Sero-prevalence of *Cytomegalovirus* and *Toxoplasma* Infections among Newly Diagnosed HIV Patients in Iran; Assessing the Correlation with CD4+ Cell Counts

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ABSTRACT

**Background and Objective:** Opportunistic infections are the leading cause of death among patients subjected to the human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS). The aim of this study was to compare the seroprevalence of *Cytomegalovirus* (CMV) and toxoplasmosis infection in newly diagnosed HIV infected patients with healthy controls and it’s correlation with CD4+ cell counts (CD4+).

**Materials and Methods:** A case controlled study was carried out to investigate CMV and toxoplasmosis serology among newly diagnosed HIV infected patients referred to University affiliated hospital in Tehran and compared them to healthy subjects as control. A total of 100 HIV positive patients and 100 healthy controls were recruited. Clinical characteristics and CD4+ cell counts were evaluated. The statistical package SPSS 17 for windows was used for analysis.

**Results:** Patients with HIV infection had a significantly higher positive serology for CMV than healthy controls (100% vs. 93% *p*<0.05). There was no significant difference between HIV positive and HIV negative patients in terms of toxoplasmosis serology. There was no significant difference between males and females with respect to CMV or toxoplasmosis serology.

**Conclusion:** CMV and toxoplasmosis infection are highly prevalent among HIV infected patients and also healthy controls, with a higher seropositive rate of CMV in HIV cases.

**Key words:** HIV; *Cytomegalovirus*; Toxoplasmosis; Serology

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Introduction

The prevalence of opportunistic infection in patients with acquired immune deficiency syndrome (AIDS) is approximately 300 times more than aged-matched reference population (1). Defective cell-mediated immunity in human immune deficiency virus (HIV) infected subjects makes them susceptible to reactivation of latent microorganisms and even lead to reactivation of such an opportunistic infections (OIs) which not only impose a varying range of morbidities, but it also causes a high cost for affected individuals and related society (2). There are evidences showing that opportunistic infections (OIs) are more prevalent among HIV seropositive subjects (3).

Cytomegalovirus (CMV) and toxoplasmosis are of these opportunistic pathogens with particular importance in HIV/AIDS patients (4, 5). Many complications including disseminated toxoplasmosis infection (6), blindness, and CMV pseudo tumor have been reported by reactivation of these organisms in immune compromised individuals (7, 8). Besides, there is no vaccine available for CMV and toxoplasmosis yet (9, 10).

Usually decrease in CD4+ cell counts leads to reactivation of these infections. Postmortem studies have shown that CMV viral load is higher than HIV load and is suspected to be the cause of death in most of patients already diagnosed as AIDS (9-12). It is a significant risk for morbidity and mortality in HIV- CMV co-infected patients. Besides, toxoplasmosis encephalitis is the most important cause of cerebral mass lesion in patients infected with HIV (11, 12). Decreased number of CD4+ cells is the culprit mechanism leading to toxoplasmosis encephalitis (13). It is known that highly active antiretroviral therapy treatment (HAART) results in a dramatic decline of CMV infection and a significant survival of HIV patients (14, 15), when cotrimoxazole chemoprophylaxis is considered as an effective strategy in prevention of toxoplasmosis reactivation (16). However, timely diagnosis, early starting of prophylaxis and sufficient treatment are the only available options for these opportunistic infections so far (1, 3).

To our knowledge, there is no evidence supporting higher prevalence of CMV infection among Iranian patients; neither there is recommendation which necessitates early and sharp initiation of prophylaxis for these infections.

The aim of this study is to compare the seroprevalence of CMV and toxoplasmosis infection in newly diagnosed HIV infected patients with healthy controls and to investigate its correlation with CD4+ cell counts.

Materials and Methods

We performed a case controlled study to assess serology of CMV and toxoplasmosis in HIV infected patients attending to the clinic of high risk behavior in a university hospital, Tehran, Iran and compared them to the healthy controls. All participants filled a written informed consent before entering the study.

We follow the national AIDS control organization recommendation (NACO 2007) for diagnosis of HIV infection. Anti HIV antibody was assessed based on ELISA and western blot tests. All the patients were diagnosed within a month from the time of infection and were not on HAART. A total of 100 HIV positive patients and 100 healthy age-matched controls were recruited. Age under 15 years old, pregnancy, and any type of malignant disorders were considered as exclusion criteria. Demographic data including age, sex were obtained for all the participants. CD4+ cell counts were measured in HIV infected patients. A self completed questionnaire was filled by the patients to assess the mechanism of infection in all HIV subjects. Data were entered the data bases.
The study was carried out according to the principles of declaration of Helsinki. The local Ethics Committee of Tehran University of Medical Sciences approved the study protocols.

