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TTV AND HGV INFECTIONS IN ACUTE VIRUS HEPATITIS AND BLOOD DONORS AT SALVADOR, BAHIA. Lyra, A.C. ¹; Braga, E. ¹; Pereira, J. ¹; Silva, L.K. ³; Reis, M. ³; Lyra, M. ¹; Pereira, M. ¹; Paraná, R. ¹; Lyra, L.G. ¹; Takahashi, D.A. ⁴; Souza, L.O. ⁴; Pinho, J.R.R. ⁴; Carrilho, F. ²; Silva, L.C. ². Federal University of Bahia ¹; University of São Paulo ²; FIOCRUZ/BA ³; Instituto Adolfo Lutz ⁴

TTV and HGV are recently described viruses and their role in causing acute hepatitis and liver disease is still controversial. **Objective:** The purpose of this study was to evaluate the frequency of TTV and HGV infections in patients with acute viral hepatitis A, B and Non A-C and in blood donors of Salvador - Bahia, Brazil. **Materials and Methods:** 177 sera were collected between 1995 and 1999. They included cases of acute hepatitis A (44), B (50) and non A-C (12) and 71 volunteers blood donors with normal ALT. Acute hepatitis A and B were diagnosed according to established criteria in the literature. Patients were considered to have acute non A-C hepatitis if they had a suggestive clinical picture of acute hepatitis, ALT over two times the upper normal limit, seronegativity for hepatitis A, B and C markers, including RNA for HCV, negative liver autoantibodies and no history of drug use or alcohol abuse. TTV -DNA was determined using PCR method with primers described by Okamoto et al. HGV- RNA was detected by RT-PCR using primers from two different regions of the genome, NS3 and 5'NCR. **Results:** N TTV-DNA positive (%) HGV-NS3 positive (%) HGV-5'NCR positive (%) Blood donors 71 22/71 (31) 7/71 (10) 9/71 (13) Hepatitis A 44 8/44 (18) 0/44 (0) 2/44 (4.5) Hepatitis B 50 12/50 (24) 5/50 (10) 7/50 (14) Hepatitis Non A-C 12 1/12 (8) 1/12 (8) 1/12 (8) Among patients with acute hepatitis serum ALT levels were not significantly higher among those who were seropositive for TTV-DNA or HGV RNA. **Conclusions:** In the studied population, TTV infection was frequent among blood donors and patients with acute viral hepatitis A and B in Brazil and that it tended to be less frequent in patients with non A-C hepatitis (p = 0.09). HGV infection was more prevalent among blood donors and acute hepatitis B than acute non A-C hepatitis but without statistical significance. ALT levels among positive TTV and HGV patients were not significantly higher than patients negative for the viruses. The 5' NCR was more sensitive than NS3 for the detection of HGV-RNA using nested PCR.