

HUMAN T-LYMPHOTROPIC VIRUS (HTLV-1 AND HTLV-2) MEDICAL MANAGEMENT PLAN

INFORMATION FOR RESEARCHERS AND FACILITY/ STAFF

Agent Hazard Information	<i>HTLV-1 and HTLV-2 are related viruses from a family of viruses known as human retroviruses. They are less pathogenic than HIV but still have considerable health care burden.</i>
Exposure Routes	<ul style="list-style-type: none"> Bloodborne Routes, Percutaneous (needle stick transmission), mucosal exposure Sexual activity, mother to child transmission and breast feeding
Communicability	<ul style="list-style-type: none"> Person-to person transmission may occur through contact with the blood or body fluids of an infected person
Infectious dose	<ul style="list-style-type: none"> Unknown
Incubation period	<ul style="list-style-type: none"> Unknown
Signs and Symptoms	<ul style="list-style-type: none"> HTLV-1 primarily causes adult T-cell leukemia/lymphoma. HTLV-1 may also cause progressive and chronic myelopathy with preferential damage to the thoracic spinal cord. Symptoms include muscle weakness to the lower limbs, hyperreflexia, sphincter disorders, impotence, sensory disturbances and lower back pain. This is also known as HTLV-1-Associated Myelopathy (HAM)/Tropical Spastic Paraparesis (TSP) . HTLV-1 is associated with uveitis, infective dermatitis, rheumatologic, neurologic and pulmonary disorders. HTLV-2 is less pathogenic and is associated with milder disease course.
Vaccines	<ul style="list-style-type: none"> None currently available
Prior Laboratory Acquired Illness	<ul style="list-style-type: none"> One reported infection with HTLV-1 of a physician after a syringe containing a blood sample pierced the foot One reported infection with HTLV of a nurse after accidental inoculation of the finger with a needle containing a blood sample There are no documented laboratory infections
Biosafety	<ul style="list-style-type: none"> Follow biosafety containment and practices specified in Biological Use Authorization (BUA) letter, BSL2 with 3 practices

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First Aid	<ul style="list-style-type: none"> Inhalation exposure: Remove yourself from incident area and seek medical evaluation. Percutaneous or mucous membrane exposure: Wound care per protocol, wash wound with soap and running water for 15 minutes. Flush eyes with eye wash x 15 minutes.
Surveillance	<ul style="list-style-type: none"> Must comply with the University's Blood Borne Pathogens (BBP) Program Baseline HIV and HTLV 1,2 Ab Screen must be offered prior to beginning research Contact UW EHC and schedule appointment for onsite single dose PEP RX and optional baseline lab work
Access to Medical Management Plans	Ensure that staff are trained and know what to do in case of possible exposure to HTLV. Staff must have access to this MMP in your lab's Biosafety Manual.
Symptom Development	<p>Most infections are asymptomatic. If you are an employee who works in the HTLV-1,2 lab and feel you've had an exposure, do the following:</p> <p><u>During business hours (Monday – Friday, 8:00 a.m. to 5:00 p.m.):</u></p> <ol style="list-style-type: none"> Call the Employee Health Center at 206.685.1026. After hours, go to UWMC ED
Exposure Response	Initiate first aid (e.g., wash wound or exit area if inhalation exposure), get medical help, and report the incident per procedures in the outlined in the Exposure Response Poster

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POST EXPOSURE MEDICAL PROTOCOL FOR HEALTHCARE PROVIDERS

Post-exposure Protocol	<p>Consider PEP, but no proven efficacy</p> <ul style="list-style-type: none"> • Truvada (FTC/TDF) 1 PO QD • Raltegravir 400mg PO BID or Dolutegravir 50mg PO QD • Duration of PEP = 28 days • Counseling concerning sexual activity, blood donation, and breast feeding • Refer to Virology Clinic 206-598-2758
Diagnosis / Lab Testing	<ul style="list-style-type: none"> • Post exposure HTLV 1 & 2 Ab screen (Lab code: RHTLAB) & HIV serology • Follow up HTLV-1 & 2 serology at 1 and 6 months post exposure • Follow up HTLV-I/II DNA Detection and Differentiation by PCR (Lab code: 263) at 1- and 6-months post exposure
Treatment of Confirmed Infection	If HIV or HTLV-1,2 test is positive, refer to appropriate provider (see above for UW Virology clinic information for referral)
Reporting	Notify PI and complete OARS report

REFERENCES:

- Centers for Disease Control (CDC). MMWR. Recommendations for Counseling Persons Infected with Human T-lymphotropic Virus, Types I and II
<https://www.cdc.gov/mmwr/preview/mmwrhtml/00021234.htm>
Accessed 11/15/2024
- Public Health Agency of Canada. Infectious Substances-Human T-lymphotropic Virus (HTLV)
<https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment/human-lymphotropic-virus.html>
Accessed 11/15/2024