



Histoplasmosose et Talaromycose : un problème en Asie ? (Projet FungiCam)

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Doctorant — Université de Guyane — CIC1424 INSERM



Déclaration de liens d'intérêt avec les industriels de santé
en rapport avec le thème de la présentation (loi du 04/03/2002) :

L'orateur ne
souhaite
pas répondre

- **Intervenant** : Ugo FRANÇOISE
- **Titre** : Histoplasmosse et Talaromyose : un problème en Asie ? (Projet FUNgiCam)

- Consultant ou membre d'un conseil scientifique
- Conférencier ou auteur/rédacteur rémunéré d'articles ou documents
- Prise en charge de frais de voyage, d'hébergement ou d'inscription à des congrès ou autres manifestations
- Investigateur principal d'une recherche ou d'une étude clinique

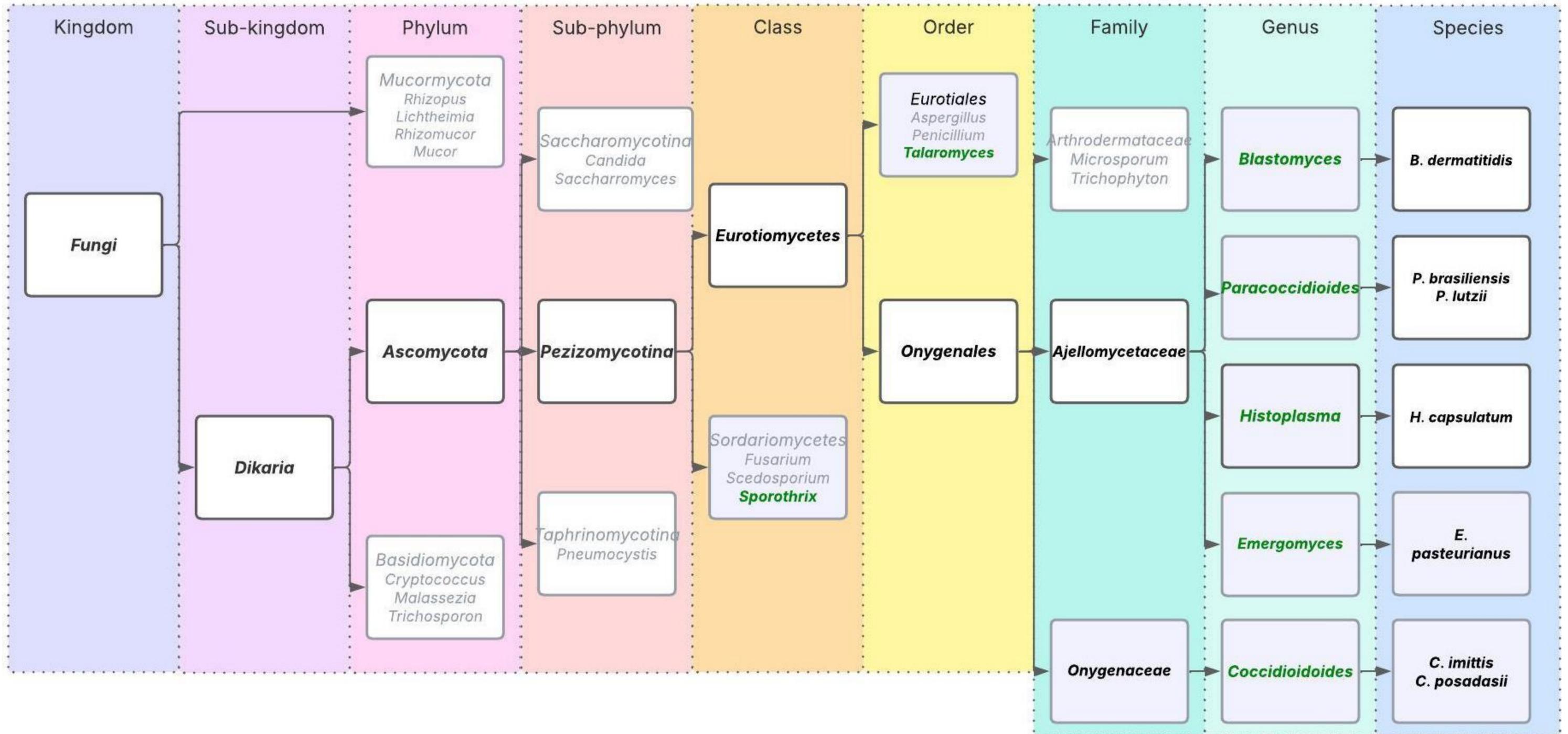
OUI NON

OUI NON

OUI NON

OUI NON

Une diapo de phylogénie



Histoplasma et *Talaromyces* : enjeux de santé publique ?

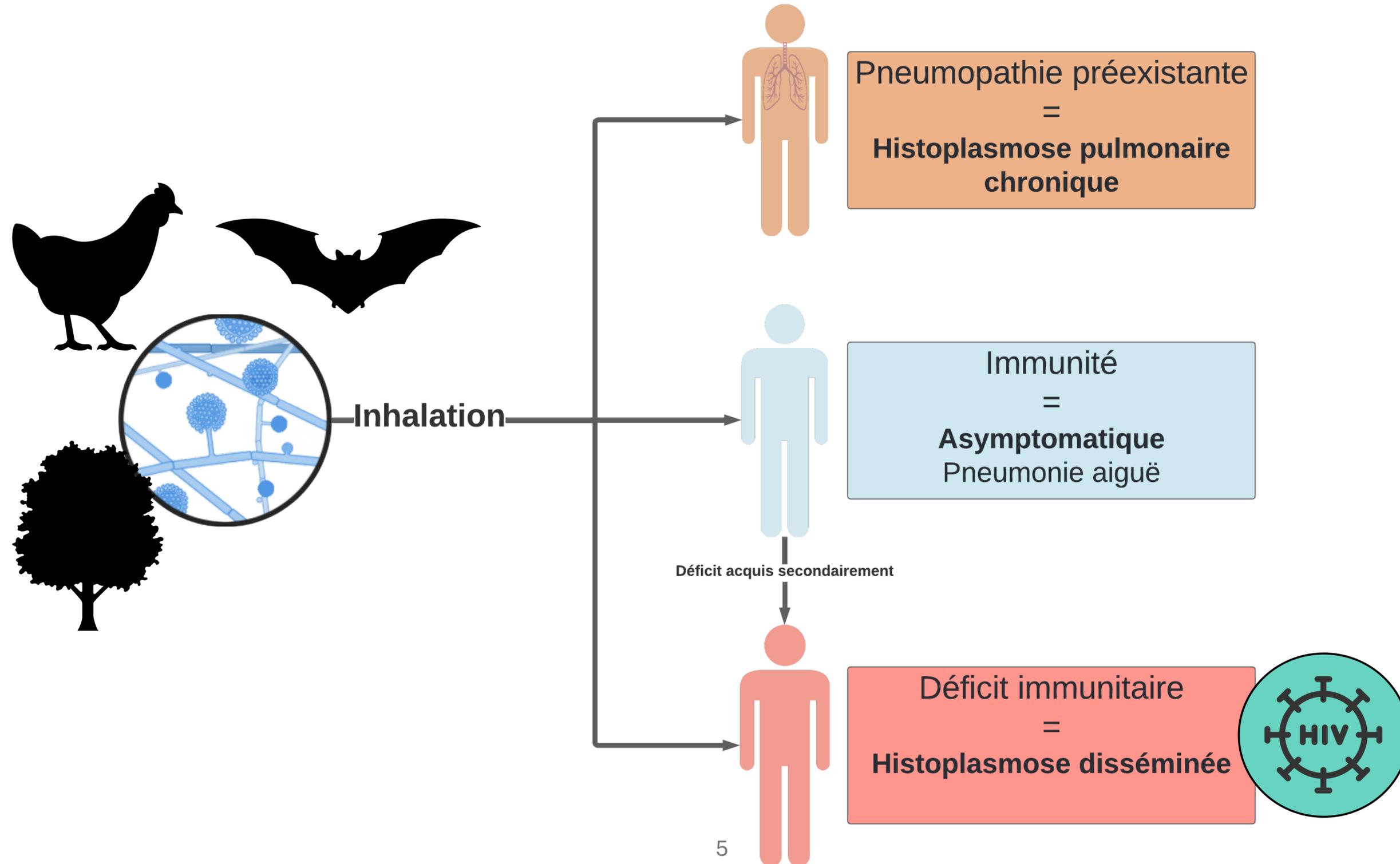
Critical group	High group	Medium group
 <i>Cryptococcus neoformans</i>	 <i>Nakaseomyces glabrata</i> (<i>Candida glabrata</i>)	 <i>Scedosporium</i> spp.
 <i>Candida auris</i>	 <i>Histoplasma</i> spp.	 <i>Lomentospora prolificans</i>
 <i>Aspergillus fumigatus</i>	 Eumycetoma causative agents	 <i>Coccidioides</i> spp.
 <i>Candida albicans</i>	 Mucorales	 <i>Pichia kudriavzeveii</i> (<i>Candida krusei</i>)
	 <i>Fusarium</i> spp.	 <i>Cryptococcus gattii</i>
	 <i>Candida tropicalis</i>	 <i>Talaromyces marneffeii</i>
	 <i>Candida parapsilosis</i>	 <i>Pneumocystis jirovecii</i>
		 <i>Paracoccidioides</i> spp.



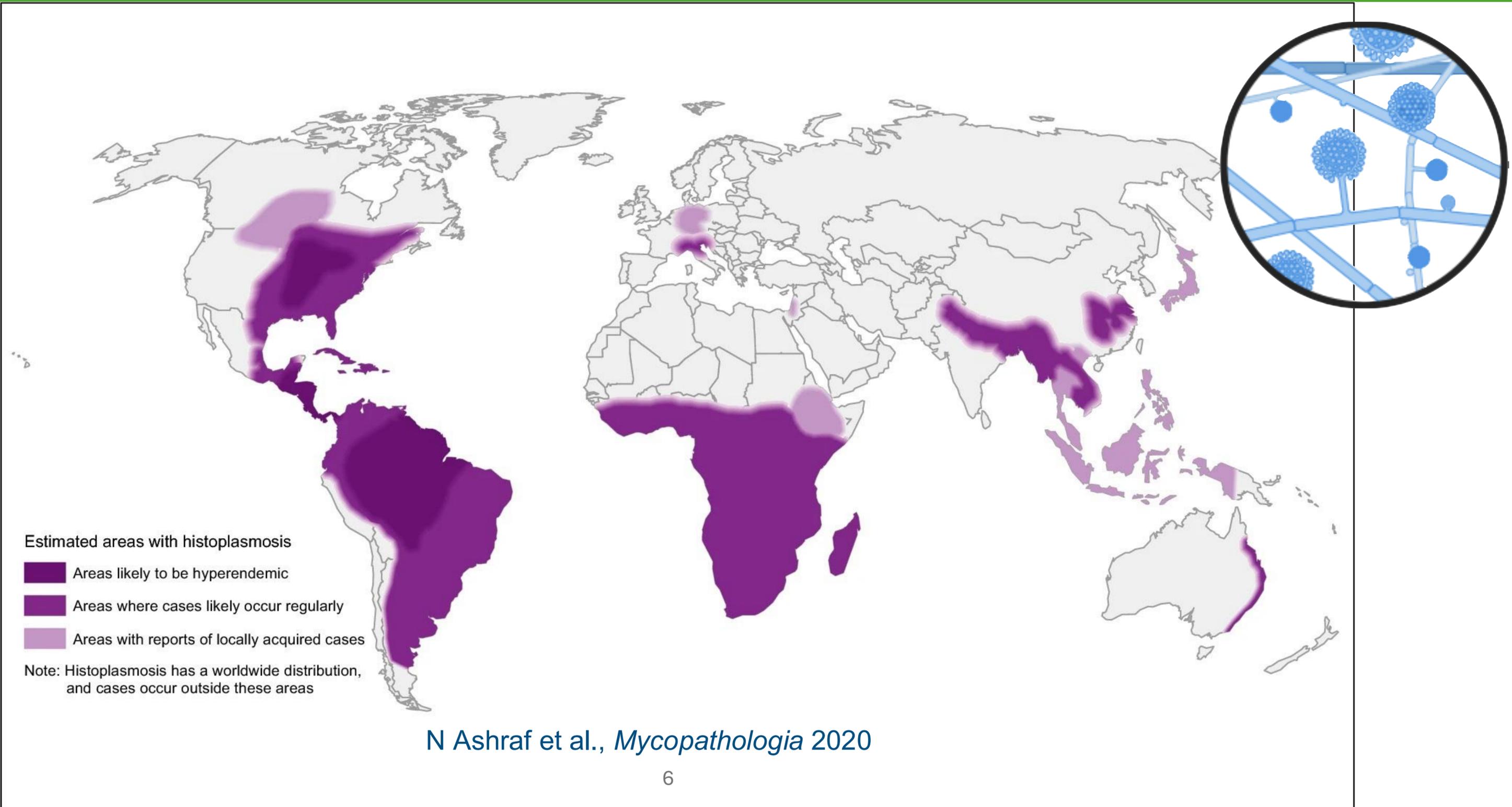
« Some pathogen are confined to certain geographical areas

