Human T-cell lymphotropic virus type II in Guaraní Indians, Southern Brazil

Vírus linfotrópico de células T-humanas do tipo II em Índios Guaraní, Sul do Brasil

> Marcio Menna-Barreto 1,2 Ana Ligia Bender 1 Sandro L. Bonatto 3 Loreta B. Freitas 4 Francisco M. Salzano 4 Luiza T. Tsuneto 5 Maria Luiza Petzl-Erler 5

Abstract

Human T-cell lymphotropic virus type II (HTLV-II) is found in many New World Indian groups on the American continent. In Brazil, HTLV-II has been found among urban residents and Indians in the Amazon region, in the North. Guaraní Indians in the South of Brazil were studied for HTLV-I/II infection. Among 52 individuals, three (5.76%) showed positive anti-HTLV-II antibodies (enzyme-linked immunosorbent assay and Western blot). This preliminary report is the first seroepidemiological study showing HTLV-II infection among Indians in the South of Brazil.

HTLV-II; HTLV-II Infections; South American Indians; Seroepidemiologic Studies

Católica do Rio Grande do Sul, Porto Alegre, Brasil. ² Centro de Referência em HTLV, Prefeitura Municipal de Porto Alegre. Porto Alegre, Brasil. ³ Centro de Biologia Genômica e Molecular, Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brasil. ⁴ Instituto de Biociências, Universidade Federal do Rio Grande do Sul,

¹ Hospital São Lucas,

Pontifícia Universidade

Correspondence

Porto Alegre, Brasil.

⁵ Departmento de Genética.

Universidade Federal do Paraná, Curitiba, Brasil.

M. Menna-Barreto Divisão de Neurologia, Hospital São Lucas. Pontifícia Universidade Católica do Rio Grande do Sul. Av. Ipiranga 6690, conj. 704, Porto Alegre, RS 90610-000. Brasil. mbarreto@uol.com.br

Human T-cell lymphotropic virus types I and II (HTLV-I and HTLV-II) are retroviruses belonging to the deltaretrovirus genus. HTLV-I is prevalent worldwide and HTLV-II occurs among Native American populations, in sub-Saharan Africans (Pygmies), as well as among intravenous drug users (IDUs) in Europe and the United States 1.

High HTLV-II infection prevalence rates have been found in several Amerindian groups. Table 1 shows the data from outside Brazil. Twentyeight prevalence rates are listed, and although in about two-thirds the numbers are below 10.0%, particularly high frequencies (greater than 30.0%) have been observed in the Guahibo of Colombia, the Chorote and Chulupi of the Chaco region, and the Alacaluf of southern Chile.

The vast majority of Native Indians in southern South America live in Brazil, Paraguay, Argentina, and Chile. In South America, only Uruguay has no remaining indigenous population. Many South Amerindians live in the remote jungle of the Amazon basin in the North, such as the Kayapó and the Krahô 1,2. Native tribes from northern Brazil are known to have endemic HTLV-II infection seroprevalence, and Table 2 presents relevant figures. As before, some two-thirds show values below 10.0%, but the Kayapó have a particularly high frequency (32.0% - 33.0%).

The Guaraní Indians inhabit extensive areas of Paraguay, Bolivia, and Argentina. The

Table 1 Seroprevalence of HTLV-II among Amerindians (outside Brazil).

Country	Region	Tribe	Number	HTLV-II positive subjects		Author*
			of subjects	n	%	
Canada	British Columbia	Nuu-Chah-Nulth	494	8	1.6	4
United States	Florida	Seminole	106	14	13.2	5
		Seminole	46	11	23.9	6
Mexico	Yucatan	Maya	25	1	4.0	7
Panama	Changuinola	Guaymi	317	25	7.9	8
	Ü	•	3,686	352	9.5	9
Colombia	Orinoco	Guahibo	92	29	31.5	10
		Guahibo				11
	Guajira	Wayuu	123	5	4.1	12
	Pacific Coast	Embera	1,014	7	0.7	13
	Andes	Inga	155	1	0.6	13
	Venezuela	Tunebo	40	2	5.0	14
Venezuela	Southwest	Guahibo	166	41	24.7	15
	Southwest	Pumé (Yaruro)	210	12	5.7	16
Peru	Amazon	Boca Colorada	22	1	4.5	17
		Galilea	42	1	2.8	17
Argentina	Gran Chaco	Toba	222	22	9.9	18
			105	23	21.9	19
		Mataco	2,051	62	3.0	20
		Whichi	244	28	11.5	20
		Chorote	171	61	35.7	20
	Neuquen	Mapuche	94	2	2.1	20
Paraguay	Gran Chaco	Angaité	21	1	4.8	21
		Chulupi	94	32	34.0	20
		Lengua	49	5	10.2	20
		Ayoreo	51	2	3.9	20
		Chaco	146	24	16.4	22
Chile		Alacaluf	23	8	34.8	23
		Yahgan	22	2	9.1	23

^{*} Numbering as given in the references.

