

HTLV-1 Infection

Epidemiology, Transmission and Associated Diseases

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➤ **INTRODUCTION**

- Human T-lymphotropic virus (HTLV-I), the first human retrovirus to be discovered.
- infect 10 to 20 million people worldwide
- the causative agent of two typically fatal diseases: adult T cell leukemia-lymphoma (ATL) and HTLV-I-associated myelopathy (HAM) which is also known as tropical spastic paraparesis (TSP)

History & Epidemiology

- HTLV-I infects an estimated 10 to 20 million people worldwide.
- It is endemic in southern Japan, the Caribbean, South America, the Melanesian islands, Papua New Guinea, the Middle East and central and southern Africa
- In these endemic areas, seroprevalences range from 3-5% in Trinidad up to 30% in rural Miyazaki in southern Japan.

HTLV-I in Iran

۱- تاریخچه عفونت HTLV-I در ایران

۲- جمعیت عمومی ایران

۳- HTLV-I در اهداکنندگان خون ایران

۴- دریافت کنندگان خون ایران



چهارشنبه 26 دی

History of HTLV-I in Iran

❖ «1۳۶۹» گزارش چهار بیمار مشهدی مبتلا به ATL در فلسطین اشغالی (سه نفر HTLV-I مثبت)

❖ «1۳۶۹» ۱۲٪ یهودیان مشهدی در فلسطین اشغالی، HTLV-I مثبت بودند اما در میان یهودیان ایرانی غیر مشهدی و یهودیان غیر ایرانی مورد مثبتی مشاهده نشد.

Sidi Y, et al. Adult T-cell lymphoma in Israeli patients of Iranian origin. Cancer 1990

Meytes D, et al. Serological and molecular survey for HTLV-I infection in a high-risk Middle Eastern group. Lancet. 1990

چهارشنبه 26 دی

History of HTLV-I in Iran

❖ «1۳۷۰» ارائه گزارش مقدماتی بررسی سرولوژی HTLV-I در خراسان (ارزیابی ۳۰۰ نمونه سرم از خراسان و گنبد کاووس و نیز نمونه سرم چند بیمار با فلج اسپاستیک، ATL و لنفوم)



چهارشنبه 26 دی

History of HTLV-I in Iran

❖ ۱۳۷۲ «» گزارش ۱۳ مورد لوکمی / لنفوم مرتبط با HTLV-I در مشهد



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History of HTLV-I in Iran

❖ ۱۳۷۴ «» بررسی حدود ۱۵,۸۸۶ نمونه از خون‌های اهدایی در ۲۱ پایگاه انتقال خون کشور (شیوع کلی عفونت HTLV-I ۰/۲۹٪، در مشهد ۱/۹۷٪ و در سایر شهرها از ۰ تا ۵/۰٪)



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HTLV-I in Iran: General population

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High prevalence of HTLV-I infection in Mashhad, Northeast Iran: A population-based seroepidemiology survey

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ABSTRACT

Background: Mashhad, in the northeast of Iran has been suggested as an endemic area for human T cell lymphotropic virus type 1 (HTLV-1) infection since 1980.

Objective: We performed a community-based seroepidemiology study to evaluate the prevalence and risk factors for HTLV-1 infection in the city of Mashhad.

Study design: Seroprevalence study using serology.

Setting: Mashhad, Iran.

Results: The overall prevalence of HTLV-1 infection in adults population was 1.46% (95% CI: 1.16-1.76) with no significant difference between males and females ($p=0.081$) and the prevalence of HTLV-1 infection was 1.21% (95% CI: 0.82-1.60).

Conclusion: The study demonstrated that Mashhad still remains an endemic area for HTLV-1 infection despite routine blood screening. Thus, further strategies are needed for prevention of the virus transmission in adults population.

