HCV genotype 4 circulating in the city of Franca, São Paulo State, Brazil

Authors

Rejane Maria Tommasini Grotto¹ Silvia Maria Corvino² Juliana Lara Padovani³ Sônia Maria de Coppio Siqueira⁴ Maria Inês de Moura Campos Pardini⁵

¹BSPS, PhD Researcher; Molecular Biology Laboratory, Blood Transfusion Center, Medical School, Universidade Estadual Paulista (UNESP), ²BS, MSc Researcher; Molecular Biology Laboratory, Blood Transfusion Center, Medical School, UNESP, Brazil 3BS, MSc Post-graduation Student: Molecular Biology Laboratory, Blood Transfusion Center, Medical School, UNESP, Brazil 4MD, Physician, Santa Casa de Paraguaçu Paulista, SP, Brazil 5BS, PhD; Molecular Biology Laboratory, Blood Transfusion Center, Medical School, UNESP, Brazil

Submitted on: 02/11/2011 Approved on: 02/13/2011

Correspondence to:
Rejane Maria Tommasini
Grotto
Laboratório de Biologia
Molecular, Divisão
Hemocentro
Faculdade de Medicina,
UNESP
Distrito Rubião Júnior, s/nº
Botucatu, SP, Brasil
18618-000
regrotto@uol.com.br

Financial Support: Secretary of Health of São Paulo State (SESSP), Brazil and Viral Hepatitis Program, São Paulo State, Brazil

We declare no conflict of interest.

The hepatitis C virus (HCV) genotype distribution worldwide depends on the geographic region¹ and although genotype 1 is the most prevalent in Brazil, followed by types 3 and 2, other genotypes have been reported in the country, albeit with a low occurrence rate.² Identification of the viral genotype has epidemiological, clinical and laboratory importance, as it is necessary for therapeutic indication, diagnostic assay target definition and indicates infection progression.³

In the city of Franca, in the countryside of São Paulo State, Brazil, one case of hepatitis C virus genotype 4 (HCV-4) was identified in a 38-year-old male patient from the town of Paraguaçu Paulista, whose HCV infection had been confirmed since 2005. The patient reported the use of intravenous drugs, having been an inmate for several years and having travelled around the state many times. He was currently living in the city of Franca.

Clinically, the patient had a confirmed case of pulmonary tuberculosis. The patient's circulating virus was genotyped by reverse hybridization and the result disclosed the presence of viral genotype 4c/4d. This result was confirmed by automated sequencing of the genomic regions 5'UTR, NS5B and core.

The analysis of the regions sequenced through HCV-Blast available at the database *The Los Alamos HCV sequence* (http://hcv. lanl.gov) confirmed the presence of genotype 4; however, the subtyping turned out to be 4a, which was in disagreement with the subtyping obtained through reverse hybridization. Discordant results in genotype 4 subtyping through sequencing and reverse hybridization have been previously reported by Zekri *et al.*,⁴ as well as in other genotypes.⁵

Case reports as the one described here are important to characterize the epidemics and to detect variation in genotype distribution in the country, as well as to promote epidemiological surveillance and acquire information about the virus introduction and transmission routes in the country.

[Braz J Infect Dis 2011;15(3):300]@Elsevier Editora Ltda.

REFERENCES

- Simmonds P, Bukh J, Combet C et al. Consensus Proposals for a Unied System of Nomenclature of Hepatitis C Virus Genotypes. Hepatology 2005; 42(4):962-73.
- 2. Campiotto S, Pinho LR, Carrilho FJ *et al.* Geografic distribuition of hepatitis C virus genotypes in Brazil. Braz J Med Biol Res. 2005; 38(1):41-9.
- 3. Zhou S, Terrault NA, Ferrell L *et al.* Severity of liver disease in liver transplantation recipients with hepatitis C virus infection: relationship to genotype and level of viremia. Hepatology 1996; 24(5):1041-6.
- Zekri ARN, El-Din HMA, Bahnassy AA et al. TRUGENE Sequencing Versus INNO-LiPA for Sub-Genotyping of HCV Genotype-4. J Med Virol. 2005; 75:412-20.
- Levada PM, Verdichio-Moraes CF, Corvino SM, Grotto RMT, Silva GF, Pardini MIM. Hibridização reversa e sequenciamento na genotipagem do vírus da hepatite C. Rev Soc Med Trop. 2010; 43(2):135-8.