



Risque viral et procréation

Comment diminuer le risque de transmission pour les couples séro-différents (VIH et/ou VHC)?

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Evidence for HIV-1 in semen

☀ Epidemiological evidence

- ☀ Sexual transmission
- ☀ Transmission using donor semen

(MMWR 1990)

☀ Virological evidence : HIV can be detected in semen by

- ☀ Culture
- ☀ P24 antigen detection
- ☀ RNA and DNA detection

HIV risk and natural procreation

- ✱ Risk of transmission during a single sexual intercourse is low
- ✱ Estimated at 0.05 to 0.15 % per act
- ✱ This risk is not acceptable and unprotected intercourse must not be recommended
- ✱ The systematic condom use induced an Artificial sterility

Procreation without HIV risk (HIV infected man)

☀ No risk

- ☀ Child adoption
- ☀ Insemination with donor sperm

☀ Decreased risk

- ☀ Unprotected intercourse on the day of ovulation (Mandelbrot et al, Lancet 1997)
- ☀ Medically assisted procreation

MAP technologies

- **Inséminations intra-utérines**

Dysovulation

Glaire cervicale anormale

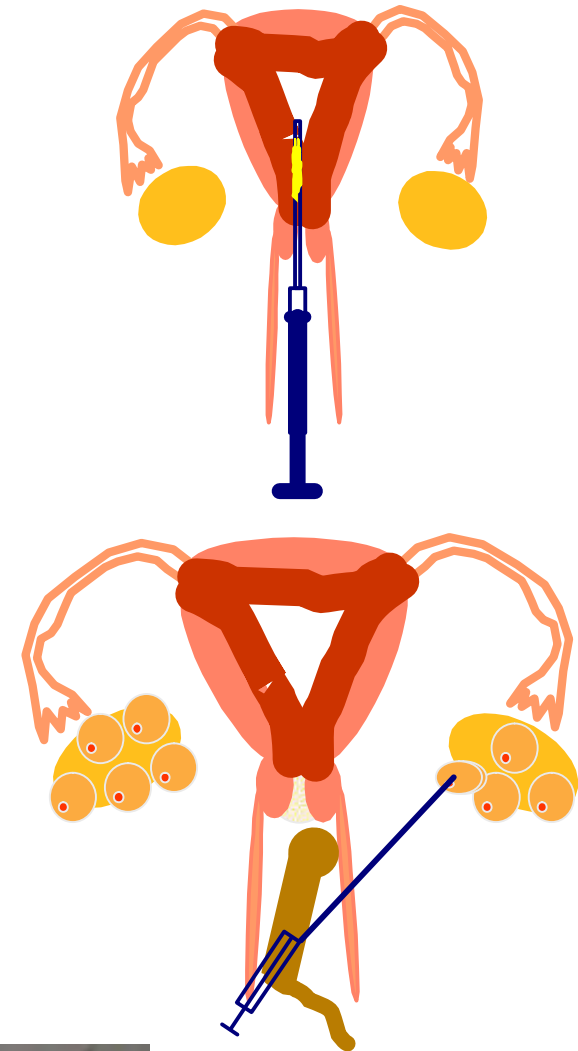
Anomalies modérées du sperme

- **Fécondation In Vitro - ICSI**

Pathologie tubaire

Anomalies sévères du sperme

Echec des inséminations

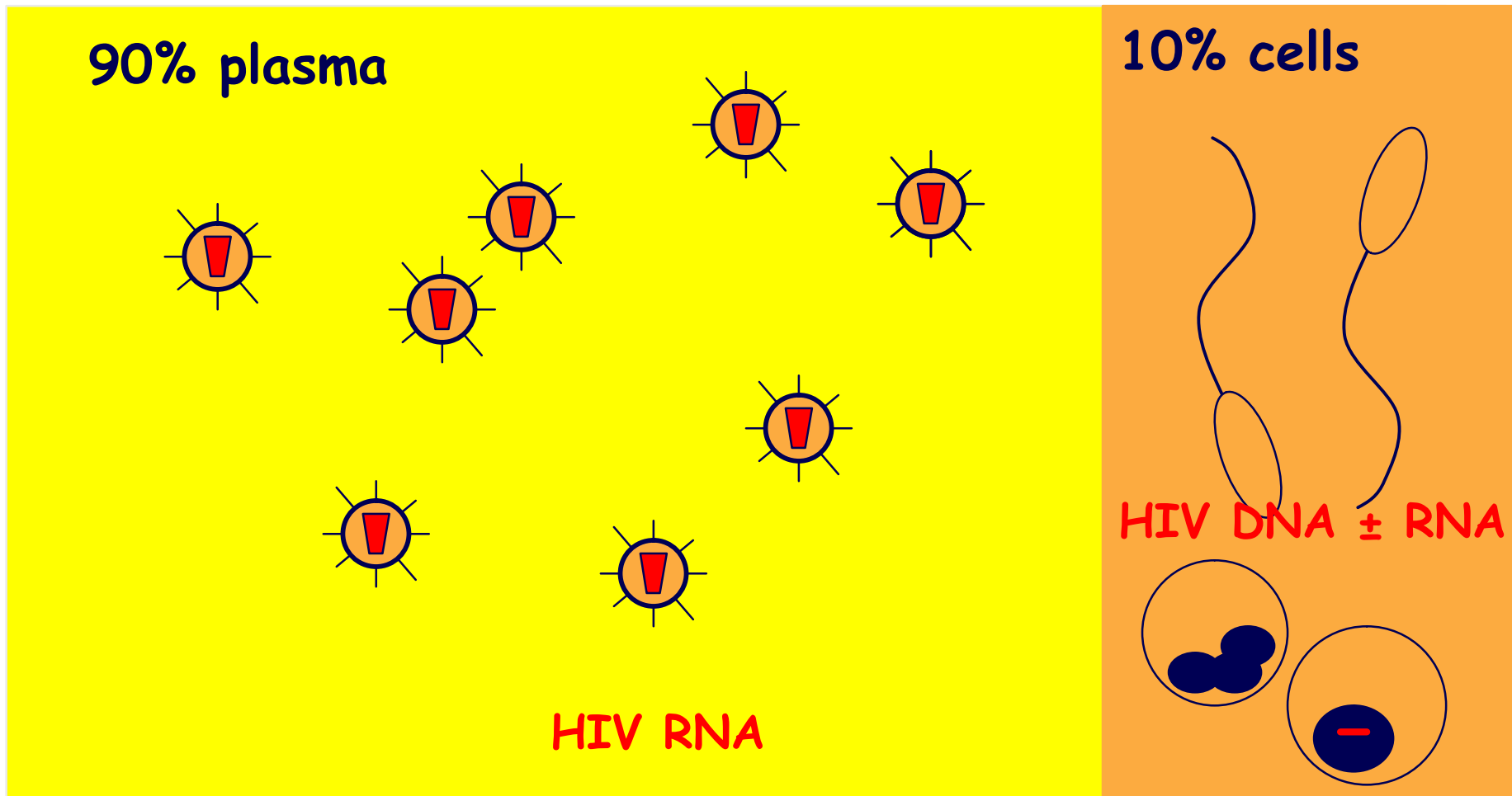


Couples hypofertiles



Pr. Parinaud

Location of HIV in semen



No evidence in favour of HIV infection of spermatozoa

Risk reduction using MAP

☀ Use of sperm processing (sperm-wash)

