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recent HBV or HCV infection but was positive for anti-HAV (he had been vaccinated one week prior to leaving for Thailand). However, he was negative for IgM anti-HAV and for antibody to the non-structural HAV protease. The patient was positive for IgG and IgM anti-HEV and his serum was positive by RT-PCR for HEV genomic sequence. Regions of HEV ORF1 and ORF2 were sequenced and found to be most closely related to swine HEV and other US isolates. However, the new isolate lacked an insertion of 15-16 amino acids that characterizes swine HEV and human HEV strains recovered in the USA.

CONCLUSIONS: A unique HEV strain was recovered from a case of hepatitis E possibly acquired in Thailand. The sequence of the virus was similar to, but not identical with, a swine HEV strain previously recovered in the USA. Other HEV recovered from swine have resembled local strains (Taiwan) or the prototype swine HEV (New Zealand). Thus, the epidemiology and ecology of HEV remain complex and poorly understood.

ABSTRACT 029

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Antigenic properties of recombinant proteins of hepatitis E virus (HEV)

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OBJECTIVES: The purpose of this study was to evaluate the diagnostic relevance of a nested set of five recombinant proteins that efficiently model the neutralizing antigenic epitope(s) of the HEV open reading frame 2 (ORF2) encoded protein.

METHODS: Five fragments of the ORF2 encoded protein of HEV Burma strain; namely, L4 (393-660 aa), L5 (421-660 aa), L6 (452-660 aa), B2 (421-617 aa) and B1 (452-617 aa), were expressed in *E. coli* as hybrid proteins with glutathione S-transferase. These proteins were purified using ligand affinity chromatography and tested by enzyme immunoassay against a panel of serum specimens obtained from patients acutely infected with HEV ($n = 81$) and from normal

blood donors ($n = 288$). Additionally, serial specimens obtained from four experimentally HEV-infected chimpanzees were also tested.

RESULTS: All five proteins detected seroconversion in experimentally infected chimpanzees and they strongly immunoreacted with IgG antibodies during the entire period of observation for more than 2.5 years after HEV inoculation. The sensitivity of the EIA for the detection of IgG anti-HEV activity in acute human serum specimens varied from 97.6% to 99.6% for each protein. The smallest protein, B1, was the most broadly immunoreactive. However, 20 serum specimens (6.9%) from normal blood donors were also found to be immunoreactive with recombinant proteins L4, L5, L6 and B2. Protein B1 also immunoreacted with 44 (15.3%) of the normal serum samples. Additionally, these specimens were tested against a set of 71 overlapping synthetic 30-mer peptides spanning the entire ORF2 encoded protein. The data indicated that 14 out of these 20 serum specimens from normal blood donors that immunoreacted with L4, L5, L6 and B2 proteins contained antibodies that specifically bound to a large number of synthetic peptides. Each specimen immunoreacted with ~30 HEV peptides. Out of the 44 specimens that immunoreacted with B1 protein, 24 immunoreacted only with B1 protein, four of which also immunoreacted with synthetic peptides. Each specimen immunoreacted with ~40 peptides.

CONCLUSION: The recombinant proteins used in this study demonstrated significant potential as diagnostic reagents for the development of assays for the detection of anti-HEV activity. However, the immunoreactivity of some serum specimens, especially those obtained from normal blood donors, requires further characterization before these recombinant proteins and synthetic peptides can be used in the development of specific and sensitive diagnostic tests.