These pathogens must be considered in the local context »

Histoplasma capsulatum var. *capsulatum*



Histoplasma capsulatum var. *capsulatum*

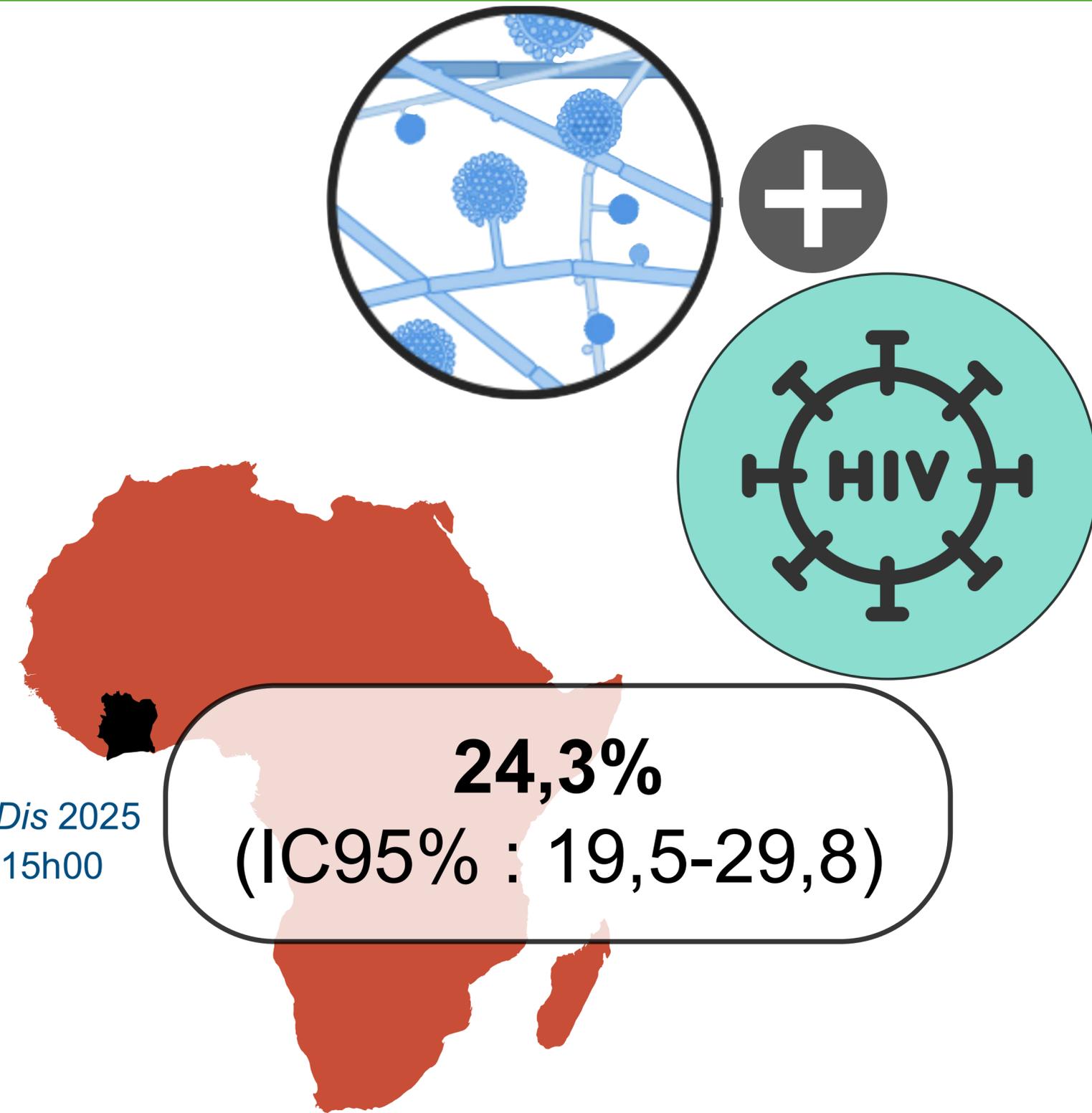


Histoplasma capsulatum var. *capsulatum*



Preethiya Sekar et al., *Emerg Inf Dis* 2024

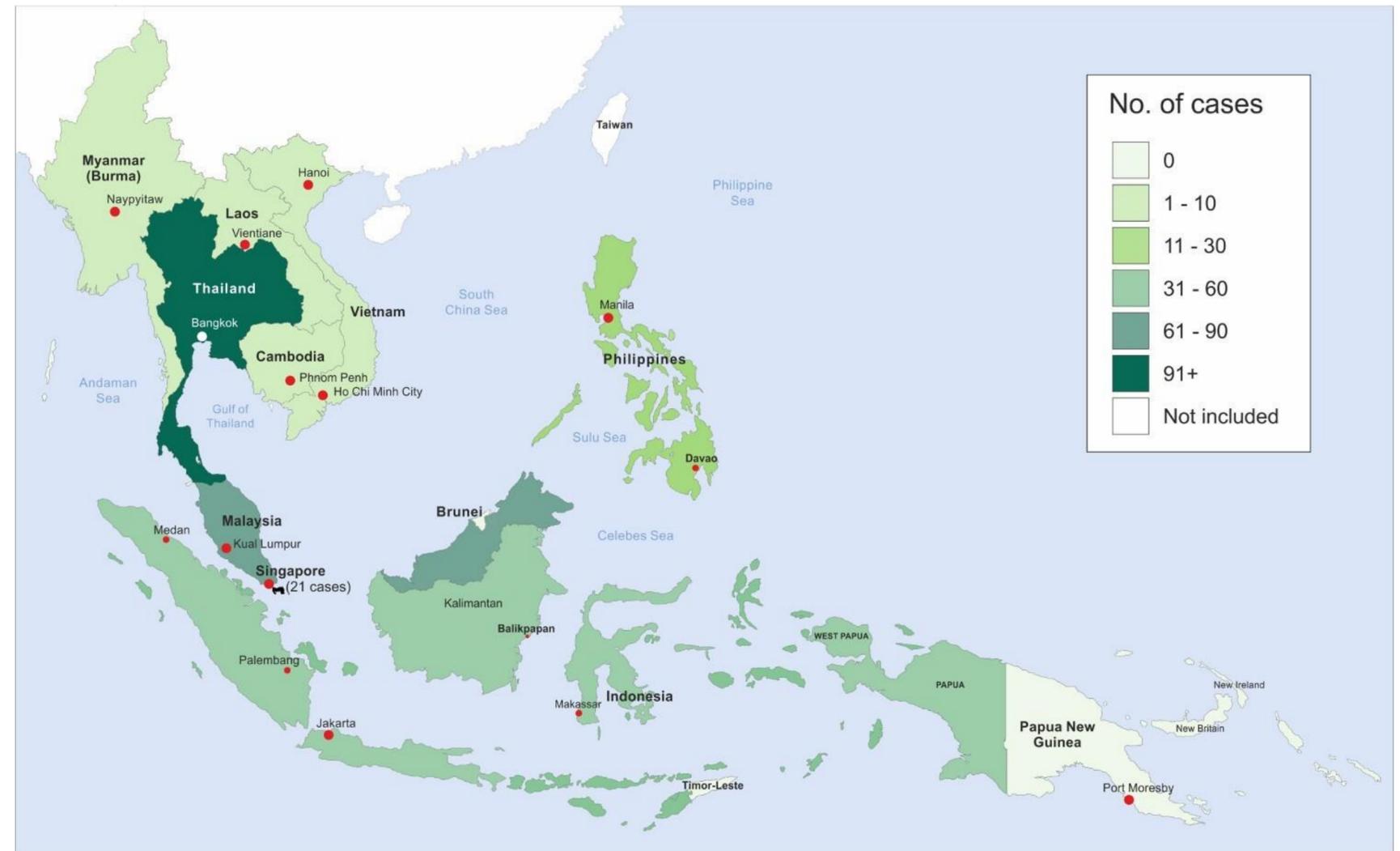
Surny-Leclère et al, *Clin Infect Dis* 2025
JNI 2025 — Jeudi — Salle 7 — 15h00



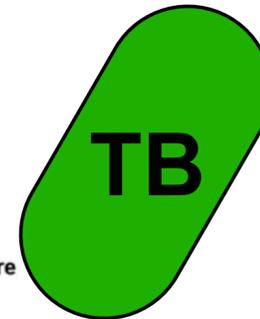
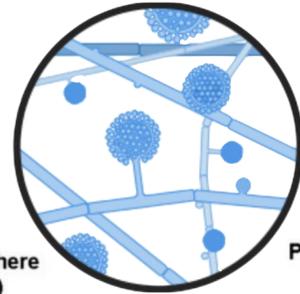
Histoplasma capsulatum var. *capsulatum*



