advisable to talk to your medical doctor or specialist and your natural therapist about the treatment options that you are considering. It's best if they're able to consult directly with one another. If a natural therapist suggests that you stop seeing your medical specialist or doctor, or stop a course of pharmaceutical medicine, *consider changing your natural therapist.*

What can I do myself?

- ♦ Cut down or stop alcohol use
- ♦ Learn how to manage stress
- ♦ Seek counselling if needed
- ♦ Rest when you feel unwell
- ♦ Talk to someone close about your feelings or problems

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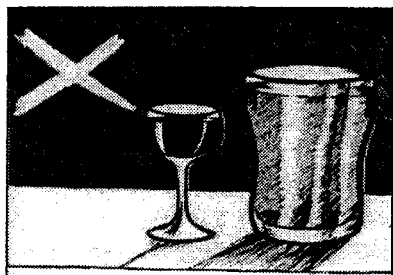
- ♦ **To maintain general good health, eat a well-balanced diet**
- ♦ **When taking prescription or over-the-counter drugs, follow the directions carefully**
- ♦ **If you inject, use safe injecting methods (see 'harm minimisation' page 13)**



As with any chronic disease, maintaining the best physical and psychological health will help you cope with any symptoms and illness. Although there is no proven link between diet and progression of hepatitis C, some people with the condition do report feeling better when avoiding fatty foods.

Controlling alcohol use, eating a healthy balanced diet, planned exercise, managing stress, discussing and sharing your emotions, getting adequate rest and giving up smoking will all help to keep you as healthy as possible.

Alcohol use is probably the most important factor because alcohol is a poison to the liver. Doctors advise that men shouldn't drink more than 7 standard drinks a week - for women, 4 standard drinks - and that you should have at least two alcohol free days a week.



If you find the goal of giving-up 'cold turkey' too daunting, the following suggestions may be useful:

- avoid binge drinking
- try low-alcohol drinks
- alternate non-alcoholic drinks with alcoholic ones
- avoid places where you may be 'pressured' to drink heavily
- finish each drink before the next, keeping track of how many you have had

For more information, phone the Alcohol & Drug Information Service (see page 19).

Some **prescribed and over-the-counter medications** can be harmful to a damaged liver if directions are not followed. Many medications may seriously damage the liver when taken in high doses or for too long - especially paracetamol. It is therefore important to consult a GP or pharmacist about your current medications, or any proposed medications, and follow the directions. If you have serious liver disease (eg. cirrhosis) it is best to avoid aspirin and to consult your specialist about all medications.

Injecting drug use and hepatitis C

Hepatitis C has emerged as the most serious health problem for people who inject drugs. The majority of people who have injected drugs have hepatitis C so those users who don't yet have hepatitis C are at great risk of infection.

An estimated 65 to 90% of people who have shared equipment to inject drugs have the virus. Even those people who have shared injecting equipment once or twice have possibly caught hepatitis C. It doesn't matter what is injected - heroin, methadone, pills, speed or steroids. It is how the drugs are injected that is a potential risk for transmitting infection (see page 6).

Like anyone with hepatitis C, if you inject drugs you need adequate medical follow-up after a hepatitis C diagnosis is made. Awareness of infection is important, as is knowledge of safe injecting practices and recommended lifestyle changes.

Methadone and hepatitis C: If you're on a methadone program you may be able to access initial hepatitis C antibody testing and ongoing liver function test monitoring through your prescribing clinic. If the clinic does not offer such services, ask for a referral to a GP who does. The effects of methadone can alleviate possible painful symptoms of hepatitis C. Although this may be helpful, it can camouflage early signs of liver damage (if it develops). Flu-like hepatitis C symptoms may give the impression that you are on prescription pills. If this causes problems with staff at the clinic, it may be useful to remind them of the complicating effect of hepatitis C symptoms.

If you experience flu-like symptoms of hepatitis C, these symptoms should not be misinterpreted as withdrawal symptoms from opiates. People should be careful with methadone dosages and aware of their real tolerance for drugs. This is especially important when liver damage is severe. If you injects drugs, you can obtain specific and accurate information on injecting drug use and hepatitis C from NUA or the Hepatitis C Council of NSW (see page 19).

Harm minimisation: If you inject, you should consider three health risk factors. Firstly, there is the unknown strength of street drugs and that people have different drug tolerances. Secondly, street drugs may contain dangerous impurities. Finally, if you already have hepatitis C, there is the possibility of reinfection with another strain of hepatitis C or other viral infections like HIV or hepatitis B.

Some drugs, due to their specific effects, impair health and increase susceptibility to illness. If you inject, you may be advised to consider the possible health complications involved. You can reduce risks by:

- swallowing, snorting or smoking drugs (don't share 'straws' if snorting)
- washing your hands before and after shooting up
- wipe down all surfaces where you'll be preparing your hit
- avoid all contact with anyone else's blood, including traces you might not be able to see
- **use a new fit for every hit** - as a last resort, use fits cleaned as described below
- don't share any equipment when preparing and injecting your drugs - use all your own gear
- don't use hits prepared by someone else at some other time
- immediately after each use, flush your fit with clean cold water even if you don't think you'll use it again. This helps remove blood and infection particles from the fit and has the added advantage of removing all traces of whatever drug you're shooting up
- dispose of your fits safely - eg. put them in sharps bins, back in your fit pack or into empty plastic resealable drink bottles
- avoiding binge drug use
- avoiding drinking alcohol heavily when using.

Cleaning fits: We don't know that disinfection or cleaning really works so be safe and use all new equipment every time you hit up. Reusing fits should be a last option only. If you're cleaning fits, remember the following guidelines:

- ☐ immediately after use, rinse fit in cold water until signs of blood are gone. Squirt water down sink or into an old drink bottle. Do this as soon as you've used the fit since dried or clotted blood is hard to wash out and can block the fit. Always use cold water as hot water will clot blood in the fit and block it.
- ☐ fill the fit with fresh high-strength bleach. Use the strongest bleach available (which is usually the most expensive). With the fit full of bleach, replace the cap over the needle and shake it for 30 seconds or more. Time this on a watch or count it out slowly. Then squirt the bleach out into the sink or an old drink bottle. Now repeat the bleach process, again shaking for thirty seconds.
- ☐ with another container of fresh clean water rinse the fit out at least two times. Again, squirt the water down the sink or into an old drink bottle, not into your containers of bleach or clean water. Empty all your containers down the sink when you are finished.

Remember that this way of cleaning fits can't be guaranteed to kill the hepatitis C virus. Taking time with the above steps improves your chances of avoiding transmission of hepatitis C, but ideally -

use a new fit for every hit.

Does hepatitis C affect women differently?

Women can be affected by hepatitis C in a different way from men. This is possibly due to hormonal effects and liver damage.

A woman with hepatitis C and considering hormone treatment or medications should discuss any possible complications with her doctor.

Women do not need to consider terminating pregnancies because of hepatitis C.



Hormonal effects of hepatitis C can involve menstrual irregularities, particularly if you are experiencing significant hepatitis C symptoms. It is important that your general health is checked as well as your hepatitis C monitored.

Birth control: If you are experiencing significant hepatitis C symptoms, using the oestrogen-based contraceptive pill may be inadvisable. In these cases, the progesterone-only pill or Depo-Provera may be preferable. In any case, you should consult a woman's health practitioner.

Hormone Replacement Therapy: If you have severe hepatitis C symptoms you may need to discuss with your doctor or specialist whether hormones should be used for menopausal symptoms. If this is the case, external vaginal creams and skin patches are probably better than pills.

Breast feeding: see page 7.

Issues for partners, parents, family and friends

Except for blood-to-blood contact, the virus is quite difficult to pass on.

Razor blades and toothbrushes should be kept separate. Blood spills should be washed up with paper towels and bleach, and cuts or grazes should be cleaned and covered with waterproof dressings. Blood stained items should be placed in plastic bags before disposal in the garbage.

Most babies are not at risk of catching hepatitis C from their mothers.

Sexual transmission of hepatitis C is very uncommon.

Partners, family and friends can play a big role supporting someone with hep C.

Vertical transmission: This relates to transmission of the virus from a hepatitis C positive mother to her baby during pregnancy or at birth. It occurs in less than one in 10 births. If a mother contracts hepatitis C during pregnancy, though, the risk of transmission is increased above one in ten (due to her increased viral load). For most hepatitis C positive women, the overall risk of vertical transmission is quite low and the outlook for babies who are born HCV positive does not warrant termination of pregnancies.

