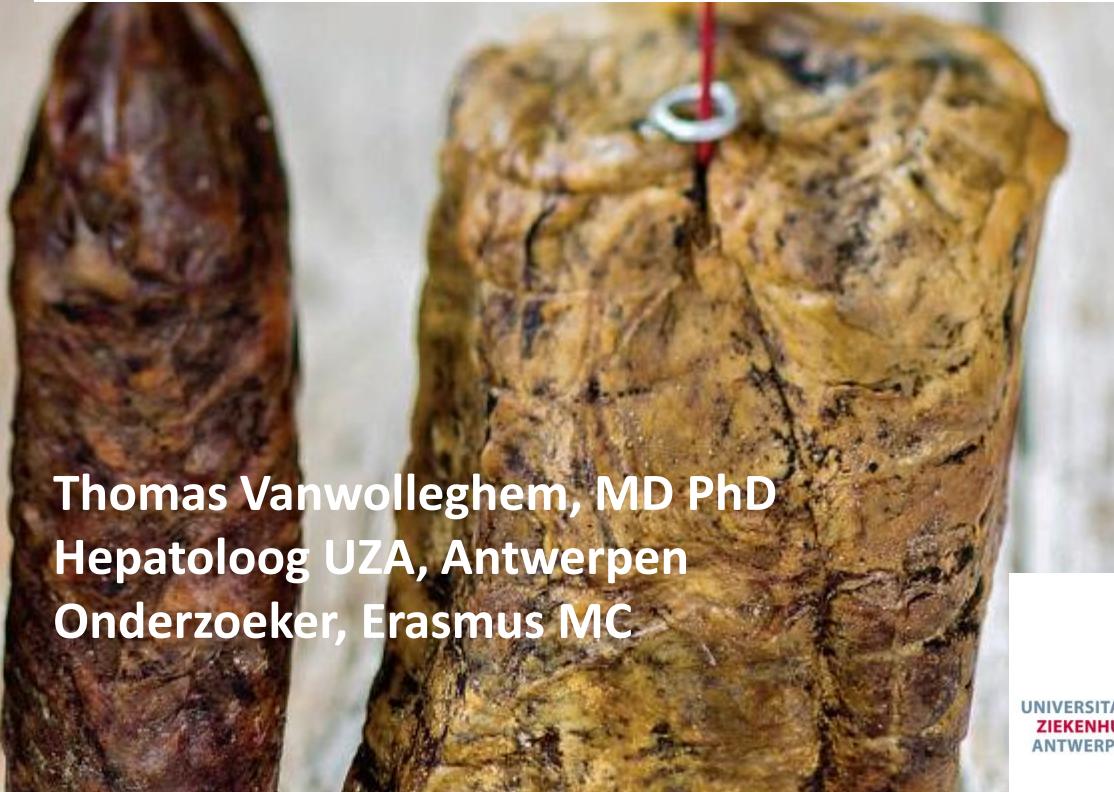




EUROPE'S NEW HEPATITIS PROBLEM

Many get infected with hepatitis E, and a few get very sick. How can the virus be stopped?



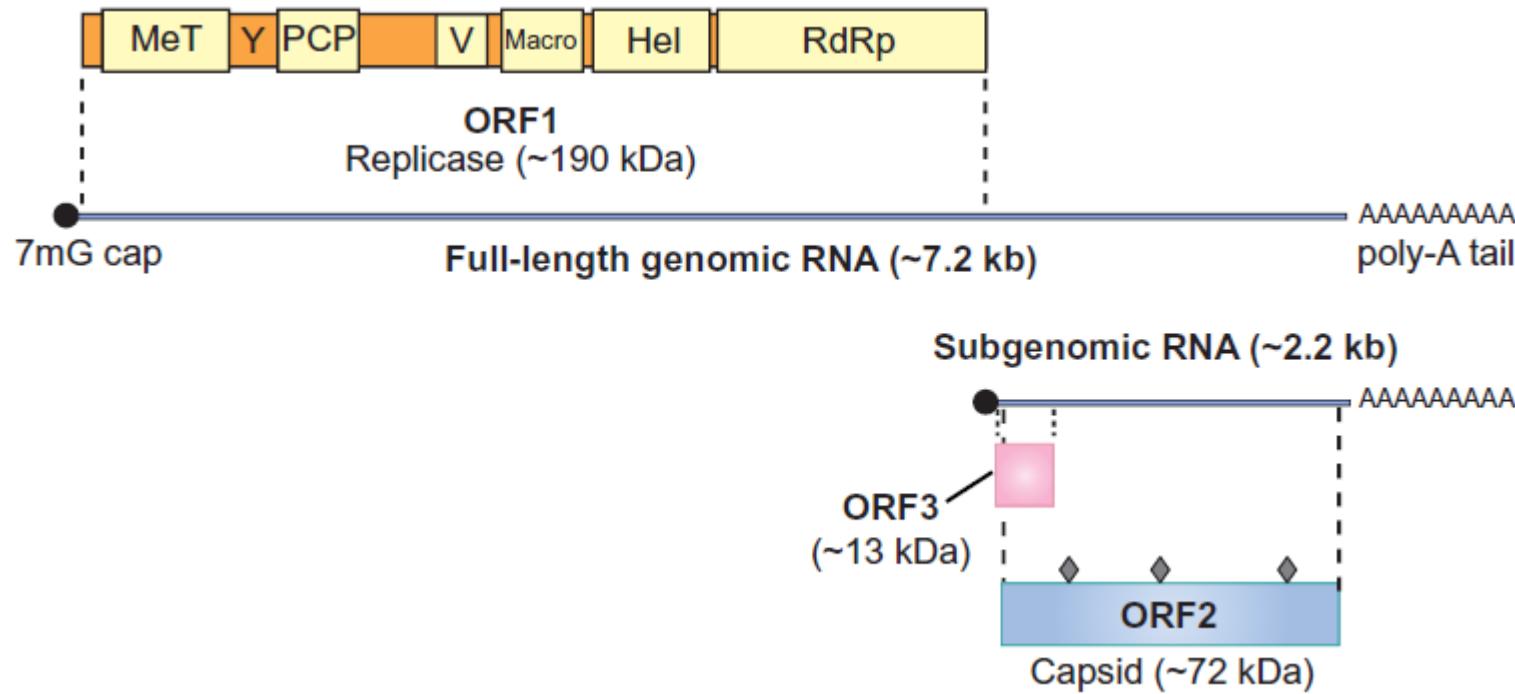
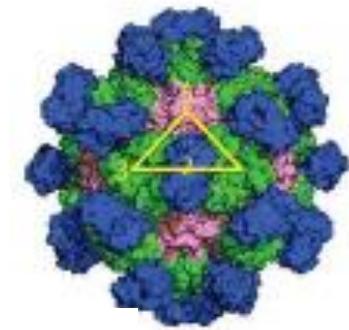
Thomas Vanwolleghem, MD PhD
Hepatoloog UZA, Antwerpen
Onderzoeker, Erasmus MC

Scheme

- HEV virology
- HEV (sero)-epidemiology
- HEV clinical presentation – treatment
 - HEV clinical cases- diagnosis
- HEV animal reservoirs- zoonotic risk
- HEV experimental models