Table 2 Seroprevalence of HTLV-II among Brazilian Amerindians.

Region	Ethnic group	Linguistic group	Number of subjects	HTLV-II positive subjects		Author*
				n	%	
Amazon	Kayapó	Jê	264	88	33.3	24
			207	67	32.4	2
	Krahô	Jê	172	21	12.2	24
	Mundurukú	Tupí	161	13	8.1	2
	Arára (Laranjal)	Karíb	44	5	11.4	2
	Tiriyó	Karíb	26	4	15.4	2
	Xikrín		206	31	15.0	25
	Parakanã	Tupí	89	2	2.2	25
			52	1	1.9	2
	Galibí	Karíb	148	3	2.0	2
	Wayampí	Tupí-Guaraní	71	1	1.4	2
	Wayána-Apalaí	Karíb	50	1	2.0	2
	Yanomámi	Yanomámi	102	4	3.9	2
	Cinta-Larga	Tupí	50	1	2.0	2
	Karitiána	Arikém	50	2	4.0	2
	Yamamadi	Arawá	36	2	5.6	2
South	Guaraní	Tupí-Guaraní	52	3	5.8	**

^{*} Numbering as given in the references; ** This paper.

Guaraní and Kaingáng are the two most numerous tribes in southern Brazil. Culturally, the Guaraní and Kaingáng are quite different, beginning with their languages, which are mutually unintelligible. The Kaingáng language belongs to the Jê family, while Guaraní is classified in the Tupí-Guaraní family. Both have been living in southern Brazil and neighboring countries for centuries and have been in contact with non-Indians since colonial times. Nevertheless, intermixture with neo-Brazilians is not high, mainly due to the fact that they generally live on reservations especially established for them. About 3,000 Guaraní Indians, scattered over 27 localities, presently live in Southern Brazil. Of these, two-thirds speak the Mbyá dialect and one-third the Nandeva dialect 3.

The present sample was obtained among Guaraní Mbyá-speaking subjects living in Rio das Cobras, Laranjeiras do Sul, State of Paraná (25°20'S, 52°30'O) in the South of Brazil (Figure 1). The total Guaraní population on this reservation was estimated as 418 ³. Blood from 100 individuals was collected with anticoagulant and refrigerated as quickly as possible. At the laboratory in Curitiba, red cells and plasma were separated, and the latter was immediately frozen at -20°C. Afterwards, aliquots were sent under refrigeration to Porto Alegre and kept frozen there since 1988 ³.

In 2001, plasma samples remaining from 52 individuals (28 women and 24 men) were screened for HTLV-I/II by an enzyme-linked immunosorbent assay (Murex HTLV-I+II, GE80/81, United Kingdom) and positive samples were further studied by Western blot (HTLV blot 2.4, Genelabs Diagnostics, Singapore). The three positive samples (2 males and 1 female) were typed as HTLV-II according to the manufacturer's instructions, showing a prevalence of 5.76%. Unfortunately there are no cells available to perform molecular studies.

Southern Brazil is geographically and ethnically closely related to the North of Argentina and South of Paraguay, both being areas well-recognized as endemic for HTLV-II. To our knowledge, this is the first study demonstrating HTLV-I/II infection among Amerindians from the South of Brazil, suggesting the Guarani as an endemic group for these viruses. Further studies will focus on molecular and phylogenetic analyses in a larger number of samples.

Figure 1

Geographic location of southern South Amerindians tested for HTLV-II seroprevalences.