Breast feeding: see page 7.

Testing of infants: If you feel it is necessary to test babies and toddlers, it is important not to test them before the age of 12 months (see *mother to baby transmission*, page 7).

Transmission to sexual partners is very uncommon. Hepatitis C is not classified a sexually transmitted disease but all sexually active people should consider the necessity for safe sex in regard to the wide range of sexually transmitted diseases (see *sexual transmission*, page 7).

Disclosure: At some point in time, people who have hepatitis C may decide to tell their current sexual partner(s). When another partner is advised of HCV infection, it may assist to have written hepatitis C information on hand - such as this booklet or the brochure - *Hepatitis C: a brief introduction*.

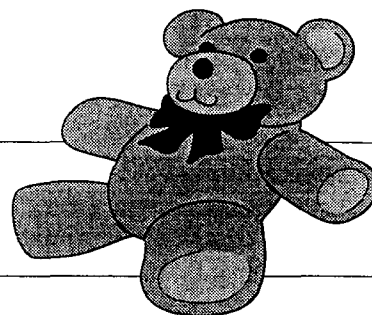
HCV transmission to family members is uncommon:

Hepatitis C is not transmitted by ordinary social contact such as

- hugging
- kissing
- shaking hands
- sharing food, plates, cups and glasses
- using the same shower and toilet facilities
- using towels or the same washing machine

It is better not to share razors, toothbrushes or any items able to be contaminated by blood. All homes should have good first-aid kits regardless of whether anyone has hepatitis C. If you have hepatitis C, you should clean and cover cuts with waterproof dressings. Spilt blood should be cleaned up using paper towels and bleach straight from the bottle. Bloodstained items such as band-aids, dressings, tampons and pads should be secured in plastic bags before going into a bin.

What does hep C mean for kids?



Not enough is known about hepatitis C to judge whether it physically affects children any differently from adults.

Although many studies have been done on adults, particularly people who have had blood transfusions, there have been few studies done on infants and children. It is difficult to say if there would be any major differences to the outcome of hepatitis C infection in children.

Who should I tell?

If you have hepatitis C you are under no legal obligation to tell others. It is up to you to decide whether to tell anyone of your hepatitis C status.

Carefully consider any decision to tell others as they may act with prejudice.

Hepatitis C positive healthcare workers who perform 'exposure prone procedures' should be guided by their State or Territory health authority's guidelines on the performance of exposure prone procedures.

Coping with diseases like hepatitis C can be easier when you can talk to someone close to you about what's happening. Although this usually is helpful, disclosure can sometimes result in rejection.

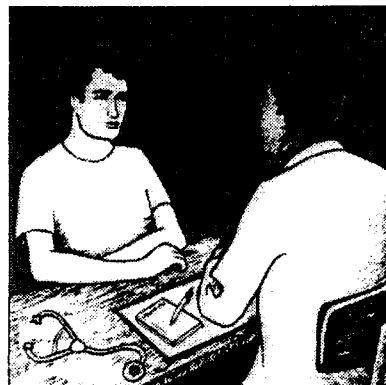
Individuals are not personally obliged to inform anyone of their status. General Practitioners and blood testing laboratories inform health department disease monitoring authorities of HCV positive test results. This information is treated confidentially and used for statistics to help in planning health services where they are most needed.

Within workplaces and healthcare settings, government-endorsed *universal blood and body fluid precautions* and other procedures are intended to reduce the risk of transmission of HCV. Health authorities recommend that people with HCV inform healthcare workers fully of their health status as this is often necessary for good health care.

Some healthcare workers may have judgemental attitudes or unnecessarily exaggerated fears of infection. People should carefully consider whether to inform healthcare workers, or which healthcare workers to inform, in light of possible discrimination.

Surgeons, operating theatre nurses, dentists, dental assistants and other healthcare workers who carry out 'exposure prone procedures' should be guided by their State or Territory health department policies. In NSW, if you are a hepatitis C positive healthcare worker who performs 'exposure-prone procedures' and are unsure of the implications for your career, you could contact the Hepatitis C Council who can put you in anonymous contact with the NSW Advisory Panel on Blood Borne Viruses.

If you have hepatitis C you should not donate blood, semen or organs.



Department of Social Security

Some people, after many years, will experience hepatitis C symptoms that will interfere with their ability to work. The Department of Social Security (DSS) provides a range of financial support services to assist these people, including Disability Support Pension, Sickness Benefit or the Carers Pension.

Sickness Allowance:

- for Sickness Allowance, you must usually be at least 16 years old and not of Age Pension age.
- you must have suffered a loss of income as a result of illness or an accident. The loss can be in wages, salary or other income of a similar nature - or if not employed, a loss of Job Search Allowance, Austudy, Abstudy or Social Security pension.
- you must have a medical certificate from a doctor proving temporary incapacity.

Disability Support Pension:

- for DSP, you must be aged 16 or over and not of Age Pension age. A child under the age of 16 may be eligible for the **handicapped child's allowance**.
- if you are permanently blind, you will qualify automatically for DSP.
- you must have a physical, intellectual or psychiatric impairment of 20% or more and a continuing inability to work.
- you have a continuing inability to work if your impairment prevents you within the next two years from: doing the usual work, doing work for which you are skilled, and undertaking education or vocational training likely to re-skill you for other work.
- if you're claiming DSP you must provide a report on your impairment and work capacity from your own doctor - having lots of your doctor's case notes is very useful, especially if they detail symptoms. In addition, you'll usually have an examination by a government Medical Officer.

Carer Pension:

- The person being cared for must be a severely disabled person, receiving a Social Security pension, benefit or service pension, and living either in the same home or next door to the carer.
- The carer claiming the pension must be personally providing the severely disabled person with personal care, and not be in receipt of any other pension or benefit.
- A severely disabled person is someone who has a physical, intellectual or psychiatric disability, and because of that disability, needs frequent care in connection with their body functions or constant supervision to prevent injury to the person or others, and is likely to need personal care and attention or constant supervision permanently or for an extended period.
- A person receiving Carer Pension is able to cease caring for up to 10 hours a week to undertake training, education or other employment. He/she is also able to temporarily cease providing care (for

periods of respite or hospitalisation for the person being cared for) without losing entitlements if in a calendar year, not more than 42 days are taken off.

Complaining / Appealing against a Departmental decision

If you are unhappy with the way you have been treated by Social Security, you can complain. For more information, contact the Welfare Rights Centre - a community legal centre which assists people with Department of Social Security problems. See page 20.

If you think a Departmental decision is wrong you can follow these steps:

- ask your regional DSS office to look at your case again
- ask for a review of the decision by an *Authorised Review Officer*
- appeal to the *Social Security Appeals Tribunal*
- appeal to the *Administrative Appeals Tribunal*.

You can request a review of the initial Departmental decision by your regional office. This will probably be carried out by the person/s who made the original decision.

If you are unsatisfied, a (semi-independent) DSS Authorised Review Officer can review the decision. If you are unhappy with this review, he/she can give you forms and tell you how to proceed further.

The next level of appeal is the Social Security Appeals Tribunal. Although this level appeal is free, it is advisable to obtain legal advice (contact Welfare Rights Centre)

If you are unsatisfied with the previous step, you can appeal to the (independent) Administrative Appeals Tribunal. This level of appeal is also free but it is advisable to obtain legal advice and representation. For more information, contact the Welfare Rights Centre. They can provide information, advice, representation and referrals. For phone number, see page 20.

What about insurance?

If you know you have hepatitis C, you will probably have to pay a higher annual premium, or may be refused cover, depending on the type of insurance.

If you feel you are being unfairly discriminated against in regard to either obtaining insurance cover or receiving a payout, refer to the legal contacts listed on page 20.

Successful insuring involves skilful calculating of risks. A certain risk classification is used for assessing clients with hepatitis C. This determines the correct amount of annual premium a company should charge in order to make an overall profit.

People with hepatitis C can expect to pay increased premiums. This relates to the following main insurance packages:

Income protection covers someone if they become ill or injured. The company will pay a percentage of the person's normal wage for a certain period of time. Often people who are self employed take this type of cover.

Life assurance is where a person pays a certain amount of money each year (called the premium). This money is paid until the person is 65 years old, or the expiration of the policy. If he or she dies prematurely, a lump sum of money is paid to a selected beneficiary - usually a partner or dependents.

