markers for viral hepatitis. Four (2.2%) patients required treatment interruption due to elevated LFTs, none of whom had serological markers of viral hepatitis.

Conclusion In our West London cohort, TB patients are a high risk group for HBV and HCV carriage. We found no increased risk of DILI in patients with markers of viral hepatitis undergoing anti-TB therapy. Screening for viral hepatitis in high risk groups is advocated by several international associations. However, testing for HBV and HCV in TB patients is not routine practice in the UK. Larger studies are required to identify the highest risk groups within TB populations. Until then, we recommend that screening for viral hepatitis is considered in all patients with TB.

P79 HEPATITIS E VIRUS IS HIGHLY ENDEMIC IN SOUTH WEST FRANCE

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Introduction Locally acquired hepatitis E virus (HEV) infection is an emerging infection in developed countries. South West France has a high incidence of HEV and has reported a large number of chronic cases of HEV infection. We previously estimated the HEV seroprevalence in blood donors in Midi-Pyrénées to be 16.6%, very much higher than the rate seen in Northern France (3.2%). However, comparison between seroprevalence studies is difficult. There is no gold-standard for measuring HEV antibodies and commercial assays vary in performance. A recent study has suggested poor sensitivity in a commonly used HEV IgG assay, which underestimates seroprevalence by a factor of 4.5[1]. Since this assay was used in our previous study of HEV seroprevalence in Midi-Pyrénées, we repeated the study using a more sensitive assay previously validated against sera from cases of HEV genotype 3 infection.

Aim To re-examine the seroprevalence of anti-HEV IgG using a sensitive, validated assay.

Method Sera from 512 blood donors (aged 18–65 yrs) and 50 children (aged 2–4 yrs) were tested for anti-HEV IgG (Wantai, Beijing, China). Demographic data and putative risk factors for HEV acquisition were collected using a structured questionnaire.

Results The HEV seroprevalence in blood donors was 52.5%. 63.1% of donors from rural areas and 42.9% of donors from urban ones were positive for anti-HEV IgG ($p<0.01$). The HEV seroprevalence increased gradually with the age from 32.8% in donors aged 18–27 years to 70% in donors aged 58–65 years ($p<0.01$). The prevalence of anti-HEV in men (51.4%) and women (54.7%) was similar. In children aged 2–4 years the HEV seroprevalence was 2%, suggesting that the high seroprevalence seen in the blood donors was not due to cross-reacting antibodies. Multivariate analysis identified age, rural residence, contact with cats and hunting as the factors independently associated with anti-HEV IgG positivity.

Conclusion HEV is highly endemic in South West France, and the seroprevalence approaches that found in many developing countries where HEV is endemic. Seroepidemiological studies of hepatitis E which use less sensitive assays may not produce a valid assessment of the relevant risk factors.

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P80 ANTIVIRAL THERAPY IN HCV CIRRHOTIC PATIENTS: EARLY ON-TREATMENT HAEMATOLOGICAL PARAMETERS AND GENOTYPE PREDICT RESPONSE

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Introduction Pegylated interferon-a (Peg-IFN)+ribavirin (Riba) is standard of care for treatment of chronic hepatitis C (CH-C). Antiviral therapy is recommended in those with compensated disease and lower rates of treatment responses are noted with little data on predictors of outcome in this "difficult to treat" group.

Aim To assess pre-treatment, on treatment haematological, biochemical and clinical characteristics of patients with CH-C cirrhosis and response to antiviral therapy in a single centre cohort.

Method 66 patients with CH-C infection and cirrhosis (96% Child-Pugh A, median MELD 13 and UKELD 44), median age 51 years (range 21–70), 50 males; treated with Peg-IFN 2a and weight based Riba (13 mg/kg/day) according to their genotype (24–72 weeks) between July 2006 and December 2009. Patients were divided into 3 groups by response: sustained responders (SVR) n=20 (30%), relapsers (Rel) n=24 (37%) and non-responders (NR) n=22 (33%). Virological, biochemical and haematological parameters (HCV RNA viral load, HCV genotype (G), sodium, bilirubin, creatinine and albumin levels, prothrombin time, haemoglobin (Hb) levels and neutrophil (ANC), platelets (PLT) counts were assessed at baseline (W0) and at different timepoints: treatment week 4 (TW4), TW8, TW12, TW24 (G1&4) and at the end of therapy (EOT). Child-Pugh, MELD and UKELD scores were assessed and compared with outcome.

Results Baseline HCV RNA viral load was similar in SVR, Rel and NR. SVR was significantly lower (13% vs 54%, $p<0.01$) in G1&4 patients. No differences in Child-Pugh (median 5, range 5–12), MELD (median 13, range 10–16) and UKELD (median 44, range 39–50) scores at any point were detected. Baseline ANC and PLT (both $\times 10\hat{}9$/ml) were lower in NR than SVR and Rel (median ANC: 2.43 vs 3.67 and 3.21, p=0.04 and median PLT: 122 vs 142 and 156, p=0.05). Baseline Hb levels (g/dl) were similar in all patients, but decreased significantly during therapy at TW4, TW8 and TW12 in SVR than in NR and Rel (TW4: 1.9 vs 1 vs 1.2, p=0.03; TW8: 2.6 vs 1.9 and 2.2, p=0.03 and TW12: 3.5 vs 2.8 vs3, p=0.04). There was no difference in dose reductions of Peg-IFN and Riba and use of haematological growth factors between groups.

Conclusion Antiviral therapy in our population was safe. Early decrease in Hb at W12 (perhaps reflecting inter-individual ribavirin concentration); HCV genotype, higher baseline ANC and PLT counts were associated with response.

P81 PSYCHIATRIC SIDE EFFECTS OF ANTIVIRAL THERAPY WITH PEGYLATED INTERFERON AND RIBAVIRIN ARE ASSOCIATED WITH POOR RESPONSE IN CHILDREN WITH CHRONIC HEPATITIS C

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Introduction Chronic hepatitis C (CHC), a mild disease in childhood, can progress to cirrhosis in young adulthood. Successful Peg-IFN+ribavirin therapy prevents progression, but has, among others, neuropsychiatric (NP) side effects (SE) that might impact on response.

Aim To study the influence of Peg-IFN+ribavirin-related NPSE on treatment response in paediatric CHC using novel age-adapted questionnaires.