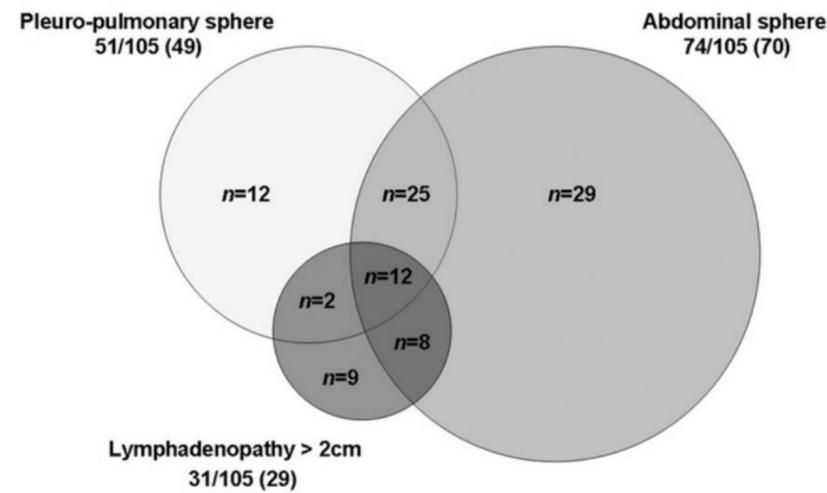
Bo Pan et al., *Mycosis* 2013



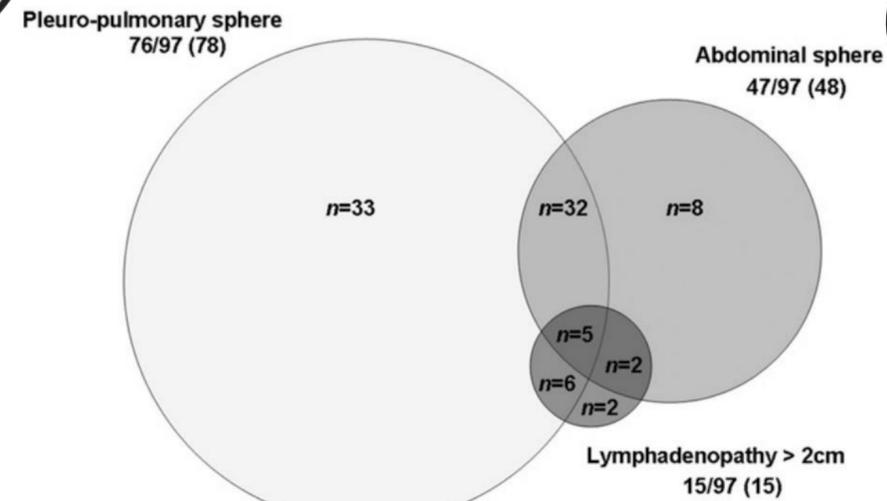
Histoplasma capsulatum var. capsulatum



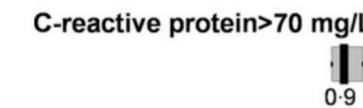
Histoplasmosis : clinical aspects



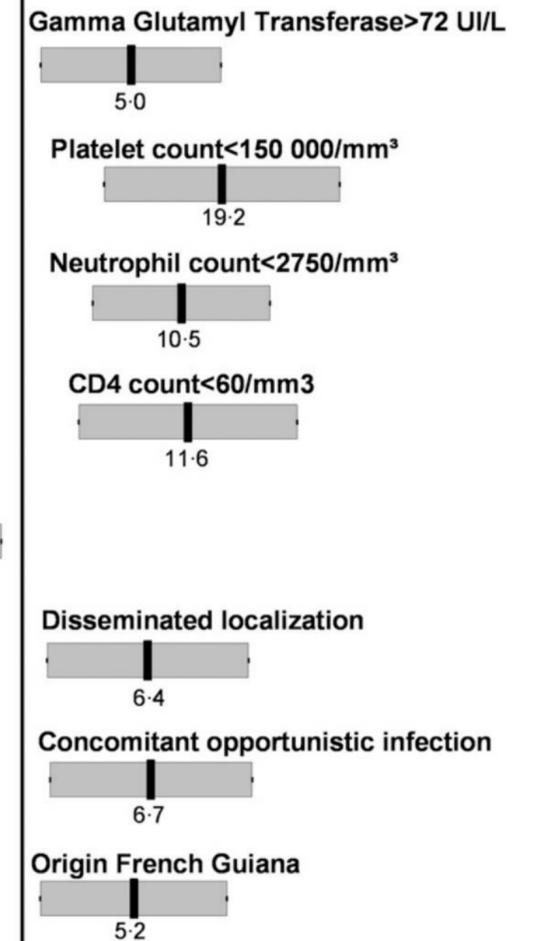
Tuberculosis : clinical aspects



Tuberculosis

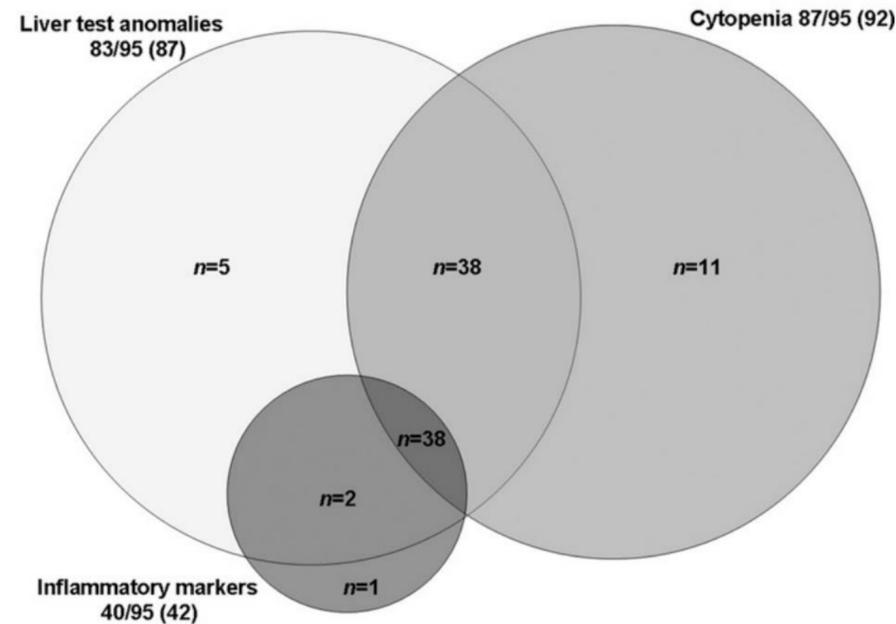


Histoplasmosis

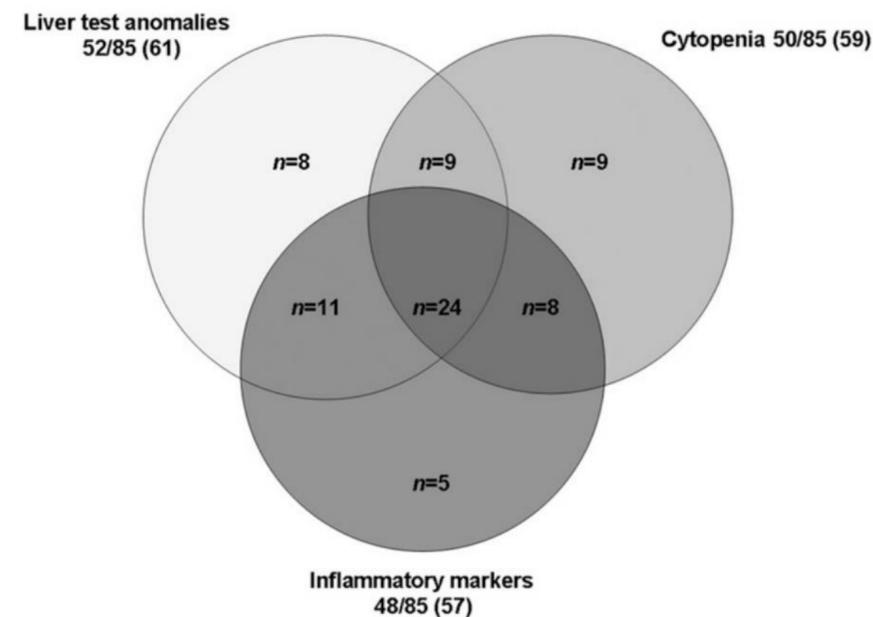


Adjusted Odds Ratio *

Histoplasmosis : biological aspects



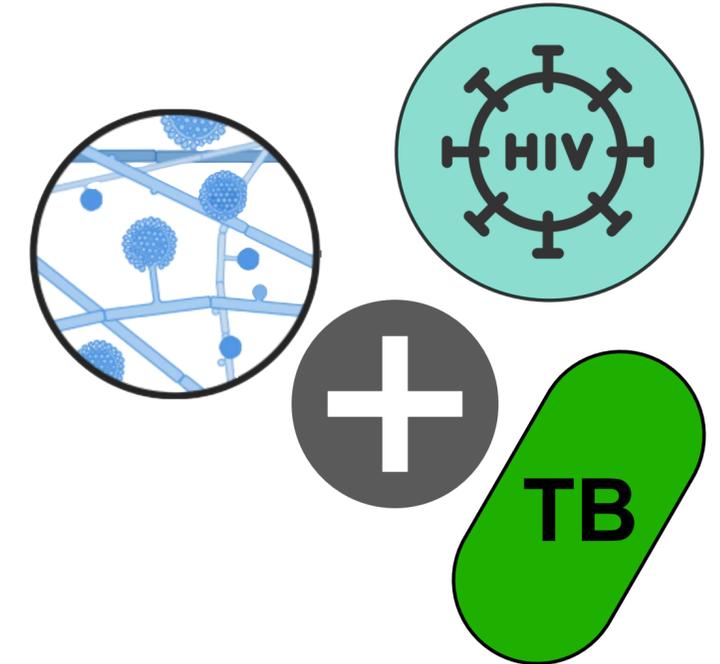
Tuberculosis : biological aspects



Histoplasma capsulatum var. capsulatum

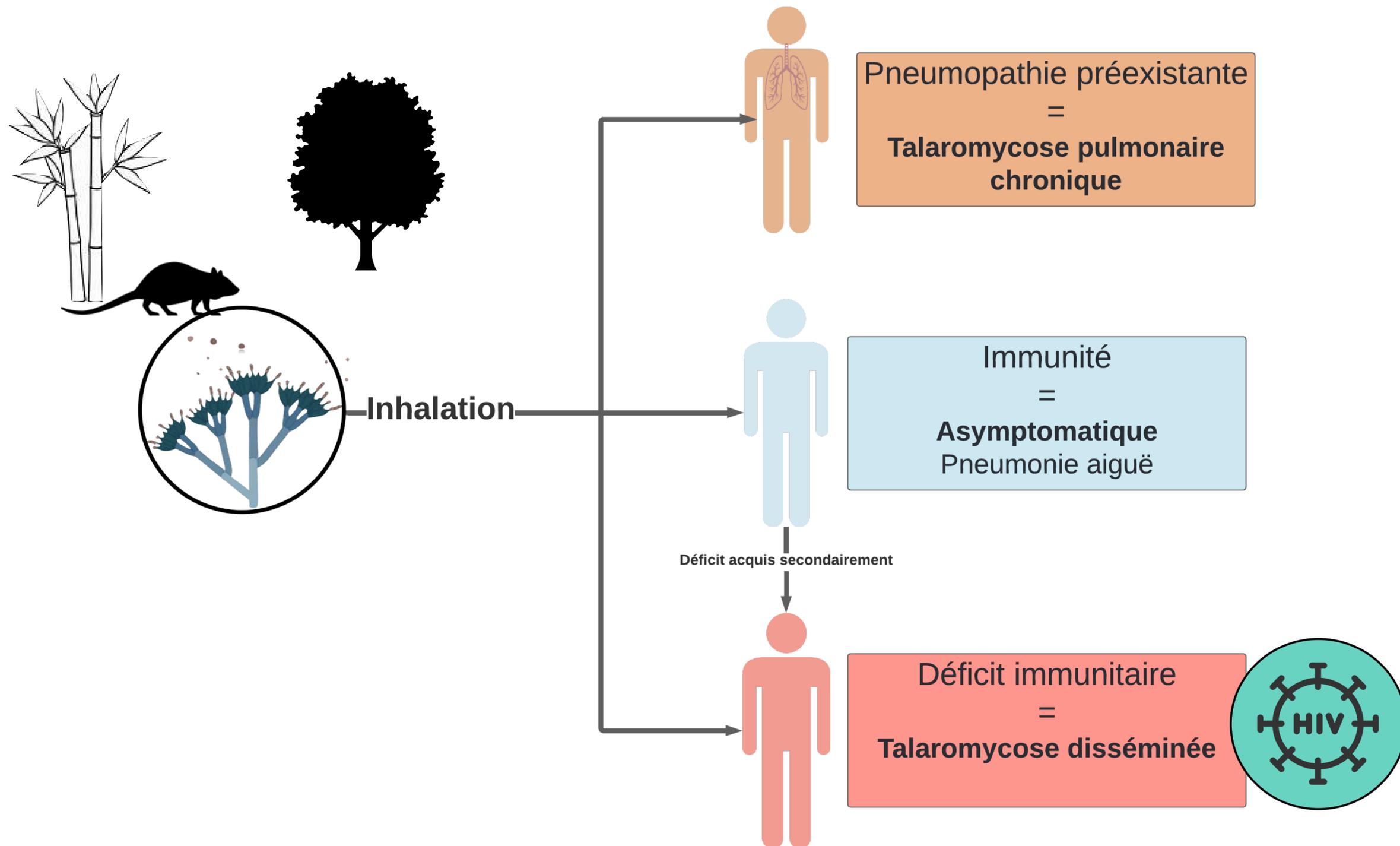


Reference	Study period	Country	% (# TB and # histoplasmosis)	Comments
López AG, et al [17]	2009–2014	Argentina	9% (16/171)	Histoplasmosis patients median CD4 T cell: 29 cells/mm ³
Boigues B, et al [18]	2011–2016	Brazil	26% (6/23)	Histoplasmosis patients median CD4 T cell: 19 cells/mm ³
Falci DR, et al [19]	2016–2018	Brazil	15% (19/123)	Multicenter study, 11 Brazilian cities. CD4 T cell: 39 cells/mm ³
Caceres DH, et al [20]	2008–2011	Colombia	35% (16/45)	Histoplasmosis patients median CD4 T cell: 30 cells/mm ³
Velásquez G, et al [25]	1998–2004	Colombia	16% (7/44)	Histoplasmosis patients median CD4 T cell: 30 cells/mm ³
Huber FN, et al [21]	1982–2007	French Guiana	8% (16/200)	Histoplasmosis patients median CD4 T cell: 63 cells/mm ³
Samayoa B, et al [22]	2005–2009	Guatemala	26% (26/101)	Histoplasmosis patients median CD4 T cell: 25 cells/mm ³
Caceres DH, et al [26]	2017	Panama	38% (18/48)	Diagnosed by <i>Histoplasma</i> antigen and lateral flow lipoarabinomannan assays
Pérez G, et al [23]	1996–2014	Peru	11% (3/23)	Histoplasmosis patients median CD4 T cell: 30 cells/mm ³
Mata SC, et al [24]	2000–2005	Venezuela	2% (1/53)	Histoplasmosis/TB co-occurrence including non-HIV patients was 5%