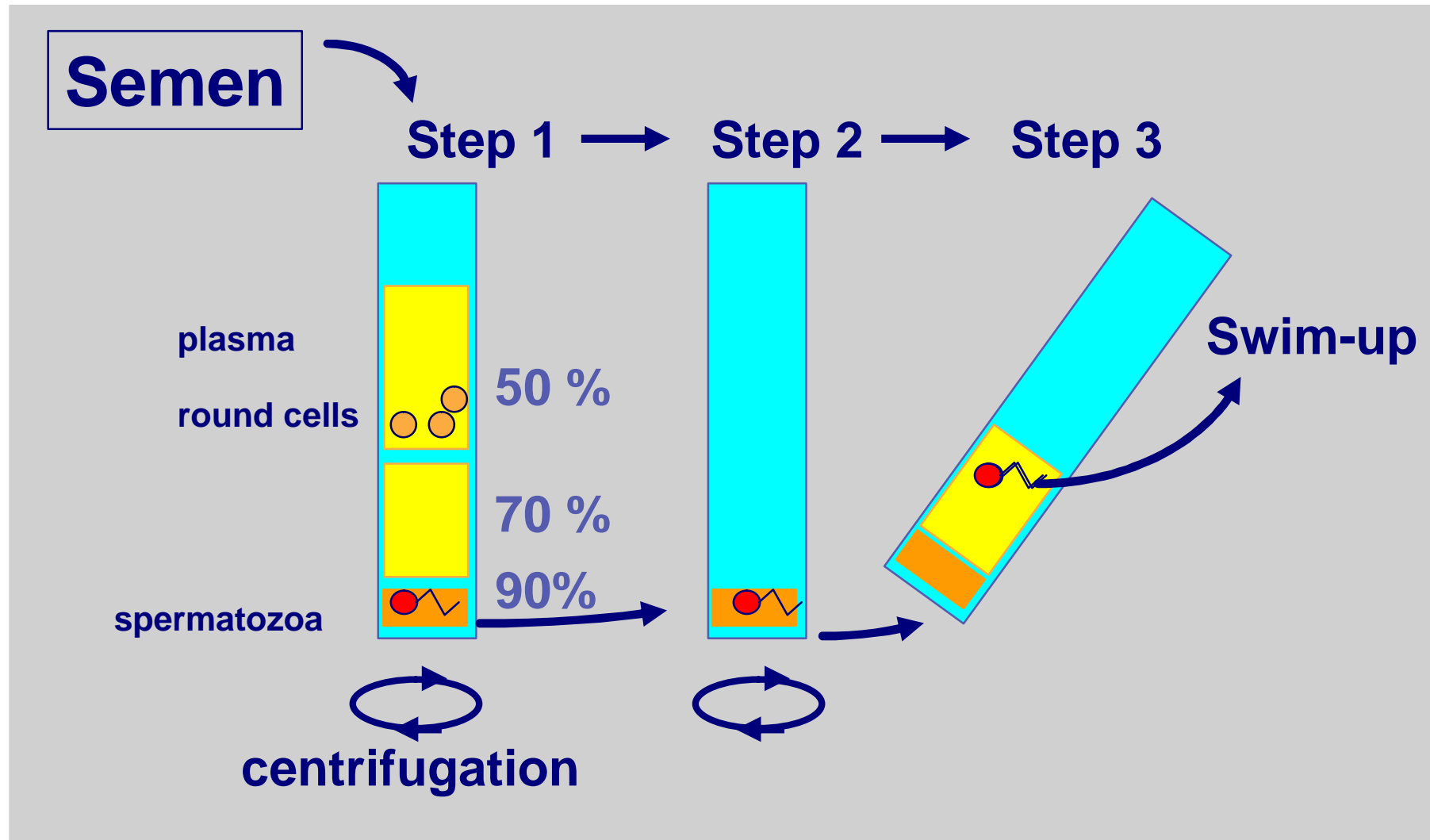
- ☀ Discard seminal plasma
- ☀ Discard round cells (lymphocytes,...)
- ☀ Isolation of motile spermatozoa

☀ Use of MAP

- ☀ Reduce the number of potential exposition to HIV by monitoring, ovulation induction, ...
- ☀ Choice of MAP technique (2×10^6 or less spermatozoa)

Spermatozoa Processing

Density gradient + swim-up



Detection of HIV genome

HIV genome in semen	171/832	21%
HIV RNA in seminal plasma	114/832	14%
HIV DNA in semen cells	45/793	6%
HIV RNA in semen cells	66/764	9%
HIV genome after preparation	0/804	0%

