

(1) viral endocytosis blocker (2) lysosomal decoating blocker, (3) HBV-DNA polymerase (HBV-DNA-P) intercalator, (4) duck HBV supercoiled DNA blocker, (5) inhibits HIV integrase, etc.

Acute HBV-1232 treated with CQ monotherapy 2 mg/kg or combination with standard doses of Ribavirin (RN)/Lamivudine (LV) and Methyleneblue (MB/HBVDNA-P Blocker). Hepatitis marker HBS Ag cleared in 7–38 days and follow up for 10 years 3 months no recurrence at all. Chronic HBV patients (26) same regimen + Interferon Alpha (INF α); cleared HBSAg in 24–356 days, follow up for 3–7 years no recurrence at all. Eight acute HCV patients-treated with CQ, RN and INF α , anti-HCV cleared in 10–58 days followed up for 3–7 years found no recurrence. Same regimen for eight chronic HCV patients were given; clearance of anti-HCV and polymerase chain reaction (PCR) assay also in 24–356 days; followed up for 5 years, no recurrence. Chloroquine a cheap and long acting drug is an ideal combination drug to achieve radical cure in viral hepatitis varieties.

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Brivudin (Zostex^R) in the Treatment of Herpes Zoster in Immunosuppressed Patients

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Herpes zoster is caused by endogenous reactivation of varicella-zoster virus (VZV) latent within sensory ganglia after primary infection. Under immunocompromised conditions, the course of VZV infections can become extremely serious due to the development of visceral dissemination. In addition, immunocompromised patients are at high risk of progression of cutaneous rash and delayed healing of lesions. Bromovinyldeoxyuridine (BVDU, brivudin), one of the most potent inhibitors of VZV replication, is widely used in the therapy of herpes zoster in immunocompetent patients especially in Europe.

Here, the results of a prospective study are reported regarding brivudin for the treatment of herpes zoster in 25 immunosuppressed patients, mostly children.

The study included 14 male and 11 female patients with an age range of 3–25 years. Immunosuppression was due to hematopoietic stem cell transplantation in 11 patients, renal transplantation in 1 patient, chemotherapy due to a malignant disease in 12 patients and systemic lupus erythematoses in 1 patient. Concerning the localization of zoster, the trunk was involved in 16, the extremities in 5 and the head in 4 cases. Primary diagnosis was made clinically. VZV DNA could be detected by PCR in the fluid of lesions in 18 patients as well as in the blood in 1 patient. The drug was administered orally at a dose of 2–5 mg/kg/day in a single dose. The median duration of therapy was 10 days (range: 7–21 days). All patients responded promptly to antiviral treatment and recovered completely from

their zoster infections without complications. Incrustation of lesions was reached after 3–10 days (median: 4 days). The full healing of efflorescences was ascertained after 7–20 days (median: 7 days). The brivudin therapy was well tolerated. No clinical side-effects due to the drug were observed. The compliance was very good because of the one-dose regimen of application per day. All patients were treated in an out-patient manner.

In conclusion, oral brivudin was a very effective and well tolerated therapy in herpes zoster in immunosuppressed patients. The oral administration offers the potential for out-patient treatment of herpes zoster in these patients.

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Proteflasid as Inhibitor of EBV-infection

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The groups of biologically active plant substances attract special attention in the chemotherapy of viral infections. Plant substances are characterized by relatively low toxicity and possess selective specific and pharmacological effect on human organism. Proteflasid is one of such preparations and it was obtained from wild grasses *Deschampsia caespitosa* L. and *Calamagrostis epigeios* L. (produced by “Ecopharm” in two solvents: propylene glycol and syrup).

Activity of these substances against Epstein-Barr virus (EBV) was assessed in EBV-infected lymphoblastoid cells Raji. The substances were assayed within broad concentration ranges. CC₅₀ was 40 μ g/ml for preparation in propylene glycol, and 150 μ g/ml—in syrup. It was shown, that antiviral action Proteflasid dissolved in two solvents was identical as at its entering into system simultaneously with infecting so in 24 h after infecting of cells (EC₅₀ were 0.1 μ g/ml and SI—400 in propylene glycol and 1500 in syrup accordingly). It was determined that antiviral action of Proteflasid was lower when it was entered 24 h before an infecting of cells. EC₅₀ was 0.5 μ g/ml as in propylene glycol so and in syrup, SI was 80 and 300 accordingly.

Thus, Proteflasid possesses anti-EBV activity and may be advantageous for the therapy of EBV-associated diseases.

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