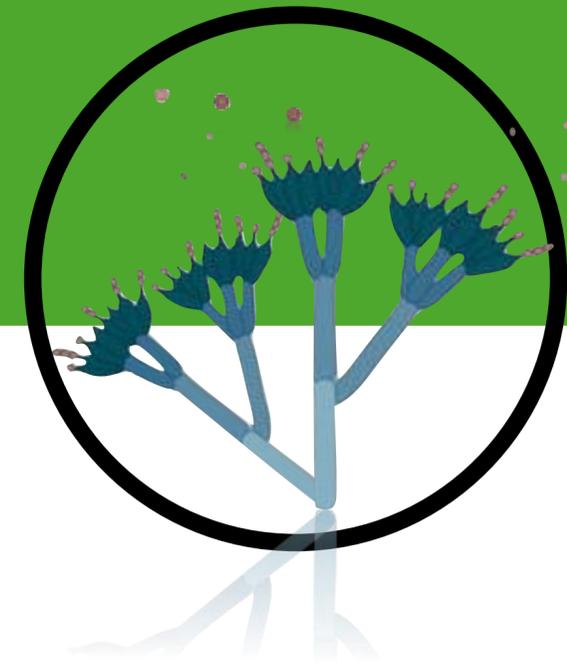
Talaromyces marnerffei

Ex *Penicillium marnerffei*



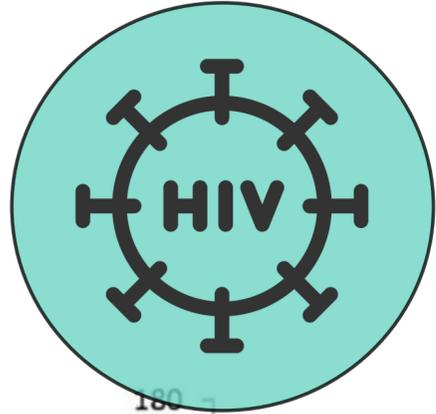
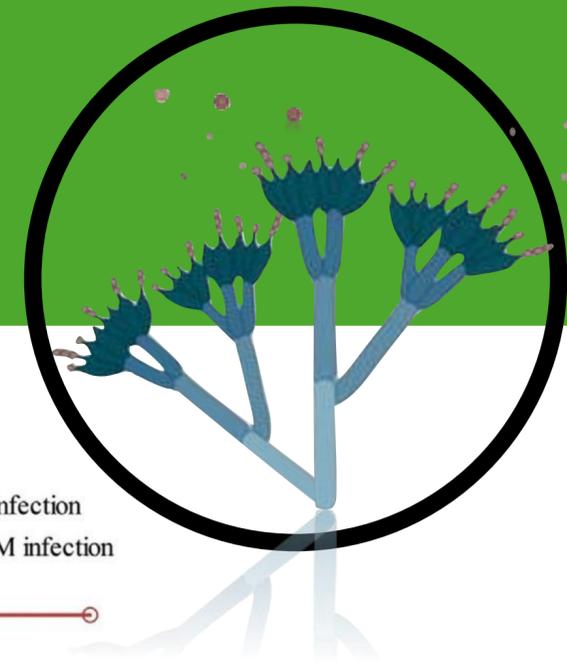
Talaromyces marnerffeii

Ex *Penicillium marnerffeii*



Talaromyces marneffeii

Ex *Penicillium marneffeii*



Ho Chi Minh ville

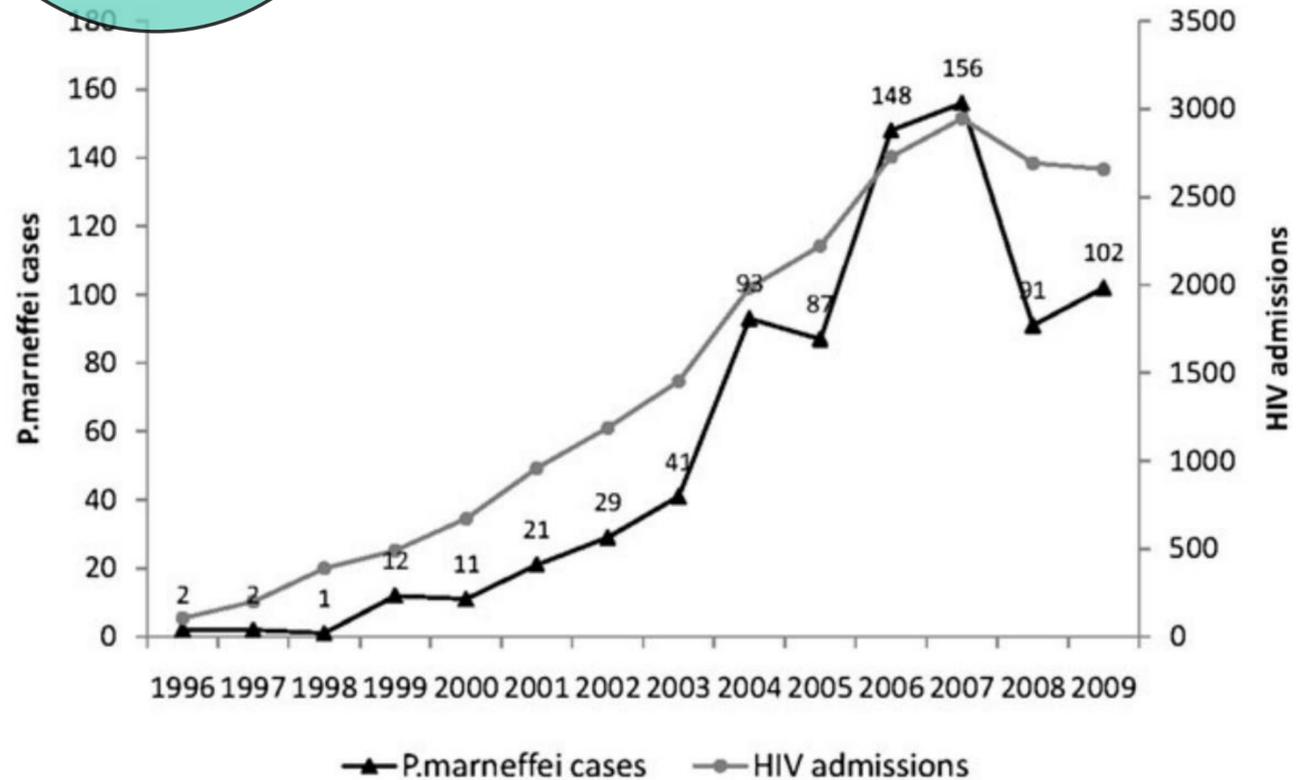
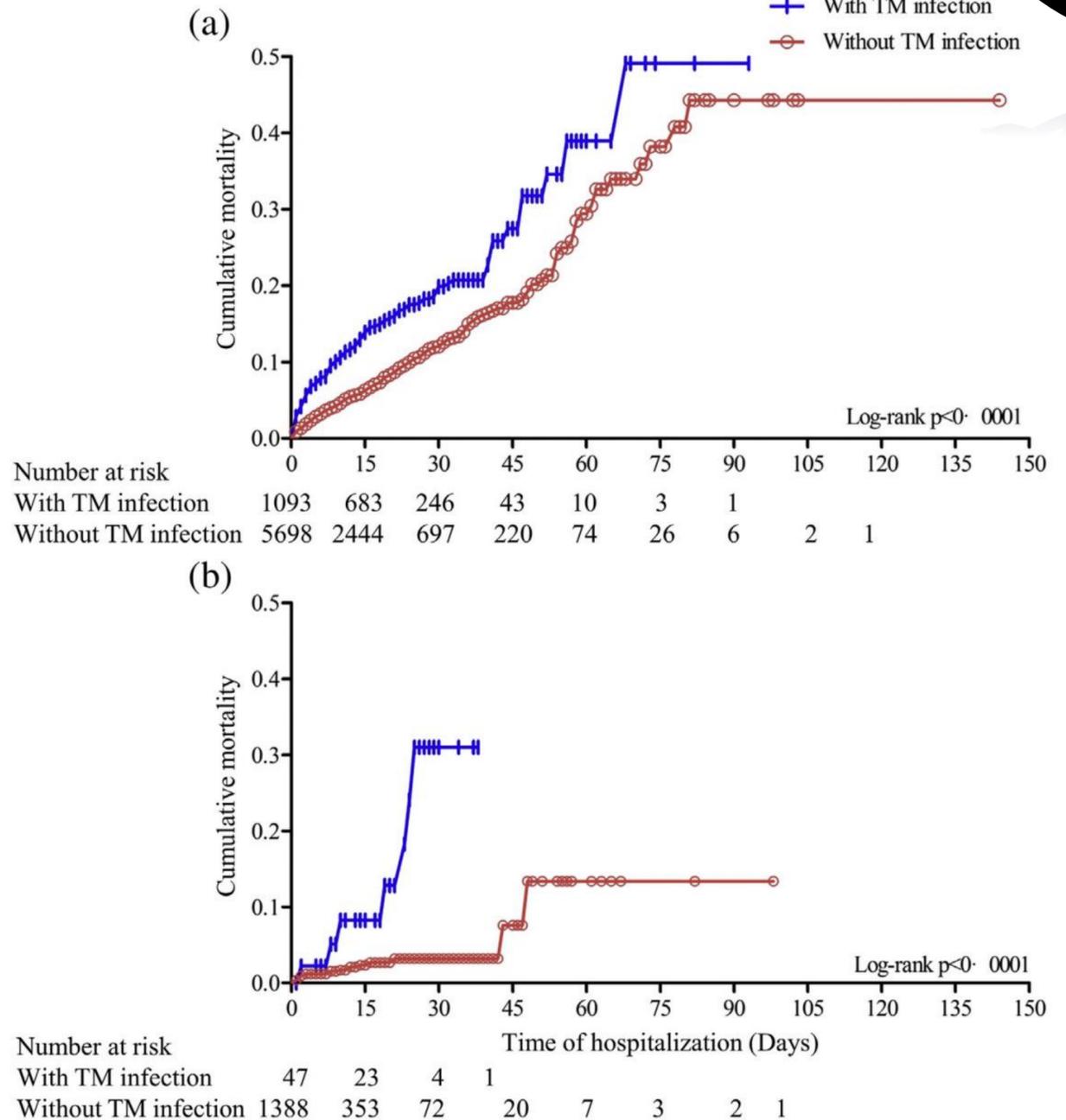


Figure 1. *P. marneffeii* cases (black line) and AIDS admissions (gray line) at HTD during 1996–2009.

