patients could be infected by TTV at least six times per year or 60 times during the first 10 years of blood transfusion therapy [Al Moslih et al., 2004]. Thus, patients with a 10-year transfusion history could have been infected or re-infected by all genotypes existing in the UAE. In addition, the extent of virus replication in thalassemia patients may be higher due to the large viral inocula injected directly into the blood stream through transfusion. This is obviously different from the small amount of virus acquired through infection via the oral route in normal blood donors.

It was not possible to conclude that TTV infection enhances the severity of liver disease in HCV infected patients because very few patients infected with HCV alone were available for comparison with patients co-infected with TTV and HCV. It is obvious that HCV plays a more important role than TTV in the development of severe liver disease.

It is well known that TTV infections are persistent. Consequently, the presence of TTV-negative thalassemia patients was unexpected. We do not yet have an explanation for this observation. Perhaps TTV host dependent genetic factors play an important role in determining the resistance or outcome of TTV infection among patients.

Follow-up studies of TTV infection and clearance in TTV-negative and TTV-positive thalassemia patients will eventually provide clues to understanding the natural history and pathogenesis of TTV. Of equal importance, a thorough understanding of the immune response to TTV infection, including viral persistence, quasipecies evolution, and viral immune escape, is needed to characterize the disease causing potential of this new group of viruses.

ACKNOWLEDGMENTS

Y.-W. Hu, M.I. Al-Moslih and E.G. Brown designed the research and wrote the manuscript H.P., S.U. and S.K. performed the research O.-L.Y. and J.W. analyzed the data M.T.A. provided valuable samples.

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別紙様式第2-1

No. 32

医薬品 研究報告 調査報告書

識別番号・報告回数			報告日	第一報入手日	新医薬品等の区分	機構処理欄
				2008. 2. 22	該当なし	

一般的名称	新鮮凍結人血漿	研究報告の公表状況	ProMED 20080218.0645, 2008 Feb 18. 情報源:[1]G1 Globo.com, 2008 Feb 13. [2]Milenio.com, 2008 Feb 17.	公表国 [1]ブラジル[2]パラグアイ
販売名(企業名)	新鮮凍結血漿「日赤」(日本赤十字社) 新鮮凍結血漿-LR「日赤」(日本赤十字社)			

研究報告の概要

○南米における黄熱のアウトブレイク
[1]ブラジル
2008年1月21日、32歳の男性が黄熱のため死亡した。これは、ブラジルで発生した15人目の黄熱死亡患者である。保健当局の発表によると、この男性は2月13日に感染が確認されており、首都ブラジリア近郊のソブランディーノの病院で死亡した。ブラジリアで感染したと見られている。また、Mato Grossoでも1名の感染と死亡が確認された。
[2]パラグアイ
保健当局は2月16日に、首都アスンシオンの病院で集中治療を受けていた39歳の女性が死亡したと発表した。パラグアイではこれまでに、少なくとも6名が黄熱によって死亡した。多くの市民がワクチン投与を求めて病院に殺到している。政府は944,000人分のワクチンをブラジルから輸入した。その大半はブラジル政府から寄付されたものである。ドゥアルテ大統領は15日、黄熱感染対応のため非常事態宣言を発令した。

報告企業の意見	今後の対応
南米で黄熱の流行が拡大し、パラグアイで6名、ブラジルで15名の黄熱死亡患者が発生したの報告である。	日本赤十字社は、輸血感染症対策として献血時に海外渡航歴の有無を確認し、帰国(入国)後4週間は献血不適としている。今後も引き続き情報の収集に努める。

使用上の注意記載状況・その他参考事項等

新鮮凍結血漿「日赤」
新鮮凍結血漿-LR「日赤」

血液を介するウイルス、細菌、原虫等の感染
vCJD等の伝播のリスク

Archive Number 20080218.0645
Published Date 18-FEB-2008
Subject PRO/AH/EDR> Yellow fever - South America (02): Paraguay, Brazil

YELLOW FEVER - SOUTH AMERICA (02): PARAGUAY, BRAZIL
****
A ProMED-mail post
<http://www.promedmail.org>
ProMED-mail is a program of the
International Society for Infectious Diseases
<http://www.isid.org>

[1] Brazil
[2] Paraguay

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[1] Brazil
Date: Wed 13 Feb 2008
Source: G1 Globo.com [in Portuguese, trans. Mod. TY, edited]
<http://g1.globo.com/Noticias/Brasil/0,,MUL297999-5598,00.html>

A 32-year-old man died in Brazilia of yellow fever (YF) on 21 Jan 2008. With this death, the number of deaths in the country due to this disease has increased to 15.

