



**HAL**  
open science

## High prevalence of HPV infection in the remote villages of French Guiana: an epidemiological study.

Antoine Adenis, Valentin Dufit, Maylis Douine, Florine Corlin, Gulen Ayhan, Fatiha Najioullah, Vincent Molinie, Paul Brousse, Gabriel Carles, Vincent Lacoste, et al.

### ► To cite this version:

Antoine Adenis, Valentin Dufit, Maylis Douine, Florine Corlin, Gulen Ayhan, et al.. High prevalence of HPV infection in the remote villages of French Guiana: an epidemiological study.. *Epidemiology and Infection*, 2017, 145 (6), pp.1276-1284. 10.1017/S0950268816003319 . inserm-01476015

**HAL Id: inserm-01476015**

**<https://inserm.hal.science/inserm-01476015>**

Submitted on 24 Feb 2017

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**High prevalence of HPV infection in the remote villages of French Guiana: an  
epidemiological study**

*Antoine Adenis<sup>1</sup>, Valentin Dufit<sup>1</sup>, Maylis Douine<sup>1</sup>, Florine Corlin<sup>1</sup>, Gulen Ayhan<sup>1</sup>, Fatiha  
Najioullah<sup>2</sup>, Vincent Molinie<sup>3</sup>, Paul Brousse<sup>4</sup>, Gabriel Carles<sup>5</sup>, Vincent Lacoste<sup>6</sup>, Raymond  
Cesaire<sup>2</sup>, Mathieu Nacher<sup>1, 7</sup>*

*1 Centre d'Investigation Clinique Antilles-Guyane, CIC INSERM 1424, Centre hospitalier de  
Cayenne, Cayenne, French Guiana ;*

*2 Laboratoire de Virologie, CHU de la Martinique, Fort de France, Martinique ;*

*3 Laboratoire d'anatomopathologie, CHU de la Martinique, Fort de France, Martinique ;*

*4 Département des Centres délocalisés de prévention et de soins, Centre Hospitalier de  
Cayenne, 97300 Cayenne, French Guiana ;*

*5 Service de Gynécologie Obstétrique, Centre Hospitalier de l'Ouest Guyanais, Saint Laurent  
du Maroni, French Guiana ;*

*6 Laboratoire des Interactions Virus-Hôtes, Institut Pasteur de la Guyane, Cayenne, French  
Guiana*

*7 EA 3593, Ecosystèmes Amazoniens et Pathologie Tropicale, Université de Guyane,  
Cayenne, French Guiana*

**Corresponding author**

Mathieu Nacher, CIC INSERM 1424, Centre Hospitalier de Cayenne, Rue des Flamboyants,  
97300, Cayenne, French Guiana, email : mathieu.nacher66@gmail.com

26

27 **Key words :** HPV, epidemiology, French Guiana, prevalence

28

29 **Short Summary:** A Study among women living in remote Amazonian villages found a high  
30 prevalence of HPV infections, with a U-shaped age distribution. Twenty seven percent of  
31 HPV-positive women had normal cytology.

32

33

34

35 **Abstract**

36 **Background**

37 Cervical cancer is the second most frequent cancer in women in French Guiana. Studies have  
38 shown that populations living in the remote areas of the interior have early sexual debut and  
39 that multiple sexual partnerships are common. The objective of the present study was thus to  
40 determine the prevalence of HPV infection in these areas.

41 **Methods**

42 A study was conducted in women aged 20-65 years with previous sexual activity. Women  
43 were included on a voluntary basis after using local media and leaders to inform them of the  
44 visit of the team. HPV infection was defined by the detection of HPV DNA using the  
45 GREINER-BIO-ONE kit. In addition to HPV testing cytology was performed.

46 **Results**

47 The overall age-standardized prevalence rate was 35%. There was a U shaped evolution of  
48 HPV prevalence by age with women over 50 years at highest risk for HPV, followed by the  
49 20 to 29 years group. Twenty seven percent of women with a positive HPV test had normal  
50 cytology.

51 **Conclusions**

52 Given the high incidence of cervical cancer in French Guiana the present results emphasize  
53 the importance of using HPV testing given its better sensitivity than cytology and the  
54 potential operational simplification of screening in these remote areas. Vaccination against  
55 HPV, preferably with a nonavalent vaccine, also seems an important prevention measure.  
56 However, in this region where a large portion of the population has no health insurance, this  
57 still represents a challenge.