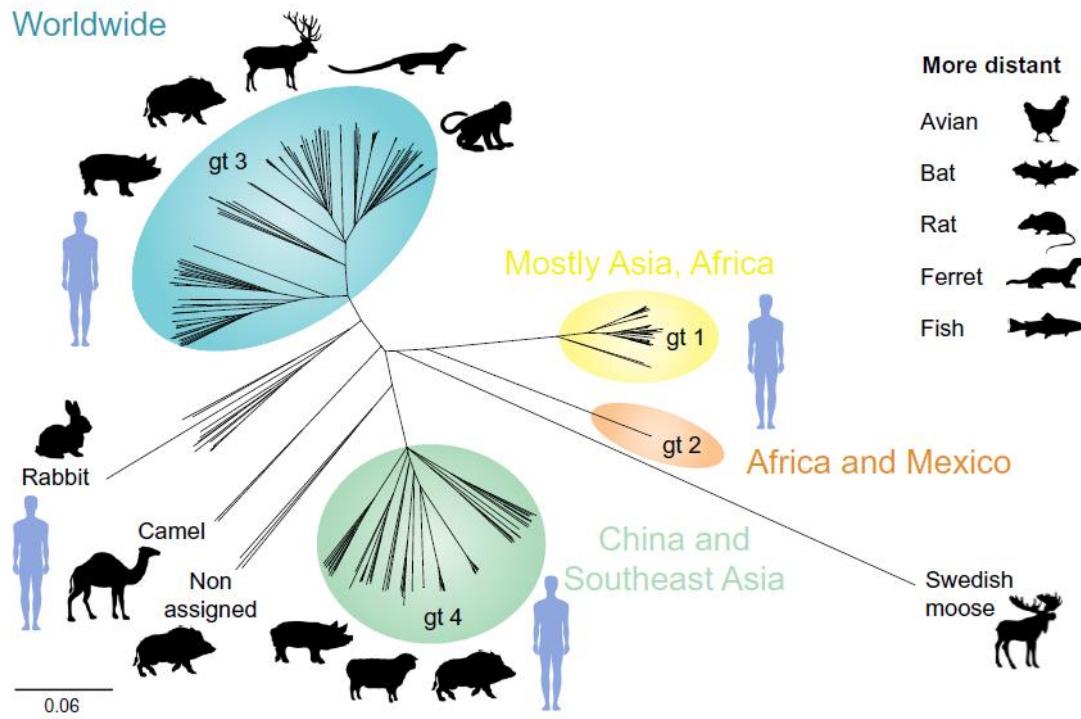
Hepatitis E virus and the global disease burden

- Nonenveloped +sense single stranded RNA virus (27-34 nM)
- Family *Hepeviridae*, Genus *Orthohepevirus*
- 3 ORF



Hepatitis E virus and the global disease burden

- 4 major genotypes:
 - 1+2 restricted to humans
 - 3+4 broad host range (zoonotic)

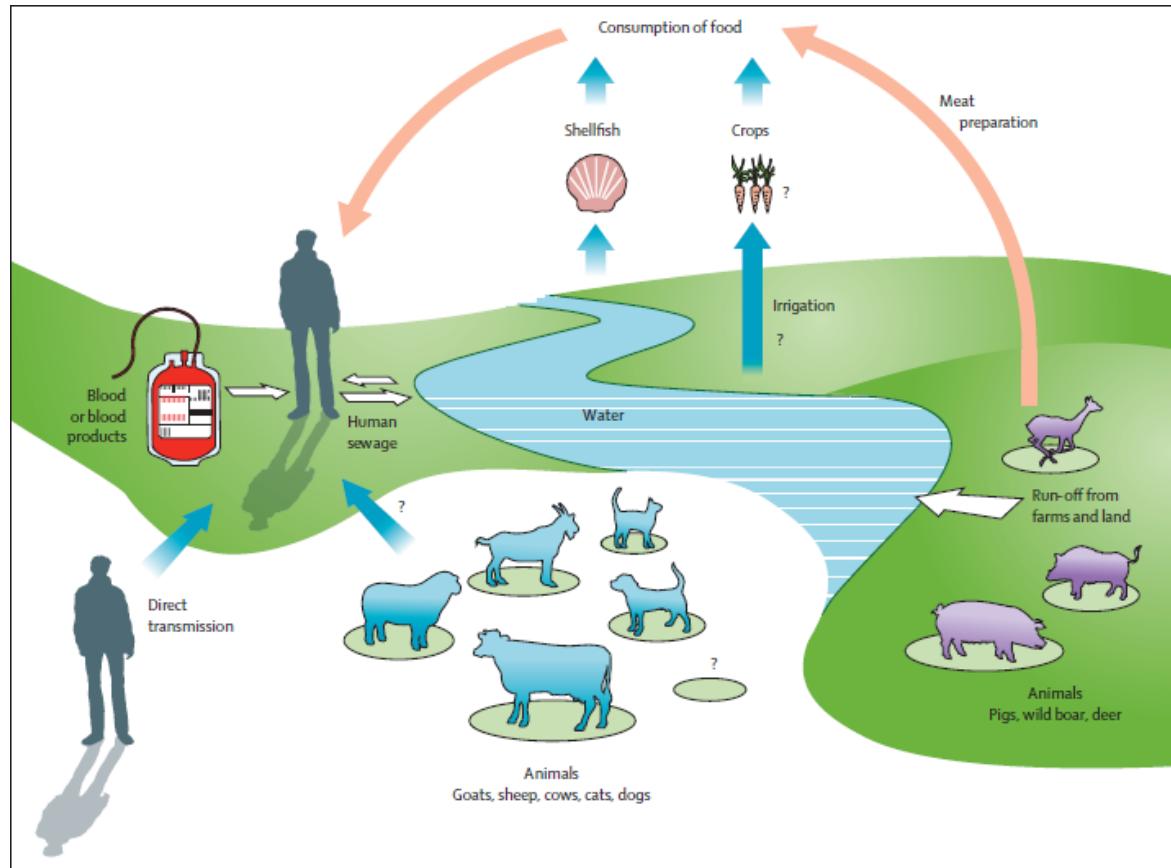


Hepatitis E virus is emerging

- Seroprevalence :
 - Overall ↓ until 2011 (Germany and the Netherlands)
 - ↑ young (largely unexposed) adults
- ↑ HEV RNA positive blood donations in the Netherlands
 - Oct 2012 – Mar 2013 **1:2742**
 - Apr 2014 – Sep 2014 **1:611**

HEV Transmission

Transmission mainly via fecal-oral route



Lancet June 30, 2012

Van der Poel. Curr Opinion Virology 2014

Sero-epidemiological surveys in Europe/US

Acute Fulminant HEV

US: zeldzaam (0,4%), totale ALI

Meer frequent in HEV gt 1 infection

Acute on Chronic LF/ Decompensated

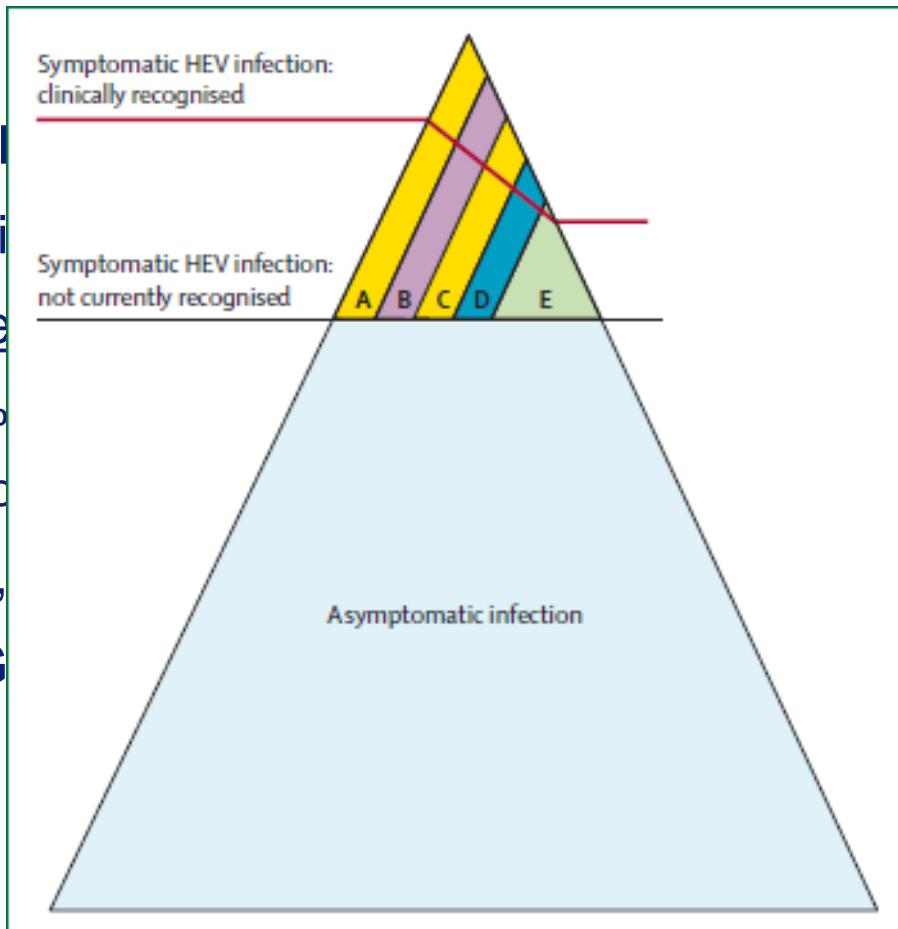
Prospective UK/French series: 3,2%

8 yr Retrospective Single Center (Tc)

