Behavioral Risk and HIV-1 Molecular Diversity: Making the Connections

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Outline

- Introduction
- Molecular epidemiology and segregation by risks
- Risk and complexity
- Associations in the Opiate Users Research Cohort
- Breakpoint analyses and networks
- Conclusions

Introduction: Molecular Epidemiology

From a public health perspective, the advent of molecular epidemiology, which allows tracking of pathogens based on unique genetic sequences or antigenic properties, has revolutionized how epidemiologists investigate and evaluate epidemics and assess endemic diseases.

Robertson BH, Nicholson JK. New microbiology tools for public health and their implications. Annual Review of Public Health. 2005;26:281-302

Introduction: HIV Genetic Diversity

- HIV-1 is a genetically diverse virus with high rates of genetic change: mutation, recombination, dual infection, super-infection
- The genetic diversity of HIV challenges the human immune system, vaccine development, measures of anti-viral drug resistance
- HIV-1 genetic diversity allows for epidemiologic investigations

HIV-1 Molecular Epidemiology: Historical Timeline and Key Milestones



Global Distribution of Subtypes and Recombinants



Uses of Molecular Epidemiology in HIV-1

Established

- Powerful tool in understanding epidemic dynamics
- Has regional utility, particularly for common border epidemics
- Allows use of the virus to track movements of people (truckers, sex workers, migrants, soldiers) and narcotics

Novel

- Linking diversity to risks could allow for targeting interventions, identifying "hot spots"
- Potential tool for mapping networks

Molecular Epidemiology and segregation by risks

Early Studies of Risks and Subtypes

South Africa 1990s MSM with B, African Heterosexuals with C

Thailand 1990s IDU with B, Heterosexuals with E (CRF01-A/E)

Malaysia 1990s

HIV-1 subtypes in Malaysia among different primary risk categories, 1994-1996.

Risk		В	E*	B/E	B/C	Non-typable
All	(N=89)	34 (38%)	48 (54%)	2 (2%)	1 (1%)	4(4.5%)
IDU	(N=53)	29 (55%)	19 (36%)	2 (4%)	1 (2%)	2 (4%)
Hetero	(N=27)	4 (15%)	23 (85%)	-		
SW	(N=9)	1 (11%)	6 (67%)			2 (22%)

* E now called CRF01_A/E

IDU significantly more likely to have HIV-1 subtype B than those with sexual risks (heterosexuals and SW combined) **OR 5.9 (95% Cl 1.9, 18.5) p < .001.**

All of the 3 dually reactive sera were from IDU.

Beyrer, et al. AIDS & Hum Retro, 1998

Risk and Complexity

Multi-region Hybridization Assays (MHA)

Dual Infection

Dual infection, more common in high-risk groups, is the engine driving recombination and an important source of HIV diversity

Many different recombinants can emerge in a dual infected individual, who may transmit them to others; dual infection is an accelerator of HIV diversity in populations

Many recombinant strains are generated within high risk social networks, which also have high rates of transmission; this coincidence of factors can accelerate the initial spread of new variants A clear picture of the evolving HIV-1 epidemics in Asia can only be achieved through the stud<mark>y of large cohorts, usin</mark>g <u>high-</u> <u>throughput</u> and <u>high-resolution</u> subtyping

Multi-region Hybridization Assay (MHA) to study HIV-1 genetic diversity in Asia



Courtesy Dr. F. McCutchan, USMHRP/HJF

Distinguishing HIV-1 molecular forms in Asia





The cohorts



	RV109	OUR	RV148	
Location	Lampang	Chiang Mai	Rayong Chon Buri	
Year	1996-1998	1999-2000	2004-2006	
Participants	180	2,231	26,675	
Cohort Characteristics	, МТСТ	Opiate users	Community	
Gender	100% 🌳	7% ♀	48% 🖓	
Risk factors	heterosexual	IVDU	heterosexual	
HIV sero- prevalence	ca. 3 %	15.6 %	1.6 %	
Genotyped	177/180	336/347	376/391	Total
samples	es (98.3%) (96.8%) (96.2%	(96.2%)	889 / 918	
	. ,	((96.8%)