58

59

60

61

## 62 **Introduction**

63       Cervical cancer is a global public health problem caused by persistent HPV infection  
64 leading to malignancy<sup>1</sup>. For women, it ranks second in terms of cancer incidence and  
65 mortality worldwide, and first in several developing countries. The global burden estimates  
66 suggest that annual incidence is 510 000 and mortality is 288 000 each year worldwide.

67 In France, cervical cancer is ranked number 8 in terms of cancer incidence.<sup>2</sup> In the French  
68 overseas territories in the Americas the incidence rates are situated between what is observed  
69 in mainland France and the Caribbean<sup>3</sup>, one of the most affected regions worldwide<sup>4</sup>. In  
70 French Guiana, cervical cancer is the second most frequent cancer in females<sup>5</sup> still causing  
71 significant mortality<sup>6</sup>. In 2002-2005, the standardized incidence of cervical cancer was 30.3  
72 per 100 000 women, which was close to that of neighboring Brazil<sup>7</sup>. French Guiana is a  
73 sparsely populated region covered by primary forest, with populations living in remote parts  
74 of the territory only accessible by boat. Despite a network of health centers connected to the  
75 main hospital, there are some difficulties to access care. It was recently shown that despite the  
76 absence of significant difference in incidence between rural areas and urban areas, there were  
77 some differences in the diagnostic delays with 77% of the women from the rural areas with  
78 lesions metastasizing beyond the cervix versus 44% for women living in urban areas<sup>5</sup>. Health  
79 professionals concur that given the early start of sex life in populations living in these remote  
80 parts<sup>8</sup>, the risk of cervical lesions due to HPV should be high. In these remote areas, sexual  
81 transmission is also seen for the HIV epidemic, which has soared from zero to over 1% within  
82 a decade<sup>9</sup>. Given that HPV 16-18 are involved in 73% of cervical cancers in Europe,  
83 vaccination against these genotypes is now recommended in France. However, little is known  
84 about the epidemiology of HPV in French Guiana, a French territory with very different

85 populations and a very different pathogen environment from that of mainland France. The  
86 relative isolation of Amerindian and maroon populations may thus lead to singular  
87 epidemiologic features. The objective of the present study was thus to describe the prevalence  
88 of HPV infections in general, the prevalence of the different genotypes, and of cytological  
89 anomalies in women aged 20-65 years living in the remote areas of French Guiana.

90

91

92

93

#### 94 **Methods**

95

96 *Study population* : the source population was women living in the remote villages on the  
97 Maroni and Oyapock rivers. The target population was women aged 20-65 years having  
98 previously had sexual activity. The inclusions took place between Dec 2012 and Sept 2014.

99

100 *Inclusion criteria*:All women from the target population. Non inclusion criteria: women  
101 having had hysterectomy, pregnant women (>3 months pregnant).

102

103 *Data collection* : at the time of inclusion a short questionnaire was filled to collect socio  
104 economic and demographic data, gynecological and obstetrical history.

105 *Study conduct*: Before starting inclusions, communication missions in all the villages  
106 sensitized the local populations on this public health problem. Traditional authorities, health  
107 centers' workers were also informed. Local radio messages informed the population of the  
108 dates of the study team's presence in the village. During the inclusion, women wishing to be  
109 screened came to the health center where the project was explained to them, and where the

110 questionnaire was filled and samples were taken and transferred in a cooler until the end of  
111 the mission. The samples were then send to the Virology laboratory of Fort de France  
112 Hospital, in Martinique where extraction and genotyping were performed using an automated  
113 method in order to reduce the risk of error and contamination. DNA extraction was performed  
114 using a minimum of 2 ml of sample in liquid phase.

115 HPV infection was defined by the detection of HPV DNA using the GREINER-BIO-ONE kit,  
116 used at the Virology laboratory in Fort de France University Hospital. This kit allows the  
117 identification of High risk HPV genotypes : 16, 18, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59,  
118 66, 68, 70, 73, 82 and of low risk HPV genotypes: 6, 11, 40, 42, 43, 44, 55. This kit allowed  
119 the identification of multiple infections. Cytologic anomalies were described using the 2001  
120 Bethesda classification.

121

122 All results were sent to attending physicians for medical care. When HPV was positive and  
123 cytology was negative, a gynecological follow up was recommended to verify if HPV  
124 positivity disappeared or if cytologic lesions appeared. If both HPV and cytology was  
125 positive colposcopy was proposed.