Detection of HCV genome in semen fractions

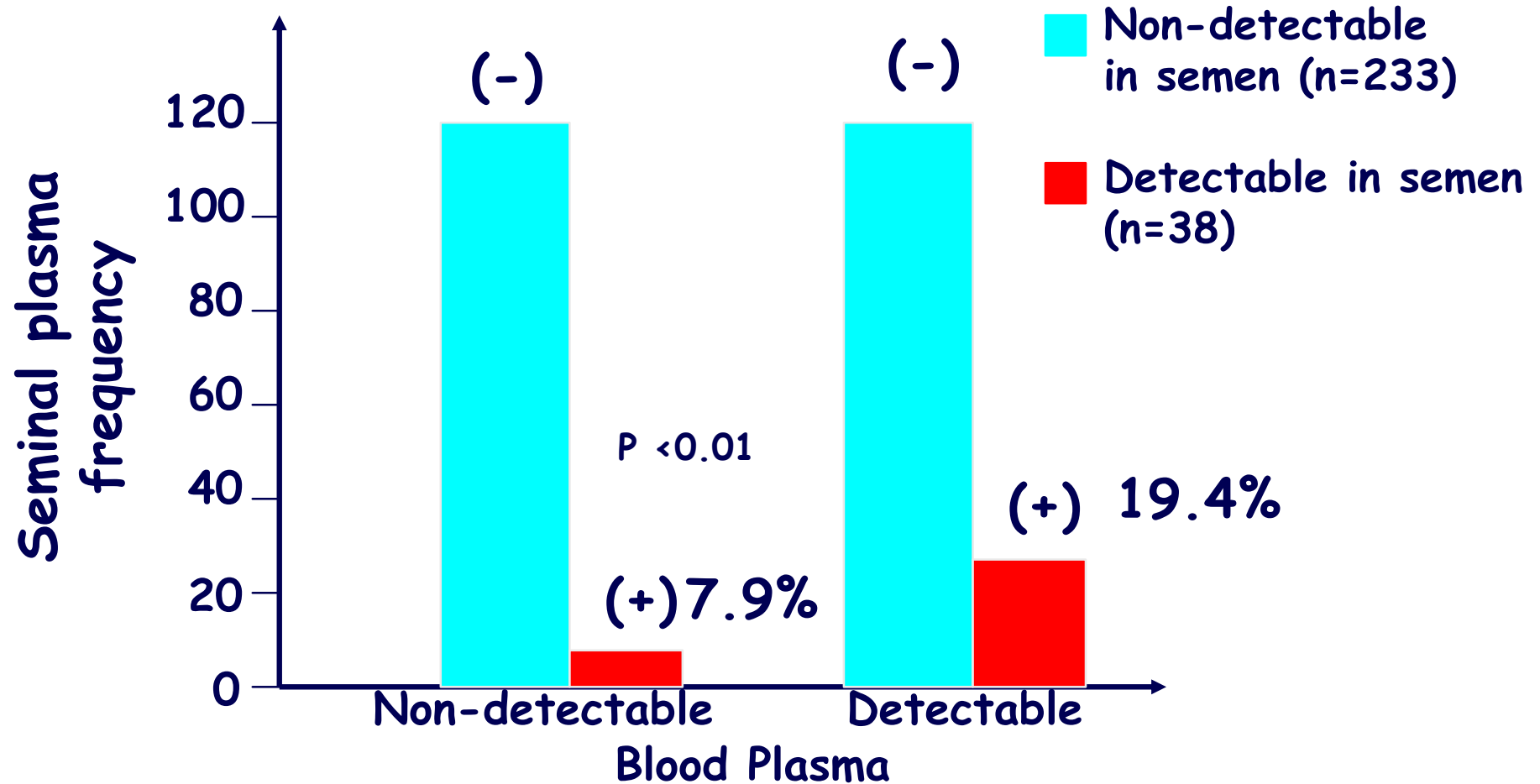
HCV genome in semen	45/389	12%
HCV RNA in seminal plasma	45/389	12%
HCV RNA in semen cells	0/134	0%
HCV genome after preparation	0/115	0%

Can we predict
HIV shedding in semen ?

or

Is HIV detection in semen
systematically needed?

