

HAEMORRHAGIC FEVER WITH RENAL SYNDROME (KOREAN HAEMORRHAGIC FEVER IN KOREA) A CHALLENGE IN DIAGNOSIS & TREATMENT: REPORT OF 10 CASES WITH ATYPICAL PRESENTATION, Smith JI*, Huggins JW**, Lofts RS**, Rossi C**, Korch GW*, Arthur JD**, Choi BJ*, Yi SH* and Petzold RS* From the Departments of Pathology & Area Laboratory Services, Medicine and Preventive Medicine, 121 General Hospital, Yongsan, Seoul Korea, APO, AP 96205 * and US Army Medical Research Institute of Infectious Diseases, Fort Detrick, MD **

Korean Haemorrhagic Fever (KHF) in Korea is clinically and serologically related to Epidemic Haemorrhagic Fever (EHF) in the People's Republic of China and to Nephropathia Epidemica (NE) in Europe. All of these diseases, collectively known as Haemorrhagic Fever with Renal Syndrome (HFRS), are caused by Bunyaviruses belonging to the genus Hantavirus. At present, tens to hundreds of thousands of cases of HFRS are recognised annually in endemic regions with a 5-10% mortality, thus presenting a geographic medical threat to deployed US military personnel.

Between 29 June and 25 December, 1994 ten (10) patients with IgM ELISA HANTAAN Positive HFRS (KHF) were admitted to the 121 General Hospital. All 10 patients, who were US Army personnel, practiced manoeuvres or worked in the same training area. There were four (4) patients with mild disease, five (5) patients with moderate disease and one (1) patient with severe disease. The patient with severe disease was the only mortality. All patients had atypical clinical, laboratory and pathologic presentations, which made diagnosis, except via IgM ELISA serology, difficult for even the most experienced clinicians and laboratory investigators. Six (6) of the 10 patients were treated with the Investigational New Drug for the treatment of HFRS, Ribavirin under a Phase III Clinical Trial. Because of the atypical clinical and laboratory presentation, new criteria such as rapid reduction of platelet counts, decreasing serum calcium, and markedly increasing liver enzymes had to be established, to make clinical decision on who to treat and not treat with IV Ribavirin during the first six (6) days of disease. The clinical presentation, laboratory and pathologic data from these cases will be presented and compared to classical clinical and pathologic presentation seen with HFRS (KHF).

MODULATION OF ANTIVIRAL IMMUNE RESPONSES BY EXOGENOUS CYTOKINES EFFECTS OF TNF- α , β , INTERLEUKIN-1, INTERLEUKIN-2 ON THE IMMUNOGENICITY OF AN INACTIVATED TICK-BORN ENCEPHALITIS VACCINE.

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Combined use of vaccine and immune response mediators such as IL-1 peptide, IL-2 (on endogenous carrier (erythrocytes)), TNF α and β against tick-born encephalitis was studied. It was shown that low immunogenic doses of the vaccine did not provide a protective action against the TBE virus while after administration of the vaccine in combination with the immune response mediators there was protection in all the groups of the animals. It was noted in regard to all the combinations of the immune response mediators and vaccine used in the low immunogenic doses that the level of the increase in the titer of the virus-specific antibodies, the proliferative activity to the specific antigen and mitogens was higher in comparison to control group, that was vaccinated one vaccine. This was indicative of the necessity of choosing the immunomodulators, their doses and time of the administration in relation to the immunization.