126 *Ethical and regulatory aspects:*

127 Although it has been shown that HPV tests are superior to cytology for the detection of  
128 cervical cancer, in France, the HPV test is only reimbursed when the patient has a cytological  
129 examination revealing ASCUS. Here, all patients received the HPV test and cytology free of  
130 charge. All included subjects gave written informed consent. Regulatory and ethical approval  
131 was given by the Comité d'Evaluation Ethique de l'Inserm (CEEI), approval n° 12-064; the  
132 Comité Consultatif sur le Traitement de l'Information en matière de Recherche dans le  
133 domaine de la Santé (CCTIRS), n° 12.310 ; the Commission Nationale de l'Informatique et  
134 des Libertés (CNIL), n° 912459 ; and the Comité de Recherche Clinique (CoRC) Pasteur

135 Institute, n° 2012-15. The study was funded by the European Regional Development Fund  
136 (FEDER presage n° 30814).

137

### 138 *Data analysis*

139 Prevalence was obtained by dividing the number of women infected by at least one  
140 HPV genotype (high grade or low grade) by the total number of women included. For  
141 specific genotypes, prevalence was obtained by the number of women infected by that  
142 specific genotype by the total number of women included in the study. Prevalence of  
143 cytological anomalies was obtained by dividing the number of women with at least one  
144 cytological anomaly by the total number of women with an interpretable cytological  
145 examination.

146 The standardized HPV prevalence rate used the direct standardization method with the world  
147 population as a reference.

148 Unconditional multiple logistic regression was used to predict the variables associated with  
149 having a positive HPV test. Different age group-specific models were performed. Categorical  
150 variables were transformed into indicator variables. The data was analyzed using STATA  
151 13© (College Station, Texas, USA). Mapping was performed using Mapinfo 12.0© (Troy,  
152 NY, USA).

153

154

### 155 **Results**

156 Overall the population of women living in the remote villages was estimated at 5712 on the  
157 Maroni and 1209 on the Oyapock. A total of 643 women (406 on the Maroni and 237 on the  
158 Oyapock) were included and 51 were not included because they had an exclusion criteria. On  
159 the Maroni 117 were included in Apatou, 69 in Grand Santi, 86 in Papaïchton, 65 in



160 Maripasoula, 32 in Taluen, and 37 in Antecume Pata. On the Oyapock 98 were included in  
161 Saint Georges, 60 in Camopi, and 79 in Trois Sauts. The ratio between the number of women  
162 included in each village and the estimated target population number in each village ranged  
163 between a minimum of 6% in Grand Santi to 41.7% in Camopi. Overall, 9.3% of women from  
164 the target population entered the study. Overall, sexual relations started at a young age with  
165 27% percent of the surveyed women had their first sexual relation before age 15, and 50%  
166 before age 16.

167 Table one shows very high HPV prevalence notably for high risk viruses. The overall age-  
168 standardized prevalence rate was 35%. Figure 1 shows there was a U shaped evolution of  
169 overall HPV prevalence by age and high risk HPV prevalence by age, with women over 50  
170 years at highest risk for HPV, followed by the 20 to 29 years group. Maroon language was  
171 associated with a greater HPV prevalence whereas Portuguese language was associated with a  
172 lower prevalence. Other risk factors such as number of sex partners, parity, age at first sex,  
173 education, contraception, or smoking were not significantly linked to differences in HPV  
174 prevalence. None of the women had declared receiving the HPV vaccine.

175  
176 Figure 2 shows the geographical differences in HPV prevalence with the lower part of the  
177 Maroni river having the highest prevalence. Table 2 shows that HPV 52 was the most  
178 frequent high risk virus. HPV16 was the second most frequent genotype in women aged less  
179 than forty years. It seemed less frequent in women above 40 years. Overall, the prevalence of  
180 HPV 16 or 18 exceeded 5% of tested women.

181 Overall 139 women had single HPV infections, 53 had double infections, and 22 had 3 or  
182 more different HPV genotypes.

183 A very large proportion (N=147, 27.2%) of women with normal cytology had in fact a  
184 positive HPV test.

185 Table 3 and table 4 show multiple regression analysis models predicting HPV positivity for  
186 different covariates. Few variables predicted HPV positivity. In the global models women  
187 aged 20-29 and women aged 50-64 years were at higher risk of having a positive HPV test,  
188 and of having a high risk genotype than other age groups as shown in Fig 1. Table 4 shows  
189 that education was independently associated with HPV positivity in women 20-29 years but  
190 that among women aged 30-39 years, intermediate or high education were independently  
191 associated with a lower risk of having a positive HPV test. A number of reported sex partners  
192 of 2 or more in the past year was associated with an increased risk of having a positive HPV  
193 test in women aged 30-39 years.