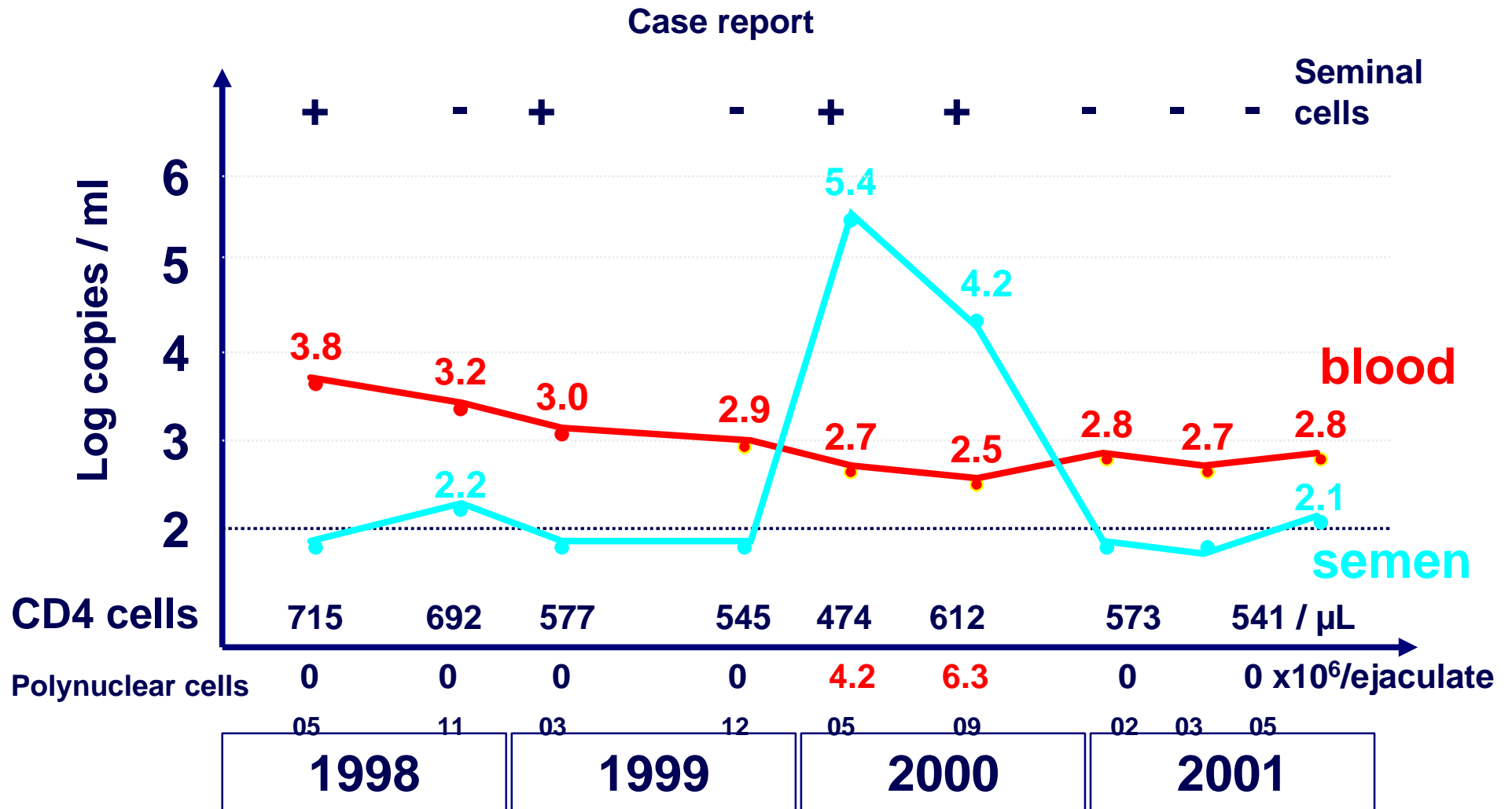
HIV-1 viral load seminal plasma vs blood



Detection with non-detectable blood viral load occurred in 7.9%

Bujan et al, AIDS 2004

Intermittent HIV-1 shedding



HIV shedding in semen

- ✪ Associated with :
 - ✪ Low CD4 Cells count
 - ✪ AIDS clinical stage
 - ✪ No HIV treatment or non-optimal treatment
 - ✪ Leucocytes in semen
- ✪ There is no predictive marker valid for HIV shedding in one individual man

Other HIV risk in AMP

- ✱ Risk of nosocomial infections not directly linked to MAP techniques
- ✱ Risk of unprotected sexual intercourse