Total and permanent disability is cover for when someone experiences a bad accident or permanent sickness that leaves them permanently unable to work.

Trauma cover pays people a sum of money to assist in dealing with specific events such as heart attack, cancer or organ transplant.

People with hepatitis C are assessed individually and are not necessarily denied insurance cover. A number of personal factors would affect assessment of a new client. Risk classification formulae are based on current existing data. As new data becomes available, insurance companies will review their approach. If you feel you are being discriminated against in regard to obtaining insurance cover, receiving an insurance payout or other insurance matters, refer to the legal contacts listing on page 20. For detailed information on life assurance, contact the Life, Investment and Superannuation Association also listed on page 20.

What can be done about discrimination?

How people might have caught the virus is not important. Those who have the hepatitis C virus are covered by anti-discrimination laws. All people should be treated equally, whether or not they have hepatitis C.

It is important to remember that people with HCV should not be treated differently from anyone else. This applies to all of everyday life, including buying or renting goods or services, healthcare services, applying for a job, getting a promotion at work or maintaining privacy in the neighbourhood. Anti-discrimination legislation covers people with hepatitis C because viral infection is deemed as a disability.

If something happens that seems to be against the law, try talking to the person or organisation that you feel is discriminating against you. Tell them you think that it is against the law. Use whatever help you think you may need - for example, if its a work problem you could ask your Union or an Equal Employment Opportunity officer to help. The Hepatitis C Council may be able to advise you how to proceed. You can also seek advice from a community legal centre or the Anti-Discrimination Board.

The Anti-Discrimination Board has the legal power to investigate a complaint, and if it appears to be against the law, to try to conciliate it. Conciliation means trying to reach a private settlement. Most complaints are conciliated successfully. Those that aren't would go to the Equal Opportunity Tribunal.

If you feel you have been unfairly dismissed, and work under a state award, you could lodge a complaint with your state Industrial Commission. If you work under a Federal award, you would need to contact the Commonwealth Industrial Commission.

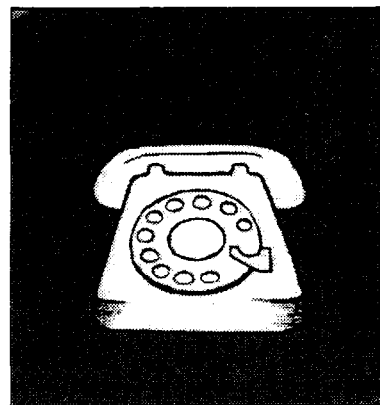
If I need help, where can I get it?

If you have just received a positive test result or are considering having a test, you could phone the NSW Hepatitis C Telephone Information & Support Line (1800 803 990).

When you are considering being tested or when receiving test results, you should be counselled by your doctor. If you feel uncomfortable seeing your regular doctor, you might like to go to a sexual health centre or one of the clinics listed below (marked healthcare services).

If you are affected by hepatitis C, you can join the Hepatitis C Council of NSW to receive regular information updates and other services (page 24).

If you need more counselling, your doctor should be able to refer you to a counsellor. Sexual Health or Drug and Alcohol counsellors can provide counselling and can refer people to other services for help (see



(Continued on page 19)

(Continued from page 18)

Sexual Health Centres or Alcohol and Drug Information Services, below).

If you need other forms of support because of physical, emotional, medical or family needs, community support services can be utilised (see below).

Services relating to hepatitis C are provided by state or federal government, or by the medical and healthcare profession. Services are also provided by independent or community organisations.

Some services are specific to hepatitis C, such as the Hepatitis C Info/Support Line. Other specific services include home detox, respite care, home shopping services, and home modification or maintenance services.

The various Area and District Health Services provide clinical medical services, as well as information, counselling and psychological services. People with hepatitis C can also seek care, treatment and information from general practitioners and hepatitis specialists.

For referral to services, speak to your doctor, contact your local community health centre, look in the front pages of your white pages phone book, or phone any of the following groups:

Information and support services

Alcohol & Drug Information Service - ADIS	02 9331 2111	1800 422 599
Centre for Education & Information on Drugs & Alcohol	02 9818 0444	
Hepatitis C Council of NSW (admin)	02 9332 1853	
Hepatitis C Telephone Information & Support Line	02 9332 1599	1800 803 990
NSW Users & AIDS Association NSW (NUAA)	02 9369 3455	1800 644 413
TRAIDS (transfusion-related HCV)	02 9843 3143	

Medical and health services

Aboriginal Medical Service (healthcare)	02 9319 5823	
your local Drug and Alcohol service (ph ADIS)	02 9331 2111	1800 422 599
Haymarket Clinic (healthcare)	02 9283 2744	
Kirketon Road Centre (healthcare)	02 9360 2766	
Leichhardt Women's Health Centre (healthcare)	02 9560 3011	
Sydney Home Nursing Service	02 9660 1166	
your local Sexual Health Centre (healthcare)	02 9382 7440	

Natural Therapy Organisations

Australian Acupuncture Association	1800 025 334
Australian Homoeopathic Association - NSW Branch	02 9415 3928
Australian Natural Therapists Association (ANTA)	1800 817 577
Australian Traditional Medicine Society (ATMS)	02 9809 6800
Association of Remedial Masseurs	02 9807 4769
Homoeopathic Association of NSW	02 9231 3322
National Herbalists Association of Australia	02 9211 6437
Register of Traditional Chinese Medicine	02 9660 7708

Emergency family support services

Chemist Emergency Prescription Service	02 9235 0333
Grief Support	02 9489 6644
Homecare Service of NSW	02 9689 2666
Meals on Wheels Association NSW	02 9281 5733
Poisons Information Service	13 1126

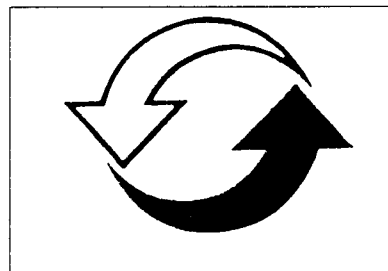
Other organisations

Carer's Association NSW	02 9299 1499	1800 817 023
for info on local Housing Cooperatives	02 9281 7144	

Haemophilia Foundation NSW		02 9515 6448	
Nursing Mothers Association		02 9639 8686	
Red Cross Blood Bank		02 9229 4444	
Legal assistance			
Anti-Discrimination Board Sydney		02 9318 5400	
Anti-Discrimination Board Newcastle		049 264 300	
Anti-Discrimination Board Wollongong		042 268 190	
Disability Discrimination Legal Centre		02 9313 6000	
Human Rights & Equal Opportunities Commission		02 9284 9600	1800 021 199
Law Society of NSW - Community Assistance & Referral		02 9373 7300	
Legal Aid Commission		02 9219 5000	
Life, Investment & Superannuation Association		03 9629 5751	
Welfare Rights Centre (assistance with DSS problems)		02 9211 5300	008 226 028
Government bodies			
Healthcare Complaints Commission		02 9219 7444	
NSW Health Department		02 9391 9000	
Needle & Syringe Exchange Programs (NSEP)			
ADIS (for information on your local NSEP)		02 9331 2111	1800 422 599
NSW Users & AIDS Association		02 9369 3455	1800 644 413
Central Coast NSEP	Gosford	043 202 114	
Hunter Region NSEP	Newcastle	049 236 215	
Mid North Coast NSEP	Kempsey	065 626 066	
	Coffs Harbour	066 591 465	
North Coast NSEP	Grafton	066 402 222	
Far North Coast NSEP	Lismore	066 222 222	
Tweed Region NSEP	Murwillumbah	066 720 277	
New England NSEP	Tamworth	067 662 626	
Macquarie NSEP	Bathurst	063 331 283	
Macquarie Area NSEP	Dubbo	068 858 999	
Far West NSEP	Broken Hill	080 885 800	
South West NSW NSEP	Albury	060 230 340	
Southern Tablelands NSEP	Goulburn	048 230 358	
Monaro Region NSEP	Queanbeyan	06 298 9233	
Far South Coast NSEP	Narooma	018 604 180	
Illawarra NSEP	Wollongong	042 762 755	

NSEP outlets also include many Community Health Centres and some chemist shops who sell equipment. Look for this symbol.

Notes:



Tell me more about the Hepatitis C Council of NSW

The Council is an independent community group set up in 1991 by people with hepatitis C to help themselves and others who are affected by the virus.