Tuy Le et al., *Clin Infect Dis* 2011

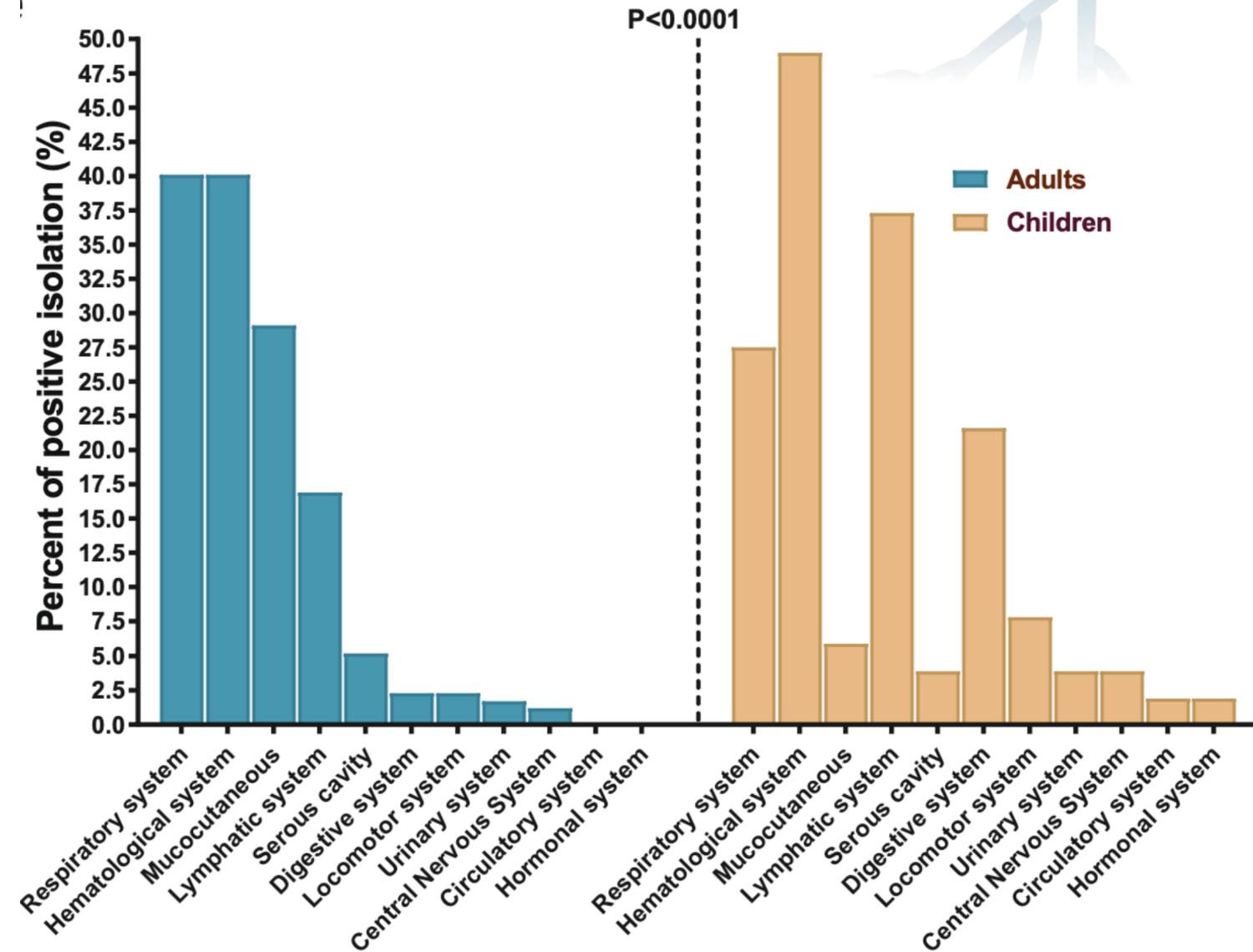
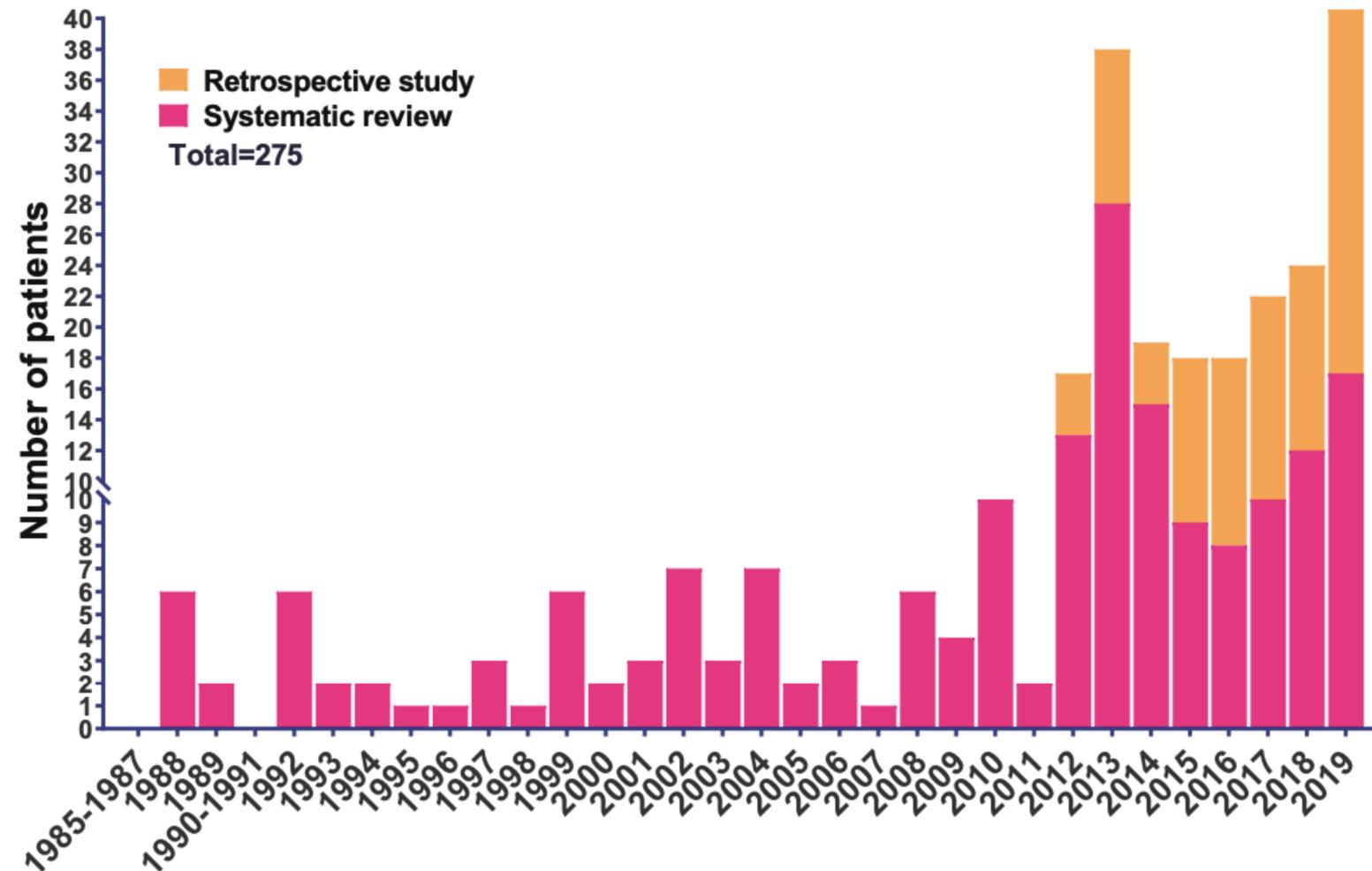
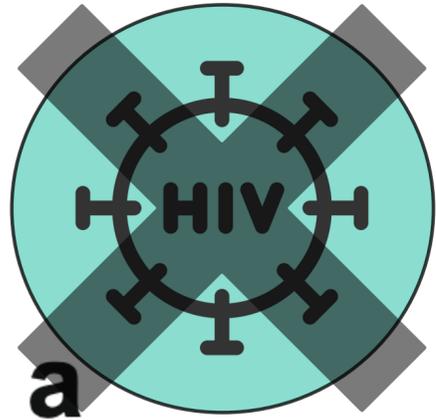
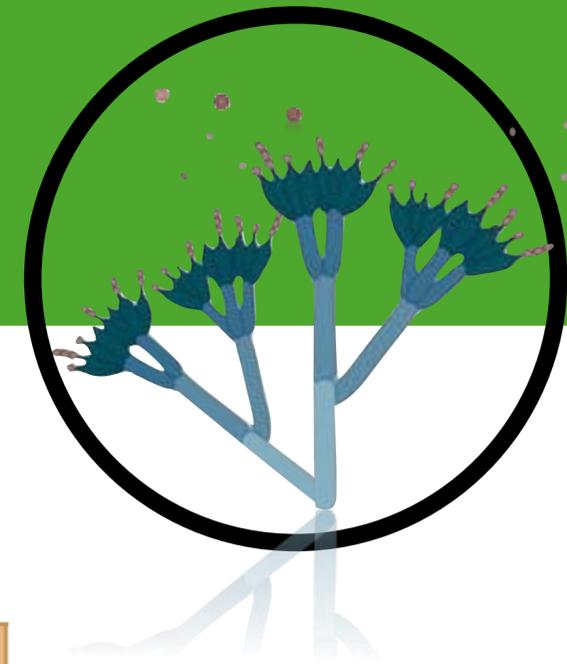
Nanning, Guangxi, Chine



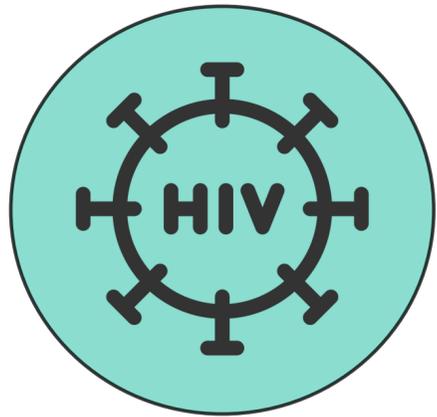
J Jiang et al. *Clin Microbiol Infect* 2019

Talaromyces marnerffeii

Ex *Penicillium marnerffeii*



Le VIH et la Tuberculose au Cambodge



Prévalence : 76 000 [65 000 - 87 000] soit 0,5% [0.4 - 0.6]



89

[76 - >98]



89

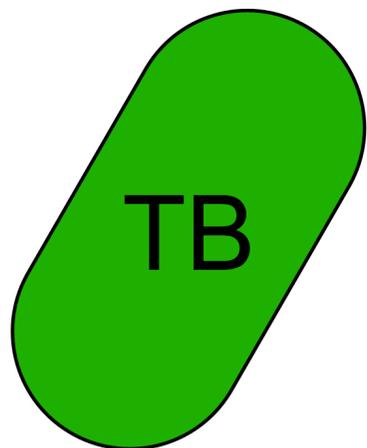
[76 - >98]



87

[75 - >98]

UNAIDS 2024



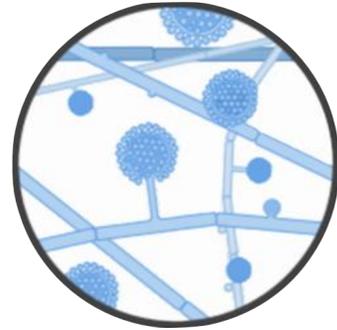
Incidence TB maladie : 302/100 000 hab

Global tuberculosis report 2018

Récemment sortie des « 30 high TB burden countries »

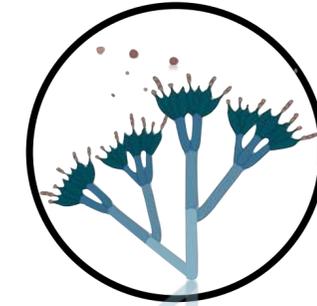
Global tuberculosis report 2024

L'histoplasmose et la Talaromycose au Cambodge



Données de prévalence : 0
2 premiers cas rapportés en 2005
Exposition guano

[southeastasiaglobe 2018](#)



Données de prévalence : 0
29 cas rapportés 2002-2004
Exposition rats du bambou

Cambodian farmer says raising rats for food has boosted his family's income [RFA Khmer 2023.09.17](#)

Muy Chameroun has elevated his family's standard of living – and wants to export rats.

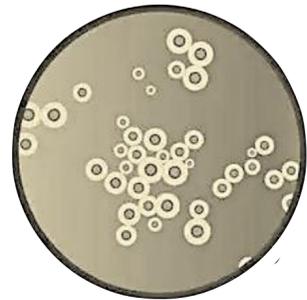
By RFA Khmer
2023.09.17



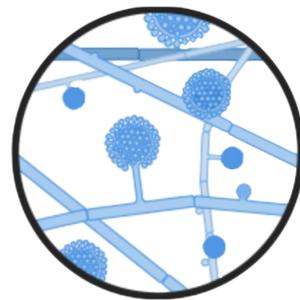
Diagnostic de l'histoplasmose et de la Talaromyose



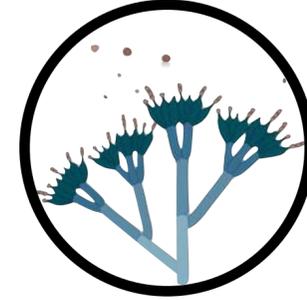
Dinato, Sandra Lopes Mattos et al. *Revista do Instituto de Medicina Tropical de Sao Paulo* 2006



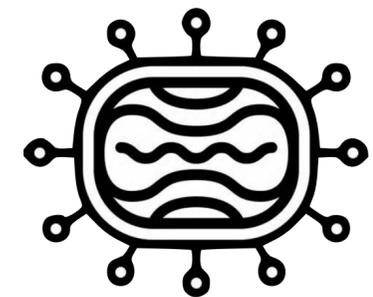
Patricia Chang et al. *Clinics in Dermatology* 2012



