Incidence, persistence and factors associated with high-risk human papillomavirus infection among male adolescents with perinatally acquired HIV infection in Thailand

Sivaporn Gatechompol^{1,2}, Nipat Teeratakulpisarn¹, Orasri Wittawatmongkol³, Sirinya Teeraananchai¹, Stephen J Kerr¹, Amphan Chalermchockcharoenkit³, Manopchai Thamkhantho³, Thida Singtoroj⁴, Nittaya Phanuphak¹, Annette H. Sohn⁴, and Kulkanya Chokephaibulkit³, on behalf of the HPV in Adolescents Study

¹Thai Red Cross AIDS Research Centre, Bangkok, Thailand; ²Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand; ³Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand; ⁴TREAT Asia/amfAR - The Foundation for AIDS Research, Bangkok, Thailand





















Declaration

Grants and travel support from ViiV Healthcare

Background

- Persistent HPV infection, especially with high-risk HPV (HR-HPV) genotypes, has been shown to be associated with anogenital cancers¹
- Infection with HR-HPV has been shown to be more prevalent and persistent over time in female adolescents with HIV²
- However, data among male adolescents with perinatally acquired HIV (PHIV) are limited

Hypothesis

 We aimed to evaluate the incidence and persistence of HR-HPV in anogenital compartments and associated factors among PHIV in comparison to HIV-uninfected (HU) male adolescents in Thailand

Methods

- A longitudinal observational cohort study was conducted in Thailand and Vietnam that compared the patterns of acquisition and clearance of HPV infection among PHIV and HU females¹ and males²
- PHIV and HU males were recruited from two study sites in Bangkok between June 2013 and October 2017, and matched by age and number of lifetime sexual partners
 - HIV-NAT, Thai Red Cross AIDS Research Centre
 - Siriraj Hospital Mahidol University

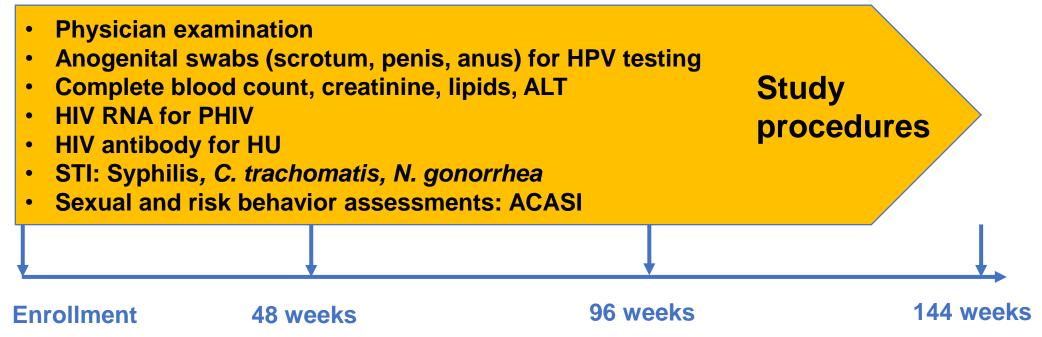
Methods

Inclusion criteria

- PHIV and HU male aged 12-24 years
- Never received HPV vaccine
- History of sexual intercourse
- Did not have symptomatic STI
- Able to independently complete the study's audio computer-assisted self interview (ACASI)

Exclusion criteria

- Using immunosuppressive medications
- Had other diseases that compromised the immune function



STI: sexually transmitted infections; ALT: alanine aminotransferase

Methods

- HPV genotyping was conducted using nucleic acid hybridization
- 13 HR genotypes identified based on the detection of at least one of the following subtypes:
 - **>**16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68
- Infection with the 7 HR genotypes in HPV 9-valent vaccine was defined as the detection of at least one of the following subtypes:
 - **>**16, 18, 31, 33, 45, 52, 58
- Persistent HR-HPV infection was defined as detection of the same HR-HPV genotype(s) at any anogenital compartments for ≥2 consecutive visits

Selected baseline characteristics of study participants

Characteristics	PHIV, n=49	HU, n=47	Total, n=96
Age, years, median (IQR)	18 (17-20)	19 (17-20)	18 (17-20)
History of male-to-male sex, N (%)	6 (12)	12 (26)	18 (19)
Current or highest education, N (%)			
High school	36 (73)	17 (37)	53 (56)
Pre-university	9 (18)	21 (46)	30 (32)
University	3 (6)	8 (17)	11 (12)
Other non-formal education	1 (2)	0 (0)	1 (1)
History of substance use, N (%)	9 (18)	17 (36)	26 (27)
CD4 count (cells/mm³), median (IQR)	573 (434-747)		
HIV-RNA <40 copies/mL, N (%)	34 (69)		