We employ paid staff and are managed by a Management Committee, elected annually from the Council membership. At first, the group was called the NSW Hepatitis C Support Group. Later it was called the Australian Hepatitis C Support Group. In 1994, the organisation became known as the Hepatitis C Council of NSW.

We provide information and support to people affected by hepatitis C. Members receive information updates on a regular basis. You don't have to have the hepatitis C virus to join the Council. Many Council members are family and friends of people who have the virus, or healthcare workers.

See the membership form on page 24. See page 2 for contact details.

Glossary

ALT

Alanine aminotransferase - a protein which, when found in the blood in elevated quantities, generally indicates liver damage.

Antibody

A protein secreted by cells of our immune system in response to infection. The antibody binds to an 'enemy' molecule, in this case, a specific part of the hepatitis C virus. This is meant to prevent the virus from infecting other cells or destroy it. As with other viral infections, the presence of antibodies does not necessarily mean a virus will be eliminated from the body.

Antigen

Anything introduced into the body that is seen as foreign. An antigen stimulates the immune system into producing cells that attack it.

AST

Aspartate aminotransferase - a protein which, when found in the blood in elevated quantities, generally indicates liver damage (although less specific for liver damage than ALT).

Asymptomatic

Having no symptoms.

Blood & Blood products

Components of blood including red cells, platelets and plasma which are separated out by blood banks. Plasma is processed and purified to produce specific medical purposes, eg. Factor VIII.

Carrier

Practically all people who are HCV antibody positive 'carry' the virus. The term 'carrier' is often misused, though, to mean someone who has the hepatitis C virus yet is in good health.

In regard to hepatitis C, the term 'carrier' is used less and less. Better definitions of illness status include *antibody positive* or *antibody negative*; *symptomatic* or *asymptomatic*. Most important to note, is that all people who are hepatitis C antibody positive need to be aware of potentially passing on the virus. (see page 6)

Chronic Active Hepatitis

Any form of liver inflammation lasting more than six months and causing continuing damage to liver cells. It often precedes cirrhosis.

Chronic Persistent Hepatitis

A mild form of chronic hepatitis, usually associated with a better outcome. In hepatitis C, the distinction between chronic active and chronic persistent hepatitis is not so clear cut.

Cirrhosis

A condition where scar tissue develops in the liver - to the extent where such scarring becomes extensive and permanent. Cirrhosis interferes with the normal functioning of the liver.

DNA

The genetic material which determines a cell's activities. It carries the cell's genetic code.

Epidemiology

The study of patterns of disease in a population.

Fibrosis

Scar formation resulting from the repair of tissue damage. If it occurs extensively in the liver, it is called cirrhosis.

First generation hepatitis C antibody tests

These were the first tests developed (in 1990) to detect hepatitis C antibodies - our body's response to the virus. The test searches for a limited number of 'signs' of the antibody, such as the way its shell or envelope is made. These tests have been superseded by newer generation tests with improved sensitivity and specificity.

Gastroenterology

A branch of medicine specialising in diseases of the liver, stomach, intestines and oesophagus etc.

Genotype

Different genotypes of the one virus are similar enough to be regarded as the same type but have some minor differences in their RNA composition. These differences may mean the virus reacts differently to our immune response or to drug treatments and natural therapies.

Haemophilia

A hereditary blood disease where the blood fails to clot and abnormal bleeding occurs. It is found only in males and is treated by injections of Factor VIII.

Hepatocellular carcinoma

Cancer of the liver. A malignant tumour arising in the liver. In most cases, it occurs as a complication following cirrhosis.

Hepatologist

A liver specialist, usually working in a liver clinic.

HCV

Hepatitis C virus

Incidence

The number of new infections that occurs in a given period of time.

Mutate

When cells divide or viruses multiply, their genetic material must be copied. Sometimes mistakes are made when this happens and the resulting new cell or virus is different in some way. This is important for viruses because mutation can fool the immune system

into not recognising the virus.

Non-A non-B hepatitis

The old term for hepatitis shown not to be caused by the A&B viruses. In 1988, this form of hepatitis was shown to be mainly caused by HCV.

Prevalence

In regard to hepatitis C, prevalence relates to the number of cases in the community at any one time. It is usually expressed as a percentage or ratio. eg. 1% of the population, or 1 in 100 people.

Pathogen

Any organism or substance capable of producing a disease.

PCR

PCR (polymerase chain reaction) is a process used to amplify pieces of the genetic make-up of a cell or virus. The amplified pieces are then detected and the presence of the virus itself can be determined.

RNA

RNA is a genetic material similar to DNA. It often acts as a 'message' that is delivered to cells, prompting them to change and prepare for reproduction.

Second generation hepatitis C antibody tests

These were developed after 1992 and search for more specific 'signs' of the hepatitis C virus. Because these tests identify more parts of the antibody, they are more sensitive and specific than the original first generation tests.

Viral load

The amount of virus present in a person's blood stream. It is usually measured by the PCR quantitative test and the result is given in number of virus particles per ml of blood.

Virus

A vast group of minute structures, composed of a sheath of protein encasing a core of nucleic acids which are the building blocks of RNA and DNA. They are capable of infecting almost all members of the animal and plant kingdoms, including bacteria. Viruses are characterised by a total dependence on living host cells for reproduction and lack independent metabolism.

Most viruses only infect one species. HCV only infects humans.

Hepatitis C Council of NSW

Hepatitis C - what you need to know booklet feedback form

was the information useful?

no	sort of	yes	very much so
----	---------	-----	--------------

did it cover all you wanted to know?

no	sort of	yes	very much so
----	---------	-----	--------------

was it easy to understand?

no	sort of	yes	very much so
----	---------	-----	--------------

what did you think of the layout

no	sort of	yes	very much so
----	---------	-----	--------------

did the order of chapters make sense?

no	sort of	yes	very much so
----	---------	-----	--------------

overall worth of booklet?

poor	ok	good	great
------	----	------	-------

What did you value most from this booklet?

What did you value least?

How could the booklet be improved?

Please post or fax this form back to us. Your feedback will really help us improve next year's edition.

Our address: PO Box 432 Darlinghurst NSW 2010 Our fax no: 02 93321730



MEMBERSHIP FORM

Please complete as much of this form as possible. Our policy is to respect your privacy. All details on this form are treated in the strictest confidence and all communication is carried out discreetly.

**Photocopy, complete and return this form with your cheque,
money order or credit card details to:**

Hepatitis C Council of NSW

PO Box 432 Darlinghurst NSW 2010

Make cheques out to *Hepatitis C Council of NSW*.

1. Please complete either a, b or c.			
a. For people affected by hep C, or other interested people.			
Name			
Street address			
Suburb / Town			
State		Postcode	
hm phone		Wk phone	
b. For individual healthcare or welfare professionals.			
Name			
Occupation			
Postal address			
Wk phone		Wk fax	
Mobile phone		Email	
c. For agencies, companies and organisations.			
Organisational name			
Contact person			
Position			
Postal address			
Wk phone		Wk fax	
Mobile phone		Email	

2. If you can help with any of the activities listed below, please tick the following boxes.	
Admin and office work?	
Other?	

3. Is this a renewal, or are you a new member?			
Renewal		New member	

4. Please circle one membership fee box.

Membership fees are due annually on 1 March. We welcome a full year's payment but would not want financial hardship to prevent you from becoming a Council member. If this is the case, please circle the concession or zero fee box.

Waged	\$25	Professional healthcare worker	\$40
Concession	\$10	Community-based organisation	\$50
Zero Fee	\$0	Public/Private sector organisation	\$70

<p>5. Separate donations are gratefully accepted by the Council.</p> <p>These are tax deductible. If you make a separate donation, please record the amount here.</p>	<p>\$</p>
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6. If paying by credit card, please complete this section.

Card number																Card type (please circle)		Mastercard		Visa		Bankcard			
Cardholder's signature																Expiry date		month				year		19	
Cardholder's full name																									

7. Do you require us to send your receipt? Membership fees are not normally tax deductible. To reduce postage costs, receipts are not normally sent. If you want us to send your receipt, please tick here. ☐

8. Declaration. I accept the the objects and rules of the Hepatitis C Council of NSW and apply for membership of the Council.

Signed _____ Dated _____

This section is	Date received	\$ received	Receipt no.	Date entered	Member no.	Info pack
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The Constitution of

The Hepatitis C Council of NSW

5 September 1996

HEPATITIS C COUNCIL OF NSW INCORPORATED
CONSTITUTION (1995)

PART I - PRELIMINARY

Name

1. 1 The name of the association shall be the Hepatitis C Council of NSW.