Zixiang Si et al., *N Eng J Med* 2017



Vora RV et al., *J Clin Diagn Res* 2015



Molluscum Contagiosum

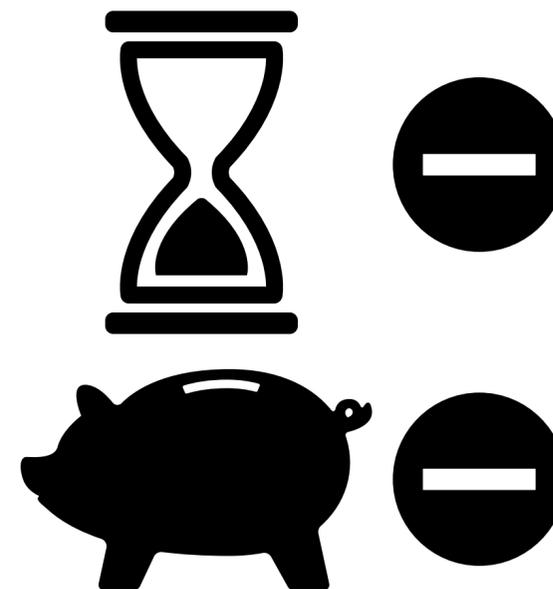
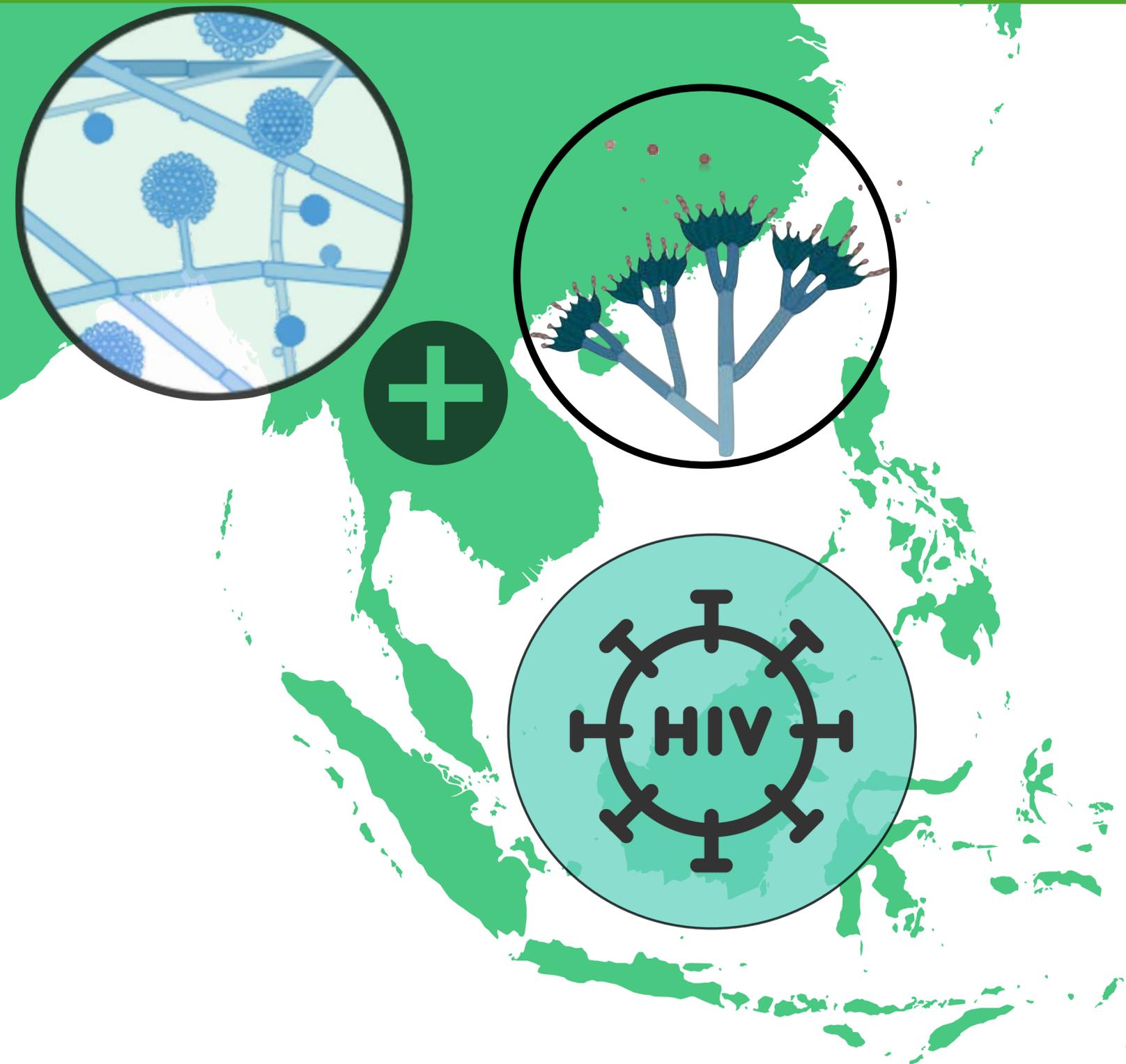
Méthodes diagnostiques *Histoplasma*

	Prouvée			Probable	Hors recos
	Examen direct	Histologie	Culture	Antigène <i>Histoplasma</i>	(RT-q)PCR
Rapide	Green	Yellow	Red	Green	
Peu coûteuse	Green		Red	Yellow	Red
Non invasive	Orange			Green	Orange
Sûre	Green		Red	Green	
Reproductible	Green				Yellow
Sensible	Yellow		Green	Green	Green
Spécifique	Green			Yellow	Green

Méthodes diagnostiques *Talaromyces*

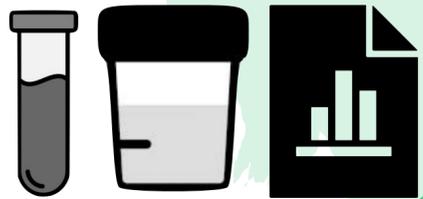
	Prouvée			Hors recos	Hors recos
	Examen direct	Histologie	Culture	Antigène <i>Talaromyces</i>	(RT-q)PCR
Rapide	Green	Yellow	Red	Green	
Peu coûteuse	Green		Red	Yellow	Red
Non invasive	Yellow-Red			Green	Yellow-Red
Sûre	Green		Red	Green	
Reproductible	Green			Yellow	Yellow
Sensible	Yellow		Yellow-Green	?	Yellow-Green
Spécifique	Green			?	Green

Projet FungiCAM



Projet FungiCAM

Ré-exploitation
d'échantillons et de
données



Lieu : **pays prévalence du VIH élevée**

Population : **PVVIH <100 CD4/ μ l**

Intervention : **tests antigéniques *Histoplasma et Talaromyces***

Objectif: **estimation de la prévalence**

FungiCAM : exploitation d'une biocollection

Lieu : **Phnom Penh, Cambodge**

Population : **population de l'essai STATIS**

Intervention : **échantillons plasmatiques et urinaires conservés**

Objectif : **estimation de la prévalence**

STATIS



FungiCAM : exploitation de la biocollection STATIS

The NEW ENGLAND JOURNAL of MEDICINE

Systematic or Test-Guided Treatment for TB in HIV

2014 — 2017



With systematic treatment, probability of TB at 24 wk was lower but probability of grade 3 or 4 adverse events was higher

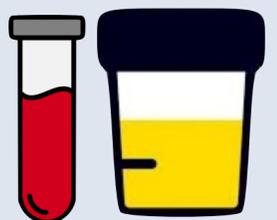
Systematic treatment was not superior to test-guided treatment



VIH
Nouvellement diagnostiqué
CD4 <100/
μL

Ambulatoire

Urines/plasma inclusion conservées

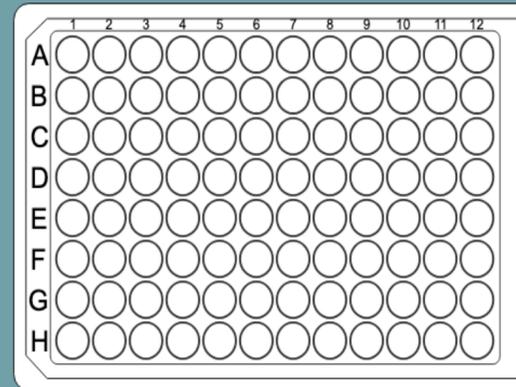


FungiCAM : réalisation par les équipes locales

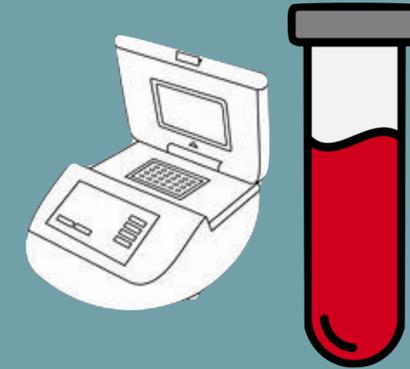
STATIS
Phnom Penh
Biological collection



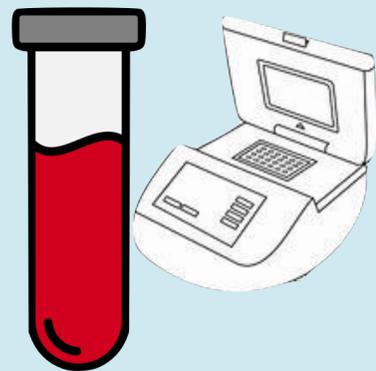
Échantillons urinaires
n=193



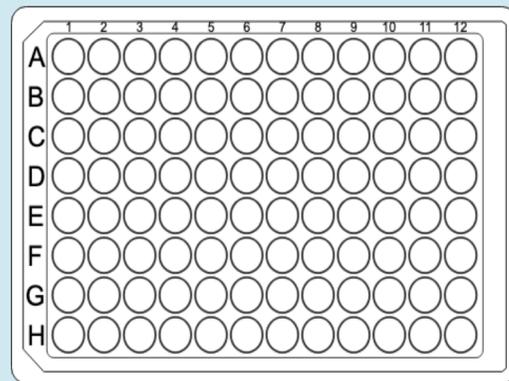
ELISA *Talaromyces*



RT-qPCR
Talaromyces



RT-qPCR
Histoplasma



ELISA *Histoplasma*
(IMMY)

Estimation
Prévalence

% EIA +

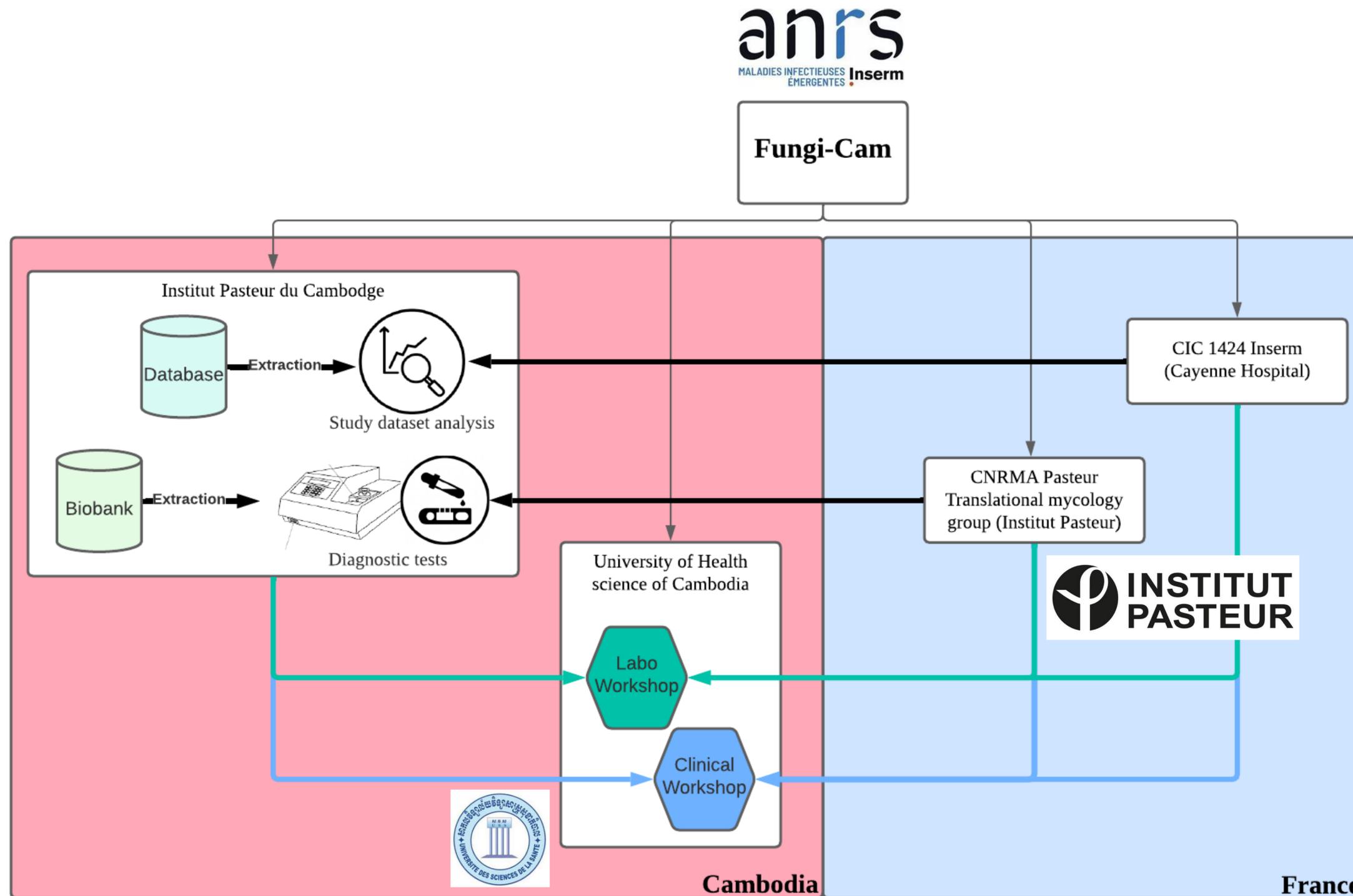
Coinfections

TB+Histo
+Talaro

Survie

S48

FungiCAM : une étude collaborative



Cambodia

France

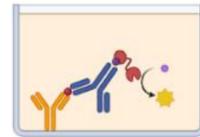
FungiCAM : renforcement des capacités locales