194

195 **Discussion**

196 The overall prevalence of HPV infection in the remote areas of this French territory was much  
197 higher than in mainland France. Moreover, the standardized HPV prevalence rate was  
198 comparable and even higher than published studies around the world<sup>10</sup>. The level of  
199 prevalence observed was comparable to what is usually observed in developing countries.  
200 High HPV prevalence levels are consistent with the high incidence of cervical cancer  
201 observed in French Guiana, which also resembles more what is observed in developing  
202 countries than what is observed in France. The age at first sex was lower than in mainland  
203 France with differences between the Maroon regions, and the Amerindian regions.

204 The HPV prevalence varied according to age, and was highest in the Maroon villages. As  
205 observed elsewhere, and notably in Latin America and Africa, there was a U-shaped curve of  
206 HPV prevalence by age group<sup>11, 12</sup>. The prevalence rate reflects the combination of incidence,  
207 new infections, and the duration of infection. The U shape may have reflected new infections  
208 in these age groups and/or a slower clearance of viruses in older parous women<sup>13</sup>. As other  
209 studies elsewhere, apart from age few variables were able to predict the risk of having a  
210 positive HPV test<sup>13, 14</sup>.

211 The study limitations were that inclusion was voluntary, and that women living far from the  
212 health centers may have been less likely to be included in the study. Finally, cytology and  
213 histology from cervical biopsies would have been important to compare the frequency of the  
214 genotypes in all women receiving the HPV tests and in women with actual cervical lesions.  
215 Nevertheless, this is the first study conducted in this border region.

216 Despite studies repeatedly showing the superior sensitivity of HPV tests over cytology, HPV  
217 tests are not reimbursed by the French health insurance as screening tools. They are only  
218 reimbursed if cytology shows ASCUS lesions or worse. The present results combined to the

219 studies showing a high incidence of cervical cancer suggest that HPV testing would be a  
220 better method than the default method which did not detect over 27% of women with HPV  
221 infection. HPV testing can also be performed using self tests, which could make it more  
222 acceptable for some women<sup>15</sup> and less human resources-intensive. Given the high prevalence  
223 of HPV infection and the high incidence of cervical cancer in French Guiana, emphasis on  
224 vaccination and expanded and innovative screening seems important<sup>16, 17</sup>. The exact HPV  
225 vaccine coverage in these remote territories is unknown, but it is presumably very low. None  
226 of the surveyed women reported having been vaccinated. Given the early age of sexual life  
227 initiation, the optimal age of vaccination may need to be shifted downwards when compared  
228 to recommendations in mainland France. When looking at the variety of HPV genotypes  
229 present in these remote territories of French Guiana, the nonavalent HPV vaccines would  
230 seem more appropriate than the bivalent or tetravalent vaccines, which do not cover other  
231 circulating high risk genotypes<sup>18</sup>. This nonavalent vaccine has been recommended in France<sup>19</sup>  
232 and it would presumably have an even greater added value in French Guiana. Presently, given  
233 the large proportion of the population that do not have health insurance in these remote areas,  
234 the cost of the vaccine is prohibitive. Given the present results, Health authorities should  
235 tackle these economic obstacles to ensure that populations have access to this vaccine.

236

237 Overall, the present results show that over a third of women were infected with HPV, and that  
238 over a quarter of women with high risk HPV infection had normal cytology. Given the high  
239 incidence of cervical cancer in French Guiana and the relative delay in diagnosis<sup>6, 20</sup>, these  
240 results emphasize the importance of vaccination, preferably with a nonavalent vaccine.  
241 However, in this region where a large portion of the population has no health insurance, this  
242 still represents a challenge. Finally, the results underscore the importance of expanded  
243 screening using HPV tests given their better sensitivity than cytology, and their potential for

244 operational simplification in a region where health resources are limited and overstretched<sup>15</sup>.  
245 <sup>21, 22</sup>.