Acute alcoholic hepatitis: 3,6% (total,

Chronic liver disease: 21% HEV IgG

DILI: 3% HEV IgM+ (total n= 318)

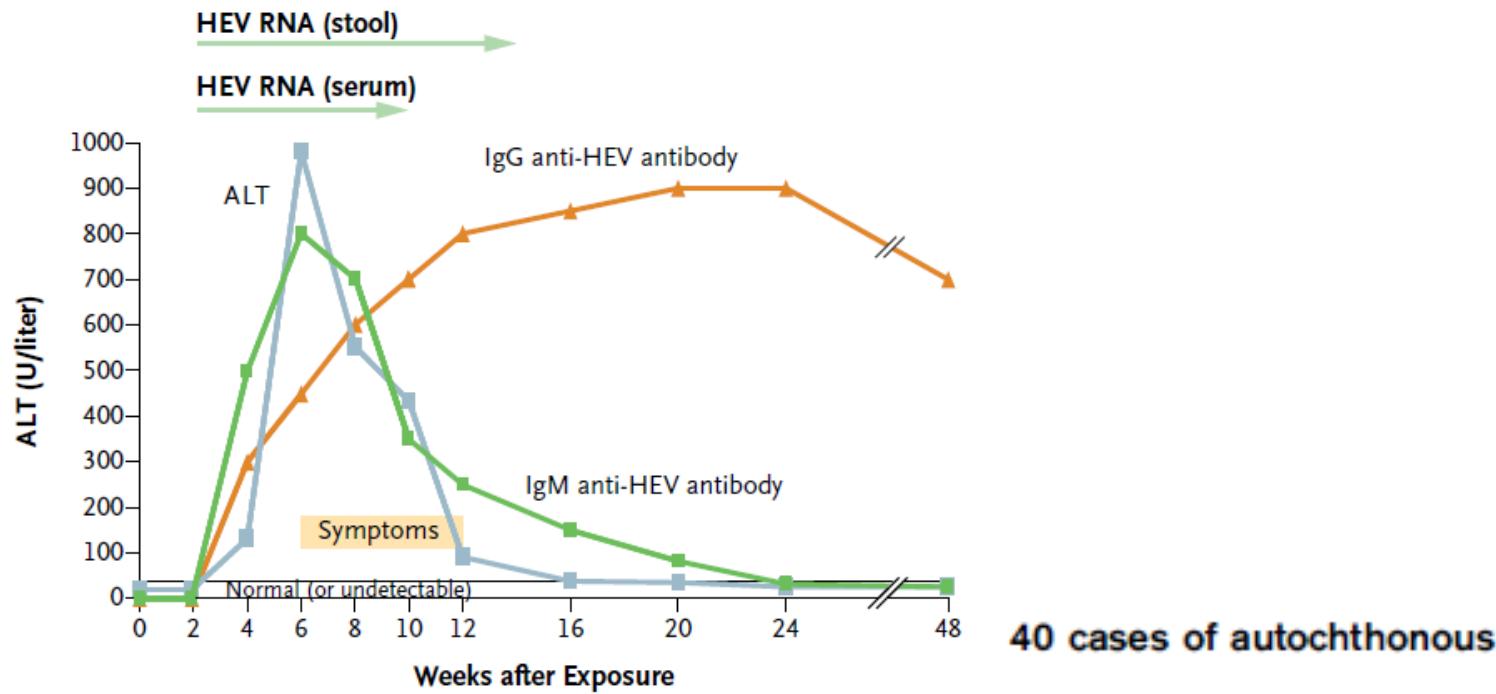


Hepatol 2016 May 23. Lancet June 30, 2012. JVH 2007, 14, 298. Liv Int 2015;35:870. AP&T 2015;42:574. Eur J Gastroenterol Hepatol 2016. Gastro 2011;141:1665.

Scheme: HEV Zoonosis

- HEV virology
- HEV (sero)-epidemiology
- HEV clinical presentation – treatment
 - HEV clinical cases- diagnosis
- HEV animal reservoirs- zoonosis
- HEV experimental models

Classical acute HEV (gt 1/2/3/4)



Symptom/frequency	Symptom/frequency
Jaundice <i>n</i> =30	Pruritis <i>n</i> =4
Anorexia <i>n</i> =15	Weight loss <i>n</i> =3
Malaise/lethargy <i>n</i> =15	Headaches <i>n</i> =3
Abdominal pain <i>n</i> =14	Back pain <i>n</i> =2
Nausea <i>n</i> =13	Arthralgia <i>n</i> =2
Fever/chills <i>n</i> =8	Rash <i>n</i> =1
Vomiting <i>n</i> =7 ^a	Paraesthesiae <i>n</i> =1 ^b
Myalgia <i>n</i> =5	No symptoms <i>n</i> =2

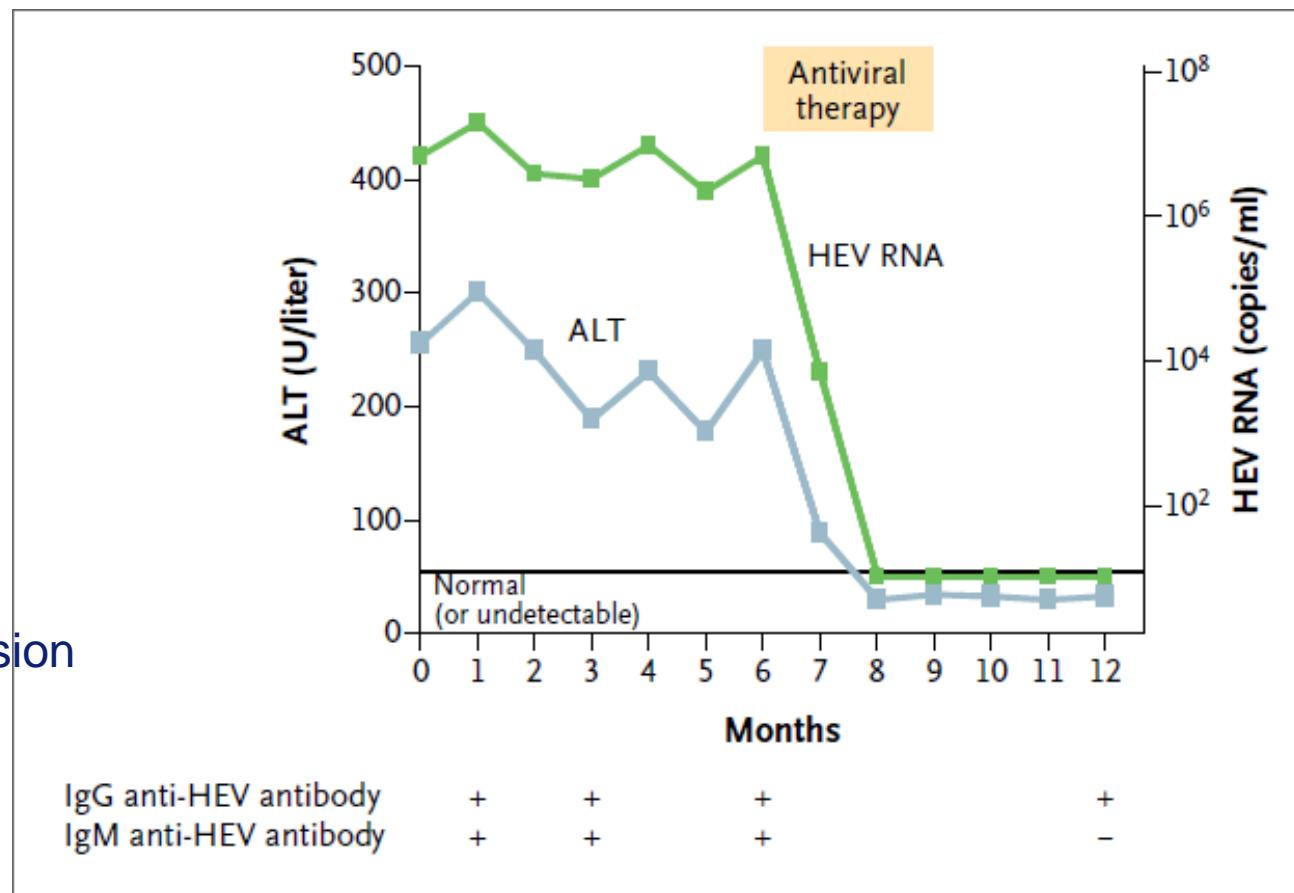
Chronic HEV genotype 3

Chronicity rate= 65,9% in SOT recipients (n=65/85)

