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Launching of liver transplantation in Georgia - Antiviral treatment approaches

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Viral hepatitis is a huge problem of Georgian population (prevalence 9%); with end stage liver disease suffered by 35% of this population. The studies show that the main reason of dissemination of viral hepatitis is the heavy social and economic situation after Soviet Union period. Drug using, bad sterilization in hospitals and dentistry offices, absence of electricity, low education of medical staff regarding biosafety are some reasons. In 1990s, only few number of patients had ability to be transplanted in other countries (Turkey, Belarus). The first successful liver transplantation in Georgia was carried out in Batumi Referral Hospital on 14th of December 2014. At the same time, it was the first antiviral treatment of hepatitis B in LDLT recipients. The patient, 33 years old man was diagnosed with chronic hepatitis B plus delta agent, liver decompensate cirrhosis, MELD 21. The hepatitis B virus DNA was >500 KIU/ml. The perioperative antiviral management was held with human hepatitis B immunoglobulin 8000 UI/ML. It was the precedent of using human HB immunoglobulin in Georgia. The challenge was to administrate it intramuscularly. It is the only form of registries in Georgia. There were five sites of injection, four times during operation. The first control immune-fermental test was done 10 days after operation and it was negative. Treatment was continued with 1000 ml in two week during first 2 months, and after that 1000 ml monthly during six months. First qualitative check of HBV was done after 3 and 6 months; it was negative. The great hope is as well introducing of Sofosbuvir government project launching in 2014, it will be new approach in liver transplant recipient antiviral treatment policy.

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Plant- made biopharmaceuticals for developing countries

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Plant-produced vaccines offer enormous potential for providing relief to developing countries by reducing the incidence of infant mortality caused by infectious diseases. Vaccines derived from plants have been demonstrated to effectively elicit strong immune responses. These plant-made biopharmaceuticals are inexpensive to produce, require fewer purification steps, and can be stored at ambient temperatures for prolonged periods of time. As a result, plant-produced vaccines have the potential to be more accessible to the rural poor. This presentation will provide an overview of plant-produced biopharmaceuticals that are under development to target infectious diseases including human immunodeficiency virus, malaria and Ebola virus.

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