

MASAC Recommendation #32

April 19, 1993

AIDS UPDATE

Medical Bulletin #173

- A. UPDATE ON IDIOPATHIC CD4<sup>+</sup> T-LYMPHOCYTOPENIA (ICL) SYNDROME
- B. MASAC REVIEWS RESOLUTIONS ON ICL
- C. MASAC RECOMMENDS CONTINUED RETESTING OF HIV-ANTIBODY NEGATIVE PERSONS

A. UPDATE ON IDIOPATHIC CD4<sup>+</sup> T-LYMPHOCYTOPENIA (ICL)

ICL is a syndrome in persons testing negative for HIV-1, HIV-2, HTLV-I and HTLV-II, and in whom there are no other evident causes for immune suppression (please see Chapter Advisory 158, Medical Bulletin 155, July 31, 1992 and Chapter Advisory 165, Medical Bulletin 163, November 16, 1992 for previous reports on ICL).

Recent data indicate that ICL is a rare syndrome that is not new and is very different from HIV. Cases have been identified since 1983, and it is likely that more cases would have been reported earlier had CD4<sup>+</sup> cell count monitoring been routine. The incidence of opportunistic infections in persons without documented immune suppression has been reported for decades. More recently, monitoring of CD4<sup>+</sup> cell counts of HIV-antibody negative persons, considered high-risk for HIV infection, has identified no new case of ICL. For these reasons, it is apparent that ICL's pattern of incidence is unlike HIV, and it does not appear to involve a transmissible agent. Sexual partners of all persons with ICL that were studied were clinically healthy and found HIV-negative in serologic, immunologic, and virologic studies. Additional studies of blood donors confirm these conclusions.

Other differences between HIV and ICL are evident in their clinical manifestations. Unlike HIV, ICL is shown to either decrease immunoglobulin levels or have no effect on them, whereas HIV nearly always increases immunoglobulin levels.

Despite the concerns surrounding the initial reports of ICL, thorough scientific investigations to date have collected solid data to dispel anxieties that a possible new pathogen, capable of HIV's devastating effects, has materialized. Should you have any questions, or wish to discuss ICL or CD4<sup>+</sup> levels further, NHF encourages you to consult the staff at your hemophilia treatment center (HTC).

B. MASAC REVIEWS RESOLUTIONS ON ICL

Mounting evidence indicates that ICL should not be seen as a threat to the hemophilia community. The continued monitoring of CD4<sup>+</sup> cell counts of HIV-antibody negative persons with hemophilia is no longer deemed a required element of comprehensive care in HTC's. However, MASAC does recognize the potential clinical value of continued monitoring of CD4<sup>+</sup> levels in individuals who have been exposed to blood-borne viruses other than HIV, such as hepatitis, EBV, CMV, and Parvo.

#### C. NHF ENCOURAGES THE CONTINUAL RETESTING OF HIV-ANTIBODY NEGATIVE PERSONS

While the hemophilia community should no longer see ICL as an emerging threat, its initial appearance focused attention on the hemophilia community for assurance that a new microbe was not being transmitted through currently available blood or blood products. MASAC reaffirms the continued need to monitor the safety of viral inactivated blood products by continuing the periodic retesting of HIV seronegative patients.

*This material is provided for your general information only. NHF does not give medical advice or engage in the practice of medicine. NHF under no circumstances recommends particular treatment for specific individuals and in all cases recommends that you consult your physician or local treatment center before pursuing any course of treatment.*

PHYSICIANS: Please distribute this information to all providers who treat patients with hemophilia in your area.

CHAPTERS: Please distribute to your membership.