HIV
SOT
BMTx
Cancer chemotherapy

“Immunocompetent” :
immune suppressive R/
undefined CD4 defect

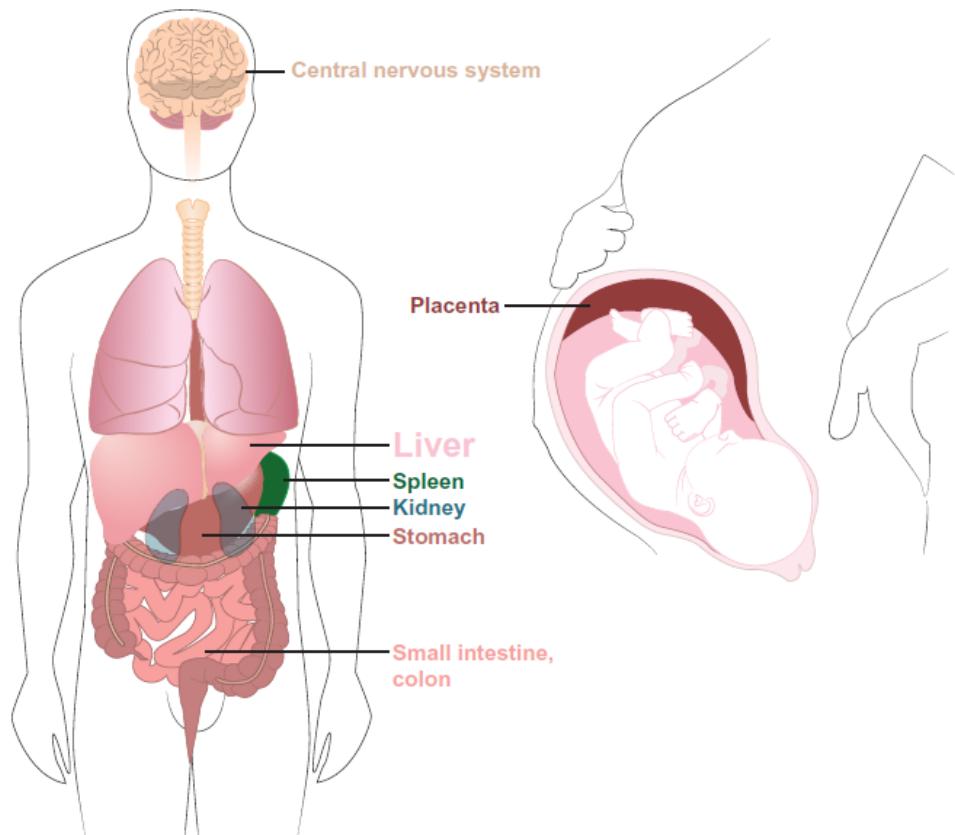
-> Rapid fibrosis progression



NEJM 2012, Blood 2013;122:1079

GASTROENTEROLOGY 2011;140:1481 ; Hepatology 2014,60 (3).

Extrahepatic manifestations



Neurological: (~100 cases)

Guillain-Barre
Brachial neuritis
Meningo-encephalitis

Kidney disease:
glomerulonephritis
± cryoglobulinemia

Replication vs HEV RNA Detection?
Animal models
Seldom HEV negative strand PCR (Placenta)

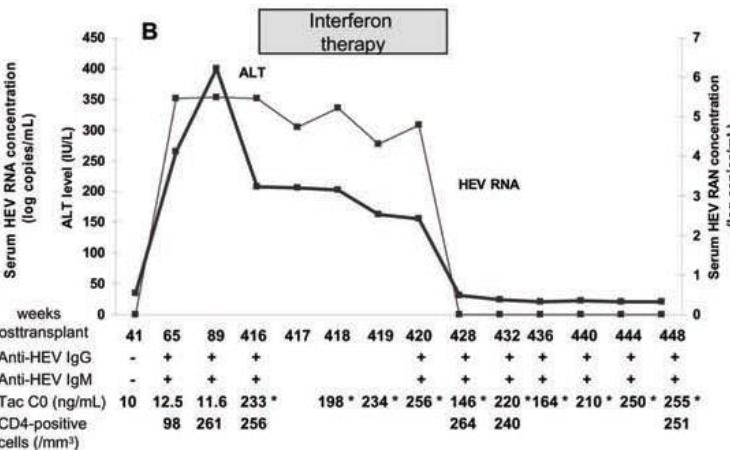
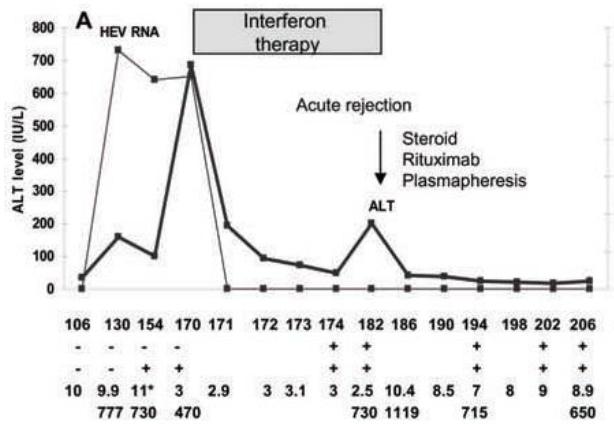
Treatment for chronic HEV

Reduction of immune suppression --> successfull in 32,1%

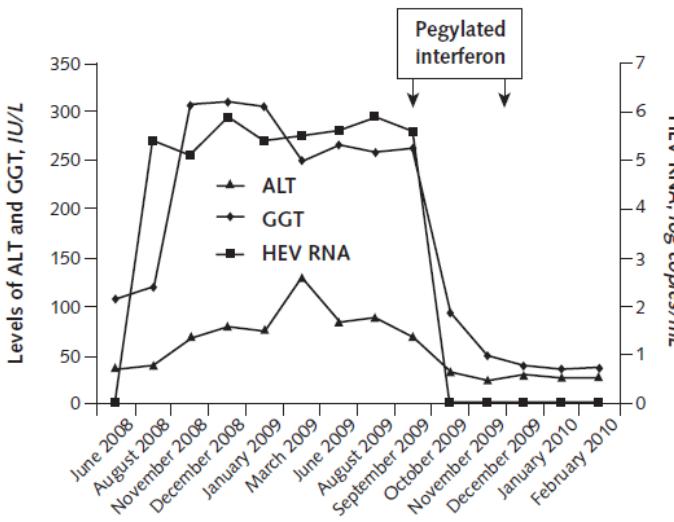
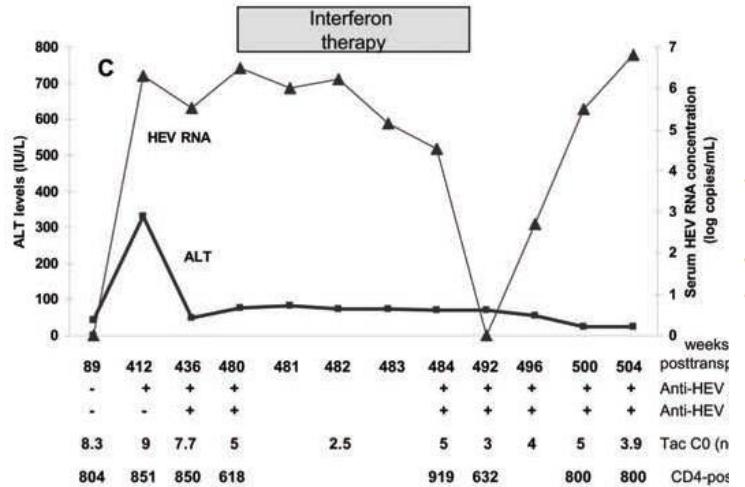
Table 1. Overview of approved drugs affecting hepatitis E virus (HEV) replication.

