

four of 6 PNR cases. We think that, the definitions in the guidelines should be revised with real- life experiences. In our opinion, PNR should be evaluated in the sixth month of treatment instead of third month.

<http://dx.doi.org/10.1016/j.ijid.2014.03.1334>

Type: Poster Presentation

Final Abstract Number: 64.005

Session: Virology and Viral Infections (Non-HIV) II

Date: Saturday, April 5, 2014

Time: 12:45-14:15

Room: Ballroom

Lamivudine therapy in HBeAg negative chronic hepatitis B patients



E. Guclu^{1,*}, A. Batirel², N. Koc Ince³, A. Ogutlu¹, Y. Durmaz¹, D. Ozdemir³, M.F. Geyik³, O. Karabay¹

¹ Sakarya University Faculty of Medicine, Sakarya, Turkey

² Kartal Dr. Lutfi Kirdar Training and Research Hospital, Istanbul, Turkey

³ Duzce University Medical Faculty, Duzce, Turkey

Background: Lamivudine therapy in chronic hepatitis B (CHB) treatment is not encouraged because of its lower resistance barrier. In this study, we aimed to investigate the long-term efficacy of lamivudine treatment in HBeAg negative CHB patients.

Methods & Materials: This retrospective study is conducted in three different tertiary care hospitals. Virological response (VR) is defined as undetectable HBV DNA by a sensitive PCR assay during therapy. Partial virological response (PVR) is defined as a decrease in HBV DNA of more than 1 log₁₀ IU/ml but detectable HBV DNA after at least 6 months of therapy in compliant patients. Virological breakthrough also called as relapse is defined as a confirmed increase in HBV DNA level of more than 1 log₁₀ IU/ml compared to the lowest value of HBV DNA level on therapy.

Results: A total of 145 patients (57,9% male) were evaluated. Their mean age was 44,6 years and 23 (15,9%) of them were treated with interferons previously. The median value of the ISHAK histological activity index (HAI) and fibrosis were 6 (range: 2-16) and 1 (range: 1-5). The mean value of ALT, AST, and HBV DNA were 57 U/L, 42 U/L and 1.189.806 IU/mL, respectively. Treatment of fifty-three (36,6%) patients was switched to more potent drugs due to PVR (29; 20%) or relapse (24; 16,6%). Relapse was observed between 13 and 36 months in majority of relapsers (12 cases in 13 to 24 months and 8 cases in 25 to 36 months). VR was observed in 92 (63,4%) and their median time on lamivudine therapy was 34,5 months (range: 6-78 months). Baseline characteristics of virologic responders and switched group were shown in [Table 1](#).

Conclusion: Our results showed that more than 60% patients maintain viral suppression more than thirty months. Lamivudine

Table 1

Baseline Characteristics	Virologic responders n = 92 (mean)	Switched Group n = 53 (mean)	P value
Gender (M/F) (n)	48/44	36/17	0.06
HAI	5,9	6,9	0.01
Fibrosis	2,2	2,6	0.01
ALT (U/L)	52,4	63,8	0.009
AST (U/L)	39,2	46,9	0.008
HBV DNA (IU/mL)	1.262.186	1.063.139	0.03

can still be a reliable drug especially in low-income countries because of its low cost. However, lamivudine should be used with more caution in patients who have low thrombocyte and high HAI, fibrosis, ALT, and AST levels.

<http://dx.doi.org/10.1016/j.ijid.2014.03.1335>

Type: Poster Presentation

Final Abstract Number: 64.006

Session: Virology and Viral Infections (Non-HIV) II

Date: Saturday, April 5, 2014

Time: 12:45-14:15

Room: Ballroom

Detection of respiratory viruses by multiplex RT-PCR with a GeXP analyzer



X. Lu*, Q. Wang, Y. Zhang

Affiliated Shenzhen Futian People'S Hospital of Guangdong Medical College, ShenZhen, China

Background: Acute respiratory tract infections (ARTIs) are a significant cause of morbidity and account for a major percentage of mortality in early childhood worldwide. Viral infections are responsible for most respiratory infections.

Methods & Materials: Nasopharyngeal aspirates (NPA) specimens were collected from 1800 pediatric patients who suspected acute respiratory infection in Southern China Samples were screened for 21 kinds of respiratory viruses by multiplex reverse transcription-PCR(RT-PCR) with a GenomeLab Gene Expression Profiler (GeXP) analyzer.

Results: A total of 67.33%(1212/1800) of samples were positive for at least one virus. The 1212 positive specimens included 475 human rhinovirus(HRV),356 respiratory syncytial virus (RSV),160 human adenovirus(HADV),117 human parainfluenza 3(HPIV-3),96 human bocavirus (HBoV), 96 Influenza A (including 39 swine H1N1,21 influenza virus H3N2,9 seasonal H1N1,6 influenza virus H2N2 and 21 etc influenza A virus),60 human parainfluenza 4(HPIV-4), 33 human coronaviruses NL63 and 229E(HCoV-NL63/229E), 27 Influenza C(InfC), 20 human metapneumovirus (hMPV), 15 HCoV-HKU1/OC43, 12 Inf B, 9 HPIV-1, 9 WU polyomaviruses(WUPyV) and 3 HPIV-2. Co-infection by at least 2 of the viral pathogens under study was observed in 13.5% cases (243/1800).

Conclusion: This is a rapid and simple assay that could be used in clinical diagnosis as well as for the surveillance for the spread of antibiotic resistance determinants in epidemiological studies.

<http://dx.doi.org/10.1016/j.ijid.2014.03.1336>