**Blood samples**

Anti HIV antibody was diagnosed by ELISA (IBL kit, Germany) in all the cases and then confirmed by western blot. The diagnosis of CMV was made based on the high or rising titers of anti CMV smooth lip polysaccharide (IgM) antibodies in the serum (IBL kit, Germany). Positive results were confirmed by ELISA (IBL kit, Germany). The diagnosis of toxoplasmosis was also made by high or rising titers of antibodies (IgG) against toxoplasmosis smooth lip polysaccharide in the serum (IBL kit, Germany). Positive results were also confirmed by ELISA (IBL kit, Germany).

CD4⁺ cell counts were calculated using single platform flowcytometry (Partec-Pas, Germany).

**Statistical analysis**

Variables distributed normally are presented as mean and standard error of mean (SE M). To compare the prevalence of CMV and toxoplasmosis infections between males and females, and also between HIV⁺ and HIV – patients, chi square test was employed. The statistical package SPSS 17 for windows (Chicago, Illinois, USA), was used for analysis. Differences were considered significant at a P-value of lower than 0.05.

**Results**

All patients were known cases of HIV infection (diagnosed concordantly by ELISA and western blotting), 80% of them were infected by intravenous drug abuse followed by sexual contact (15%) and unknown routes (5%). The most common presentation of them was dermatologic complaints like reactivation of herpes simplex, herpes zoster, seborrheic dermatitis, and acne which were resistance to treatment. There were 3 patients with toxoplasmosis encephalitis and 4 patients with CMV reactivation.

Mean CD4⁺ level was 297.65 ± 14.68 cells/μl in HIV infected patients. Nearly 50% of patients presented timely with CD4⁺ cell counts > 350 cells/μl and none of them had toxoplasmosis or CMV infection at the time of presentation. Primary and clinical characteristics of participants are summarized in Table1.

| Table 1- Characteristic data, cytomegalovirus and toxoplasmosis seroprevalence rates among Human Immunodeficiency Virus (HIV) infected patients and control group |
|---------------------------------|---------------------------------|-----------------|
| HIV Negative (n=100)            | HIV Positive (n=100)            | P- Value        |
| Age (yr)                        |                                 |                 |
| 34.8 ± 0.71                     | 36.04 ± 1.04                    | >0.05           |
| Males (N, %)                    |                                 |                 |
| 55 (55.0)                       | 78(78)                          | 0.001           |
| **Cytomegalovirus infection (N, %)** |                                 | 0.007           |
| Positive Serology               |                                 |                 |
| 93 (93.0)                       | 100 (100.0)                     |                 |
| Negative Serology               |                                 |                 |
| 7 (07.0)                        | 0(0.0)                          |                 |
| **Toxoplasmosis infection (N, %)** |                                 | >0.05           |
| Positive Serology               |                                 |                 |
| 62 (62.0)                       | 65 (65.0)                       |                 |
| Negative Serology               |                                 |                 |
| 38 (38.0)                       | 35(35.0)                        |                 |

Variables are expressed as mean ± standard error, unless otherwise is stated.
Patients with HIV infection had significantly higher positive serology for CMV than healthy controls (100% vs. 93% \( P < 0.05 \)). The difference between HIV positive and HIV negative patients with respect to toxoplasmosis serology (65% vs 62%) was non-significant. There was no significant difference between males and females with respect to CMV or toxoplasmosis serology. There was a significant correlation between age and toxoplasmosis seropositivity in HIV infected patients (\( P = 0.015 \)). Older patients were more susceptible to have positive toxoplasmosis serology.

**Discussion**

Seroprevalance of different HIV co infections may vary depending geographic region and ethnicity. In the present study, we assess the seroprevalance of IgM CMV and IgG anti *Toxoplasma* antibodies among Iranian HIV infected patients compared with healthy controls. All patients with toxoplasmosis and CMV reactivation had CD4+ cell counts < 350 cells/μl. The seroprevalance of IgM CMV antibody found 100% vs. 93% in HIV infected patients and control group, respectively; as were 65% vs. 62% for IgG anti *Toxoplasma* antibody.

In our study, males constitute the predominant gender; HIV negative group had a grater age compared to HIV positive patients. The main route of transmission was intravenous drug abuse followed by sexual contact, however no significant difference was observed in seroprevalance of above antibodies between patients with different HIV transition mode.