Drug	<i>In vitro</i> effect	<i>In vivo</i> effect	Mechanism of action
Ribavirin	Inhibition of HEV replication	HEV clearance in chronic hepatitis E; occasional cases of treatment failure	Intracellular GTP depletion through inosine 5'-monophosphate dehydrogenase inhibition
PegIFNa	Inhibition of HEV replication	HEV clearance in chronic hepatitis E	Immune activation
Sofosbuvir	Inhibition of HEV replication	Unknown	Nucleotide analog; inhibition of the viral RNA-dependent RNA polymerase
Mycophenolic acid (including prodrug mycophenolate mofetil)	Inhibition of HEV replication	Unclear, possibly associated with HEV clearance in chronic hepatitis E	Intracellular GTP depletion through inosine 5'-monophosphate dehydrogenase inhibition; immune suppression
mTOR inhibitors (rapamycin, everolimus)	Stimulation of HEV replication	Higher HEV RNA levels in patients with chronic hepatitis E on mTOR inhibitors	Inhibition of an eIF4E binding protein 1-dependent antiviral signaling pathway downstream of mTOR
Calcineurin inhibitors (cyclosporin A, tacrolimus)	Stimulation of HEV replication	Unknown; tacrolimus use associated with increased risk of viral persistence	Inhibition of cyclophilin A and B

Treatment PegIFN?



3-month course
LTX n=3
135 µg/week
2 clear
1 relapse



Leukemia n=1
PegIFNa2b 1 µg/kg
BW/week

2 rapid response
2 slow response

Not in KTX

RBV for chronic HEV

Retrospective series (n=59)

Median 3 months

Median dose: 600 mg per day (upto 1200mg), ~ 8,1mg/kg

EOT= 95%

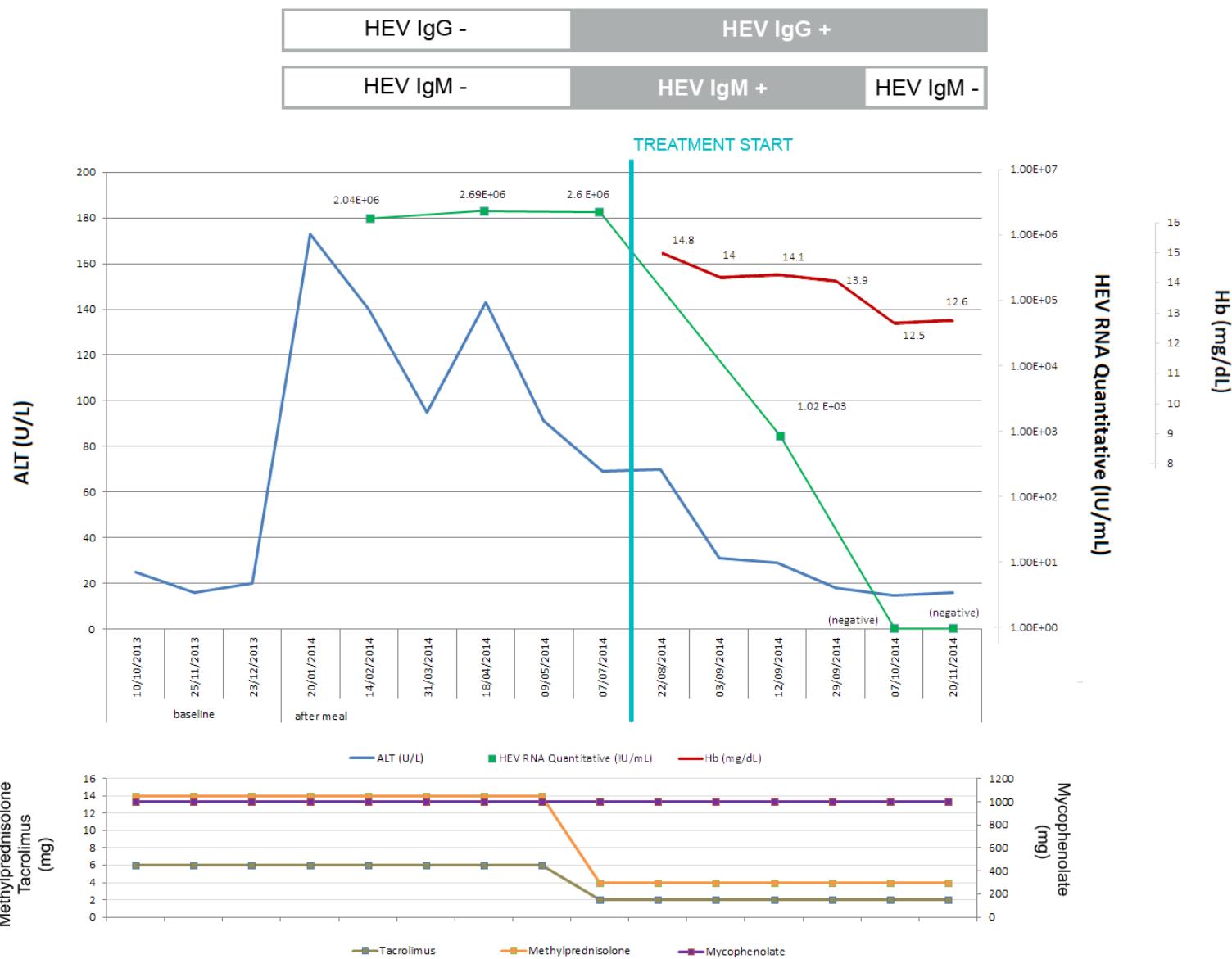
“SVR24 wks” =78%

~ weight based RBV (12 mg/kg): 1000 mg vs 1200 mg (anemia!)

Prediction of response: monitor HEV RNA in stool

- + @ 1 month in 100% of relapsers
- + @ 3 months in 66% of relapsers vs 0% of responders

UZA case 1: HTx recipient; feb 2014



UZA case 2: HTx + KTx recipient; 2016

Creatinine	+ 2.29	+ 2.30	+ 2.27	+ 2.02	+ 2.14	+ 2.30
eGFR CKD-EPI	- 28 *	- 28 *	- 28 *	- 32 *	- 30 *	- 28 *
Ureum	+ 71	+ 85	+ 96	+ 96	+ 102	+ 98
Natrium	142	141	139	142	141	141
Kalium	4.9	+ 5.2	4.6	4.7	4.5	4.2
CRP (mg/L)	+ 10.1	+ 12.3	+ 13.4	+ 12.3	+ 8.4	+ 5.2
LDH	209	199	+ 283	+ 271	+ 249	231
AST (GOT)	12	13	22	+ 42	+ 45	+ 41
ALT (GPT)	23	25	+ 64	+ 142	+ 156	+ 126
Alk. fosfatase	103	+ 127	+ 173	+ 204	+ 179	+ 173
Gamma-GT	+ 284	+ 422	+ 761	+ 997	+ 1005	+ 951
Tot. bilirubine	1.2	1.2	+ 1.5	0.99	0.99	0.79
Geconjugeerde bilirubine	+ 0.43	+ 0.50	+ 0.68	+ 0.50	+ 0.47	+ 0.38
Ongeconj. Bilirubine	0.77	0.7	0.82	0.49	0.52	0.41

HEV PCR (WIV) + : 1/7 ; 23/8 en 26/9
 HEV serology : IgG+ en IgM+ 1/7

Start RBV on 10/10

HEV RNA 1,30 E6 IU/mL (2/11) < 4,76 E7 IU/mL (7/10)

RBV monitoring (Nijmegen): 1.01 mg/L (2-3 mg/L)