Objects

2. 1 The purposes for which the association is established are:
- (a) to coordinate the NSW community sector response to the hepatitis C epidemic;
 - (b) to provide counselling, support and referral for people affected by hepatitis C;
 - (c) to provide information and advice about Hepatitis C in order to help improve health outcomes and empower people affected by HCV;
 - (d) to identify and monitor the needs of people affected by hepatitis C, and in liaison with appropriate agencies, to develop effective prevention and support strategies that reduce the spread and impact of hepatitis C;
 - (e) to act as advocates for people affected by Hepatitis C, and represent their interest on relevant bodies;
 - (f) to eliminate stigmatisation, discrimination, and isolation of people affected by hepatitis C by promoting responsible community awareness, and by ensuring that repressive policies and procedures do not occur;
 - (g) to encourage, assist and promote health and scientific research into the causes, prevention, treatment and cure of hepatitis C and related conditions;
 - (h) to receive donations, grants and bequests from persons and institutions including governments, and to raise money to achieve the objects of the association;
 - (i) to buy and sell real property, hold leases, acquire assets, employ staff, carry on trading activities and do all lawful things necessary for, or conducive or incidental to the achievement of these objects, and
 - (j) to do any other such activities or enter into any such arrangements as are appropriate to the achievement of the objects of the association in relation to hepatitis C and related conditions.

Interpretation

3. 1 In these rules, except in so far as the context or subject matter indicates or requires:
- (a) "association" means the Hepatitis C Council of NSW;
 - (b) "the committee" means the Hepatitis C Council committee of management;
 - (c) "financial year" means the year ending June 30;
 - (d) "general meeting" means the annual general meeting or a special general meeting;
 - (e) "the act" means the Associations Incorporation Act, 1984;
 - (f) "the Regulation" means the Associations Incorporation Regulation, 1985.
 - (g) "secretary" means -
 - (i) the person holding office under these rules as secretary of the association; or
 - (ii) where no such person holds that office - the public officer of the association;
- 2 In these rules:
- (a) a reference to a function includes a reference to a power, authority and duty; and
 - (b) a reference to the exercise of a function includes, where the function is a duty, a reference to the performance of the duty.
- 3 The provisions of the Interpretation Act, 1987, apply to and in respect of these rules in the same manner as those provisions would so apply if these rules were an instrument made under the Act.

PART II - MEMBERSHIP

Membership qualifications

4. 1 Membership of the association shall be open to:
- (a) natural persons who accept and subscribe to the objects and rules of the association on payment of the annual subscription payable under these rules; and
 - (b) a body corporate or politic which subscribes to the objects of the association and whose activities, whether in whole or in part, are not inconsistent with those objects, shall be eligible to be a member of the association on payment of an annual subscription payable under these rules.

- 2 Members under *rule 4. 1 (b)* shall have the voting rights of a natural person being a member of the association, such body corporate or politic nominating, in writing to the secretary, the person who shall exercise a vote on their behalf.

Nomination for membership

5. 1 An application for membership to the association -
 - (a) shall be made in writing; and
 - (b) shall be lodged with the secretary of the association.
- 2 As soon as practicable after receiving a nomination for membership, the secretary shall refer the nomination to the committee which shall determine whether to approve or to reject the nomination.
- 3 The secretary shall on approval of the application for membership, enter the nominees name in the register of member's names and upon the name being so entered the nominee becomes a member of the Association.

Rejection of nomination, etc

6. 1 The committee shall determine whether to accept an application for membership. The committee is not required to supply reasons for accepting or rejecting an application for membership.

Life Membership

7. 1 A member of the association may be nominated for and become an association life member, entitling that person to ongoing honorary membership and full voting rights until notice of resignation or expulsion from the organisation.
- 2 Nominations for life membership:
 - (a) must be tabled at a committee meeting no less than 30 days prior to the annual general meeting;
 - (b) must be endorsed by a majority of those committee members present;
 - (c) and if endorsed by the committee, nominations must be approved by the passing of a motion at the annual general meeting.

Cessation of membership

8. 1 A natural person ceases to be a member of the association if the person:
 - (a) dies;
 - (b) resigns that membership;
 - (c) is expelled from the association; or
 - (d) fails to renew their fees by 1 September annually.
- 2 A member under *rule 4. 1 (b)* ceases to be a member of the association if the member:
 - (a) being a body corporate or politic, ceases to exist or is dissolved;
 - (b) resigns that membership;
 - (c) is expelled from the association; or
 - (d) fails to renew their fees by 1 September annually.

Membership entitlements not transferable

9. 1 A right, privilege or obligation which applies by reason of being a member:
 - (a) is not capable of being transferred or transmitted to another person or member; and
 - (b) terminates upon cessation of the person's or member's membership.

Resignation of membership

10. 1 Where a member of the association ceases to hold membership, the secretary shall make an appropriate entry in the register of members recording the date on which the member ceased to be a member.

Register of members

11. 1 The public officer of the association shall establish and maintain a register of members of the association specifying the name and address of each person who is a member of the association, or is the nominee of that member where the member is not a natural person, together with the date on which they became a member.
- 2 The register of members shall be kept at the principal place of administration of the association.

Fees, subscriptions, etc

12. 1 A member of the association shall pay to the association an annual membership fee on or before 1st March in each calendar year.
- 2 Membership fees shall be set at the annual general meeting.
- 3 Where a person makes application for membership within the three months prior to 1st March, their membership fee shall cover the period up to 1 March and the 12 months thereafter.

Members' liabilities

13. 1 The liability of a member of the association to contribute towards the payment of the debts and liabilities of the association or the costs, charges and expenses of the winding up of the association is limited to the amount, if any, unpaid by the member in respect of membership of the association as required by *rule 13*.

Disciplining of members

14. 1 Where the committee is of the opinion that a member of the association:
 - (a) has refused or neglected to comply with a provision or provisions of these rules; or
 - (b) has wilfully acted in a manner prejudicial to the interests of the association, the committee may, by resolution:
 - (i) expel the member from the association; or
 - (ii) suspend the member from membership for a specified period.
- 2 A resolution of the committee under *rule 14. 1* is of no effect unless the committee, at a meeting held not earlier than 14 days and not later than 28 days after service on the member of a notice under *rule 14 3*, confirms the resolution in accordance with this rule.
- 3 Where the committee passes a resolution under *rule 14. 1*, the secretary shall, as soon as practicable, cause a notice in writing to be served on the member;
 - (a) setting out the resolution of the committee and the grounds on which it is based;
 - (b) stating that the member may address the committee at a meeting to be held not earlier than 14 days and not later than 28 days after service of the notice;
 - (c) stating the date, place and time of that meeting;
 - (c) informing the member he/she may do either or both of the following -
 - (i) attend and speak at that meeting;
 - (ii) submit to the committee at or prior to the date of that meeting written representations relating to the resolution.
- 4 At a meeting of the committee held as referred to in *rule 14. 3*, the committee shall -
 - (a) give to the member an opportunity to make oral representations;
 - (b) give due consideration to any written representations submitted to the committee by the member at or prior to the meeting; and
 - (c) by resolution determine whether to confirm or to revoke the resolution.
- 5 Where the committee confirms a resolution under *rule 14. 4*, the secretary shall, within 7 days after that confirmation, by notice in writing inform the member of the fact and of the member's right of appeal under *rule 15*.
- 6 A resolution confirmed by the committee under *rule 14. 4* does not take effect
 - (a) until the expiration of the period within which the member is entitled to appeal against the resolution where the member does not exercise the right of appeal within that period; or
 - (b) where within that period the member exercises the right of appeal, unless and until the association confirms the resolution pursuant to *rule 15. 4*.

Right of appeal of disciplined member

15. 1 A member subjected to discipline under *rule 14*, may appeal to the association in a general meeting against a resolution of the committee which is confirmed under *rule 14. 4*, within 7 days after notice of the resolution is served on the member by lodging with the secretary a notice to that effect.
- 2 Upon receipt of a notice from a member under *rule 15. 1*, the secretary shall notify the committee which shall convene a general meeting of the association to be held within 21 days after the date on which the secretary received the notice.
- 3 At a general meeting of the association convened under *rule 15. 2*:
 - (a) no business other than the question of the appeal shall be transacted;
 - (b) the committee and the member shall be given the opportunity to state their respective cases orally or in writing, or both; and

- (c) the members present shall vote by secret ballot on the question of whether the resolution should be confirmed or revoked.
- 4 If at the general meeting the association passes a special resolution in favour of the confirmation of the resolution the resolution is confirmed.

