

"Recovery is a team effort between you, your healthcare provider and your extended family."

Thelma King Thiel
Chairwoman

Michael Costigan Appointed CEO of the Hepatitis Foundation International



"I am pleased to announce the appointment of Michael Costigan as the Chief Executive Officer of the Hepatitis Foundation International (HFI). We are delighted to have Mike bring his unique skills and experience in management, policy, education, coalition building and fundraising to the Foundation," announced Thelma King Thiel, Chair of HFI.

Recently, Michael served as Director of Consultancy for the National Leadership Roundtable on Church Management, dedicated to promoting excellence and best practices in the management, finances and human resource development of the Catholic Church in the U.S.

Prior to joining the Leadership Roundtable, he served as Senior Advisor to the Administrator of SAMHSA and Liaison to the Deputy Secretary of the Department of Health and Human Services (DHHS), and as Director of the Center for Faith-based and Community Initiatives in the Office of the Secretary of DHHS.

In June of 2004 he was appointed chief of staff for the Office of Juvenile Justice and Delinquency Prevention and as Senior Advisor to the Assistant Attorney General of the Office of Justice Programs.

While serving as a principle advisor to President Bush's Transition Team in the development of Project Safe Neighborhoods, a domestic gun violence reduction initiative, Michael created the Virginia Exile-Project Safe Neighborhoods Foundation.

Costigan has served two Virginia Governors in an appointed capacity and as Special Assistant to the Director of Public Affairs in the Office of Attorney General Edwin Meese during the Reagan Administration.

A graduate of the University of California, Santa Barbara, Mike has an impressive background as an investment advisor for A.G. Edwards & Sons, Inc., and Paine Webber, Inc. from 1991 – 1997 and in public relations as Director of Communications for the National Council for Better Education, 1989 - 1990.

"As a long-standing and founding member of the Board of HFI and as someone with a lifelong interest in liver disease prevention, I am exceedingly pleased that Mike Costigan has assumed this leadership position. I look forward to working with him and the Board to reach and exceed our goals of reducing the prevalence and high costs of liver disease."

Mike lives in Alexandria, Virginia with his wife, Kathryn, and their three sons.

Viral Hepatitis and Obesity Major Causes of Liver Cancer

Twenty years ago alcohol consumption and cirrhosis were thought to be the major cause of liver cancer. Today, that picture has changed and researchers believe that hepatitis C is behind the greatest increases in hepatocellular carcinoma (HCC) – liver cancer. In a Mayo Clinic study, 11 percent of HCC cases were associated with obesity, especially fatty liver diseases. Due to the nation's burgeoning obesity crisis, rates of liver cancer may increase dramatically in the foreseeable future according to Dr. Ray Kim.

Liver scarring from hepatitis C can take 20 – 30 years to develop into cancer. Because the liver is a non-complaining organ, baby boomers who contracted hepatitis C decades ago aren't aware of their infection. It is reasonable to recommend that all baby boomers; those born between 1946 and 1969 should be tested once for evidence of HCV infection. Additionally, anyone who has experimented with hard drugs or was born in countries where hepatitis is more frequent – should be tested for HCV and then screened for liver cancer if active infection is found. Identified in the early stages of the disease, cancer of the liver is most treatable.

The vaccine for hepatitis B is the first vaccine developed to prevent cancer of the liver. In an effort to bring hepatitis B under control, the Centers of Disease Control and Prevention recommends that all newborns, children up to the age of 18 and adults at high risk be vaccinated against hepatitis B. Due to the high incidence of hepatitis B among Asian, Pacific Islanders and African immigrants, a major effort is needed to promote vaccination among these populations.

Individuals with type 1 or type 2 diabetes between 19 and 59 also should receive the hepatitis B vaccine. Diabetics are at a greater risk from HBV infection which can be contracted from exposure to minute amounts of blood from sharing a medical or glucose monitoring device with an infected person. CDC claims that over 15% of adults that have chronic HBV infection go on to develop liver cancer and cirrhosis.

Who is Most Likely to Have Fatty a Liver?

In a U.S. Third National Health and Nutrition Examination Survey of 11,371 adults aged 20 – 74 with fatty liver, the 18 year follow up study looked for mortality of all causes including cardiovascular disease, cancer and liver disease. The survey found that people with non-alcoholic fatty liver were more likely to be older, men, Mexican-American, less educated, sedentary, obese with high waist circumference, diabetes, hypercholesterolemia, hypertension, history of cardiovascular disease, higher hemoglobin levels, insulin resistance, hypertriglyceridemia, high density lipoprotein cholesterol ratio and elevated liver enzymes.

A diagnosis of fatty liver is a wake up call that something negative is brewing in your body and you should change your lifestyle toward healthy living. Include regular periods of rest and relaxation, a healthy diet, regular sleep and exercise, decreasing stress and avoiding toxins like cigarettes and excessive alcohol. Seek help from nutritionists, your doctor, therapists and personal trainers. You will be surprised at how quickly your body can heal and improve your health.

⇒SAVE THE DATE⇒
CONFIRMED 2012 VIRAL HEPATITIS SUMMITS
OHIO - MAY 10
KANSAS - SEPT 20
WISCONSIN - OCT 11

Wild Mushrooms – Delicious or Toxic to the Liver

The California Department of Health recently sent out a warning that wild mushroom poisoning continues to cause disease, hospitalization and death among California residents.

Between 2009 – 2010, 1748 cases of mushroom ingestion were reported to the California Poison Control System while 948 individuals were treated at healthcare facilities, with 19 to intensive care units. Two individuals died and 10 had major health adverse outcomes including liver failure, leading to coma or liver transplants, or kidney failure requiring kidney dialysis. Usually within six to 16 hours after eating wild mushrooms an individual will have diarrhea and vomiting for a few days. However, they will eventually become jaundiced and continue vomiting and having diarrhea associated with liver failure.

The best precaution is not to eat wild mushrooms unless an expert has appropriately identified them as safe to eat.

HBV Negatively Impacts HIV Outcomes

A new study revealed that the relative risk of developing an AIDS related illness or dying among those with chronic HIV/HBV co-infection was 80 percent higher compared with HIV-positive, HBV-negative individuals in the study. Participants with resolved HBV infection or isolated HBcAb faced elevated risks of HIV disease progression or death, compared with HBV-negative individuals.

Among those with isolate HBcAb, the relative risk was increased 54 percent according to Dr. Helen Chun of the National Naval Medical Center in Bethesda.

It is generally believed that chronic HVC infection doesn't directly affect HIV disease progression – it is thought to mean that complex drug interaction between hepatitis C and HIV medications can hasten liver toxicity while using ARVs (antiretroviral drugs). The Centers for Disease Control and Prevention (CDC) recommends that HBV vaccination be stepped-up and careful use of medications active against both HIV and HBV – such as lamivudine, emtricitabine, tenofovir or tenofovir/emtricitabine – in ARV drug regimens.

Hepatitis Foundation International

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