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HTLV-I in Iran: General population

شیوع HTLV-I	حجم نمونه	جمعیت هدف	زمان	مکان
٪۲/۱۲	۱۶۷۸	جمعیت عمومی	۱۳۸۸	مشهد
٪۲/۴	۱۰۰۳	جمعیت عمومی	۱۳۸۱	نیشابور
٪۷/۳	۴۸۳	مراجعه به آزمایشگاه	۱۳۸۸	نیشابور
٪۱/۶۶	۱۴۴۵	جمعیت عمومی	۱۳۸۷	سبزوار
٪۱/۲۵	۴۰۰	جمعیت عمومی	۱۳۹۰	ترتید حیدریه
٪۰/۲۹	۲۰۳۴	جمعیت عمومی	۱۳۸۷	استان گلستان
٪۰/۰۸	۱۲۰۰	مراجعه به آزمایشگاه	۱۳۸۸	ساری

چهارشنبه 26 دی

HTLV-I in Iran: Blood donors

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شیوع HTLV-I	زمان	مکان	شیوع HTLV-I	زمان	مکان
٪ ۰/۰۸۵	۱۳۸۶	کل کشور (۲۷ استان)	٪ ۰/۲۹ (۰-۱/۹۷)	۱۳۷۴	کل کشور (۲۱ پایگاه از ۱۷ استان)

شیوع HTLV-I	زمان	مکان
٪ ۰/۰۹۸ (۰/۰۱-۰/۲۰۷ درصد در استان‌های مختلف) (۰/۰۷-۰/۱۳ درصد)	۱۳۸۸-۹۲	۷ استان

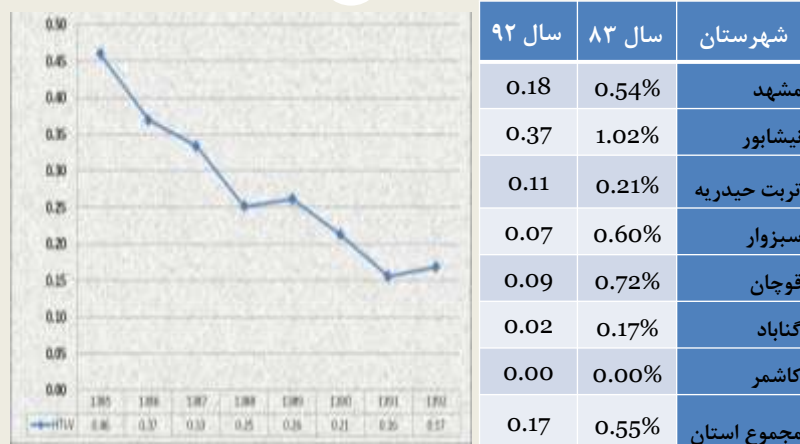
❖ به دنبال انتشار نتایج مطالعه اول، غربالگری خون‌های اهدایی در استان خراسان از سال ۱۳۷۴ آغاز گردید.

❖ نتایج مطالعه دوم سازمان انتقال خون باعث شد علاوه بر استان‌های خراسان، ۴ استان دیگر شامل گیلان، آذربایجان غربی، اردبیل و البرز (؟) به غربالگری خون‌های اهدایی از نظر عفونت HTLV اضافه شود.

چهارشنبه ۲۶ دی

HTLV-I in Iran: Blood donors

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چهارشنبه ۲۶ دی

Transmission

Transmission

- Seroprevalence increase with **age**
- **women** are nearly **twice** as likely to be infected as men.
- the gender difference is only seen after **30** years of age and probably reflects the relative efficiency of sexual transmission from male to female.

Transmission

- ▶ *Breast feeding*

breast-fed infants have a fourfold increase risk of infection (15.7 versus 3.6 percent).

- ▶ *Sexual transmission:*

male to female transmission is more efficient than the reverse.

- ▶ *Blood transfusion*

Transfusion of infected cells, but not plasma.