Resumo

O vírus linfotrópico de células T-humanas do tipo II (HTLV-II) é identificado em muitos grupos de ameríndios. No Brasil, tem sido encontrado em indivíduos da população urbana, bem como em índios oriundos da região Amazônica. Os Índios Guaraní, do Sul do país, foram investigados para infecção por HTLV-I/II. Três indivíduos, oriundos de uma amostra de 52 índios, demonstraram sororeatividade para HTLV-II (ensaio imunoenzimático e Western blot). Este estudo preliminar foi o primeiro a identificar a presença de infecção por HTLV-II em ameríndios do Sul do Brasil.

HTLV-II; Infecções por HTLV-II; Índios Sul-americanos; Estudos Soroepidemiológicos

Contributors

M. Menna-Barreto conceived and wrote the manuscript. F. M. Salzano and S. L. Bonatto were the research supervisors and performed a critical review of the manuscript. A. L. Bender performed the laboratory work. L. B. Freitas, L. T. Tsuneto, and M. L. Petzl-Erler collaborated in the field work, sample processing and storage.

Acknowledgements

The present research was approved by the Comissão Nacional de Ética em Pesquisa (CONEP, Report 123/98). Financial assistance was provided by Programa de Apoio a Núcleos de Excelência (PRONEX), Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), Fundação de Amparo à Pesquisa do Estado do Rio Grande do Sul (FAPERGS), and Pró-Reitoria de Pesquisa da Universidade Federal do Rio Grande do Sul (PROPESQ-UFRGS).

References

- 1. Hall WW, Ishak R, Zhu SW, Novoa P, Eiraku N, Takahashi H, et al. Human T lymphotropic virus, type II (HTLV-II): epidemiology, molecular properties, and clinical features of infection. J Acquir Immune Defic Syndr Hum Retrovirol 1996; 13 Suppl 1:S204-14.
- 2. Ishak R, Harrington Jr. W, Azevedo V, Eiraku N, Ishak M, Guerreiro J, et al. Identification of human T cell lymphotropic virus type IIa infection in the Kayapo, an indigenous population of Brazil. AIDS Res Hum Retroviruses 1995; 11:813-21.
- Salzano FM, Callegari-Jacques SM, Weimer TA, Franco MHLP, Hutz MH, Petzl-Erler ML. Electrophoretic protein polymorphisms in Kaingang and Guarani Indians of southern Brazil. Am J Hum Biol 1997; 9:505-12.
- Peters AA, Coulthart MB, Oger JJ, Waters DJ, Crandall KA, Baumgartner AA, et al. HTLV type I/II in British Columbia Amerindians: a seroprevalence study and sequence characterization of an HTLV type IIa isolate. AIDS Res Hum Retroviruses 2000; 16:883-92.
- Levine PH, Jacobson S, Elliott R, Cavallero A, Colclough G, Dorry C, et al. HTLV-II infection in Florida Indians. AIDS Res Hum Retroviruses 1993; 9:123-7.
- Lowis G, Sheremata WA, Wickman PR, Dube S, Dube DK, Poiesz BJ. HTLV-II risk factors in Native Americans in Florida. Neuroepidemiology 1999; 18:37-47.
- 7. Gongora-Biachi RA, Lal RB, Rudolph DL, Castro-Sansores C, Gonzales-Martinez P, Pavia-Ruz N. Low prevalence of HTLV-II in Mayan Indians in the Yucatan peninsula, Mexico. Arch Med Res 1997; 28:555-8.
- Pardi D, Switzer WM, Hadlock KG, Kaplan JE, Lal RB, Folks TM. Complete nucleotide sequence of an Amerindian human T-cell lymphotropic virus type II (HTLV-II) isolate: identification of a variant HTLV-II subtype b from a Guaymi Indian. J Virol 1993; 67:4659-64.
- 9. Vitek CR, Gracia FI, Giusti R, Fukuda K, Green DB, Castillo LC, et al. Evidence for sexual and mother-to-child transmission of human T lymphotropic virus type II among Guaymi Indians, Panama. J Infect Dis 1995; 171:1022-6.
- 10. Fujiyama C, Fujiyoshi T, Miura T, Yashiki S, Matsumoto D, Zaninovic V, et al. A new endemic focus of human T lymphotropic virus type II carriers among Orinoco natives in Colombia. J Infect Dis 1993; 168:1075-7.
- 11. Miura T, Yamashita M, Zaninovic V, Cartier L, Takehisa J, Igarashi T, et al. Molecular phylogeny of human T-cell leukemia virus type I and II of Amerindians in Colombia and Chile. J Mol Evol 1997; 44 Suppl 1:S76-82.
- 12. Zaninovic V, Sanzon F, Lopez F, Velandia G, Blank A, Blank M, et al. Geographic independence of HTLV-I and HTLV-II foci in the Andes highland. the Atlantic Coast, and the Orinoco of Colombia. AIDS Res Hum Retroviruses 1994; 10:97-101.
- 13. Arango C, Maloney E, Rugeles MT, Bernal E, Bernal C, Borrero I, et al. HTLV-I and HTLV-II coexist among the Embera and Inga Amerindians of

