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Introduction Hepatitis E is essentially an oral fecal infection with high prevalence in developing countries. There is limited data available on its prevalence in Urban US. The study evaluates the prevalence of hepatitis E antibody IgG and IgM in New York in patients with chronic liver disease.

Methods 440 (n=440) were divided into two groups: group A; control 140 patients without any stigmata of liver disease. Group B, 300 patients with history of liver disease including hepatitis B 125/300 (41%), Chronic hepatitis C 60/300 (20%), fatty liver 70/300 (23%), Alcoholic liver disease 29/300 (10%), HBV HCV co infection 9/300 (3%), auto immune hepatitis 2/300 (0.6%), PBC /PSC 5/300 (2%). HEV antibody IGM and ICG were measured with HEV genotyping. 22/300 (7%) patients were liver transplant recipients, 6/300 (2%) patients were kidney transplant recipients. 43/300 (14%) patients were Intra venous Drug Abuser. 20/300 (7%) received Blood products.

Results History and genotypic characteristics

Characteristics	Chronic hepatitis C	Chronic hepatitis B	Fatty liver	Alcoholic liver disease
IVDU	36/43 (83%)	7/43 (16%)	NA	NA
Promiscuity	23/42 (52%)	10/42 (23%)	NA	9/42 (21%)
Transfusion	6/20 (30%)	14/20 (70%)	NA	NA
Genotype				
G1	2/30 (7%)	60/69 (87%)	3/10 (30%)	1/13 (7%)
G2	1/30 (3%)	8/69 (11%)	3/10 (30%)	4/13 (30%)
G3	26/30 (87%)	1/69 (1%)	4/10 (40%)	8/13 (62%)
G4	1/30 (3%)	NA	NA	NA
G4	NA	NA	NA	NA

Conclusion Results: Group (A) HEV IgG positive 13% (18/140), Group B HEV IgG positive 40.6% (122/300) including 3.7% (4/122) having both IgM and IgG positive. The prevalence of HEV IgG was 54% (12/22) in the liver transplant recipient group and 33% (2/6%) kidney transplant recipient group. The study demonstrates the prevalence of hepatitis E infection in New York and HEV antibody in CLD. Including transplant donors and recipients. Question remains the impact and progression of acute or chronic liver disease with concomitant HEV in pre, peri, and post liver transplant recipient. Larger study needs to validate.

Competing interests None declared.

PMO-171 A PILOT OF TARGETED CASE FINDING FOR HEPATITIS B VIRUS (HBV) AND HEPATITIS C (HCV) IN THE BRITISH SOUTH ASIAN COMMUNITY

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Introduction Chronic HBV (cHBV) and HCV (cHCV) are frequent causes of cirrhosis and liver cancer. cHBV and cHCV are prevalent in subjects from South Asian countries and many infected individuals are unaware of their condition. A previous case finding pilot for HBV in the British-Chinese community of the NE of England found that 9% of subjects tested were HBsAg positive.¹ Targeted screening for

HBV and HCV is recommended by the AASLD² and the European Liver Patients Association³ in subjects born in endemic areas (HBsAg prevalence $\geq 2\%$). However, there are no current UK guidelines. Our aim was to apply AASLD recommendations to British South Asian community of NE of England.

Methods Members of the NE South Asian community were invited to attend screening sessions at a Newcastle Mosque and the Sunderland Bangladeshi Community Centre. Dry blood spots were obtained by finger prick and tested for HBsAg, HBcAb (Abbott ARCHITECT®) and HCV antibody (Roche + confirmed by Biorad). HBsAg and/or HCV Ab positive individuals were advised to undergo confirmatory testing and be referred for specialist assessment.

Results To date, 329 subjects were screened in four sessions (median age 39, range 6–83; 75% male). The screened subjects were most frequently born in Bangladesh (49%) followed by Pakistan (36%), the UK (14%) or other countries (6%). 1.8% of subjects were HBsAg positive indicating cHBV. 2.8% of subjects had past infection with HBV (HBsAg negative, HBcAb positive). 1% of subjects were HCV Ab positive (all born in Pakistan). The prevalence of cHBV was 3% for individuals born in Pakistan and 1.5% for those born in Bangladesh. 3% of individuals born in Pakistan were HCV Ab positive. Only 4% of subjects reported previous vaccination against HBV.

Conclusion Undiagnosed cHBV is prevalent in the South Asian community of NE England, although the prevalence was lower than in the British-Chinese community. These results provide evidence for a targeted case finding programme for HBV and HCV in subjects born in South Asia.

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PMO-172 DIRECT NON-INVASIVE SERUM MARKERS OF LIVER FIBROSIS PREDICT FIBROSIS EVOLUTION IN CHRONIC HEPATITIS C BUT ARE INCREASED BY INTERFERON-BASED THERAPY

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Introduction Liver biopsy remains the reference standard for the detection of liver fibrosis. While non-invasive markers of liver fibrosis have been validated in chronic hepatitis C, their performance during interferon-based therapy is not established.

Methods 70 previous non-responders to interferon based therapy for chronic hepatitis C (40 male, age range 24–67, mean 48.7) were recruited from five centres. Patients were randomised to receive pegylated interferon with or without silymarin for 24 months as an exploratory antifibrotic therapy. All patients underwent a liver biopsy and ELF tests (HA, P3NP, TIMP-1) prior to, and after treatment (month 0 and 24). Changes in histological fibrosis stages before and after therapy (0 to 24 months) were compared with changes in marker scores before, during and after therapy (0 to 24 months).

Results Mean ELF score prior to therapy was 9.32 (SD 1.10), during therapy 9.91 (SD1.18) and after therapy 9.53 (SD 1.27). ELF scores