RETROSPECTIVE STUDY OF HUMAN T-CELL LEUKAEMIA VIRUS TYPE 1 & ADULT T-CELL LEUKAEMIA/LYMPHOMA IN QUEENSLAND, AUSTRALIA

<u>Martin F^{1,2,10}</u>, Gilks CF¹, Gibb R³, Jenkins A³, Protani MM¹, Francis F⁴, Redmond A⁵, Neilsen G⁶, Mudge DW^{6,7}, Wolley M⁸, Binotto E⁹, Norton R^{4,6}, Nimmo GR³, Heney C³

1. School of Public Health, University of Queensland, Brisbane, Australia

2. Stonewall Medical Centre, Brisbane, Australia

3. Department of Microbiology, Pathology Queensland, Brisbane, Australia

4. Pathology Queensland, Townsville University Hospital, Townsville, Australia

5. Department of Infectious Diseases Unit, Metro North Hospital and Health Service, Brisbane, Australia

6. Faculty of Medicine, University of Queensland, Brisbane, Australia

7. Department of Nephrology, Princess Alexandra Hospital, Metro South Hospital and Health Service, Queensland Health

8. Kidney Health Service, Metro North Hospital and Health Service, Queensland Health

9. Pathology Queensland, Cairns Hospital, Cairns, Australia

10. True Relationships and Reproductive Health

Background:

Human T-cell Leukaemia Type-1 (HTLV-1) is a blood borne and sexually transmitted virus which causes Adult T-cell Leukaemia (ATL). ALT is associated with high morbidity and mortality. Recently 30-50% of some Indigenous communities in Central Australia tested positive for HTLV-1. We researched the HTLV-1 prevalence and ATL incidence in the state of Queensland, by retrospectively testing de-identified serum samples collected at health care services and haemodialysis units (2018-2019) for HTLV-1 antibodies through screening and Western Blot confirmation and by analysing pooled national cancer registry surveillance data reporting on ATL (2004-2015).

Results:

2/ 2000 HHS samples were confirmed HTLV-1 positive (0.1%, 95% CI 0.02%- 0.4%); both in older women; one Indigenous, one non-Indigenous. All haemodialysis samples were negative. All samples were HTLV-2 negative. 10/42 (24.8%) cases of ATL in Australia were from Queensland (CRI 0.025/100,000; 95%CI 0.011-0.045), most in adult men of non-Indigenous origin. 19 deaths due to ATL were recorded in Australia.

Conclusion:

Both Indigenous and non-Indigenous people may be infected with HTLV-1 and develop ATL in Queensland. Making HTLV-1 a notifiable disease will optimise its surveillance. Implementing tailored HTLV-1 transmission prevention strategies to avert further HTLV-1 infections and ATL cases and developing specific clinical care pathways for people living with HTLV-1 and ATL needs to become a public health priority.

Disclosure of interest statement: None. Acknowledgement of Funding:

Department of Health, Queensland