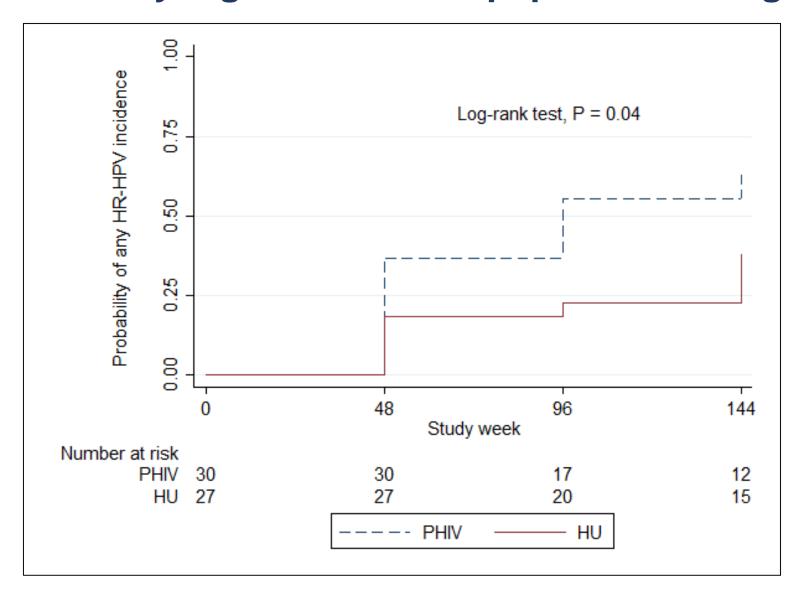
Selected baseline characteristics of study participants

Characteristics	PHIV, n=49	HU, n=47	Total, n=96
Number of partners in past 6 months, N (%)			
0	9 (18)	3 (6)	12 (13)
1	30 (61)	28 (60)	58 (60)
2-4	6 (12)	15 (32)	21 (22)
≥5	4 (8)	1 (2)	5 (5)
Condom use w/ vaginal sex, past 6 mo, N (%)			
Always	20 (41)	4 (9)	24 (25)
Sometimes/Never	22 (45)	27 (57)	49 (51)
Not Applicable/not having sex this route	7 (14)	16 (34)	23 (24)
Laboratory confirmed STIs at baseline, N (%)	8 (16)	5 (11)	13 (14)
Syphilis	2 (4)	1 (2)	3 (3)
Chlamydia	6 (12)	4 (9)	10 (10)
Gonorrhoea	0 (0)	2 (4)	2 (2)

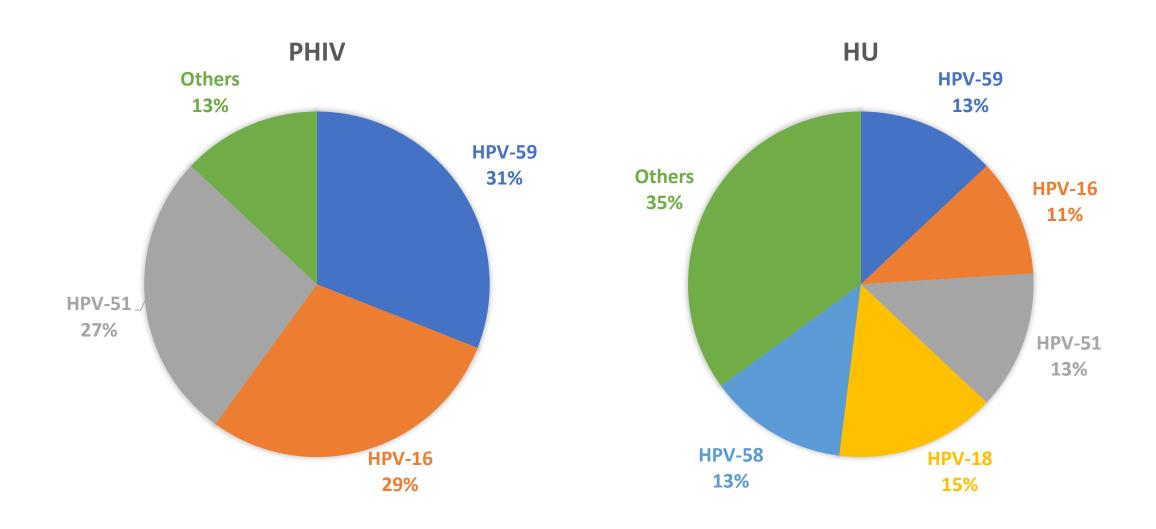
Prevalence, persistence, and incidence of anogenital HR-HPV infection in PHIV and HU

	PHIV	HU	Overall	p-value
Infection with any HR-HPV type				
Prevalent infection, N (%)	33 (67)	22 (47)	55 (57)	0.04
Incident infection, N (%)	18 (37)	9 (19)	27 (28)	
Incidence rate per 100 PY (95% CI)	33.05 (20.82-52.46)	15.73 (8.18-30.22)	24.17 (16.58-35.25)	0.04
Persistent infection, N (%)	9 (27)	5 (23)	14 (25)	0.75
Infection with any of the 7 HR-HPV types in the nonavalent vaccine				
Prevalent infection, N (%)	25 (51)	15 (32)	40 (42)	0.06
Incident infection, N (%)	15 (31)	7 (15)	22 (23)	
Incidence rate, per 100 PY (95% CI)	21.96 (13.24-36.43)	10.11 (4.82-21.21)	16.00 (10.53-24.29)	0.07
Persistent infection, N (%)	5 (20)	3 (20)	8 (20)	0.99

