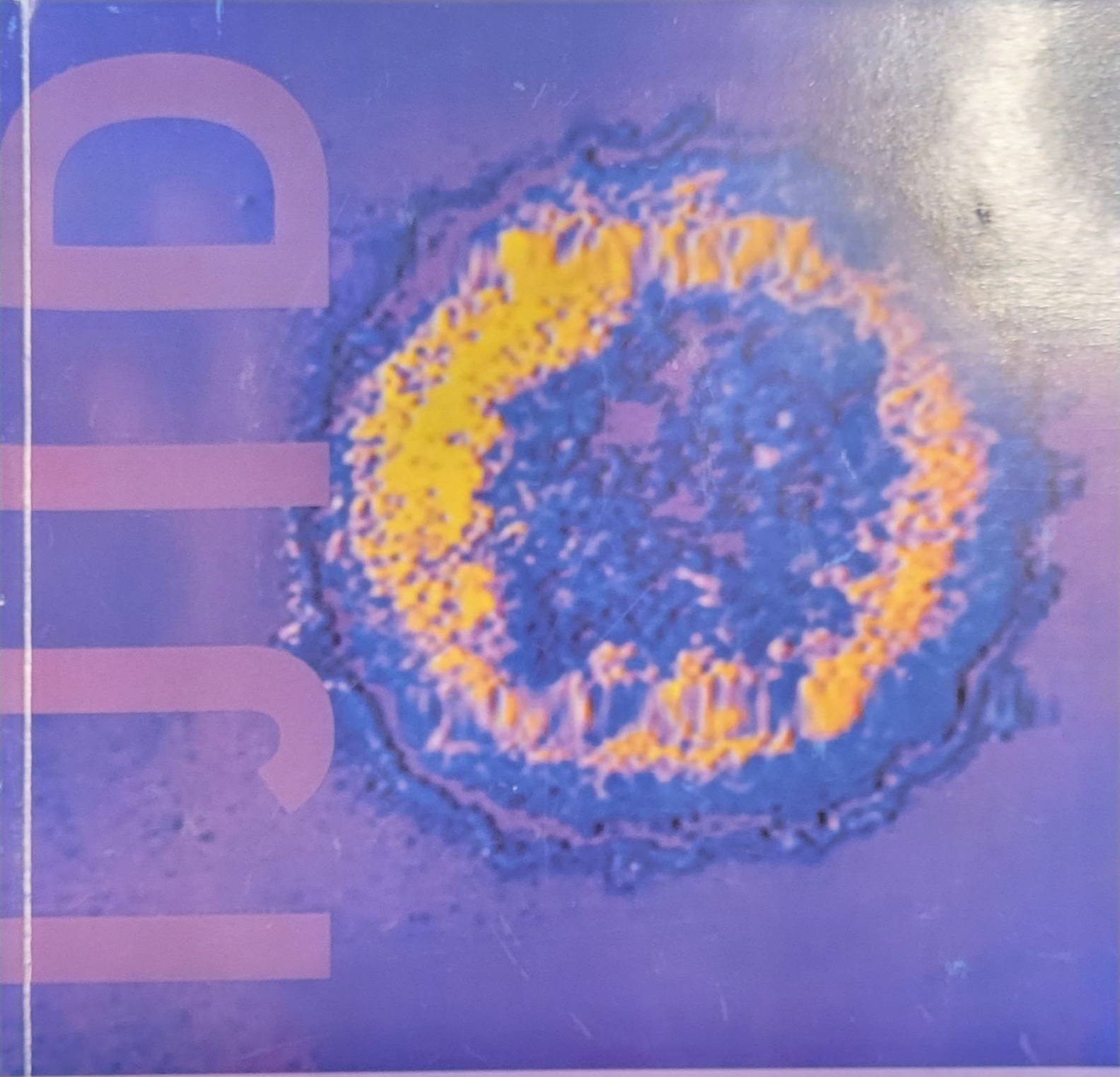

VOLUME 8 SUPPLEMENT 1 MARCH 2004 ISSN 1201-9712

International Journal of Infectious Diseases

11TH ICID ABSTRACTS

OFFICIAL PUBLICATION OF THE INTERNATIONAL SOCIETY FOR INFECTIOUS DISEASES

International Journal of Infectious Diseases

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indicated that 54 individuals (20.5%) were pos-
2 of them (9.8% of overall) had infectious hep-
f overall) had only HBsAg positive, 11 individu-
an immune state for HBV and 8 persons (3.5%
HBc. Also, 7 Persons (3 women and 4 men)
CV and 4 persons (2 women and 2 m[illegible] (1.7%)
valence and relative risk of HBV, HCV and HIV
ed much higher rate than normal [illegible]tion.
d 23 respectively)
e of gypsies as nomadic and marg[illegible]alling,
hygienic disciplines, as well as mul[illegible]tner
it communicable diseases and cau[illegible]ase
ent societies. We suggest that, a goo[illegible] infec-
gypsies should be considered so the[illegible] the
se diseases.
Hepatitis B, AIDS, gypsy, Prevalenc[illegible]

vels to Hepatitis-B (HB) Surface accinated Health Care Workers (HCS): ooster?

