

3% of cases. Case fatality rate was 2.3 %, with all patients having either ALF or ACLF at presentation. The only shortcoming of our study was it include only subset of patients in community who were admitted to the hospital.

Conclusions: Acute hepatitis is continued to be a major health problem in India. The majority of cases are still attributed to hepatitis E due to poor sanitary conditions. ALF and ACLF during disease course are associated with poor prognosis.

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HEPATITIS C RE-TREATMENT WITH FIRST LINE DIRECT ACTING ANTIVIRAL DRUGS

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Background and Aim: Sofosbuvir (S) in combination with daclatasvir [D], ledipasvir, or velpatasvir [V] cures hepatitis C virus (HCV) viremia in 90-95% patients. We report our experience of HCV retreatment using them in patients who had relapsed after their use.

Methods: Study included adults who had relapsed after a single complete course of sofosbuvir containing first-line anti-HCV treatment with or without pegylated-interferon or ribavirin (R). The retreatment was tailored, according to the prior regimen to which the participants had relapsed, and was designed on principles of using the first-line anti-HCV drugs, 24 weeks of treatment, addition of ribavirin, and swapping between pangenotypic and genotype-specific regimens. Treatment outcome were categorized as successful (SVR12) or relapse (HCV RNA negative at the end of treatment but not achieved SVR12).

Results: Fourteen patients (11 males; 9 cirrhosis; all genotype 3) who relapsed to prior anti-HCV treatment (4 SD24, 4 SD12, 2 SV12, 1 SDR24, 1 SDR12, 1 SR24, 1 SPR12) were included. On retreatment (4 SDR24, 10 SVR24), all the participants achieved RVR4 and ETR whereas 9 (75%) achieved SVR12. Two among three, in whom retreatment failed, achieved SVR12 after second course of sofosbuvir/velpatasvir/ribavirin for 24 weeks. Overall, 13/14 (93%) patients achieved SVR12 following retreatment with the first-line DAAs available in the country.

Conclusions: In conclusion, if newer DAAs are not available, HCV retreatment may be considered with the use of first-line DAAs for 24 weeks with ribavirin, and swapping between pangenotypic and genotype-specific regimen (NCT03483987).

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SEROPREVALENCE OF HEPATITIS ANTIBODIES IN PATIENTS WITH CIRRHOSIS OF LIVER

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Background and Aim: Patients with cirrhosis have a compromised immune system and are at increased risk of infections, including Hepatitis A virus (HAV). Acute HAV infection in patients with chronic liver disease/ cirrhosis can result in acute-on-chronic liver failure, which is associated with high mortality. Several Indian studies in the past have noted that 93.2%-99% patients with chronic liver disease or cirrhosis had evidence of past infection with HAV. We aimed to determine the seroprevalence of antibodies against HAV in adult patients with cirrhosis of liver.

Methods: The study cohort included all patients (>18 years) with cirrhosis of liver seen by the author between May 2019 to December 2021. Diagnosis of cirrhosis was based on clinical, endoscopic, biochemical and radiological parameters. Patients with age <18 years and those who did not provide consent for testing were excluded. IgG anti HAV antibodies were tested using chemiluminescent magnetic microparticle immunoassay (CMIA) test. A value equal or greater than 1 was taken as reactive /positive.

Results: A total of 548 adult patients with cirrhosis were seen during the study period. Three hundred forty-nine consented to participate in the study. The median age of the study cohort was 43 (18-68 years) and 66.7 % (233) were males. The etiology for cirrhosis of liver included alcohol (210, 60.2%), hepatitis B (58, 16.7%), hepatitis C (11, 3.15%), non alcoholic steatoph hepatitis (51,14.6%) and others (10, 2.9%). Ig G anti HAV antibodies were detected in 238 (68.2%) cases.

Conclusions: The results highlight that seroprevalence of anti HAV antibodies in cirrhotic patients is 68.2% which is much lower than previously reported in Indian studies.

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RESPONSE TO HEPATITIS B VACCINATION IN ADULT PATIENTS WITH CIRRHOSIS OF LIVER- A REAL WORLD SCENARIO

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Background and Aim: We aimed to determine response rates to hepatitis B vaccination and its determinants in adult patients with cirrhosis of liver.

Methods: This prospective study was done over a period of three years from 2019-2021. All adult patients (>18 years) with cirrhosis of liver were screened for HBsAg, anti HBc