Kaplan-Meier estimates of the cumulative incidence of infection with any high-risk human papillomavirus genotypes



The most common HR-HPV genotypes in anogenital samples



Factors associated with persistence of anogenital HR-HPV infection in male adolescents

	Any HR-HPV				Any of the 7 HR-HPV in the 9-valent vaccine			
Covariate	Univariate PR (95%CI)	p-value	Multivariate aPR (95%CI)	p-value	Univariate PR (95%CI)	p-value	Multivariate aPR (95%CI)	p-value
HIV status	1.73 (0.62-4.80)	0.30			1.63 (0.40-6.68)	0.5		
History of male-to-male sex	1.73 (0.61-4.93)	0.30			2.42 (0.96-6.07)	0.06	2.60 (1.00-6.77)	0.05
Education		0.51				0.37		
Primary school or secondary school	ref				ref			
Pre-University	0.63 (0.19-2.05)				0.89 (0.17-4.54)			
University	1.10 (0.28-4.34)				3.36 (0.91-12.45)			
Other non-formal education	0.25 (0.03-1.94)				0.21 (0.02-1.86)			
Current age ≥21 (years)	2.41 (0.91-6.36)	0.08	1.82 (0.92-3.62)	0.09		0.88		
BMI ≥18 (kg/m²)	1.36 (0.41-4.53)	0.61			1.00 (0.68-1.47)	0.99		
Alcohol use in the past 3 months	1.14 (0.36-3.62)	0.83			1.00 (0.77-1.29)	0.98		
Smoking history	1.58 (0.35-7.05)	0.55			1.84 (0.23- 14.97)	0.57		
Smoked cigarettes in the past 3 months	0.88 (0.31-2.52)	0.81			0.99 (0.74-1.33)	0.97		
History of substance use	1.08 (0.34-3.43)	0.90			1.62 (0.39-6.76)	0.51		
Having ≥3 sexual partners in the past 6 months	1.03 (1.01-1.05)	0.01	2.39 (1.14-5.05)	0.02	1.00 (0.75-1.33)	0.99		
Lifetime number of sex partners		0.24				0.26		
<3	ref				ref			
3-9	1.41 (0.36-5.5)				2.54 (0.26-24.40)			
≥10	2.75 (0.76-9.98)				5.5 (0.61-49.21)			
Laboratory-confirmed STIs in the past 12 months	5.43 (2.11-14.01)	0.001	6.21 (2.87- 13.41)	<0.001	6.25 (1.64- 23.78)	0.01	1.37 (0.72- 2.61)	0.34

Factors associated with persistence of anogenital HR-HPV infection in male adolescents

	Any HR-HPV				Any of the	7 HR-HI vacc	PV in the 9-val	ent
Covariate	Univariate PR (95%CI)	р	Multivariate aPR (95%CI)	р	Univariate PR (95%CI)	р	Multivariate aPR (95%CI)	р
History of male- to-male sex	1.73 (0.61-4.93)	0.30			2.42 (0.96-6.07)	0.06	2.60 (1.00-6.77)	0.05
≥3 sexual partners in the past 6 mo	1.03 (1.01-1.05)	0.01	2.39 (1.14-5.05)	0.02	1.00 (0.75-1.33)	0.99		
Lab-confirmed STIs in the past 12 mo	5.43 (2.11-14.01)	0.001	6.21 (2.87-13.41)	<0.001	6.25 (1.64-23.78)	0.01	1.37 (0.72-2.61)	0.34

Sub-group multivariate analysis of PHIV: baseline CD4 <350 cell/mm³ was associated with persistence of infection with nonavalent vaccine genotypes (aPR 1.61, 95%CI 1.03-2.50, p=0.03)

Conclusions

- Thai PHIV male adolescents had a higher incidence and persistence of HR-HPV infection than those without HIV
- Having ≥3 sex partners and co-infection with syphilis, *C. trachomatis*, and/or *N. gonorrhoeae* were associated with persistence of any HR-HPV infection
- Among male PHIV, CD4 <350 cell/mm3 at enrollment was associated with persistence of the nonavalent vaccine genotypes
- Although this was an exploratory study, these data demonstrate the need for male PHIV to be included in regional HPV vaccination programs, and for adolescent catch-up vaccination opportunities

Acknowledgements

We thank our patients, their caregivers, and the clinical and study staff at our participating sites for their support of the study.

This work was funded by the U.S. National Institutes of Health (NIH), *Eunice* Kennedy Shriver National Institute of Child Health and Human Development (NICHD; R01HD073972), with additional support from LIFE+, Austria.

The content of this presentation is solely the responsibility of the authors and does not necessarily represent the official views of any of the institutions mentioned above.



