Resolving disputes between members

- 16. 1 In the event of a dispute arising between members in their capacity as members, or between a member and the association, or between a member and the committee or sub-committee, the following procedure shall apply:
 - (a) the volunteer or member can first raise the matter with her or his immediate supervisor or the Executive Officer in order to resolve the grievance informally;
 - (b) if step 1 does not resolve the issue, a formal complaint can be made. Any formal complaint must be in writing and should be addressed to the President of the Hepatitis C Council of NSW;
 - (c) the Executive Officer shall, on receipt by the President of a written complaint, write to the person making the complaint (the complainant) acknowledging receipt and setting out the course of action that will be followed, enclosing a copy of this procedure;
 - (d) the Executive Officer will then liaise with the relevant parties named in the complaint within 5 working days of receipt of the complaint. The aim of this initial contact would be to resolve the matter to the satisfaction of the complainant;
 - (e) if the complaint is not resolved by this stage the matter shall be considered at a joint meeting of the parties involved and senior representatives of the Council, including at least one member of the committee.
 - (f) if the matter is not resolved by this stage, it will be considered at the following meeting of the committee or dealt with by a specially convened sub-committee within a further 10 working days. The decision taken by the committee or sub-committee at this stage will be the final decision of the Hepatitis C Council.
 - (g) if the complaint is still not resolved, the complainant is entitled to approach a community justice centre for mediation in accordance with the Community Justice Centres Act, 1983.

PART III - THE COMMITTEE

Powers, etc, of the committee

- 17. 1 The committee shall be called the committee of management of the association and, subject to the Act, the Regulation and these rules and to any resolution passed by the association in a general meeting:
 - (a) shall control and manage the affairs of the association;
 - (b) may exercise all such functions as may be exercised by the association other than those functions that are required by these rules to be exercised by a general meeting of members of the association; and
 - (c) has power to perform all such acts and do all such things as appear to the committee to be necessary or desirable for the proper management of the affairs of the association.

Constitution and members

- 18. 1 Subject in the case of the first members of the committee to section 21 of the Act, the committee shall consist of NSW residents and shall comprise:
 - (a) the office-bearers of the association each of whom shall be elected pursuant to *rule 19*; and
 - (b) up to 5 ordinary members each of whom shall be elected pursuant to *rule 19*; and
 - (c) up to 2 members clearly identifiable as able to further the objects of the association, selected by executive cooption;
 - (d) the Executive Officer of the Hepatitis C Council of NSW, or his/her nominee;
 - (e) up to 1 member nominated by a community organisation representing injecting drug users;
 - (f) up to 1 member representing rural people affected by HCV, that person being selected by a rural issues sub-committee of the association; and,
 - (g) the committee shall where possible co-opt two persons diagnosed as having HCV infection.
- 2 The office-bearers of the association shall be -
 - (a) the president;
 - (b) the vice-president;
 - (c) the treasurer; and
 - (d) the secretary.

- 3 Each member of the committee shall, subject to these rules, hold office until the conclusion of the annual general meeting following the date of the member's appointment, but is eligible for re-election, or in the case of members under *rules 18. 1 (c, e, f & g)*, for re-appointment.
- 4 In the event of a casual vacancy occurring in the membership of the committee, the committee may appoint a person to fill the vacancy and the person so appointed shall hold office, subject to these rules, until the conclusion of the next annual general meeting following the date of the appointment.
- 5 All members of the management committee shall have full voting rights except where a conflict of interest clearly exists in regard to any issue under consideration.

Election of members

19. 1 A notice shall be sent to all members of the association no later than 42 days prior to the date appointed for the annual general meeting calling for nominations for election as the nine members of the committee pursuant to *rule 18. 1 (a & b)*.
- 2 Nominations shall be in writing addressed to the secretary and shall be signed by the nominee, the proposer and the seconder, all of whom must be financial members of the association.
- 3 Nominations must be lodged with the secretary no later than 28 days prior to the date appointed for the annual general meeting.
- 4 In any case where there shall not be a sufficient number of candidates nominated, those nominated by post shall be declared elected effective from the conclusion of the annual general meeting, and further nominations shall be received at the annual general meeting. If insufficient nominations are received, the remaining nominations shall be deemed casual vacancies.
- 5 If there are more postal nominations than vacancies, the positions shall be filled by a postal ballot as follows:
 - (a) a Returning Officer shall be appointed by the committee to oversee the postal ballot and conduct the count of votes in the ballot.
 - (b) ballot papers and any information about candidates shall be posted to all financial members of the association no later than 14 days prior to the close of the ballot.
 - (c) ballot papers shall list the candidates names in an order determined by lot by the Returning Officer and shall:
 - (i) clearly state the time and date on which the poll closes;
 - (ii) state the different candidates;
 - (iii) and contain requisite information and directions as to the method of recording votes.
 - (d) with the ballot paper, each member shall be sent two envelopes:
 - (i) the larger envelope will be addressed to the Returning Officer.
 - (ii) the member shall both write and sign their name where indicated on the larger envelope.
 - (iii) the member who is voting shall place a tick or cross in the box alongside their chosen candidate/s and seal the same in the smaller envelope marked "Vote".
 - (iii) the member shall then seal the smaller envelope inside the larger envelope and return it via post.
 - (e) no vote shall be valid unless the outer envelope is endorsed in the manner prescribed by *rule 19. 5 (d ii)*.
 - (f) the vote of a body corporate or politic shall be exercised by a person authorised to do so by that organisation, association or other body pursuant to *rule 4. 2*).
 - (g) ballot forms must be returned to the organisation by close of ballot which shall be 6:00pm, two business days preceding the day of the annual general meeting.
 - (h) when envelopes containing votes are received, the Returning Officer (or such person or persons appointed by the Returning Officer) shall open the outer envelope and identify the member voting by the name and by such other means as the Returning Officer may consider advisable and if the votes are allowable shall then place the smaller unopened envelope (marked "Vote") in a locked ballot box.
 - (i) the envelope marked "Vote" shall be opened after the close of the poll and the number of votes cast for each candidate shall be counted and the results recorded by the Returning Officer.
 - (j) the Returning Officer shall oversee counting of the votes prior to the annual general meeting and the following voting system shall be used to elect committee members:
 - (i) the candidate/s with the highest totals shall be declared elected.
 - (ii) if it is necessary to decide between two or more candidates receiving the same number of votes, the matter shall be determined by lot supervised by the Returning Officer.
 - (k) the Returning Officer shall certify the results of the ballot and this shall be conveyed to the president or other officer acting in place of the president.
 - (l) the results of the ballot shall be announced at the annual general meeting.
- 6 The committee members elected at the annual general meeting shall determine amongst themselves which of their number shall fill the office-bearer positions of the committee. A meeting of the elected committee

members shall be held immediately after annual general meeting to elect the office-bearers. The process at this meeting shall be as follows:

- (a) a committee member shall be appointed to chair the meeting;
- (b) nominations for specific office-bearer positions can be lodged with the Chair in person or by proxy;
- (c) a committee member may nominate for any number of positions, but may only fill one such position.
- (d) if there are more nominations than vacancies for an executive position, the position/s shall be filled in the following manner:
 - (i) positions shall be filled in the following order:
 - President
 - Vice-President
 - Secretary
 - Treasurer
 - (ii) the decision on which nominee shall fill an executive position shall be made by show of hand according to usual management committee standing orders;
 - (ii) in the event of two or more candidates receiving the same number of votes, the matter shall be determined by lot supervised by the Chair.

Secretary

- 20. 1 The secretary of the association shall, as soon as practicable after being appointed secretary, lodge notice with the association of his or her address.
- 2 It is the duty of the secretary to keep minutes of:
 - (a) all appointments of office-bearers and members of the committee;
 - (b) the names of members of the committee present at a committee meeting; and
 - (c) all proceedings at committee meetings and general meetings.
- 3 Minutes of proceedings at a meeting shall be signed by the chair of the meeting or by the chair of the next succeeding meeting.

Treasurer

- 21. 1 It is the duty of the treasurer of the association to ensure that:
 - (a) all money due to the association is collected and received and that all payments authorised by the association are made;
 - (b) correct books and accounts are kept showing the financial affairs of the association including full details of all receipts and expenditure connected with the activities of the association.