The estimated probability of seroconversion is 40 to 60 percent with a mean time of 51 day

- ▶ *Tissue donation*

- ▶ *Injection drug use*

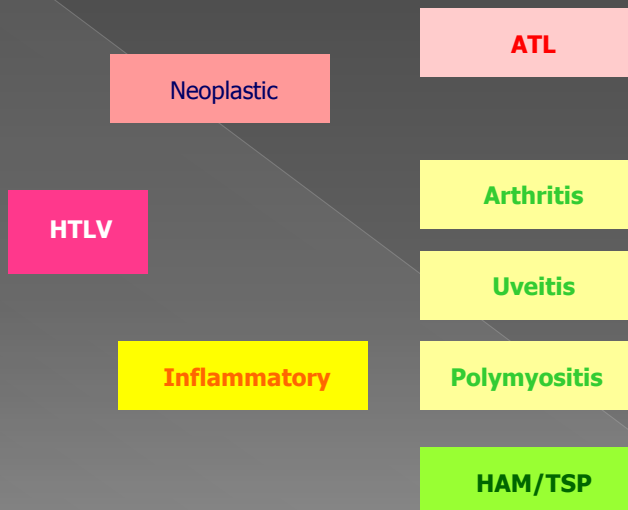
HTLV-I is consistently less prevalent than HTLV-II among IDUs in Western Europe and the United States.

Associated diseases

➤ DISEASE ASSOCIATIONS

- The majority of HTLV-I-infected individuals will remain asymptomatic
- Adult T cell leukemia-lymphoma (**ATL**)
- HTLV-I-associated myelopathy (**HAM**), also known as tropical spastic paraparesis (**TSP**).

HTLV-1 associated diseases



HTLV-1 associated diseases: ATL

- ❖ HTLV-I was first isolated from a patient with a cutaneous T cell lymphoma in 1980.
- ❖ It has become clear that the cumulative lifetime risk of ATL in a patient with HTLV-I infection is between 2 and 5 percent.
- ❖ The risk is slightly higher in males.
- ❖ the onset of ATL is typically delayed for 20 to 30 years after the viral infection
- ❖ It occurs most frequently among persons aged 40 to 60 years.

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HTLV-1 associated diseases: HAM-TSP

- HAM/TSP is more common in females than males.
- It affects less than 2 percent of HTLV-I carriers.
- with onset ranging from four months to 30 years (median 3.3 years)
- In another prospective cohort analysis, HTLV-1-associated myelopathy was found in 3.7 percent and HTLV-II myelopathy in 1.0 percent

HTLV-1 associated diseases: HAM-TSP

- The illness is characterized by
 - > insidious onset of slowly progressive weakness
 - > spasticity of one or both legs,
 - > together with hyperreflexia, ankle clonus, extensor plantar responses, and lumbar pain
 - > Other features include back pain, detrusorinstability leading to nocturia, urinary frequency, incontinence, and minor sensory changes, especially paresthesias and loss of vibration sense .

- *HTLV-1-associated uveitis* may be unilateral or bilateral, is more common among women, and resolves spontaneously, although it often recurs within 1-3 yr. Topical corticosteroids hasten recovery.

- **HTLV-1-associated infective dermatitis** is a chronic and recurrent eczematous disease occurring during childhood and adolescence.
- **HTLV-1-associated arthropathy** mimics rheumatoid arthritis, including a positive rheumatoid factor. Treatment is with antiinflammatory agents.

- HTLV-1 infection predisposes to disseminated and recurrent *Strongyloides stercoralis* infection.
- increased risk of developing tuberculosis disease following latent infection
- severe scabies

- **Immune thrombocytopenia (ITP)** : HTLV-I infection was found in 17 (22.1 percent) of 77 Japanese patients with ITP
- **Gastric cancer**: the incidence of gastric cancer may be lower in patients with HTLV-1 infection. Some reports have also noted a low prevalence of *Helicobacter pylori* infection among patients infected with HTLV-1.