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SUMMARY OF THESIS

SUMITA, Laura Masami - Infecção pelo herpesvírus 8 humano (HHV-8) em populações indígenas e não indígenas da Amazônia brasileira. São Paulo, 2009. (Dissertação de Mestrado - Faculdade de Medicina da Universidade de São Paulo).

HUMAN HERPESVIRUS-8 INFECTION IN AMERINDIAN AND NON-AMERINDIAN POPULATIONS IN THE BRAZILIAN AMAZON REGION

Human herpes virus type 8 (HHV-8) is hyperendemic in Amerindian populations, but its modes of transmission are unknown. **Objectives**: 1. To study the Human Herpesvirus-8 Infection and Oral Shedding in Amerindian and Non-Amerindian Populations in the Brazilian Amazon Region. 2. **Methods**: Antibodies against either HHV-8 latency-associated nuclear antigen (LANA) or HHV-8 lytic antigen were detected, by immunofluorescence assays, in 339 Amerindians and 181 non-Amerindians from the Brazilian Amazon. Serological markers of oro-fecal (hepatitis A), parenteral (hepatitis B and C), and sexual (herpes simplex virus type 2 and syphilis) transmission were measured by specific ELISA. Salivary HHV-8 DNA was detected by use of a nested polymerase chain reaction assay and was sequenced. **Results**: Antibodies against either LANA antigen or lytic were detected in 79.1% of Amerindians and in 6.1% of non-Amerindians. HHV-8 seroprevalence increased with age among Amerindians and already had high prevalence in childhood

but was not sex specific in either population. The two populations did not differ in seroprevalence of oro-fecal or parenteral markers, but seroprevalence of markers of sexual transmission was lower among Amerindians. HHV-8 DNA in saliva was detected in 23 % of HHV-8 seropositive Amerindians. Detection of HHV-8 decreased with age and was more common in men. HHV-8 DNA samples were sequenced, and all clustered as subtype E. **Conclusion**: Data support the hypothesis of early acquisition and horizontal transmission, via saliva, of HHV-8 subtype E in Amerindian populations.

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SUMMARY OF THESIS

BONFIM, Cristine Vieira do - Filariose bancroftiana: análise espacial das desigualdades sociais no município de Jaboatão dos Guararapes. Recife, 2009. (Tese de Doutorado em Saúde Pública - Centro de Pesquisas Aggeu Magalhães, Fundação Oswaldo Cruz).

BANCROFTIAN FILARIASIS: SPATIAL ANALYSIS OF SOCIAL INEQUALITIES IN THE MUNICIPALITY OF JABOATÃO DOS GUARARAPES

Lymphatic filariasis is one of the principal neglected tropical diseases. It is closely associated with poverty, inadequate sanitation and underdevelopment.

In Brazil, its transmission is limited to the Metropolitan Region of Recife, in the State of Pernambuco. The availability of new control strategies has made it possible to consider filariasis to be a potentially eradicable infectious disease.

The aim of this thesis was to analyze the relationship between the prevalence of Bancroftian filariasis and the socioenvironmental determinants within urban spaces in the municipality of Jaboatão dos Guararapes, Pernambuco, Brazil.

For this, an initial bibliographic review on spatial categories was conducted, with emphasis on the implications of the social organization of such spaces for the population's health and their day-to-day application within healthcare services.

This understanding of such spaces would form the basis of the subsequent analyses performed for this study. An ecological analysis was conducted using socioeconomic and environmental variables obtained from the 2000 demographic census and from a parasitological survey that was carried out to assess the epidemiological situation of filariasis in that municipality. Indicators of living conditions were constructed, formulated

by two methods: score formation (socioenvironmental risk indicator) and principal component factor analysis (social deprivation index). To identify spatial clusters of microfilaremia cases, the kernel severity estimator was used. The results from the parasitological survey characterized filariasis as endemic in the municipality, with findings of cases in all age groups and especially among the youngest individuals; clinical manifestations and prevalence rates were considered high. The indicators confirmed that there was an association between precarious socioenvironmental conditions and high prevalence rates of filarial infection. The use of spatial analysis (kernel intensity estimator) made possible to precisely locate the filariasis cases and made clear that their distribution within the urban space of the municipality was not random. The cases were concentrated in the areas that were considered to present high risk according to the indicators. Identifying this contributed towards recognizing transmission areas and consequently towards planning, monitoring and surveillance of actions for eliminating lymphatic filariasis.

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