RBV monitoring (Nijmegen): 1.07 mg/L

Start RBV

HEV infectie
april-juni '16

HEV PCR-
Juni 2015

UZA case 3: KTx recipient; 2016

uitgevoerde test		03/11/2016 08:40	25/10/2016 08:15 ^	28/09/2016 08:10 ^	13/09/2016 08:10 ^	11/08/2016 10:00 ^	26/07/2016 >>08:20<< ^	19/07/2016 08:10 ^	24/05/2016 08:20 ^
IED									
ALGEMENE BIOCHEMIE									
Creatinine	>	+ 1.44	+ 1.28	+ 1.39	+ 1.40	+ 1.48	+ 1.45	+ 1.60	+ 1.28
eGFR CKD-EPI		- 50 *	- 58 *	- 52 *	- 52 *	- 49 *	- 50 *	- 44 *	
Ureum	>		33	39	36	38	38	46	34
Natrium	>		141	141	140	141	143	142	142
Kalium	>	4.4	4.1	4.8	4.0	4.2	4.3	4.5	4.0
Chloride	>		106	105	106	+ 108	+ 110	+ 108	106
Bicarbonaat			30	29	29	29	27	29	27
Anion gap (berekend)	>		- 5 *	7 *	- 5 *	- 4 *	- 6 *	- 5 *	9 *
Calcium (mmol/L)	>		2.32	2.48	2.23	2.44	2.35	2.38	2.27
Fosfaat (mmol/L)	>		1.03	1.10	0.93	0.92	1.07	1.05	0.97
Product Calcium * Fosfaat (bereke			2.4	2.7	2.1	2.2	2.5	2.5	2.2
Magnesium in serum (mmol/L)	>		- 0.61	0.66	- 0.55		- 0.61		
Urinezuur			5.8 *	5.3 *	5.8 *	6.3 *	6.9 *	7.2 *	5.9
CRP (mg/L)	>		+ 3.7	+ 18.9	<2.9	<2.9	<2.9	<2.9	<2.9
Tot. proteinen (g/L)	>		72	69	71	69	66	68	68
Albumine (g/L)	>		42	38	38		38	37	39
Glucose (serum)	>		+ 103	+ 101	97		91	98	94
LDH			199	222	185	181	184	205	
AST (GOT)			+ 47	34	+ 64	+ 57	+ 55	+ 49	
ALT (GPT)	>		+ 96	+ 63	+ 145	+ 121	+ 120	+ 91	31
Alk. fosfatase	>		+ 213	+ 281	+ 185	+ 173	+ 181	+ 171	
Gamma-GT	>		+ 329	+ 313	+ 299	+ 273	+ 324	+ 303	+ 117
Lipase	>		286	201	203	200	215	198	
Tot. bilirubine	>		0.77	1.0	0.94	1.0	0.60	0.83	
Geconjugeerde bilirubine	>		+ 0.28	+ 0.38	+ 0.33	+ 0.30	0.20	+ 0.23	
Ongeconj. Bilirubine			0.49	0.62	0.61	0.7	0.4	0.6	

HEV PCR (WIV) + : 11/8 en 12/10
 HEV serology : IgG- en IgM+ 11/8

HEV RNA 5,32 E+6 IU/ml (12/10)

Kennis / Ervaring / Zorg

HEV infectie
 mei-juli '16
 HEV PCR-
 Jan 2016

UZA'

Immune compromised patient with consistent ALT rise >1 month:

- HEV PCR (qualitative) (WIV)
→ Voorgedefinieerde DOTS test
(ism Veerle Matheeussen, Microbiologie UZA)
- HEV serology: (WIV Recomline --> Wantai)
low NPV, to be combined with HEV PCR

Voedingsadviezen voor transplant pt



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Trefwoord

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Volwassenen Kinderen Ouders Professionals Research Donatie bij leven

Levertransplantatiecentrum > Nieuws > Voorlopig geen leverworst of paté

Voorlopig geen leverworst of paté

Print 

Nieuwsoverzicht

Archief

22 juni 2016

Vanuit Sanquin is voorgesteld om het dieetadvies van orgaan- en allo-stamcel-transplantatiepatiënten uit te breiden met het advies om voorlopig geen leverworst of paté te eten in verband met risico's op hepatitis E infecties.

De onderbouwing hiervoor vindt u hieronder en verdere informatie kunt u vinden in [de publicatie van Nijskens et al. Journal of Clinical Virology 74 \(2016\) 82–87](#)

Merendeel leverworsten HEV RNA+
Cfr Figatellu Corsica/Zuid-Frankrijk

Scheme: HEV Zoonosis

- HEV virology
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- HEV animal reservoirs- zoonotic risk
- HEV experimental models

Zoonotic Risk? Animal Reservoirs?

Natural animal host	Classification (genus/species, genotypes [gt])	Experimental hosts for cross-species infection	Zoonotic infection in humans
	<i>Orthohepevirus A</i>		
Human	gt 1, 2, 3, 4	Non-human primates, pigs (gt 3, 4), rabbits (gt 1, 4), lambs (gt 1), Wistar rats (gt 1)	
Domestic swine	gt 3, 4	Non-human primates, rabbits, Mongolian gerbils (gt 4), Balb/C mice (gt 4)	Yes
Wild boar	gt 3, 4, 5, 6		Yes (gt 3, 4), likely (gt 5, 6)
Deer	gt 3		Yes
Rabbit	gt 3	Pigs	Likely
Mongoose	gt 3		Likely
Camel	gt 7		Yes
Moose	unknown		Not known
	<i>Orthohepevirus B</i>		
Chicken	Avian HEV gt 1, 2, 3	Turkeys	No
	<i>Orthohepevirus C</i>		
Rat			Unlikely
Ferret			Unlikely
Greater bandicoot			unlikely
Asian musk shrew			unlikely
Mink			unlikely
Bat	<i>Orthohepevirus D</i>		No
Cutthroat trout	<i>Piscihepevirus</i>		No

Restricted Enzooticity of Hepatitis E Virus Genotypes 1 to 4 in the United States[▽]

CDC study

N= 4936 dieren (35 genera)

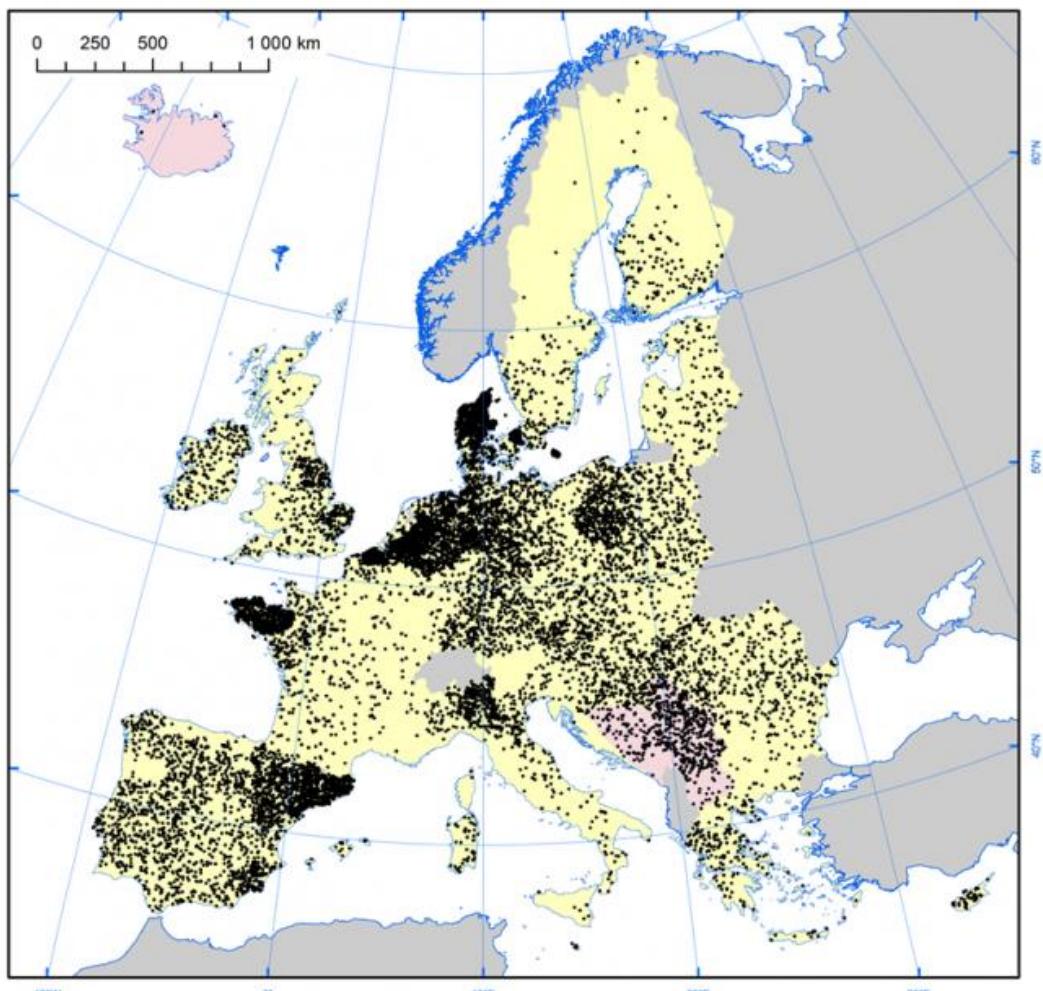
457 HEV IgG+:

