

as high as 58.2% in multi-transfused children, 51.6% in children on hemodialysis and 87.5% in adult dialysis patients. Among populations at indirect risk, family contacts of HCV positive individuals had a prevalence of 5.7%, diabetic children a prevalence of 3.1%, select professions such as barbers 12.3%, and health care workers 15.7%, while Injection drug users and prisoners had a prevalence of 63% and 31.4%, respectively. Common risk factors appear to be increasing age, parenteral anti-schistosomal therapy, frequent transfusions, injections or surgical procedures.

Conclusion: With the highest HCV prevalence in the world, Egypt appears to be experiencing an HCV epidemic. High HCV prevalence levels especially among select clinical populations, is indicative of ongoing iatrogenic transmission. Therefore, prevention programs need to be developed targeting HCV transmission routes such as better infection control practices in hospitals, health-care and dental care facilities.

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Persistence of HBsAg, liver enzyme changes and risk factors of hepatitis B infection among chronic carriers of hepatitis B

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Background: Hepatitis B virus (HBV) infection and its sequelae are major global health problems. It is estimated that 400 million people worldwide are HBV carriers. This study was conducted to evaluate HBsAg persistence, risk factors of HBV infection and detect of HBeAg positive cases and abnormal liver enzyme tests among chronic HBV carriers in Kashan

Methods: This descriptive study was performed in HBsAg positive blood donors who detected after blood donation during 10 years ago. They were invited to retest HBsAg. After obtaining consent form a questionnaire consisting demographic and history of risk factors of HBV infection were filled by interviewing and then 5cc blood was taken from cases and HBsAg was measured by ELISA method. Who had HBsAg positive test HBeAg, liver enzyme tests were measured. The results were analyzed by SPSS, fisher exact and T test.

Results: Of 150 HBsAg positive blood donors 124(83.7%) were male and 26(17.3%) female. Persistence and clearance of HBsAg was seen in 132(88%) and 18(12%) respectively. There was no significant statistical correlation between sex, age, marital status, history of icter, endoscopy, tattoo, transfusion, with persistence of HBsAg. (P value > 0.05)

HBeAg was positive in 18.2% of HBsAg positive cases. There was abnormal aminotransferase. There was no statistical correlation between ALT, AST and ALKP with HBeAg (P value > 0.05). Chronic hepatitis B was detected in three patient.

Conclusion: Considering the lower rate of clearance of HBsAg, and also detecting of suspected cases of chronic hepatitis, determine of HBeAg state and periodic examination of liver

enzyme test seems to be essential in follow up in chronic HBV carriers.

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Leukocytapheresis treatment for recurrence Virus C infection in liver transplant recipients

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Background: In liver transplant (LT) recipients, persistence of hepatitis C (HCV) infection in viremic recipients almost always leads to graft reinfection. Although HCV is a hepatocellular pathogen, there is increasing evidence that the virus can infect and persist in other cells. In particular, granulocytes and monocytes/macrophages are known to constitute extra-hepatic sites for HCV replication and dissemination. The aim of this study was to apply Adacolumn apheresis as a possible therapeutic alternative to conventional drug therapy in the management of HCV infection.

Methods: Seven patients who received liver transplantation for Virus C-related cirrhosis were eligible for the study. The patients underwent five 1-hour sessions for 5 consecutive days. First treatment was performed in the anhepatic phase of liver transplant with the intent to early reduce infected granulocytes and monocytes/macrophages. The patients were evaluated during the 5 days after inclusion with and 6-month follow-up.

Results: Early apheretic treatment in anhepatic phase and for the following 4 days after transplant determined low viral load in four LT patients, negative viral load in two patients and an increase in viremia values in one patient. At follow up the viremia load was stable in 7 patients without an increase of transaminases levels. At the end of treatment cycle almost all immune cells of six patients showed maintained CD4+/CD8+ T cells ratio.

Conclusion: The optimal timing of treatment initiation is unknown, but an early preemptive therapy is recommended to decrease the risks for recurrence of infection. Although this study investigated the responses in a small number of patients, it was shown that Adacolumn changed the cellular immunity and promoted an early virological response.

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