ciated with the lower baseline serum HBV DNA levels, HBV DNA negativity at week 24 and undetectable serum YMDD mutation at week 12 compared with non-response. Early treatment with adefovir dipivoxil for the patients with YMDD mutation who had virological breakthrough and without biochemical breakthrough can reach for better curative effect.

PP-115 Hepatitis B vaccination of chronic HBV infected cases who lost HBsAg during follow-up

Mohammad Reza Hasanjani Roushan*,[1,2], Mohammad Jafar Soleimani Amiri[1,2], Hassan Taheri[1,2], Mohammad Pouralijan[3]. [1]*Yahyanejad Hospital;* [2]*Babol Medical University;* [3]*Razi Medical Laboratory, Babol,Iran*

Background: Over time, the levels of HBsAg in some chronic HBV infected individuals declines and is not detectable in the serum. The purpose of this study was to assess the efficacy of HBV vaccine in subjects who lost their HBsAg with not seroconverssion to anti-HBs.
Methods: From April 1993 to December 2007, among 1603 chronic HBV infected individuals, 34 subjects (22 males, 12 females) became HBsAg negative with no detectable anti-HBs and HBV DNA in their sera. They received HBV vaccine at 0, 1 and 6 months (case group). Fifty-two subjects (30 males, 22 females) who were negative to HBsAg, anti-HBs and anti-HBc received HBV vaccine like the above schedule (control group). Anti-HBs was assessed one month of the last dose in these two groups.
Result: The mean age of the case group was 38±12.7 and the control group was 33.4±8.6 years (p=0.07). The distribution of sexes between these two groups were equal (p=0.652). The mean year of follow-up for the case group was 7.6±4.5 years. Anti-HBs levels ≥10 IU/l was developed in 8 (23.5%) subjects in the case group and in 45 (86.5%) of the control group (p=0.0001). The mean anti-HBs levels in the case group was 68±32.66 and in the control group was 344.6±38.9 IU/l (p=0.00001).
Conclusion: The results show that nearly 24% of chronic HBsAg positive subjects, who lost their HBsAg responded to hepatitis B vaccine and the remaining cases need to be followed for occult HBV infection.

PP-116 Profile of occult hepatitis B virus infection in an area with intermediate prevalence of HBV infection

Shanmugam Saravanan*,[1], Vijayakumar Velu[2], Vidya Madhavan[1], Kailapuri G. Murugavel[1], Pachamuthu Balakrishnan[1], Sunil S. Solomon[1], Nagalingeswaran Kumarasamy[1], Suniti Solomon[1], Sadras P. Thyagarajan[3]. [1]*YRG CARE, Chennai, India;* [2]*Emory Vaccine Research Centre, Atlanta, USA;* [3]*Ramachandra Medical University, Chennai, India*

Background & Aim: Hepatitis B virus (HBV) infection with undetectable levels of hepatitis B surface antigen (HBsAg) is called an occult infection, which although has been described among subjects with chronic hepatitis C liver disease in the western world, it's prevalence and clinical significance are still ambiguous in the Indian subcontinent.
Methods: We investigated HBV-DNA PCR in serum samples of 260 HBsAg negative subjects with chronic HCV-related liver disease, and 70 apparently healthy volunteers negative for HBsAg and anti-HCV as control.
Results: Serum samples found positive by at least two independent PCR assays were considered HBV DNA positive. HBV-DNA was detected among 19 HCV-related chronic liver disease (CLD) patients (7.3%), which was higher (p=0.2) as compared with the control volunteers (4.3%). It was more frequent (37.5%) in 24 anti- HBs negative/anti-HBc positive patients than in 180 anti-HBs/anti-HBc positive (5%, $p<0.05$). HCV RNA by qualitative PCR was significantly ($p<0.001$) higher in occult HBV compare to non-occult. HCV genotype 1b was predominantly associated with occult HBV (73%), especially among subjects with hepatocellular carcinoma (HCC) ($p<0.05$) as compared to non-occult HBV cases. Though not significant, frequency of occult HBV infection was higher than healthy controls and HCV 1b genotype was significantly associated in patients with HCC.
Conclusion: This study suggests that in all HBV-endemic areas, the possibility of occult HBV in patients with HCV should be considered and HBV-DNA should be performed.

PP-117 Thymosin alpha-1 therapy in Chinese patients with chronic hepatitis B: results from a randomized controlled clinical trial

Lin Zhuang*,[1], Jing You[2], Hong-Ying Chen[2], Bao-Zhang Tang[2], Meng-Ling Huang[2], Yong-Liang Ma[1], Jun-Hua Huang[3], Rong-Xue Wu[2]. [1]*Department of Hepatology, Third Municipal People's Hospital of Kunming, China;* [2]*Department of Infectious Diseases, The First Affiliated Hospital of Kunming Medical University, Kunming, China;* [3]*Department of Infectious Diseases, Yunnan General Hospital of The Chinese People's Armed Police Forces, China*

Objective: To observe the efficiency of Thymosin-α1 treatment in patients with chronic hepatitis B.
Methods: Fifty-six HBeAg-negative and sixty-two HBeAg-positive patients were randomly divided two groups, received Thymosin-α1 or Interferon alpha for six months respectively.
Results: At the end of treatment, complete response (CR) occurred in 8 of 26 and 9 of 29 in T-α1 group and in 14 of 30 and 15 of 33 in IFN-α group in HBeAg-negative and HBeAg-positive patients respectively ($p>0.05$). After a 6-month follow-up period, a CR was observed in 11 of 26 HBeAg-negative and 14 of 29 HBeAg-positive in T-α1 group and in 7 of 30 HBeAg-negative and 9 of 33 HBeAg-positive patients in IFN-α group ($p>0.05$). Compared with the results observed in untreated patients, the rate of CR was significantly higher in IFN-α group at the end of therapy ($p<0.001$) and in T-α1 group at the end of follow-up ($p<0.001$). Ten of the 12 T-α1 responders experienced sustained non-detectable HBVDNA after the 6-month treatment period. Six of the 14 T-α1 non-responders showed delayed response of non-detectable HBVDNA during the follow-up period. In HBeAg-positive patients, it is 87.5% and 53.8%. However, the data were 50% and 0%, 59.1% and 0% in IFN-α group, respectively. The rate of delayed response was significantly higher in T-α1 group (p=0.010) and the rate of flare was higher in IFN-α group ($p>0.05$) during the follow-up period.
Conclusion: A 6-months course of T-α1 therapy is effective in CHB patients with a gradual and more sustained ALT normalization and HBVDNA loss.

PP-118 Adefovir genotypic resistance in chronic hepatitis B patients with virological breakthrough during adefovir treatment

Song Yang*,[1], Jinmei Zheng[1], Qi Wang[1], Huichun Xing[2], Ben Li[2], Ya Liu[2], Wen Xie[2], Jie Yan[2], Jun Cheng[1]. [1]*Institue of Infectious Diseases, Capital Medical University, Beijing Ditan Hospital, Beijing, China;* [2]*Center of Liver Diseases, Beijing Ditan Hospital, Beijing, China*

Objectives: To investigate the genotypic resistance profiles in chronic hepatitis B patients who underwent virological breakthrough during adefovire treatment.
Methods: Serum samples and clinical data were collected from adefovir treated patients (10mg/d) who underwent virological breakthrough (HBV DNA increase $1\log_{10}$ copies/ml from the Nadir). Adefovir genotypic resistance was detected with PCR product pyrosequencing. HBV genotypes were identified by phylogenetic tree analysis of PCR product di-deoxy sequencing