-- FUNgi-Cam Lab training (IPC)

14th to 18th of October 2024, IPC



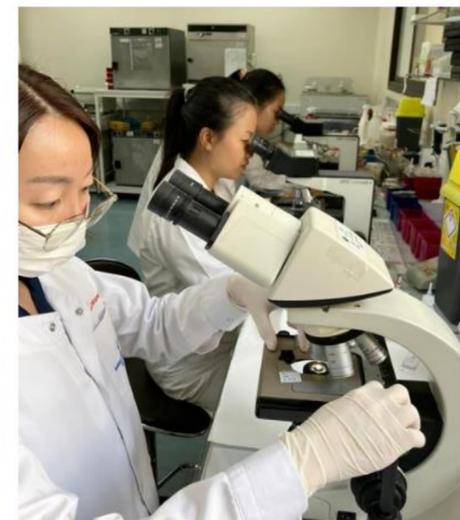
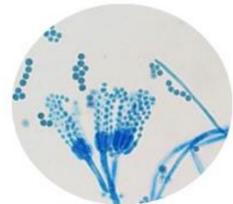
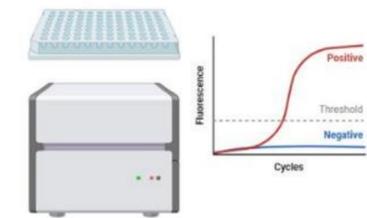
Antigen detection



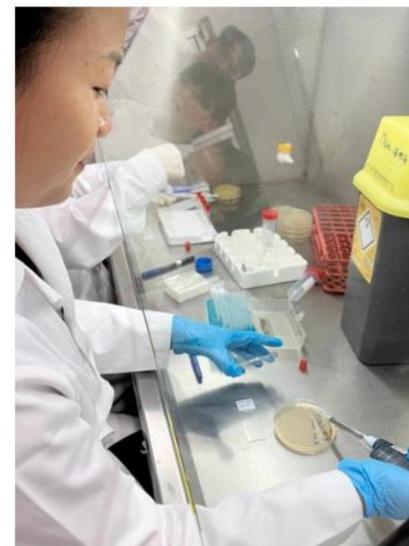
Clinical presentation Cn, Hcc, Tm



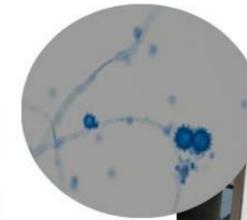
Molecular biology assays



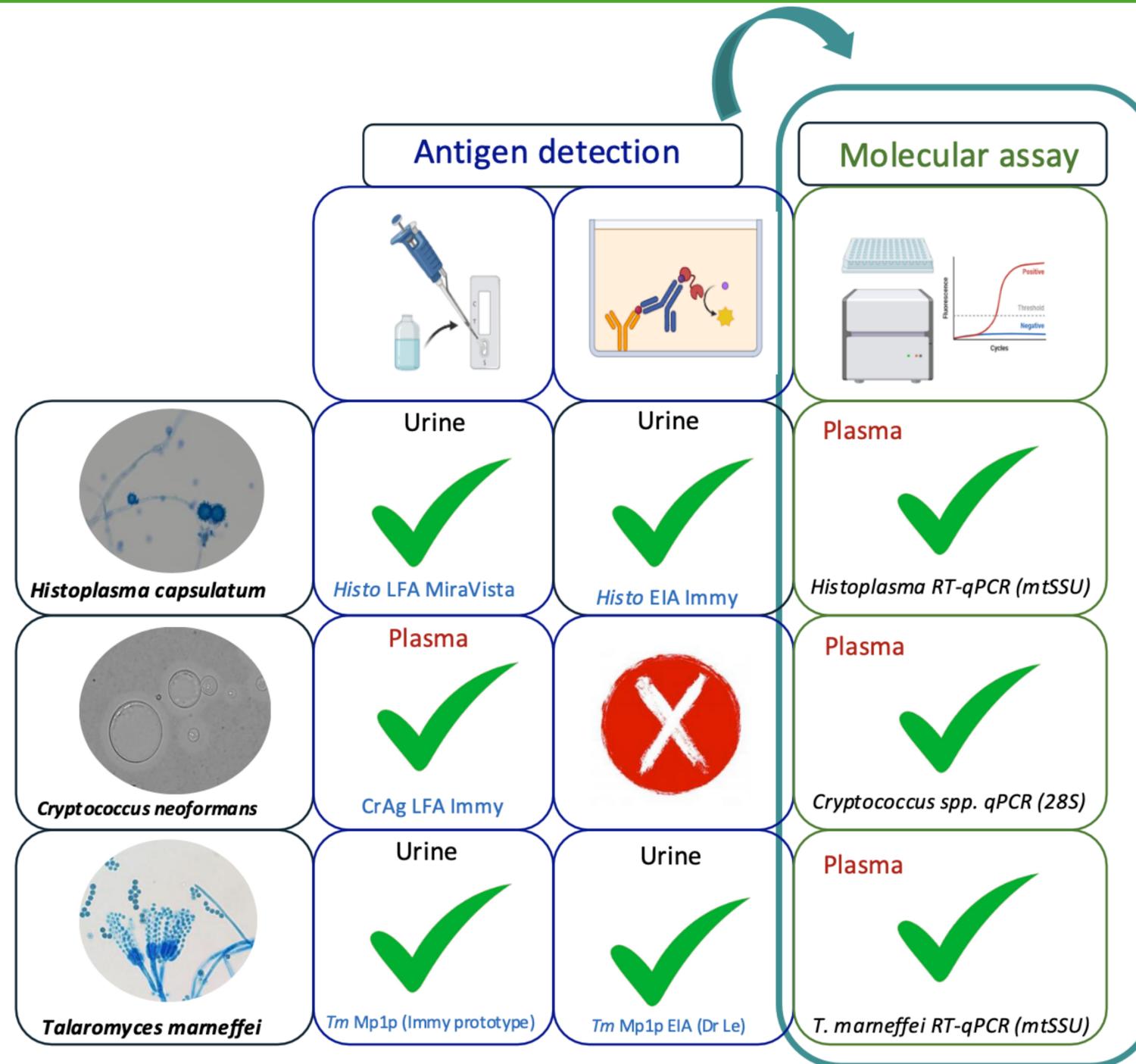
Direct examination



Fungal culture



FungiCAM : renforcement des capacités locales



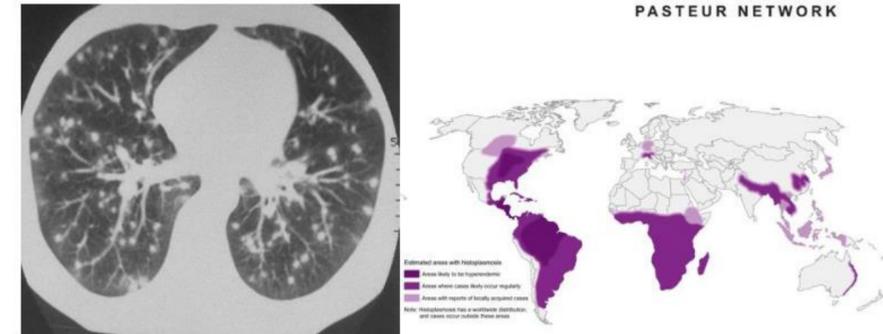
Raksmei Ung

FungiCAM : renforcement des capacités locales

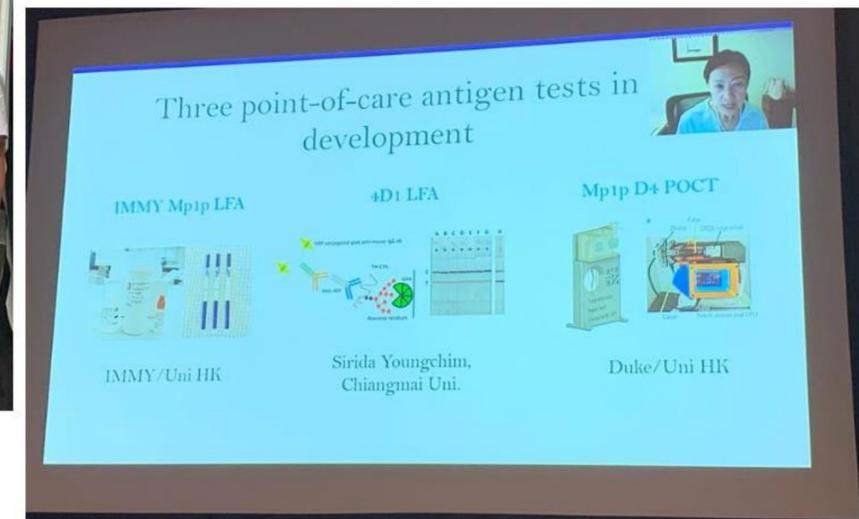
-- FUNgi-Cam clinical training (IPC)



Phnom Penh:
 NCHADS (National Center for HIV/AIDS Dermatology and STD
 Institut Pasteur Cambodge (Centre médical)
 Hôpital Calmette
 Hôpital d'Amitié Khmero-Sovietique