- Colombia. J Acquir Immune Defic Syndr Hum Retrovirol 1999; 20:102-3.
- 14. Duenas-Barajas E, Bernal JE, Vaught DR, Nerurkar VR, Sarmiento P, Yanagihara R, et al. Human retroviruses in Amerindians of Colombia: high prevalence of human T cell lymphotropic virus type II infection among the Tunebo Indians. Am J Trop Med Hyg 1993; 49:657-63.
- 15. Leon-Ponte M, Noya O, Bianco N, Echeverria-de-Perez G. Highly endemic human T-lymphotropic virus type II (HTLV-II) infection in a Venezuelan Guahibo Amerindian group. J Acquir Immune Defic Syndr Hum Retrovirol 1996; 13:281-6.
- 16. Perez GE, Leon-Ponte M, Noya O, Botto C, Gallo D, Bianco N. First description of endemic HTLV-II infection among Venezuelan Amerindians. J Acquir Immune Defic Syndr Hum Retrovirol 1993; 6:1368-72.
- 17. Medeot S, Nates S, Recalde A, Gallego S, Maturano E, Giordano M, et al. Prevalence of antibody to human T cell lymphotropic virus types I/II among aboriginal groups inhabiting northern Argentina and the Amazon region of Peru. Am J Trop Med Hyg 1999; 60:623-9.
- 18. Bouzas M, Zapiola I, Quirelas S, Gorvein D, Panzita A, Rey J, et al. HTLV type I and HTLV type II infection among Indians and natives from Argentina. AIDS Res Hum Retroviruses 1994; 10:1567-71.
- 19. Biglione M, Vidan O, Mahieux R, de Colombo M, de Basualdo M, Bonnet M, et al. Seroepidemiological and molecular studies of human T cell lymphotropic virus type II, subtype b, in isolated groups of Mataco and Toba Indians of northern Argentina. AIDS Res Hum Retroviruses 1999; 15:407-17.

- 20. Ferrer JF, Esteban E, Dube S, Basombrio MA, Segovia A, Peralta-Ramos M, et al. Endemic infection with human T cell leukemia/lymphoma virus type IIB in Argentinean and Paraguayan Indians: epidemiology and molecular characterization. J Infect Dis 1996; 174:944-53.
- 21. De Cabral MB, Vera ME, Samudio M, Arias AR, Cabello A, Moreno R, et al. HTLV-I/II antibodies among three different Indian groups from Paraguay. J Acquir Immune Defic Syndr Hum Retrovirol 1998; 19:548-9.
- 22. Fujiyoshi T, Li HC, Lou H, Yashiki S, Karino S, Zaninovic V, et al. Characteristic distribution of HTLV type I and HTLV type II carriers among native ethnic groups in South America. AIDS Res Hum Retroviruses 1999; 15:1235-9.
- 23. Fujiyoshi T, Yashiki S, Fujiyama C, Kuwayama M, Miyashita H, Ohnishi H, et al. Ethnic segregation of HTLV-I and HTLV-II carriers among South American Native Indians. Int J Cancer 1995; 63:510-5.
- 24. Maloney EM, Biggar RJ, Neel JV, Taylor ME, Hahn BH, Shaw GM, et al. Endemic human T cell lymphotropic virus type II infection among isolated Brazilian Amerindians. J Infect Dis 1992; 166:100-7.
- 25. Gabbai AA, Bordin JO, Vieira Filho PB, Kuroda A, Oliveira ASB, Cruz MV, et al. Selectivity of human T lymphotropic virus type-1 (HTLV-1) and HTLV-2 infection among different populations in Brazil. Am J Trop Med Hyg 1993; 49:664-71.

Submitted on 18/Apr/2005 Final version resubmitted on 14/Jun/2005 Approved on 05/Jul/2005