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ico; [4]IMSS, National Institute of Medical
xico City, Mexico; [5]Dirección Gral de
stitute of Medical Sciences and Nutrition,

mandatory in hospitals. Current data show that
B surface antibody (anti-HBs) levels may decline
emory (anamnesic anti-HBs response) remains
g immunization. However, protective levels are
above 10 IU/ml. In hospital personnel it has not
levels are protective and is not clear if a booster
study was to measure the prevalence and levels
the National Institute of Medical Sciences and
years of a complete schedule was given with the
and the rate of response to a booster.
vas obtained to measure antibody titers against
ultaneously a booster dose of recombinant HB
given. A second blood sample was obtained 6
gainst the surface antigen of HB virus (AgHBs)
nethod.
th care workers with a first sample in 95 a second
ime. Sixty-three (66.3%) female and 32 (33.7%)
of 36.5 years were tested. The percentage of
gainst AgHBs was higher in women (11.1%) than
ct test p= 0.36. The response to the booster dose
d 65.6% for men (p=0.03)
e years of a complete HB vaccine schedule most
antibody levels (<10 IU) to surface antigen-HB. A
s increased significatively the levels in 77.8 %. As
sed population to HB the policy to give a booster

of Baby-linked Immunogenetic rs in the Vertical Transmission of C Virus

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infant transmission of Hepatitis C Virus (HCV) rep-
e of pediatric HCV infection today but the rate of
%). Data about specific predictors of HCV trans-
mission are conflicting. Although the hypothesis regarding the role of host defenses is highly intriguing, immunogenetic influence has been poorly investigated. All existing studies on associations between HCV and genetic markers have been done in adults and are mainly confined to HLA-class II serological polymorphisms.

Study Design: Among 290 parities of HCV-RNA infected women, 21 babies (7%) resulted infected (HCV-RNA steadily positive over 20 months of age). All the 21 infected babies, 44 randomly selected uninfected ones (steadily negative for HCV-RNA during a follow-up of 2 years) and their mothers were investigated for HLA-G,-C,-DRB1,-DQA1 and -DQB1 molecular polymorphisms. Several non immunogenetic parameters were also considered and their contribution was weighted by multivariate analysis.

Results: Among the different covariates, a hierarchy of susceptibility has been settled using multiple logistic regression analysis: HLA-Cw*07,-G*010401,-DRB1*0701,-DRB1*1401, maternal viral genotype 1b, male sex, first birth and breast feeding can be considered as risk factors for HCV vertical transmission. On the contrary, protection was conferred by the HLA-DQB1*06,-G*0105N,-Cw*0602,-DRB1*1104,-DRB1*1302 alleles and by formula feeding.

Conclusions: Our study demonstrates that the immunogenetic factors related to maternal and neonatal HLA profile may affect HCV vertical transmission and is independent from the other non immunogenetic parameters. The finding of babies genetically able to fight the virus so precociously could be a tangible demonstration of the feasibility of a successful vaccine

42.016 Etiological Aspects of Chronic Viral Hepatitis

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Background: Chronic hepatitis (CH) is an inflammatory reaction of the liver, which lasts more than six months and is manifested in the array from mild inflammation to necrosis. The aim of this study is to show the association of HBV and HCV infection in pathogenesis of CH.

Material and Methods: in this study 316 patients were analyzed as outpatients through Hepatitis Department at the Clinic for Infectious Diseases. Diagnosis was made with biochemical and serological tests, ultrasonography, scintigraphy, and liver biopsy.

Results: 316 patients with CH were analyzed during 5 year period (1998-2002). 172 (54.4%) had HBVi, 136 (43.1%) HCVi and 8 (2.5%) co-infection with HBV and HCV. Genotypization was performed in 110 patients, 78 (70,9%) had C1, 31 (28.2%) C3, and 1(0.5%) C2. Out of 41 patients with CHB, eight had HDV co-infection. CH was diagnosed in 36/316 children (11.4%), all with CHB, whereas adults had equal allocation of CHB and CHC, 50%, 50% respectively.

Conclusion: HBV and HCV infection plays an important role in the etiology of CH. Children predominately have CHB, contrary to adults where CHB and CHC are equally distributed, with predomination of C1. Early detection of the disease as well as contemporary aspects of treatment of CH give newer, more optimistic vision concerning prognosis of this disease.

42.017 The Etiology of Viral Hepatitis in Baghdad During 1991–2000

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Background: The etiology of viral hepatitis in Baghdad for the last decade was studied to find out their viral causes among hospitalized cases.

Methods: The cases of acute viral hepatitis admitted in Ibn-Elkhateeb Fever Hospital in Baghdad were the sample of this presentation which was a hospital-based study. The diagnosis depended on the use of anti HAV-IgM, HBS Ag and anti HBc antibodies for hepatitis B, anti HCV, anti HDV and anti HEV IgM antibodies The cases were under the authors care.

Results: The results revealed the total number of cases of viral hepatitis in the above fever hospital for the last decade was 3341 cases comprising 1717 females and 1624 males with a female: male ratio of 1.06:1. The profile of percentage of different types of hepatitis was the following: HAV 39.3%, HBV 22.1%, HCV 3.3%, HDV 3.3% and HEV was 20%. Mixed viral infection was present among 6% of the cases; of them 4.5% it was a con-