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Emerging Risk for Human T-Cell Leukemia Virus Type 1 Transmission with HIV-Positive Breastfeeding Support

Appendix.

Appendix Table. Breastfeeding guidelines of selected high-income countries: HTLV-1 consideration in general population and among HIV-infected women. Comparison with WHO and PAHO guidelines*

Region /Country	HTLV-1 prevalence in pregnant women	Screening guidelines in pregnancy	Breastfeeding guidelines in general population	HTLV-1 consideration	Breastfeeding guidelines in HIV-infected women and HTLV-1 consideration
WHO	Not applicable	Under development (8)	Exclusive breastfeeding for the first 6 mo; introduction of appropriate complementary food thereafter; continuation of breastfeeding for at least 12 mo (up to 24 mo)	No formal guidance (8)	Exclusive breastfeeding for the first 6 mo; introduction of appropriate complementary food thereafter; wean when safe replacements are available (24) No specific consideration for HTLV-1
PAHO	Not applicable	HTLV-1 antenatal screening (11)	Exclusive breastfeeding for the first 6 mo; introduction of appropriate complementary food thereafter; continuation of breastfeeding for at least 12 mo (up to 24 mo).	Exclusive formula feeding (preferred); Short-term breastfeeding in context where formula feeding is not AFASS (11)	Avoid breastfeeding ; Exclusive breastfeeding for the first 6 mo in context where formula feeding is not AFASS ; introduction of appropriate complementary food thereafter (25) HTLV-1 is included in the EMTCT Plus protocol (11) Breastfeeding in case of optimal scenario: adherence to ART, ongoing clinical care, HIV pVL<50 copies/ml throughout the pregnancy and breastfeeding ; Otherwise formula feeding HTLV-1 not mentioned (33)
Australasia	No data ; Prevalence of 6% in children in Central Australian Aboriginal communities (2)	All aboriginal pregnant women should be offered information about HTLV-1, including the availability of testing (47)	Exclusive breastfeeding until around 6 mo of age when solid foods are introduced (37)	HTLV-1 not mentioned in general population guidelines (37). Specific guidelines for aboriginal primary health care settings: all pregnant women with HTLV-1 should be provided with lactation and feeding advice and resources to provide formula feeding to their baby if they choose formula feeding (47)	HTLV-1 not mentioned (33)
Canada	No data	No guidance (8)	Exclusive breastfeeding for the first six months (38)	Exclusive replacement feeding recommended in women living with HTLV-1 (38)	Exclusive replacement feeding recommended ; Individualized and multi-disciplinary approach to breastfeeding under certain circumstances, including strict adherence to ART;

Region /Country	HTLV-1 prevalence in pregnant women	Screening guidelines in pregnancy	Breastfeeding guidelines in general population	HTLV-1 consideration	Breastfeeding guidelines in HIV-infected women and HTLV-1 consideration
Europe	No data	No guidance (8)	Support exclusive breastfeeding for the first six months (37)	Breastfeeding is contraindicated in infants born to mothers affected by HTLV-1 and 2 infections (39)	HTLV-1 not mentioned (32) Generally discourage breastfeeding; may support it if maternal pVL undetectable and with close follow-up HTLV-1 not mentioned (30)
France	In main land: 0.1% in Paris ; In overseas territories: Guadeloupe 3%, Martinique 2.4% French Guiana 4.2% (2)	screening of breast-milk donors and pregnant women from endemic regions (8)	Exclusive breastfeeding on demand for 4 to 6 mo is recommended (40)	HTLV-1 infection contraindicates breastfeeding (40)	Formula feeding; Breastfeeding possible if adherence to ART, ongoing clinical care, HIV pVL <50 copies/ml throughout the pregnancy and breastfeeding, and reinforced follow-up throughout the duration of breastfeeding HTLV-1 not mentioned (29)
Japan	National prevalence: 0.14%, prevalence in Kyushu: 0.6% (2)	Nationwide policy since 2011: universal antenatal screening (8,9)	Exclusive breastfeeding recommended until 6 mo	HTLV-1 infection contraindicates breastfeeding (8)	Infant formula feeding in infants born to mothers affected by HIV or HTLV-1 (41)
Switzerland	No data	No guidance	Breastfeeding for at least 4 mo is recommended (42)	HTLV-1 not mentioned (42)	Supported breastfeeding permitted with undetectable pVL and follow-up HTLV not included in current national HIV breastfeeding guidance (27)
USA	No data	No guidance	exclusive breastfeeding for 6 mo followed by continued breastfeeding with complementary foods for at least 2 y	HTLV listed as a maternal contraindication to breastfeeding (43)	Breastfeeding only if maternal pVL <50 copies/mL on ART; otherwise use replacement feeding HTLV is not mentioned in HIV feeding policies (31)
UK	Prevalence of 0.3% (2)	Breast-milk donation screening (8)	Exclusive breastfeeding is recommended for the first six months (44)	Migrants health guidance on women's health refers to avoidance of breastfeeding for women living with HTLV (16)	Formula feeding recommended supported breastfeeding allowed under pVL suppression and monthly monitoring HTLV-1 not mentioned (26)

*AFASS: acceptable, feasible, affordable, sustainable, and safe ; ART: antiretroviral therapy; pVL: plasma viral load.