President

- 22. 1 The duties of the president involve:
 - (a) assisting members of the executive in their duties where appropriate;
 - (b) chairing and facilitating committee meetings;
 - (c) monitoring decisions and actions made by the committee, helping ensure such decisions and actions are accomplished;
 - (d) assisting committee members in the development of the skills, knowledge and attitudes that lead to more effective management of the organisation.

Vice-President

- 23. 1 The duties of the vice-president shall be:
 - (a) to act as president during the absence or incapacity of the president; and
 - (b) to carry out such functions as the president shall delegate her/him pursuant to *rule 22. 1*.

Casual vacancies

- 24. 1 For the purposes of these rules, a casual vacancy in the office of a member of the committee occurs if the member:
 - (a) dies;
 - (b) ceases to be a member of the association;
 - (c) becomes an insolvent under administration within the meaning of the (New South Wales) Companies Code;
 - (d) resigns office by notice in writing given to the secretary;
 - (e) is removed from office under *rule 25*;

- (f) becomes of unsound mind or a person whose person or estate is liable to be dealt with in any way under the law relating to mental health; or
- (g) is absent without the consent of the committee and from 3 consecutive meetings of the committee.
- (h) being a member pursuant to *rule 18. 1 (d)*, ceases to be eligible to be a member under those sub-clauses.

Removal of member

- 25. 1 The association in a general meeting may by resolution remove any member of the committee from the office of a member before the expiration of the member's term of office and may by resolution appoint another person to hold office until the expiration of the term of office of the member so removed.
- 2 Where a member of the committee to whom a proposed resolution referred to in *rule 25. 1* makes representations in writing to the secretary or president (not exceeding a reasonable length) and requests that the representations be notified to the members of the association, the secretary or the president may send a copy of the representations to each member of the association or, if they are not so sent, the member is entitled to require that the representations be read out at the meeting at which the resolution is considered.

Pecuniary interest

- 26. 1 No person who is in receipt of any fee or honorarium from the association, or who has any other direct pecuniary interest for services rendered to the association, shall be eligible to be a member of the committee whether as an office bearer or elected ordinary member, except as provided by *rule 18. 1 (d)*.
- 2 Where any member, after becoming a member of the committee seeks any fee, honorarium or any other direct pecuniary interest for services rendered to the association, they shall immediately have their membership of the committee withdrawn. If such a member does not receive such a pecuniary interest they will be eligible to be re-appointed to the committee.

Meetings and quorum

- 27. 1 The committee shall meet at least 6 times in each financial year at such place and time as the committee may determine.
- 2 Additional meetings of the committee may be convened by the president or by the secretary.
- 3 Written notice of ordinary meetings of the committee shall be given by the secretary to each member of the committee at least 7 days before the time appointed for the holding of the meeting and shall include the date, time and place of the meeting.
- 4 (a) notice of special meetings of the committee shall be given orally or in writing to each member of the committee at least 48 hours (or such other period as may be unanimously agreed upon by the members of the committee) before the time appointed for the holding of the meeting.
- (b) notice of a special committee meeting given under *rule 27. 4 (a)* shall, specify the general nature of the business to be transacted at the meeting and no business other than that business shall be transacted at the meeting, except business which 3/4 of those committee members present at the meeting agree to treat as urgent business.
- 5 Any 5 members of the committee constitute a quorum for the transaction of the business of a meeting of the committee.
- 6 No business shall be transacted by the committee unless a quorum is present and if within half an hour of the time appointed for the meeting a quorum is not present the meeting stands adjourned to the same place and at the same hour of the same day in the following week.
- 7 If at the adjourned meeting a quorum is not present within half an hour of the time appointed for the meeting, the meeting shall be dissolved.
- 8 The president shall preside at meetings of the committee, or, if the president is absent or unwilling to preside, the vice-president shall preside.
- 9 If neither the president nor the vice-president is able or willing to preside at a meeting of the committee, the committee shall elect from amongst its members who are elected members of the committee a person to chair the meeting of the committee.

Delegation by committee to sub-committee

- 28. 1 The committee may, by instrument in writing, delegate to one or more sub-committees (consisting of such members of the association and other people as the committee deems fit) the exercise of such of the functions of the committee as are specified in the instrument, other than -
 - (a) this power of delegation; and
 - (b) a function which is a duty imposed on the committee by the Act or by any other law.

- 2 A function the exercise of which has been delegated to a sub-committee under this rule may, while the delegation remains unrevoked, be exercised from time to time by the sub-committee in accordance with the terms of the delegation.
- 3 A delegation under this section may be made subject to such conditions or limitations as to the exercise of any function the subject thereof, or as to time or circumstances, as may be specified in the instrument of delegation.
- 4 Notwithstanding any delegation under this rule, the committee may continue to exercise any function delegated.
- 5 Any act or thing done or suffered by a sub-committee acting in the exercise of a delegation under this rule has the same force and effect as it would have if it had been done or suffered by the committee.
- 6 The committee may, by instrument in writing, revoke wholly or in part any delegation under this rule.
- 7 A sub-committee may meet and adjourn as it thinks proper.

Voting and decisions

29. 1 Questions arising at a meeting of the committee or of any sub-committee appointed by the committee shall be determined by a majority of the votes of members of the committee or sub-committee present at the meeting; except as provided in *rule 27. 4 (b)*.
- 2 Except as provided in *rules 29. 5 & 6*, each member present at a meeting of the committee or of any sub-committee appointed by the committee (including the person presiding at the meeting) is entitled to one vote but, in the event of any equality of votes on any question, the question shall be resolved in the negative.
- 3 Subject to *rule 27. 5*, the committee may act notwithstanding any vacancy on the committee.
- 4 Any act or thing done or suffered, or purporting to have been done or suffered, by the committee or by a sub-committee appointed by that committee, is valid and effectual notwithstanding any defect that may afterwards be discovered in the appointment or qualification of any member of the committee or sub-committee.
- 5 A person co-opted to the Committee pursuant to *rules 18. (f & g)* may vote in person or by proxy given to another member of the association.
- 6 In regard to proxies:
 - (a) prior to any meeting at which any member of the association proposes to exercise a proxy, that member of the association shall inform and provide a copy of the proxy to the person presiding at the meeting;
 - (b) a proxy shall be in writing and shall bear the signatures both of the person giving the proxy and the person authorised to execute it;
 - (c) a proxy may specify the circumstances under which it shall be exercised and the vote which shall be cast;
 - (d) a person issuing a proxy may cancel or from time to time by notice in writing vary the proxy.
 - (e) notwithstanding that a proxy has been issued, a member of the committee may attend a meeting and exercise a personal vote in which case the proxy shall not be exercised.
 - (f) no member of the association shall hold a proxy for more than one person.
- 7 Members of the committee appointed pursuant to *rule 18. 1 (d)* shall not be entitled to vote on any question concerning salaries or other remuneration paid to staff of Council.

PART IV - GENERAL MEETINGS

Annual general meetings - holding of

30. 1 The Association shall, at least once in each calendar year and within the period of six months after the expiration of each financial year of the Association, convene an annual general meeting of its members.
- 2 The association shall hold its first annual general meeting -
 - (a) within the period of 18 months after its incorporation under the Act; and
 - (b) within the period of 3 months after the expiration of the first financial year of the association.
- 3 *Rules 30. 1 & 2* have effect subject to any extension or permission granted by the Commission under section 26 (3) of the Act.

Annual general meetings - calling of and business at

31. 1 The annual general meeting of the association shall, subject to the Act and to rule 28, be convened on such date and at such place and time as the committee thinks fit.
- 2 In addition to any other business which may be transacted at an annual general meeting, the business of an annual general meeting shall be -

- (a) to confirm the minutes of the last preceding annual general meeting and of any special general meeting held since that meeting;
 - (b) to receive from the committee reports upon the activities of the association during the last preceding financial year;
 - (c) to receive the declaration of the election of the members of the committee; and
 - (d) to receive and consider the statement which is required to be submitted to members pursuant to section 26(6) of the Act.
- 3 An annual general meeting shall be specified as such in the notice convening it.