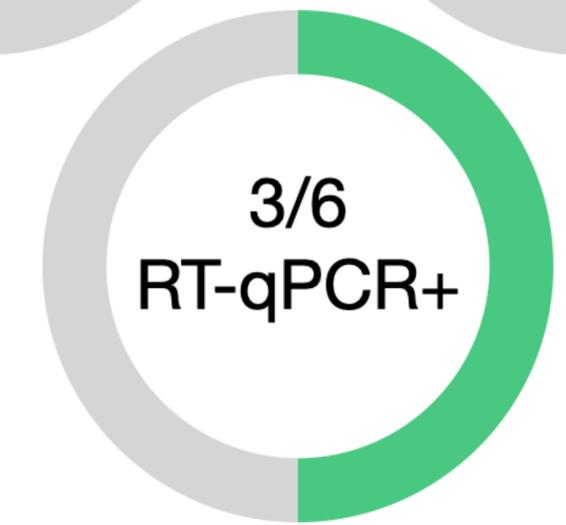
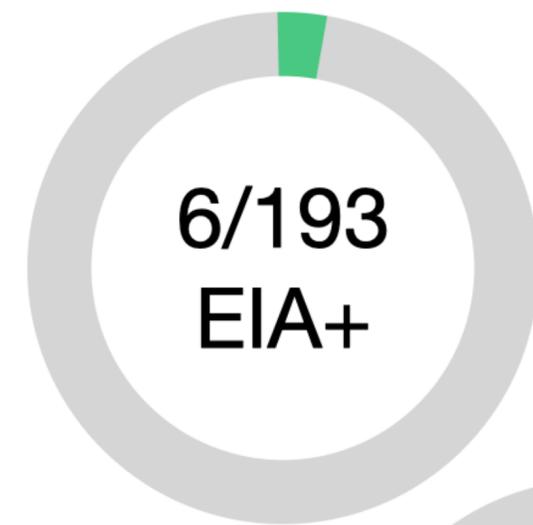
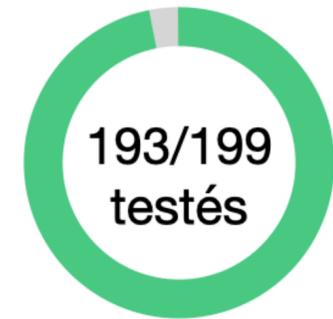
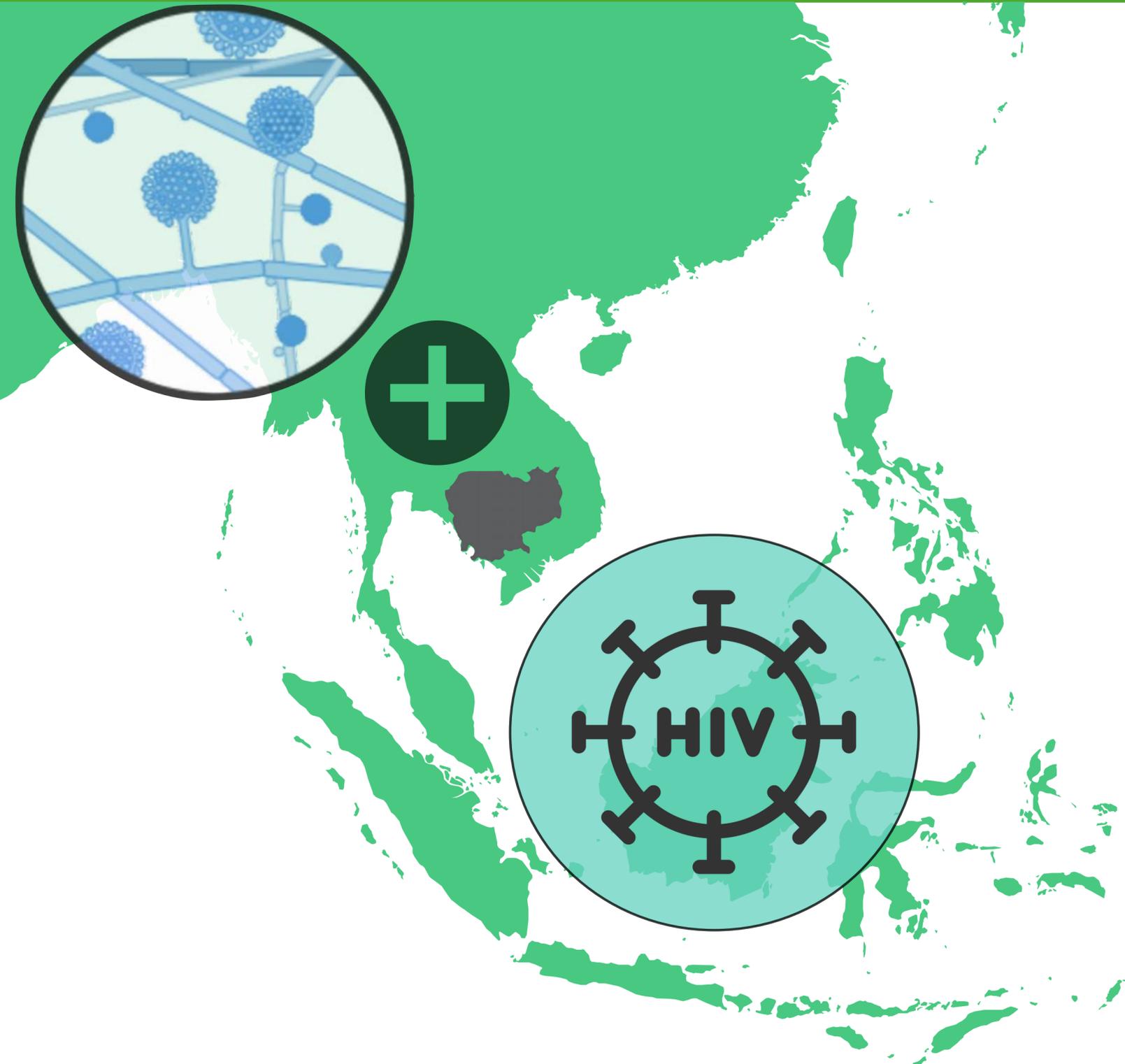


3 and 4 April 2025 Phnom Penh



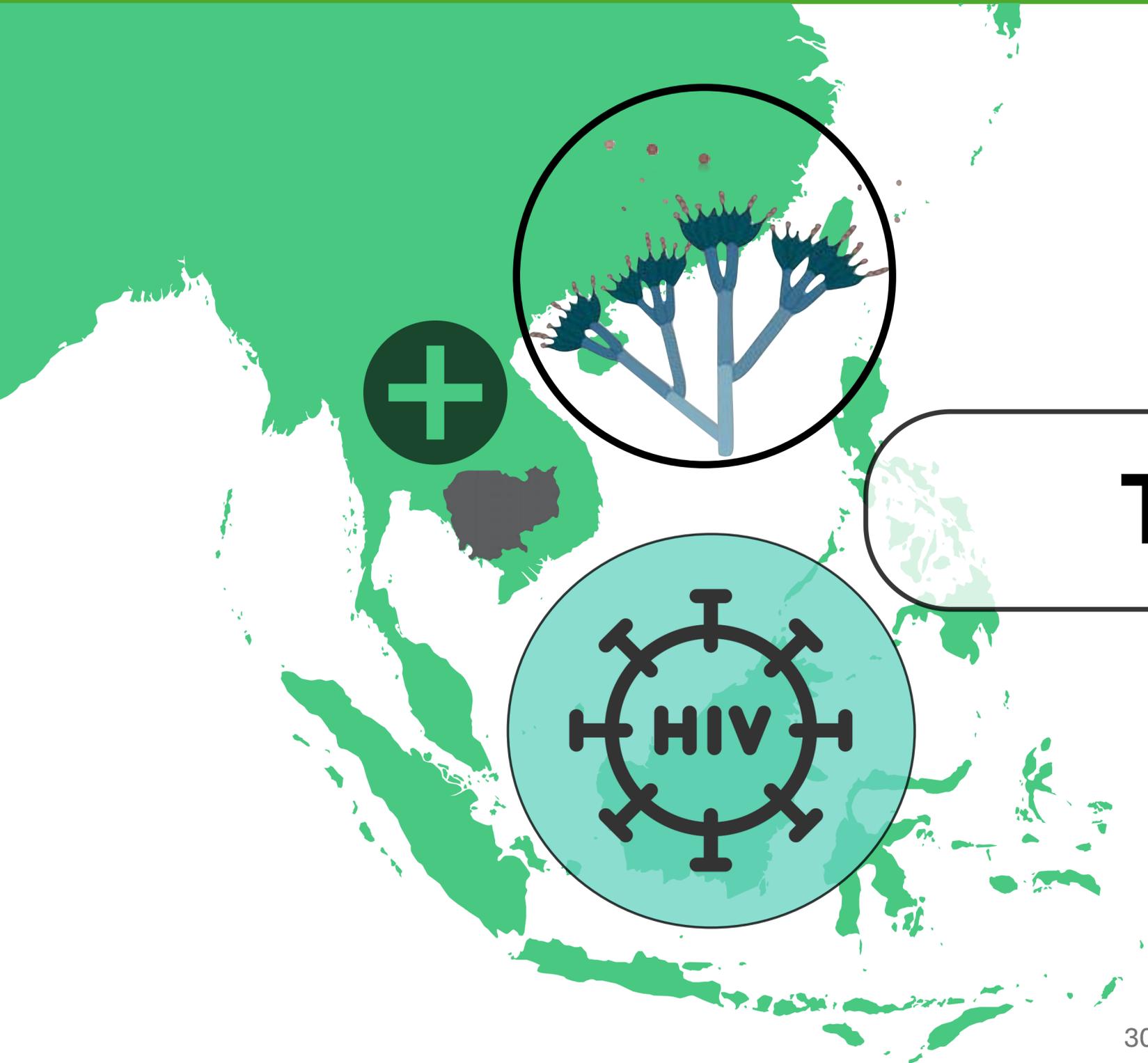
Dr Le in video

FungiCAM : 1° estimations des prévalences



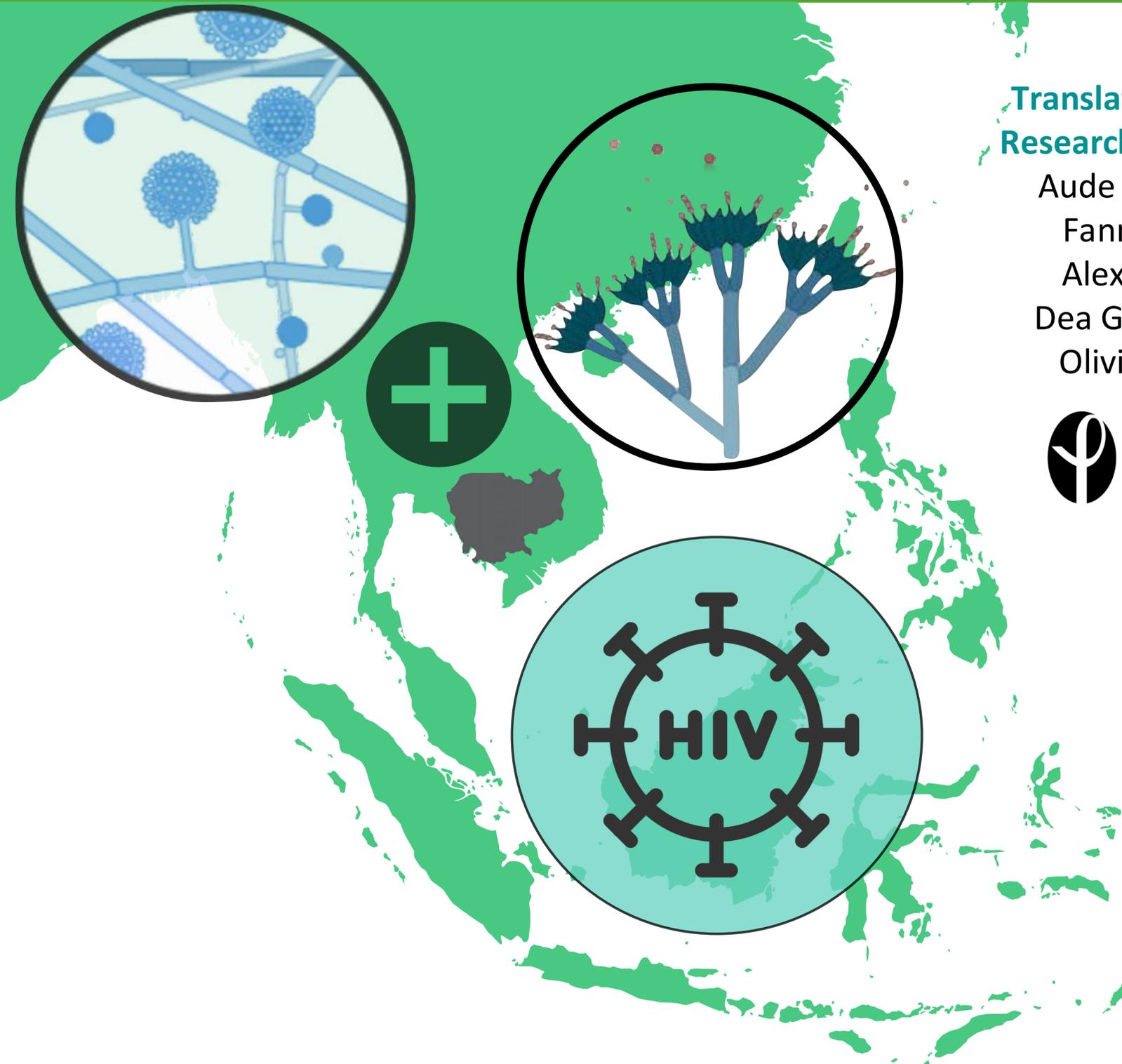
Il y en a !

FungiCAM : 1^o estimations des prévalences



Tests prévus cet été

FungiCAM : remerciements



Translational Mycology Research Group, CNRMA

Aude Sturny-Leclère
Fanny Lanternier
Alexandre Alanio
Dea Garcia-Hermoso
Olivier Lortholary



Institut Pasteur du Cambodge

Sokleaph Cheng
Nathalie De Rekeneire
Bunnet Dim
Raksmey Ung
Sovann Nhoueng



Centre Hospitalier de Cayenne

Antoine Adenis



STATIS

Marilyne Bonnet
Didier Laureillard
François-Xavier Blanc

ANRS-MIE Inserm

Emilie Mosnier
Diana Molino
Ventzislava Petrov
Sanch
Mickael Hneino



Duke University Caroline du Nord — EUA

Thuy Le
Thu Nguyen