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Hot News

International HTLV Conference, London, June 3-5, 2024

The biennial meeting of the International Retrovirology Association took place on early June in London, UK. More than 200 basic science researchers and clinicians from all over the world attended the event. Acknowledging the high endemicity of human T-cell leukemia virus type 1 (HTLV-1) in some parts of the world, participants from Brazil, Japan, and Australia were especially represented.

Around 10 million people are estimated to be infected with HTLV-1 worldwide (*Gessain et al., Front Immunol 2023*). However, reliable epidemiological studies are lacking as many studies are based on seroprevalence surveys of just a few risk groups and/or without confirmation. On the other hand, clinical studies are limited by the scarcity of prospective large cohorts.

Given that there are neither vaccines nor antivirals, efforts to unveil HTLV-1 infections are poor even in highly HTLV-1 endemic regions. This is unfortunate since the selective screening of high-risk populations, such as pregnant women, could reduce dramatically HTLV-1 transmission. Avoidance or shortening breastfeeding (for < 3 months) reduces vertical HTLV-1 transmission by more than 80% (*Rosadas et al., Microorganisms 2022*).

In Latin America, a recent meta-analysis has concluded that the overall prevalence of HTLV-1 infection among pregnant women is 0.3%, much higher than the rate of HIV, hepatitis B, or syphilis, for all of which there is a clear recommendation for antenatal testing (*Ramos et al., Int J Infect Dis 2024*).

In the UK, where is living a relatively large pool of Caribbean and African migrants from former colonies, a recent mathematical model concluded that nearly 100,000 pregnant women from HTLV endemic countries deliver newborns each year. Targeted HTLV-1 screening of this population would prevent 58 infant infections annually in England and Wales. The intervention would be cost-effective (*Rosadas et al., Eurosurveillance 2024*).

At the last HTLV European Research Network (HERN) conference held in Madrid, Spain, on the fall of 2023, several studies highlighted the importance of sexual HTLV-1 transmission to keep alive the pandemic globally. Hence, HTLV testing of all individuals who attend clinics for sexually transmitted infections (STIs) would be desirable (*de Mendoza et al., Neuroimmune Pharmacol Ther 2024*).

At the London event, it was clearly established that it is time to expand HTLV testing and consider universal once-in-life testing, as already recommended for HIV and hepatitis B or C (*Soriano et al., Int J Infect Dis 2024*). Unveiling unaware infected individuals is the best way to prevent further spreading of HTLV-1.

In contrast, during the conference reluctance emerged against voices claiming that it is time to consider preexposure prophylaxis with antiretrovirals for people at risk for HTLV-1 infection, based on *in vitro* data showing that integrase inhibitors may be active. A first step to enter this discussion could be checking periodically anti-HTLV along with anti-HIV (and other STIs) in seronegative individuals at risk, receiving PrEP to prevent HIV infection (*Maertens et al., Lancet 2024*).

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