The Secretary of Health of the Federal District (DF) confirmed this additional death from yellow fever on Wednesday [13 Feb 2008]. The man died at the hospital in Sobradinho, a satellite city of Brasilia. The report confirming the cause of death was issued this past Wednesday [13 Feb 2008].

According to the Ministry of Health, the likely location of infection of the man was in the Federal District. That contradicts what the health authorities in Brasilia have previously expressed. According to them, prior to this announcement, the people who died of YF in the DF had all been infected in Goias [state]. Of the cases reported in the DF, 11 were confirmed, 3 are being investigated and 2 were discarded [based on] clinical [grounds] and laboratory [results].

Mato Grosso
The Ministry of Health, also confirmed on Wednesday [13 Feb 2008], the 1st YF case in Mato Grosso (MT). Laboratory tests performed by the Evandro Chagas Institute, in Para, indicated that a farmer from Novo Sao Joaquim, MT died of the disease.

According to the Ministry of Health, the state of Mato Grosso has 2 other suspected cases of the disease which are still under investigation.

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Communicated by:
ProMED-mail <promed@promedmail.org>

[This worrisome report indicated that the man who died of YF acquired his infection in a satellite city of the DF, suggesting possible urban transmission. ProMED-mail requests more information concerning the probable location of infection and the travel history of the above mentioned fatality (in the DF), in order to have a better idea if this was another sylvan (jungle or forest) YF case or was truly a case of urban YF virus transmission. The Mato Grosso death is very likely a sylvan YF case.

An interactive ProMED health map of Brazil showing the location of Goias and Mato Grosso states and the Federal District can be accessed at: <http://healthmap.org/promed?v=-10.8,-53.1,4>. - Mod.TY]]

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[2] Paraguay
Date: Sun 17 Feb 2008
Source: Milenio.com [in Spanish, trans. & summ. Mod. TY, edited]
<http://www.milenio.com:80/index.php/2008/02/17/194717/>

Health authorities reported this Sunday [17 Feb 2008] that a 39-year-old woman died Saturday night [16 Feb 2008], after a week of intensive therapy in a hospital in the capital [Asuncion].

At least 6 people have died in Paraguay as a result of the yellow fever (YF) outbreak which has the entire population on alert, and responding with a massive [influx going to] vaccination centers, the government announced. Thousands of citizens went to the health centers in the capital where massive vaccination is taking place.

This weekend, the country received 944 000 doses of [YF] vaccine from Brazil, of which 800 000 were donated by the government of the neighboring country and 144 000 were furnished by the Panamerican Health Organization.

Nicanor Duarte, the President of Paraguay, this past Friday [15 Feb 2008] declared a national state of emergency to address the YF outbreak, so that the [governmental] authorities can deal with this health emergency.

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Communicated by:
ProMED-PORT <promed@promedmail.org>

[Given the massive vaccination campaign in the capital city, it appears that the previous urban YF cases that were acquired there have generated considerable concern (panic?) on the part of both the government and the citizens. ProMED-mail would be interested to know if similar vaccination campaigns are being carried out in other areas of Paraguay. Brazil, which had embargoed the export of the YF vaccine produced there, has shown remarkable public health citizenship by providing vaccine to Paraguay in a very timely way, despite continuing YF cases in Brazil.

A map of Paraguay can be accessed at:
<http://www.lib.utexas.edu/maps/americas/paraguay_pol98.jpg>. - Mod.TY]

[see also:
Yellow fever - South America: Paraguay, Brazil 20080217.0627
Yellow fever - Paraguay (03): (San Pedro): corr. 20080209.0533
Yellow fever - Paraguay (03): (San Pedro) 20080208.0511
Yellow fever - Paraguay (02): (San Pedro) alert 20080206.0475
Yellow fever - Paraguay (San Pedro) 20080205.0467
Yellow fever, monkeys - Argentina (02): conf. 20080212.0568
Yellow fever - Brazil (10): 20080205.0461
Yellow fever, monkeys - Argentina: (Misiones), susp. 20080205.0459
Yellow fever - Brazil (09): 20080203.0439
Yellow fever - Brazil (08): 20080124.0293
Yellow fever - Brazil (07): 20080119.0240
Yellow fever - Brazil (06): 20080116.0203
Yellow fever - Brazil (05): conf. 20080115.0194
Yellow fever - Brazil (04): susp. 20080111.0147
Yellow fever - Brazil (03) 20080110.0139
Yellow fever - Brazil (02): alert 20080109.0107
Yellow fever - Brazil: (Goias) susp. 2007 20080105.0056
2007

