Abstract

I. Hepatitis B:1. Of 910 completed the 6-month post-transfusion follow-up visit, 39 patients (4.3%) tested negative on the pretransfusion sample for HBsAg, anti-HBs, anti-HBc, and HBV DNA by PCR. These 39 HBV-naive recipients had been transfused with blood from 147 donations; 11 of these HBsAg-negative samples tested positive for HBV DNA and anti-HBc. Two of the 11 who received the HBV-DNA-positive donations became positive for HBV DNA, and one seroconverted to anti-HBc and finally to anti-HBs, with a mild transient elevation of ALT activities (Transfusion. 2002 Dec;42(12):1592-7).2.1200 children aged 7 years with complete HBV immunization in infancy and determined HBsAg, anti-HBs, and anti-HBc annually until the children were aged 14 years. 11 had new HBV infections with anti-HBc positivity as the only marker. None became positive for HBsAg or had detectable HBV DNA. The percentage of anti-HBs in 951 children without booster vaccination gradually decreased from 71.1% to 37.4%. Only 1 of 200 children in the booster group and 2 of 258 in the nonbooster group developed anti-HBc (J Infect Dis. 2003 Jan 1;187(1):134-8).3.Full-length viral sequences, serum ALT and HBV DNA before, during, and after exacerbation were studied 14 patients with exacerbation. Most exacerbations were preceded by an upsurge of serum HBV identical to the preexisting HBV. After exacerbation, about half of patients were repopulated by a different viral variant (Gastroenterology. 2003 Jan;124(1):80-90).4.Genotype C has a higher prevalence of BCP mutation than genotype B, and patients with BCP mutation were significantly associated with the development of HCC than those without. The prevalence of BCP mutation in younger HCC patients was comparable with older HCC patients but was significantly higher than that in age-matched inactive carriers (Gastroenterology. 2003 Feb;124(2):327-34).5.The yearly prevalence rate of HBsAg in pregnant women seemed stable with a mean of 12% during the period. The yearly positive rate of HBeAg among HBsAg-positive pregnant women varied between 30% and 42% from 1985 to 1992 and declined from 29% in 1993 to 18% in 2000. The mean age of HBeAg-positive primiparas from 1993 to 2000 was 29 years and significantly higher than that of 28 years from 1985 to 1993 (J Med Virol. 2003 Apr;69(4):466-70). 6. Molecular assays for hepatitis B virus infection. Hepatology. 2003 Nov;38(5):1311. II.Hepatitis C:1. We searched for serum HBV DNA in 210 HBsAg-negative patients with HCV-related liver disease. 21 of 210 patients had HBV DNA, as did 15 of 100 healthy controls. In patients with chronic HCV infection, the prevalence of occult HBV infection did not parallel the severity of liver disease. In addition, the sustained response to combination therapy against hepatitis C was comparable between patients with and without occult HBV (J Clin Microbiol. 2002 Nov;40(11):4068-71).2. 243 blood donors who received regular follow-ups were studied for their liver disease status. Of them, 30% had repeatedly normal serum ALT and 70% had more than once elevated ALT. Cirrhosis developed in four (1.6%; follow-up period range: 2-6 years) and HCC in two (0.8%; follow-up period: 3 and 4 years, respectively) (Liver Int. 2003 Jun;23(3):148-55).III. Hepatitis B and C:1.24 patients with chronic hepatitis positive for both HBsAg and antu-HCV received ribavirin together with IFN for 24 weeks. The serum HCV clearance rate in group I patients (43%) was comparable with that in controls (60%) 24 weeks posttreatment. The serum ALT normalization rate in group I and group II patients was 43% and 0%,

respectively, 24 weeks posttreatment. After treatment, resurgence of HBV and HCV was encountered in 4 group I patients and 1 group II patient, respectively(Hepatology. 2003 Mar;37(3):568-76.

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