

P1291 Screening of HTLV I/II infection in immigrant population

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Background: : Human T-cell leukemia virus (HTLV) infection has emerged as a worldwide health problem due to migration phenomena. We described the results of a screening of HTLV I/II in immigrant population.

Materials/methods: An HTLV-I/II prospective screening program has been conducted in immigrant population attended at the Tropical Medicine Unit of Hospital Universitario Central de Asturias between the years 2009-2016 to determine the prevalence of HTLV-I infection. The serologic screening test used for HTLV I/II was a chemiluminiscent immunoassay (ARCHITECT®, Abbott Diagnostic, Spain) using HTLV I/II synthetic peptide and HTLV II recombinant antigen-coated microparticles. Information about sex, age, country of origin and risk factors for infection was obtained from all patients. Continuous values were expressed as the mean and compared using Student's t test or Mann–Whitney U test. Categorical values were expressed as absolute and relative frequencies and were compared using Fisher's exact test or χ^2 test. A P value <0.05 was considered as statistically significant.

Results: Three-hundred eighty immigrants were screened (55.5% female, mean age 35 [12] years). The average length of stay in Spain was 1.614 [1523] days. The areas of precedence were: Central Africa (38%), South America (28,2%, West Africa (28,5%), Centro America (3%) and East Africa (2,3%). The most frequent countries of origin were: Equatorial Guinea (36.6%), Senegal (20%), Ecuador (12.4%), Bolivia (5.5%) Nigeria (3.2%), Colombia (2.9%), Brazil (2.6%) among others. Positive antibodies to HTLV-I were detected in five patients (4 female and one male) from Cuba, Chile, Mali Equatorial Guinea and Dominican Republican. and confirmed by Western Blot and polymerase chain reaction The overall prevalence was 1.3%..There isn't significantly differences in sex, age or time in Spain. Infection was significantly higher in patients from Centro America (p= 0.001). All patients were asymptomatic except one that had rosacea. Two positive patients had a coinfection by *Strongyloides Stercolaris*. No haematologic abnormalities were observed in any of them.

Conclusions: The presence of HTLV-I infection in latent phase could be an underdiagnosed problem in immigrants from endemic areas. However, although the current sample is small, it appears that the prevalence of infection is still low in our environment.