Toulouse

PMA results of IUI program

84 couples, 298 IUI cycles

56 pregnancies : 18.8% /cycle

44 deliveries, 52 children

9 miscarriages : 16.07% /pregnancy

3 ongoing pregnancies

couples with pregnancy : 57 %

take home baby rate : 52.4%

NO HIV contamination of women

Update 2005

159 couples

402 cycles

76 pregnancies

64 children

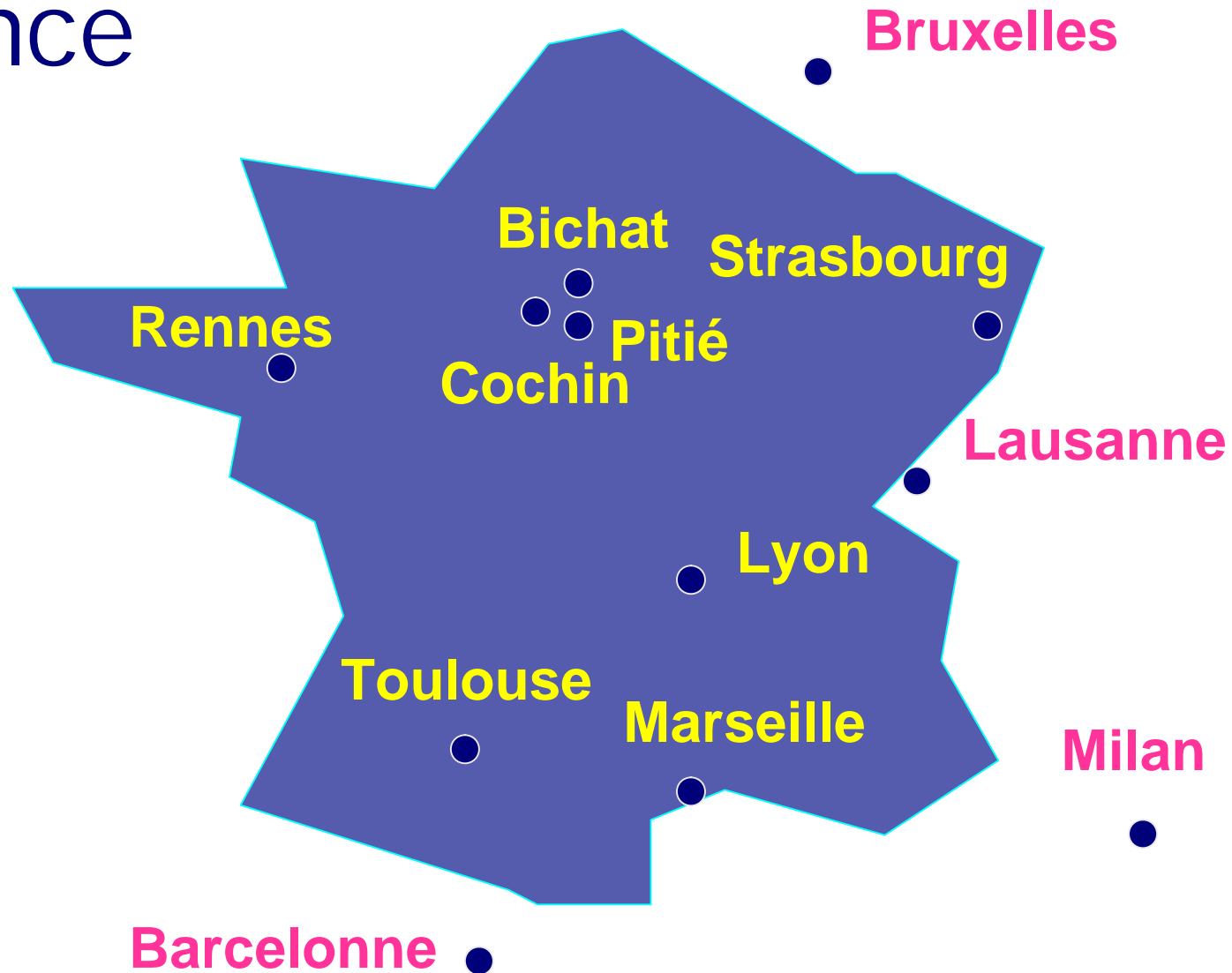
Conclusion (1)

- ✦ Sperm processing techniques are effective to obtain spermatozoa without HIV detection
- ✦ Semen must be systematically tested for HIV because of
 - ✦ Unpredictable intermittent shedding
 - ✦ Risk of processing errors
- ✦ Development of quality control should help to find optimal algorithm for HIV risk reduction
 - ✦ Results of the first QC are under analysis

Conclusion (2)

- ☀ **In France legal limits apply to MAP (decree - Arrêté du 10 mai 2001)**
 - ✱ **CD4 cells counts $> 200 \mu\text{L}$, stable for 4 months**
 - ✱ **HIV-1 Viral load in blood stable for 4 months**
 - ✱ **Viral load in seminal plasma is required to choose MAP technique**
 - ✱ **$< 1,000 \text{ c/mL}$ all MAP techniques**
 - ✱ **$1,000 \text{ to } 10,000 \text{ c/mL}$ ICSI or IVF only**
 - ✱ **$> 10,000 \text{ c/mL}$ no MAP possible**
 - ✱ **Final sperm fraction is systematically tested for HIV**
 - ✱ **Couple evaluation by a multidisciplinary team**

AMP à risque viral HIV en France



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