Proportions of Subtypes, Recombinants, Dual Infections

CRF01_AE	94.9%	91.8%	81.8%
Subtype B	2.3%	2.0%	3.9%
Recombinant	2.8%	5.5%	9.2%
Dual	0.0%	0.7%	5.1%



HIV diversity and risks in Thai IDU

336 isolates from Thai IDU in the OUR cohort

81.8%	CRF01_AE
3.9%	B
9.2%	Recombinants: CRF01_AE and B
5.1%	Dual infections

Subtype B: 30 years old or older

OR: 6.9; 95%CI: 1.5-31.7

Dual infection: lower education level initiated injecting \leq 3 years

AOR=5.0 95%CI: 1.4-17.5 AOR=3.4 95%CI: 1.2-9.8

Recombinants and duals: needle sharing last 3 months AOR=4.1, 95% CI: 1.41.7

Comparative Epidemiology in East Africa

Country	Cohort	Population	MHA Genotypes
			(N)
Tanzania	HISIS	High risk $igoplus$ (Sex Workers)	238
Tanzania	CODE	Urban and rural communitie	s 487
Uganda	MER	Rural communities	329
Kenya	Kericho	Agricultural Plantation	366

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Proportions of Recombinant HIV and Dual Infections in A, D, C Subtype				
2	Zone Agricult	ural/Rural	Rural/Urban	Urban High Risk
URF	26.4%	29.5%	35.9%	50.8%
Dual	7.0%	7.1%	15.0%	16.4%
I	MER	KERICHO	CODE	HISIS
UR	RF A D	URFA	URF A C	URF C

Breakpoint Analyses and Networks

Fine mapping of recombinant breakpoints

Describing a Recombinant Strain: Subtypes and Breakpoints



Through recombination, parts of the parental strains are lost, and cannot be regained until another dual infection provides opportunity to recombine again

Irreversibility lends stability

Could recombination breakpoints serve as stable markers through many cycles of transmission, permitting mapping of the social networks in which HIV spreads?



Hypotheses

Mapping of shared breakpoints among recombinant strains could provide a new dimension to the molecular epidemiology of HIV-1

The structure and relationships of recombinant strains may provide information about the social networks in which they spread, providing new focus for interventions

Recombinant Strains in "Low Risk" Groups

Transmission	Sampling
single	
	Complete sharing of breakpoints

Recombinant Strains in High Risk Groups



Recombinant HIV Networks and Risk Groups in Asia

24 CRF01_AE/B recombinants from Thailand and Burma

11 from IDU

13 from heterosexual transmission



Network Visualization Software*

Each strain is a node Each shared breakpoint is a connection, represented by a line

Highly interconnected strains form dense clusters, with less connected strains at the periphery

> *UCiNET and NetDraw by S. Borgatti Boston College/Analytic Technologies



Networks of Shared Breakpoints Among Recombinant Strains

What can be learned about social networks from the relationships among recombinant strains circulating within them?





In Asia

Heterosexual and IDU Networks in Thailand are strongly interconnected and these connections were already established during the first decade of the Thailand epidemic

Fewer connections across national borders

Strains from Burma/Myanmar bridge China and Thailand epidemics



Connections Across National Borders



Contributors

•Participants in cohort development and other studies in Tanzania, Uganda, Kenya, Thailand, China, Myanmar

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Implications for Prevention

Targeting prevention to highest risk groups may be the most important strategy to limit the genetic complexity of the epidemic, both in Africa and in Asia

Targeting prevention to the most mobile sectors of a given population may also contribute to limiting the overall complexity of strains in an epidemic

Effective size of the social network in which HIV-1 is spreading in E. Africa may be much larger than in Asia, with implications for dissemination of new strains

Heroin trafficking routes appear to predict HIV-1 subtype spread and should be priority zones for prevention

Discussion and Conclusions

Recombinant strains can represent highly informative tools to gain new understanding of the global epidemiology of HIV

Molecular data is more informative when closely linked to demographic data and becomes more useful when closely and systematically analyzed and when epidemiology and narcotics data are included

The structure of social networks, particularly the geographic and social mobility of the highest risk groups, can play key roles in the generation and spread of new HIV diversity generated by recombination