According to CDC (2010) CMV IgM is not solely indicative of primary infection. It also detectable in cases of recent re exposure or reactivation of CMV infection in whom acquired CMV in the past (17). Despite the effective adventure of HAART which caused a sharp decline in CMV disease in HIV positive patients (18), there is still risk related to HIV seropositivity for co infection of CMV (19, 20). Our finding clearly demonstrated that patients with HIV infection are at increased risk of CMV infection compared to normal controls. However, we did not find any differences between prevalence of toxoplasmosis infection in HIV positive patients and controls. Although these findings do not help to determine whether CMV infection is a link to a higher susceptibility of patients to HIV infection or vice versa, they support the hypothesis that CMV infection play an important role in the pathogenesis of AIDS in HIV infected patients.

There are controversies on the CMV prevalence among HIV infected patients. In a cross sectional study conducted in Ghana, the seroprevalence of CMV infection was 77.6% in HIV seronegative patients while HIV seropositive patients had a prevalence of 59.9%; however it was not statistically significant (21).

In Russia, the seroprevalence of CMV infection was 48.4%, significantly higher in HIV infected patients compared with normal controls (22). Other investigation on Cambodian patients showed the prevalence of CMV infection about 55.8% among HIV infected patients; however, the study did not include any control group to compare the patients with (23). These findings are in the same line with our observation. We also found a higher prevalence of CMV infection in Iranian HIV infected patients in comparison with normal controls. On the other hand the prevalence of CMV infection was 100% in our patients which emphasize the fact that these patients are at the greatest risk for CMV reactivation.

There is a controversy over the beneficial of CMV prophylaxis in HIV seropositive patients,
and most studies state that CMV prophylaxis with ganciclovir should only be considered for patients with CD4+ lymphocyte counts below 50 cells/μL who may be at increased risk for retinitis. However, Combination antiretroviral therapy (ART) alone has reduced the rate of CMV in HIV infected patients by 75% (24, 25).

Toxoplasmosis is an opportunistic protozoon prevalent all over the world and one of the most important opportunistic infections in HIV infected patients.

Anti-Toxoplasma IgG can be estimated as a screening test to detect latent infection in all HIV infected patients (26-30). IgM anti Toxoplasma antibody seems to have no additional diagnostic or therapeutic benefit in these patients (28-32).

Different studies around the world show a wide spectrum of T. gondi seropositivity as 3-42% in USA (26), 74.5 in south brazil (31), 67.3% in Paris (30), 67.8% in India (28), 30% in Czech Republic (27) and 12.5% in China (33). Our findings complement those of previous studies of patients with HIV infection as well as normal population regarding toxoplasmosis infection. Toxoplasmosis seropositivity rates in Iranian population are estimated as the range of 41 -68 % in different provinces, furthermore studies conducted on HIV infected patients showed a higher rates of seropositivity (49.7% – 77.4%) in these patients (32, 34-36). As stated, in our study this rate estimated 65%. This difference could be related to recruited subjects, using different assay and the year of study (8, 37-38).

In a cohort study conducted in Czech Republic on 626 HIV positive patients for 18 years, most HIV seropositive patients (98.1%) were showed to be infected before toxoplasmosis infection (27). In an another case-control study conducted in Ethiopia, the incidence of toxoplasmosis infection was 93% and 86.7% in HIV infected and HIV uninfected individuals, respectively. They also found a relationship between toxoplasmosis infection and age which is in consistent with our findings (39). However in a case control study conducted in India, the seroprevalence of toxoplasmosis infection was 34% in immune competent host, and 67.8% in HIV positive patients which was significantly higher. They also showed higher incidence of toxoplasmosis seropositivity in older patients (28).

In addition, compared to the other countries, the positive toxoplasmosis serology is relatively higher in Iran (32, 35, 38, 39). The differences between seroprevalence rates in different areas may due to the climate condition, nutritional behavior and possessing cats.

Furthermore some Studies show a significant decrease in T. gondi seropositivity as the educational level increased (28). Hand hygiene and consumption of well cooked meats could also affect T. gondi seropositivity. Studies suggest primary prophylaxis against toxoplasmosis in T. gondii-seropositive (IgG) patients with CD4+ <100 cells/μL without considering clinical status, and in patients with opportunistic infection or malignancy in CD4+ <200 cells/μL (25).

This study showed that toxoplasmosis and cytomegalovirus are of high incidence in HIV positive patients and given the life-threatening consequences of these infections, the patients – specifically those with lower CD4+ cell counts – are strongly recommended to be monitored regularly. It is suggested that multicenter studies with more samples be carried out on these patients while taking into account their medications.

The main limitation of the present study is its cross sectional feature which preclude the determination of the direction of causality. However, a relatively larger sample size in comparison to the other studies may be vanished such a concern.
Conclusion
We showed that CMV infection has a higher prevalence among HIV infected patients while there was no difference in toxoplasmosis serology among HIV infected patients and controls. This may help for a better management of HIV infection in developing countries like Iran which are endemic for both infections.

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References
