

# *HTLV-1 infection*


## *Counseling*

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شنبه، ۲۰۲۱/۰۴/۲۴



## *Counseling HTLV-1 infected persons*

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- ❖ Education and support to HTLV-1 positive individuals should be provided to help them maintain their physical and emotional health and reduce their likelihood of infecting others.
- ❖ Level of schooling should be considered and information provided accordingly. It is not advisable to give more information than demanded by the patient in order to prevent additional stress and misunderstanding.
- ❖ Psychological and/or psychiatric care should be provided for extremely anxious or depressed donors, who have frequently experienced previous emotional disorders.
- ❖ Patients with stable partners should receive joint counseling if so desired.

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## Counseling HTLV-1 infected persons

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1. HTLV-1 positive individuals should be told that it is an infection with a clustering distribution in the world including Iran.
2. They should be told that HTLV-1 is not the AIDS virus, AIDS is caused by a different virus called HIV.
3. They should be given information regarding modes and efficiency of transmission.
4. They should be told that HTLV-1 is a lifelong infection.
5. They should be given information regarding disease associations and the probability of developing disease
6. They should be given information regarding modes of prevention.

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### *Prevention of sexual-transmitted HTLV-1*

- ❖ Persons with multiple sexual partners: **Use of latex condoms**
- ❖ Persons with a monogamic stable relationship: **Test the partner for HTLV and use condom if the partner is sero-negative**
- ❖ Couples wishing to have children: **aware of a finite risk for sexual transmission during attempts at pregnancy, and of a small risk for transmission from mother to infant unrelated to breast-feeding**

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## HTLV-1 infection and breastfeeding

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Mother-to-Child Transmission Rate (Nagasaki Prefecture, Japan)

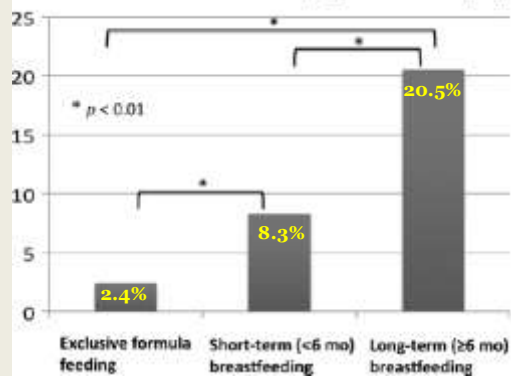


FIGURE 1. MTCT rates by feeding methods in Nagasaki Prefecture, Japan, between 1987 and 2000

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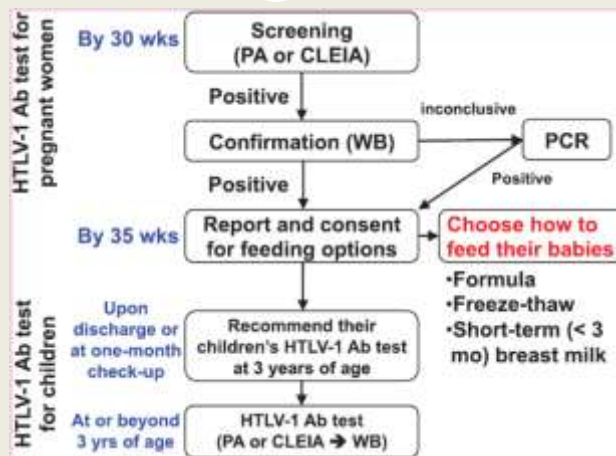


FIGURE 2. A flow chart showing a national program for prevention of MTCT of HTLV

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## HTLV-1 infection and breastfeeding

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PEDIATRICS INTERNATIONAL Official Journal of The Japanese Pediatric Society  
Pediatrics International (2014) 56, 640–643 doi: 10.1111/ped.12365

Brief Report

### Current human T-cell lymphotropic virus type 1 mother-to-child transmission prevention status in Kagoshima

Yasuhito Nerome,<sup>1,2</sup> Kanami Kojyo,<sup>2</sup> Yamiko Ninomiya,<sup>1</sup> Tamayo Ishikawa,<sup>1</sup> Ayano Ogiso,<sup>1</sup> Syuji Takei,<sup>1</sup> Yoshifumi Kawano,<sup>1</sup> Tsutomu Douchi,<sup>2</sup> Toshiro Takezaki<sup>2</sup> and Tetsuhiro Owaki<sup>2</sup>

- ❖ 8719 screening tests were performed in 2012, (58.1% pregnant women in Kagoshima).
- ❖ 112 were confirmed to have positive results (HTLV-1 rate= 1.3%).

