Multidisciplinary clinic for the treatment of hepatitis C: an useful tool for the management of the patients; review of the experience of a regional hospital

Background CSSRRN is a regional hospital with 240 acute-care beds, with a multidisciplinary clinic for the treatment of hepatitis C. This study aimed to review the clinical data from treated cases of hepatitis C, including the evaluation of the multidisciplinary support needed.

Methods All files from patients evaluated for hepatitis C at CSSRRN between January 2000 and March 2009 were reviewed for clinical and microbiological data. Also, the numbers of visits to the different clinics were recorded. The data were analysed with Epi Info 3.5.1.

Results A total of 165 cases of hepatitis C were evaluated at our facility and 46 treatments were initiated in 42 patients (four patients had two treatments). The average age was 41 years old (range 22–58) and 78% were men. All, except one, were native from the province of Quebec. The acquisition of hepatitis C was: injection or inhalation drug use (74%), blood transfusion (19%) and other causes (7%). The majority of treated individuals were heterosexual (95%), 55% had a history of alcohol abuse, 30% had done prostitution. HIV coinfection was present in three patients and none had HBV coinfection. The genotypes observed were 1 (55%), 3 (29%), 2 (9%) and 4 (7%). Liver biopsy was performed in 26 patients, eight had cirrhosis and one developed liver carcinoma. The treatments received were standard interferon alfa-2b/ribavirine (seven cases, 2000–2002), peginterferon alfa-2b/ribavirine (22 cases, 2003–2006), and peginterferon alfa-2a/ribavirine (17 cases, 2005–2008). Treatment was completed in 78% of patients. Sustained virological response (SVR) was achieved in 53% of genotypes 1 and 4, and in 69% of genotypes 2 and 3. During treatment, an average of 30 visits per patient was recorded. The frequency and mean number of visits were: clinical nurses from the ambulatory care unit (100%, 14), infectious diseases (100%, 10), gastroenterology (100%, 5), psychiatry (35%) and dietetic (16%).

Conclusion A SVR was achieved in 53% (genotypes 1 and 4) and 69% (genotypes 2 and 3) of patients. The treatment of hepatitis C involved an average of 30 visits, with many actors, which is eased by a multidisciplinary clinic.

Validation of a treponemal antibodies quimioluminsence automated test for syphilis detection among inmates of Mexico City

Background When surveying large groups at risk for STI, the search of anti T pallidum Ab is a valuable tool both for assessing risks associated with syphilis acquisition and, if followed by VDRL test, also for syphilis cases detection. By the other hand testing first with VDRL a large number of samples followed by confirmation with anti TP specific test would be laborious and prone to errors while the data of past cured syphilis would be lost. On 2010 the HIV/AIDS Program of Mexico City and the National Institute of Public Health, Mexico initiated a health survey of around 40000 inmates of the city for assessing syphilis and
other STIs. Presently more than 18,000 inmates have been surveyed for HIV, HBV, HVC and syphilis using the automated immunoluminescence analysis system Abbott Architect i2000. The accuracy of Abbott Architect Syphilis TP (ASTP) for detecting treated and untreated syphilis was reported before thus our study focused in validating ASTP as compared with an accepted treponemal test.

**Methods** For evaluating the sensitivity and specificity of ASTP in the context of our HIV clinic we compared ASTP with a test extensively used for syphilis confirmation, Treponema pallidum haemagglutination assay (THPA). Samples were assayed with ASTP in pools of four sera and each positive pool developed and re-assayed with ASTP to find one or more individual positive samples which were further assayed with titrated VDRL. ASTP – pools were not re-assayed and individual samples were scored as negative for syphilis. We selected 218 ASTP+ and 1920 ASTP – individual consecutive samples to be tested with BioRad Syphilis THPA.

**Results** From 218 ASTP+ samples 212 were THPA+ and all 1920 ASTP – were also THPA –. ASTP and THPA detected all 77 VDRL+ samples thus considered diagnostic of latent or active syphilis. Six ASTP+ /THPA– samples and 155 ASTP– /THPA– were also VDRL– and considered as evidence of treated/cured syphilis. Using THPA as gold standard ASTP Sensitivity was 100% and Specificity was 99.7%. In two ASTP– pools that showed more than 0.6 but <1 S/C0 reading, a sample weakly positive by ASTP and THPA but VDRL– was found when assayed individually.

**Conclusions** Reverting the traditional algorithm of syphilis diagnosis by first determining TP specific antibodies with ASTP followed by titrated VDRL of positive samples is highly accurate even if done in pools of four sera. This approach allows also the identification of epidemiologically valuable data of cured syphilis.

**SEROVERSION OF TREPONEMAL TESTS IN CASES MEETING CANADIAN SURVEILLANCE CRITERIA FOR CONFIRMED CONGENITAL SYPHILIS**

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**Background** Serologic tests for syphilis remain the mainstay of diagnosis. However, diagnosis of congenital syphilis is complicated by the passive transfer of maternal antibodies to the infant. Non treponemal test (NTT) titres should decline by age 3 months and should be non reactive by age 6 months if the infant was not infected or was infected but adequately treated. Limited data exist on the serologic outcome of treponemal tests (TT) in cases with clinical or laboratory evidence of congenital syphilis at birth.

**Methods** Cases meeting Canadian surveillance criteria for confirmed early congenital syphilis (within 2 years of birth) (http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09vol35/35s2/Syphilis-eng.php) were reviewed from the Alberta Health Services Edmonton zone from 2005 to 2010. Under Alberta’s Public Health Act, maternal stage, treatment information and serologic follow-up and infant clinical, laboratory and treatment information are obtained and stored in a provincial STI database.

**Results** 22 cases met surveillance criteria for confirmed congenital syphilis: six were either stillborn/deceased at birth, three are still
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