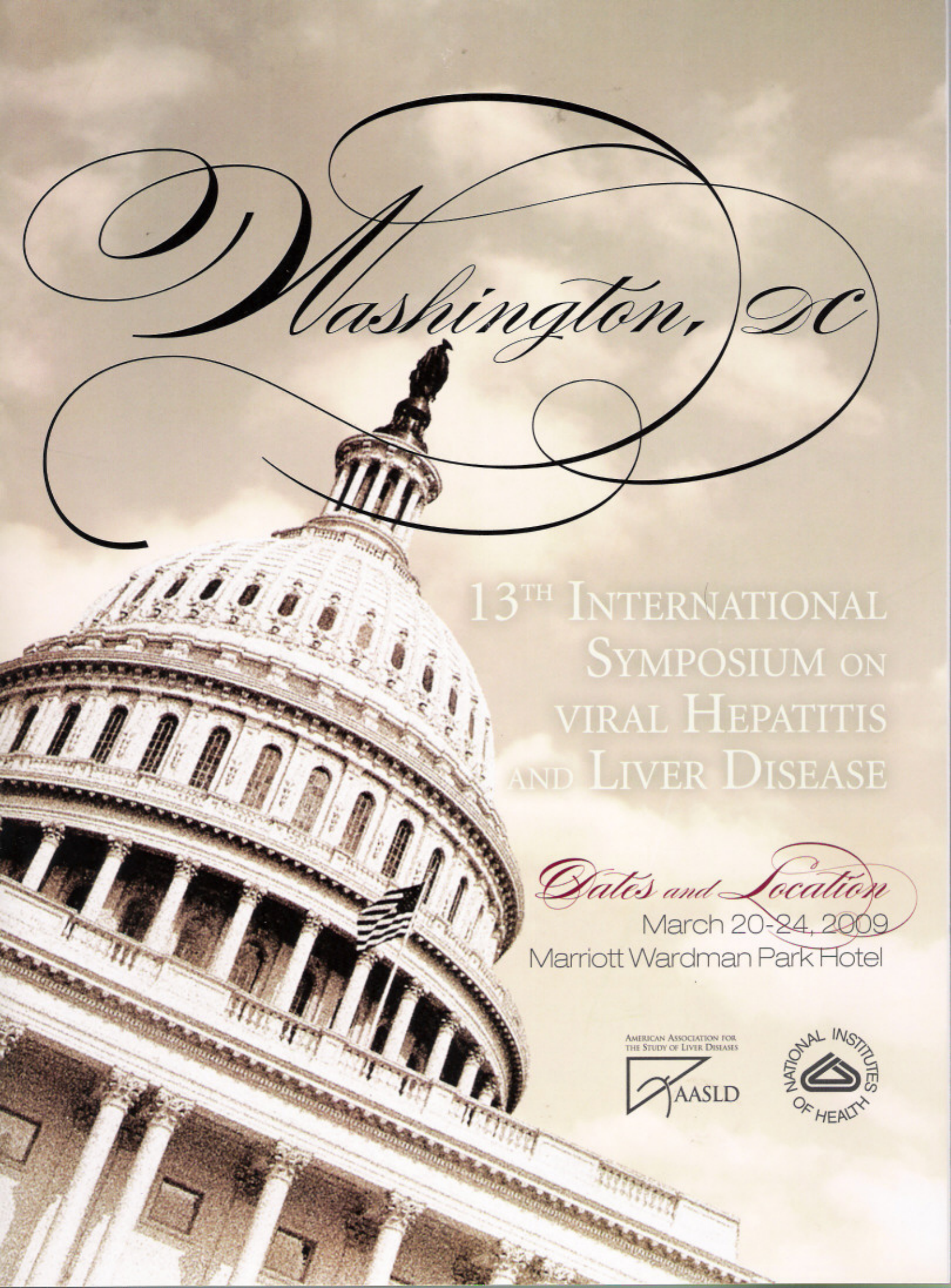

Washington, DC

13TH INTERNATIONAL SYMPOSIUM ON VIRAL HEPATITIS AND LIVER DISEASE

Dates and Location

March 20-24, 2009

Marriott Wardman Park Hotel

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

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Publication Number: P-176 **Other**
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PRECLINICAL AND HEALTHY VOLUNTEER CLINICAL STUDIES WITH ANA773, AN ORAL PRODRUG OF A TOLL-LIKE RECEPTOR 7 (TLR7)-SELECTIVE AGONIST, SUGGEST THERAPEUTIC POTENTIAL IN PATIENTS CHRONICALLY INFECTED WITH HEPATITIS C VIRUS (HCV)
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Publication Number: P-182 **HCV**
NOVEL ROLE OF NADPH OXIDASE-4 (Nox4) IN HEPATOCYTES: A POTENTIAL PLAYER IN HEPATIC OXIDATIVE STRESS AND HCV-INDUCED LIVER DISEASE
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LOW INCIDENCE OF LIVER ENZYME ELEVATION IN HIV INFECTED PATIENTS ATTENDING A LARGE URBAN TREATMENT CENTER IN KAMPALA, UGANDA
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Publication Number: P-186 **Other**
LIVER DAMAGE CAUSED BY QUINAZOLINONES IN Balb/C MICE EMBRYOS
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Publication Number: P-188 **HCV**
SHORT-TERM ANTIVIRAL EFFICACY OF THE CYCLOPHILIN INHIBITOR Debio 025 IN HCV PATIENTS INFECTED WITH GENOTYPE 2, 3 OR 4
Raf Crabbe, Pietro Scalfaro, Pierre Grosgurin, Daniela Purcea, Jorge S. Liz, Hervé Porchet

13th International Symposium on Viral Hepatitis and Liver Disease

Overcoming, *in-vitro*, the specific immune suppression during the window period of HCV infection enables the detection of currently missed infected individuals.

Tamar Jehuda-Cohen, PhD[1,2] and Svetlana Gorodin, MsC[2]. [1]Bio-Medical Engineering, Technion Israel Institute of Technology, Haifa, North, Israel, 32000 and [2]SMART Biotech Ltd, Rehovot, Center, Israel, 76705.

Body: Background: The window period, stretching several months from infection to seroconversion, is a major obstacle in curtailing the HCV epidemic. Since specific immune suppression contributes to the delay in antibody formation, an activation system (Stimmunology) was developed to overcome it and stimulate in-vivo HCV primed lymphocytes leading to HCV antibody production in-vitro, in blood samples from infected individuals.

Objective: Evaluation Stimmunology, as a blood pre-treatment step prior to HCV antibody testing, in high and low risk populations in different geographical regions.

Material and methods: 721 and 4673 (mostly unlinked) blood samples from high and low risk groups, respectively, were tested for anti-HCV antibodies before and after Stimmunology step in Israel, Kenya, China and Romania. The efficacy of Stimmunology was measured by comparing antibody levels, in parallel samples before and after Stimmunology blood pretreatment, with routine testing kits and algorithms.

Results: All plasma positive samples were positive also after incubation. In addition, Stimmunology enabled diagnosis of individuals, who were still negative by standard serology due to being in the HCV window period. While additional positives were found in groups at high risk for HCV, as early as during the first 1-3 weeks post-exposure, no additional positives were found in low risk populations. Among low risk samples, there were less false positive results in the post-Stimmunology plasma samples than in regular plasma.

Conclusions: Using Stimmunology, as a blood pre-treatment step, prior to testing the plasma for anti-HCV antibodies, improves sensitivity of HCV antibody ELISA