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## HTLV-1 infection and breastfeeding

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graph TD
    A[Screened positive 119] --> B[Confirmed positive 111 (93.2%)]
    A --> C[WB indeterminate 5 (4.2%)]
    A --> D[WB negative 3 (2.5%)]
    B --> E[PCR positive 1]
    B --> F[PCR negative 2]
    B --> G[Not tested 2]
    C --> E
    C --> F
    C --> G
    E --> H[Interviewed 59 (52.2%)]
    F --> H
    G --> H
    H --> I[Bottle-feeding 17 (28.8%)]
    H --> J[Short-term breast-feeding <3 mo. 39 (66.1%)]
    H --> K[Frozen-thawed milk 0 (0%)]
    H --> L[Could not select 3 (5.1%)]
  
```

Fig. 2 Rate of human T-cell lymphotropic virus type 1 (HTLV-I) carrier status among pregnant women and their choices for their babies' nutrition before delivery. The rate of HTLV-I carrier status among pregnant women in Kagoshima Prefecture was presumed to be about 1.3%.

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## HTLV-1 infection and breastfeeding

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2015 Women Asia Pacific Regional Conference

Free Paper

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C-7 Gender friendly health care system

Poster

**HTLV-I-Positive Mothers Who Had Chosen Short-Term Breast-Feeding  
Need Much Supports to Accomplish their Selected Nutrition.**

Yasuhito NEROME<sup>1,2\*</sup>, Mariu AMITANI<sup>1</sup>, Yoshifumi KAWANO<sup>2</sup>, Tsutomu DOUOH<sup>1</sup>, Toshiro TAKEZAKI<sup>1</sup>,  
Tetsuhiko OWAKI<sup>1</sup>

- ❖ In 2013, a questionnaires to 93 HTLV-I-positive mothers was administered to investigate whether they could successfully feed their babies through their selected nutrition.
- ❖ 48/52 STBF mothers (92%) and all 18 BF mothers accomplished their selected nutrition.
- ❖ 16 mothers (33%) found it difficult to feed their babies via STBF .
- ❖ The major reason for difficulty was the inability to wean children from breast milk.
- ❖ in another survey, 12.5% failed to wean their babies as scheduled).

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- ❖ women in **the United States** who are HTLV-1 seropositive **should be advised not to breastfeed** .
- ❖ Routine screening for both HTLV-1 or HTLV-2 during pregnancy is not recommended.
- ❖ In contrast, breastfeeding can reduce infantile mortality rates for >20% in some developing countries, where the need for breastfeeding may outweigh concerns about transmission of these viruses.
- ❖ Therefore, this preventive strategy may only be justified in developed country like Japan and even so is likely to be controversial.

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❖ **C-section is not indicated for MTCT prevention of HTLV**

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## Counseling HTLV-1 infected persons

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**HTLV-1 positive individuals should be told that HTLV-1:**

1. is an infection with a clustering distribution.
2. differ from AIDS virus (HIV).
3. is a lifelong infection.

**HTLV-1 positive individuals should be given information regarding:**

1. modes of transmission.
2. Associated diseases and the probability of developing them.
3. modes of prevention.

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# Counseling HTLV-1 in Mashhad

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HTLV1



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**5- چیست HTLV-1**

این کلمه مخفف عبارت Human T-cell lymphotropic virus type 1 است. ویروس انسان‌ها لنفوپاتی سلول‌های نوع I است. این ناگهانی به این دلیل نام‌گذاری شده است که این ویروس سلول‌های لنفوسیت نوع T انسان را آلوده می‌کند.

HTLV-1 یک ویروس بسیار آهسته است که به نظر می‌رسد از هزاران سال پیش بشر به آن مبتلا شده است و احتمالاً فریب‌دهنده در طول قرون گذشته از قاره آفریقا به سایر مناطق جهان گسترش پیدا کرده باشد.

آلودگی با HTLV-1 گسترش جهانی دارد، در میان سایر پرآلوده‌ترین‌ها که 15 تا 20 میلیون نفر در سراسر جهان به این ویروس آلوده هستند، با این حال عفونت HTLV-1 در برخی از مناطق جهان از جمله جنوب ژاپن

آلودگی در سراسر

آلودگی در سراسر