Special general meetings - calling of

32. 1 The committee may, whenever it thinks fit, convene a special general meeting of the association.
- 2 The committee shall, on the requisition in writing of not less than 50 members or 10% of the total number of members whichever be the lesser, convene a special general meeting of the association.
- 3 A requisition of members for a special general meeting -
- (a) shall state the purpose of purposes of the meeting;
 - (b) shall be signed by the members making the requisition;
 - (c) shall be lodged with the secretary; and
 - (d) may consist of several documents in a similar form, each signed by one or more of the members making the requisition.
- 4 If the committee fails to convene a special general meeting to be held within 1 month after that date on which a requisition of members for the meeting is lodged with the secretary, any one or more of the members who made the requisition may convene a special general meeting to be held not later than 3 months after that date.
- 5 A special general meeting convened by a member or members as referred to in *rule 32. 4* shall, be convened as nearly as is practicable in the same manner as general meetings are convened by the committee and any member who thereby incurs expense is entitled to be reimbursed by the association for any expense so incurred.

Notice

33. 1 Except where the nature of the business proposed to be dealt with at a general meeting requires a special resolution of the association, the secretary shall, at least 14 days before the date fixed for the holding of the general meeting, cause to be sent by pre-paid post to each member at the member's address appearing in the register of members, a notice specifying the place, date and time of the meeting and the nature of the business proposed to be transacted at the meeting.
- 2 Where the nature of the business proposed to be dealt with at a general meeting requires a special resolution of the association, the secretary shall, at least 21 days before the date fixed for the holding of the general meeting, cause notice to be sent to each member in the manner provided in *rule 33. 1* specifying, in addition to the matter required under *rule 33. 1*, the intention to propose the resolution as a special resolution.
- 3 No business other than that specified in the notice convening a general meeting shall be transacted at the meeting except, in the case of an annual general meeting, business which may be transacted pursuant to *rule 31. 2*.
- 4 A member desiring to bring any business before a general meeting may give notice in writing of that business to the secretary who shall include that business in the next notice calling a general meeting given after receipt of the notice from the member.

Procedure

34. 1 No item of business shall be transacted at a general meeting unless a quorum of members entitled under these rules to vote is present during the time the meeting is considering that item.
- 2 A minimum 20 members of the association or 5% of the total number of members present (whichever is the lesser) such members being entitled under these rules to vote at a general meeting, constitute a quorum for the transaction of the business of a general meeting.
- 3 If within half an hour after the appointed time for the commencement of a general meeting a quorum is not present, the meeting if convened upon the requisition of members shall be dissolved and in any other case shall stand adjourned to the same day in the following week at the same time and (unless another place is specified at the time of the adjournment by the person presiding at the meeting or communicated by written notice to members given before the date to which the meeting is adjourned) at the same place.
- 4 If at the adjourned meeting a quorum is not present within half an hour after the time appointed for the commencement of the meeting, the members present (being not less than 3) shall constitute a quorum.

Presiding member

35. 1 The president shall preside as chairperson at each general meeting of the association.
- 2 If the president is absent from a general meeting or unwilling to act, the vice-president shall preside, or, if the vice-president is absent, or unwilling to act, the members present shall elect one of their number to preside as chairperson at the meeting.

Adjournment

36. 1 The chair of a general meeting at which a quorum is present may, with the consent of the majority of members present at the meeting, adjourn the meeting from time to time and place to place, but no business shall be transacted at an adjourned meeting other than the business left unfinished at the meeting at which the adjournment took place.
- 2 Where a general meeting is adjourned for 14 days or more, the secretary shall give written or oral notice of the adjourned meeting to each member of the association stating the place, date and time of the meeting and the nature of the business to be transacted at the meeting.
- 3 Except as provided in *rules 36. 1 & 2*, notice of an adjournment of a general meeting or of the business to be transacted at an adjourned meeting is not required to be given.

Making of decisions

37. 1 A question arising at a general meeting of the association shall be determined on a show of hands and, unless before or on the declaration by the chair that a resolution has, on a show of hands, been carried or carried unanimously or carried by a particular majority or lost, or an entry to that effect in the minute book of the association, is evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against that resolution.
- 2 At a general meeting of the association, a poll may be demanded by the chair or by not less than 3 members present in person at the meeting.
- 3 Where the poll is demanded at a general meeting, the poll shall be taken -
- (a) immediately in the case of a poll which relates to the election of the chairperson of the meeting or to the question of an adjournment; or
 - (b) in any other case, in such manner and at such time before the close of the meeting as the chair directs, and the resolution of the poll on the matter shall, be determined to be the resolution of the meeting on that matter.

Special resolution

38. 1 A resolution of the association is a special resolution if:
- a) it is passed by a majority which comprises not less than three-quarters of such members of the association as, being entitled under these rules to do so, vote in person at a general meeting of which not less than 21 days written notice specifying the intention to propose the resolution as a special resolution was given in accordance with these rules; or
 - b) where it is made to appear to the commission that it is not possible or practicable for the resolution to be passed in the manner specified in *rule 38. 1 (a)*, the resolution is passed in a manner specified by the Commission.

Voting

39. 1 Upon any question scheduled for or arising at a general meeting of the association, a member has one vote only.
- 2 A member may vote in person or by proxy, or in the case of election of committee members, by postal vote:
- (a) a proxy shall be in writing and shall bear the signature of the person giving the proxy.
 - (b) a member wishing to vote by proxy shall appoint the secretary or any member entitled to vote as their proxy.
 - (c) proxies shall be lodged with the secretary prior to any meeting at which it is proposed to exercise such proxies and the secretary shall keep a register of such proxies.
 - (d) a proxy should specify the circumstances under which it shall be exercised and the vote which shall be cast.
 - (e) a person issuing a proxy may cancel it or from time to time vary the proxy by notice in writing lodged with the secretary.

- (f) notwithstanding that a proxy has been issued, a person may attend a meeting and exercise a personal vote provided that the person presiding at the meeting is notified prior to the casting of any such vote in which case the proxy shall not be exercised.
- 3 Except as provided in this section, no natural person being a member of the association shall exercise more than one vote at any general or other meeting of the association or its committees.
- 4 In the case of an equality of votes on a question at a general meeting, the question shall, be resolved in the negative.
- 5 A member is not entitled to vote at any general meeting of the association unless all money due and payable by the member to the association has been paid.

PART V - MISCELLANEOUS

Insurance

40. 1 The association shall effect and maintain insurance pursuant to section 44 of the Act.
- 2 In addition to the insurance required under *rule 40. 1*, the association may effect and maintain other insurance.

Funds - source

41. 1 The funds of the association shall be derived from annual subscriptions of members, grants and donations, and subject to any resolution passed by the association in a general meeting, such other sources as the committee determines.
- 2 All money received by the association shall be deposited as soon as practicable and without deduction to the credit of the association's bank account.
- 3 The association shall, as soon as practicable after receiving any money, issue an appropriate receipt.

Funds management

42. 1 Subject to any resolution passed by the association in a general meeting, the funds of the association shall be used in pursuance of the objects of the association in such manner as the committee determines.
- 2 All cheques, drafts, bills of exchange, promissory notes and other negotiable instruments shall be signed by any two persons being authorised to do so by the Committee.

Alteration of objects and rules

43. 1 The statement of objects and these rules may be altered, rescinded or added to only by a special resolution of the association.

Common seal

44. 1 The common seal of the association shall be kept in a secure place as determined by the committee.
- 2 The common seal shall not be affixed to any instrument except by the authority of the committee and the affixing of the common seal shall be attested by the signatures either of 2 members of the committee, or of 1 member of the committee and that of the public officer.

Custody of books, etc

45. 1 Except as otherwise provided by these rules, books and other documents relating to the organisation shall be kept under the care and control of the executive in a place determined by the executive.

Inspection of book, etc

46. 1 The records, books and other documents of the association shall be open to inspection by members of the association except where it can be shown such inspection breaches confidentiality and legitimate needs for privacy as determined by the committee.

Service of notices

47. 1 For the purpose of these rules, a notice may be served by or on behalf of the association upon any member either personally or by sending it by post to the member at the member's address shown in the register of members.
- 2 Where a document is sent to a person by properly addressing, preparing and posting to the person a letter containing the document, the document shall, unless the contrary is proved, be deemed for the purposes of

these rules to have been served on the person at the time at which the letter would have been delivered in the ordinary course of post.

Patrons

48. 1 The committee shall have the power to appoint a person or persons to be patrons of the association. Patrons, unless they are financial members of the association, shall have no voting or other rights in the association.

Surplus property

49. 1 In the event of the winding up of the association, the association shall pass a special resolution nominating another association which fulfils the requirements specified in section 53(2) (a)-(c) of the Act, in which to vest its surplus property.

(end of document)