Yellow fever, monkeys - Brazil: (Goias), susp., RFI corr. 20071231.4196
Yellow fever, monkeys - Brazil: (Goias, Fed. Distr.): conf. 20071229.4173
Yellow fever, human, monkey - Brazil, Bolivia: 2007 20071224.4126
Yellow fever, monkey - Brazil (PI): susp 20071222.4119
Yellow fever, monkeys - Brazil (Goias): susp., RFI 20071217.4052
Yellow fever, monkeys - Brazil (RS): alert 20070910.2979
Yellow fever, human, monkey - Brazil (MG): not 20070508.1486
Yellow fever - Brazil (GO)21 alert 20070424.1335

Yellow fever, human, monkey - Brazil (MG) 20070421.1304]
.....mpp/ty/mpp

医薬品 研究報告 調査報告書

識別番号・報告回数			報告日	第一報入手日	新医薬品等の区分	機構処理欄
				2007. 11. 22	該当なし	

一般的名称	(製造承認書に記載なし)	研究報告の公表状況	Ziemann M, Krueger S, Maier AB, Unmack A, Goerg S, Hennig H. Transfusion. 2007 Nov;47(11):1972-83.	公表国 米国
販売名(企業名)	合成血「日赤」(日本赤十字社) 照射合成血「日赤」(日本赤十字社) 合成血-LR「日赤」(日本赤十字社) 照射合成血-LR「日赤」(日本赤十字社)			

研究報告の概要

○セロコンバージョンと関連した供血者血漿検体中のサイトメガロウイルスDNAの高頻度陽性

背景:ヒトサイトメガロウイルス(CMV)は、血液細胞に潜伏感染すると考えられている。免疫不全患者の輸血感染(TT-CMV)は、CMV-血清反応陰性成分または白血球除去成分を使用しても発現する。

試験デザインおよび方法:過去にCMV血清反応陰性で、初めて抗CMV IgG陽性を示した供血者82名、1年以上血清反応陽性である供血者598名、血清反応陰性供血者150名を対象として、血漿中のCMV DNA陽性率を検討した。本試験後半では、供血血液31,745に基づく供血血液全体のCMV DNA陽性率を評価した。

結果:CMV DNAは、新たに血清反応陽性となった供血者の血漿検体の44%に反復的に検出された(直近前回の血清反応陰性成分供血までの期間に応じて12%～62%の範囲)。継続的な血清反応陽性または血清反応陰性供血者はいずれも、CMV DNA陰性であった。セロコンバージョンに関連したCMV DNAの検出は、ネオプテリンの有意な増加、ALT増加、白血球数減少と関連付けられたが、これら代替マーカーの感度はわずか71%であった。CMV初感染供血者による血液製剤中のCMV DNAの全体的な陽性率は0.13%以上であった。

結論:白血球除去の実施にもかかわらず、新規血清反応陽性供血者のウイルス血症はTT-CMV残存リスクの重大原因であると考えられる。本試験ではウインドウ期が検出可能で、再燃は検出できなかったため、血清反応陰性供血者由来の白血球除去血液の輸血には、1年以上血清反応陽性である供血者由来白血球除去血液の輸血と比較して、TT-CMVの高いリスクが示される可能性が考えられた。

報告企業の意見	今後の対応
新規CMV血清反応陽性供血者は血漿中のCMV DNA陽性率が高く、白血球除去を実施していてもTT-CMV残存リスクの重大原因であると考えられるとの報告である。	CMV感染に関する新たな知見等について今後も情報の収集に努める。

使用上の注意記載状況・その他参考事項等

合成血「日赤」
照射合成血「日赤」
合成血-LR「日赤」
照射合成血-LR「日赤」

血液を介するウイルス、細菌、原虫等の感染
vCJD等の伝播のリスク