Bizon (4,3%), Runderen (15%), Honden (0,9%), Ratten (0,6%)

Varkens (41,2%), Wilde zwijnen (2,9%)

Alleen hoge titers bij varkens (HEV gt3)

Zoonotic Risks in Belgium: “Pig Belt”

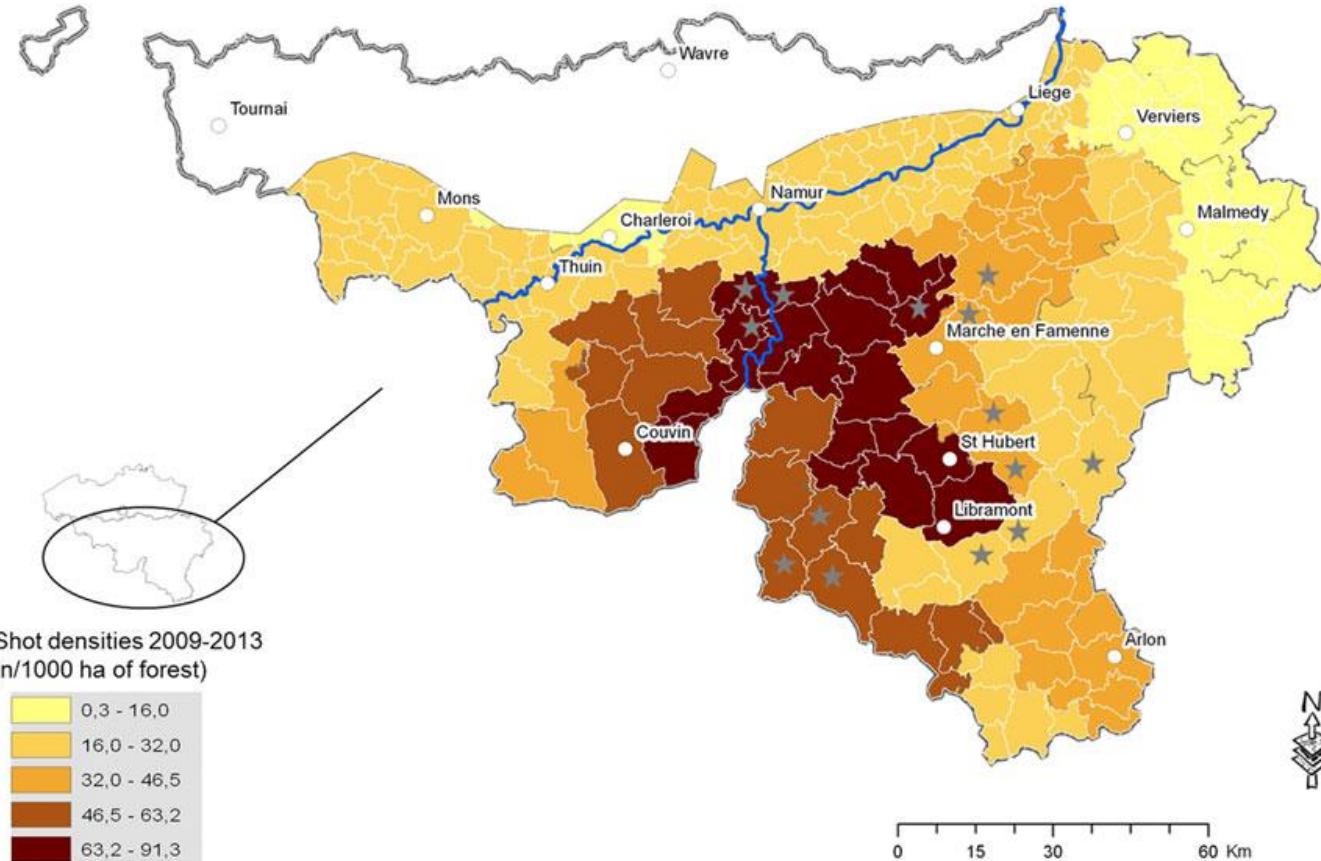


Number of sows by region (2013) - Source: Eurostat

- Overall 70% of fattener HEV RNA+
 - serum HEV RNA- within 1 month, but ongoing fecal secretion
 - infection of newborn pigs
- True pig reservoir

Belgium (2010): slaughterhouse
→ 5/23 farms HEV RNA+
→ 8/115 (7%) HEV RNA+

Zoonotic Risks in Belgium: ... and Wildlife



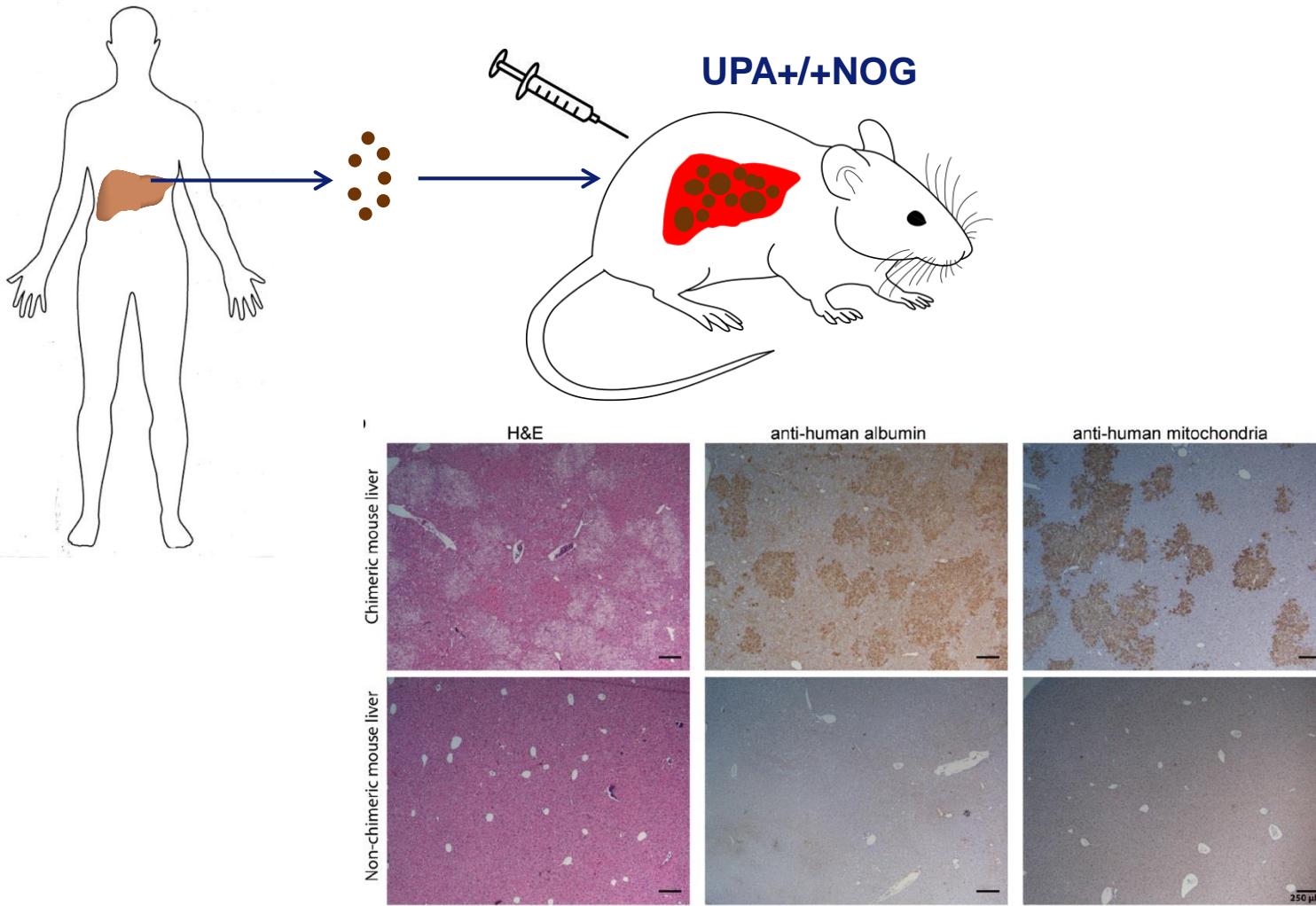
Wild boar density shot per region (2009-2013)