246

247

248

249

## 250 **References**

251

- 252 1. Walboomers JM, Jacobs MV, Manos MM, et al. Human papillomavirus is a necessary  
253 cause of invasive cervical cancer worldwide. *J Pathol* 1999; **189**(1): 12-9.
- 254 2. Hantz S, Alain S, Denis F. [Anti-papillomavirus vaccines and prevention of cervical  
255 cancer: progress and prospects]. *Presse Med* 2005; **34**(10): 745-53.
- 256 3. Dupont. Données épidémiologiques sur le cancer du col :État des connaissances -  
257 Actualisation 2008. In: Sanitaire INdV, editor.: INVS; 2008. p. 1-31.
- 258 4. Eluf-Neto J, Nascimento CM. Cervical cancer in Latin America. *Semin Oncol* 2001;  
259 **28**(2): 188-97.
- 260 5. Roue T, Nacher M, Fior A, et al. Cervical cancer incidence in French Guiana: South  
261 American. *Int J Gynecol Cancer* 2012; **22**(5): 850-3.
- 262 6. Douine M, Roue T, Fior A, Adenis A, Thomas N, Nacher M. Survival of patients with  
263 invasive cervical cancer in French Guiana, 2003-2008. *Int J Gynaecol Obstet* 2014; **125**(2):  
264 166-7.
- 265 7. Arrossi S, Sankaranarayanan R, Parkin DM. Incidence and mortality of cervical cancer  
266 in Latin America. *Salud Publica Mex* 2003; **45 Suppl 3**: S306-14.
- 267 8. van Melle A, Parriault MC, Basurko C, et al. Knowledge, attitudes, behaviors, and  
268 practices differences regarding HIV in populations living along the Maroni river:  
269 particularities of operational interest for Amerindian and Maroon populations. *AIDS Care*  
270 2015; **27**(9): 1112-7.
- 271 9. Nacher M, Vantilcke V, Parriault MC, et al. What is driving the HIV epidemic in  
272 French Guiana? *Int J STD AIDS* 2010; **21**(5): 359-61.
- 273 10. Franceschi S, Herrero R, Clifford GM, et al. Variations in the age-specific curves of  
274 human papillomavirus prevalence in women worldwide. *Int J Cancer* 2006; **119**(11): 2677-  
275 84.
- 276 11. Forman D, de Martel C, Lacey CJ, et al. Global burden of human papillomavirus and  
277 related diseases. *Vaccine* 2012; **30 Suppl 5**: F12-23.
- 278 12. Lazcano-Ponce E, Herrero R, Munoz N, et al. Epidemiology of HPV infection among  
279 Mexican women with normal cervical cytology. *Int J Cancer* 2001; **91**(3): 412-20.
- 280 13. Molano M, Van den Brule A, Plummer M, et al. Determinants of clearance of human  
281 papillomavirus infections in Colombian women with normal cytology: a population-based, 5-  
282 year follow-up study. *Am J Epidemiol* 2003; **158**(5): 486-94.
- 283 14. Lazcano-Ponce E, Herrero R, Munoz N, et al. High prevalence of human  
284 papillomavirus infection in Mexican males: comparative study of penile-urethral swabs and  
285 urine samples. *Sex Transm Dis* 2001; **28**(5): 277-80.

- 286 15. Toliman P, Badman SG, Gabuzzi J, et al. Field evaluation of the Xpert(R) HPV Point  
287 of Care Test for the detection of human papillomavirus infection using self-collected vaginal  
288 and clinician-collected cervical specimens. *J Clin Microbiol* 2016.
- 289 16. Lynge E, Clausen LB, Guignard R, Poll P. What happens when organization of  
290 cervical cancer screening is delayed or stopped? *J Med Screen* 2006; **13**(1): 41-6.
- 291 17. Sankaranarayanan R, Nene BM, Shastri SS, et al. HPV screening for cervical cancer in  
292 rural India. *N Engl J Med* 2009; **360**(14): 1385-94.
- 293 18. Londesborough P, Ho L, Terry G, Cuzick J, Wheeler C, Singer A. Human  
294 papillomavirus genotype as a predictor of persistence and development of high-grade lesions  
295 in women with minor cervical abnormalities. *Int J Cancer* 1996; **69**(5): 364-8.
- 296 19. Riethmuller D, Jacquard AC, Lacau St Guily J, et al. Potential impact of a nonavalent  
297 HPV vaccine on the occurrence of HPV-related diseases in France. *BMC Public Health* 2015;  
298 **15**: 453.
- 299 20. Roué T, Nacher M. Epidemiology of Cancer in the Tropical Areas. *Tropical Hemato-*  
300 *Oncology*: Springer International Publishing; 2015: 17-23.
- 301 21. Broberg G, Gyrd-Hansen D, Miao Jonasson J, et al. Increasing participation in cervical  
302 cancer screening: offering a HPV self-test to long-term non-attendees as part of RACOMIP, a  
303 Swedish randomized controlled trial. *Int J Cancer* 2014; **134**(9): 2223-30.
- 304 22. Wright TC, Stoler MH, Behrens CM, Sharma A, Zhang G, Wright TL. Primary  
305 cervical cancer screening with human papillomavirus: end of study results from the ATHENA  
306 study using HPV as the first-line screening test. *Gynecol Oncol* 2015; **136**(2): 189-97.
- 307