- Wild Boar: 34% HEV IgG+
- Deer : 1-3% HEV IgG+

HEV experimental models

- In vitro, infection of various cell lines
- In vivo, acute HEV infection in pigs, ferrets, chimpanzee, and rhesus monkeys
- Recently, in vivo, chronic HEV infection in human-liver chimeric mice
 - uPA^{+/+}NOG (van de Garde et al. JVI 2016)
 - uPA^{+/+}SCID/beige (Alweiss et al. J Hepatol 2016)
 - uPA^{+/+}SCID (Sayed et al. Gut 2016)

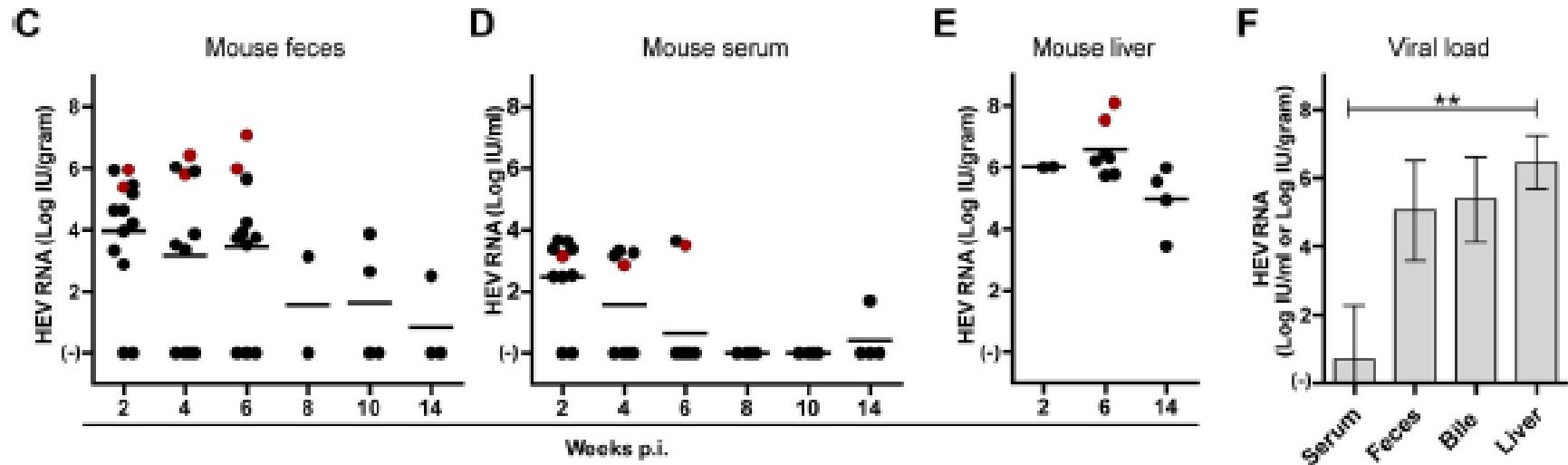
Principle of human liver chimeras



Vanwolleghem T, Gastroenterology, 2007; Vanwolleghem T, Hepatol 2008; Vanwolleghem T, J.Hepatol, 2010; Bissig KD, J Clin Invest, 2010; Lucifora J, Science, 2014; Giersch K, J Hepatol, 2015;

HEV gt3 infection of human-liver chimeric mice

- Infection with HEV gt3 derived from feces and liver but not from plasma/serum



Conclusion: HEV

- HEV gt 3 emerging in Europe
- Acute, mostly asymptomatic in immunocompetent
- Possible chronic in immunocompromised
- Viral hepatitis serology may be negative --> PCR
- Treat with RBV
- Uncooked pork meat, seafood, leverworst/paté
 - In Belgium: Deer safer than Wild Boar?
 - Many issues on food safety remaining
- Preclinical models for infectivity and antiviral studies

Acknowledgements

Division of Viral Hepatitis, CDC, USA



Department of Molecular and Comparative
Pathobiology, The Johns Hopkins
University School of Medicine, USA



Erasmus MC Fellowship 2011
Erasmus MC Pilot Grant 2015



Stichting tegen Kanker



Questions?

Het congres



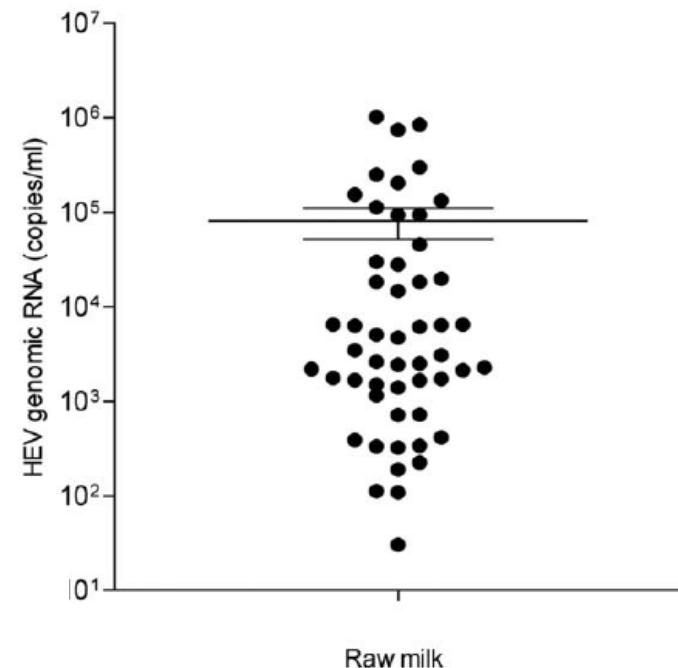
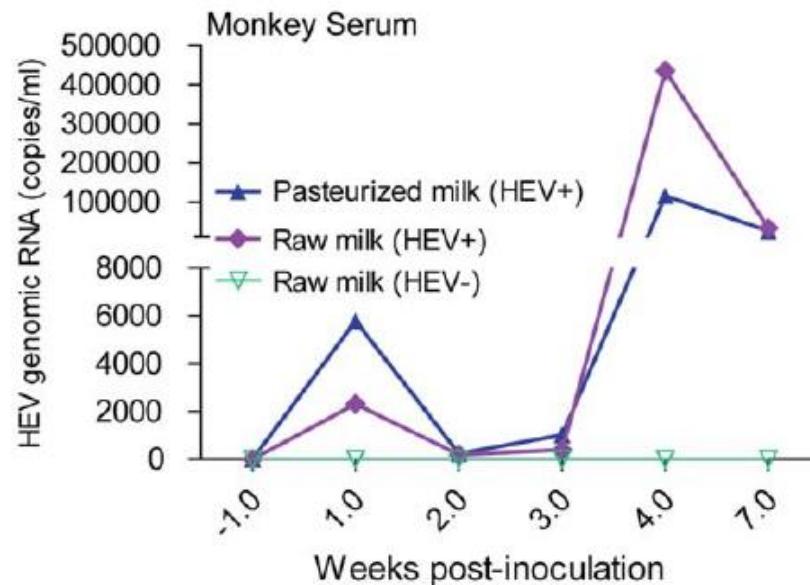
Als laatste presenteerde David de uitkomsten van zijn onderzoek naar aandachtscurves van congresgangers.

thomas.vanwolleghem@uza.be
tel 3853

Excretion of Infectious Hepatitis E Virus Into Milk in Cows Imposes High Risks of Zoonosis

HEV gt 4 RNA in Feces (37,1%), bloed en melk
(Yunnan, China)

Transmissie nr Rhesus monkey (gavage):
Pasteurisatie (30' 62°C of 72°C): onvoldoende
Koken (3' 100°C) = sterilisatie



Rural China: Mixed Farming

