# Sequence Note

# HIV-1 Strains Identified in Brazilian Blood Donors: Significant Prevalence of B/F1 Recombinants

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# ABSTRACT

In the Brazilian HIV-1 epidemic subtypes B, C, and F1 are cocirculating in the high risk population groups, and there is a high prevalence of intersubtype recombinant forms. The dynamic nature of the HIV epidemic in Brazil led us to study HIV-1 subtypes present in HIV-infected blood donations collected from 2001 to 2003. Donations from 91 seropositive donors were evaluated. Genetic subtype was obtained for 88 specimens based on sequence analysis of *gag* p24, *pol* IN, and *env* gp41 IDR. HIV-1 subtype B was the predominant strain present in the donor population (73.9%). A significant prevalence of intersubtype recombinants of subtypes B and F1 was found (22.7%). Subtype C (1.1%) and F1 (2.3%) were rare. None of the B/F1 recombinants is CRF28\_BF or CRF29\_BF. The high level of unique B/F1 recombinant strains in this population demonstrates the dynamic and complex nature of the HIV epidemic in Brazil.

**B**<sub>RAZIL HAS A COMPLEX HIV-1 EPIDEMIC. The epidemic was initiated with the introduction of HIV-1 subtype B, likely originating from the United States, and established itself in the risk group of men having sex with men.<sup>1</sup> Subtype F1 was introduced into Brazil in the early 1980s and was primarily found among intravenous drug users and female prostitutes.<sup>1</sup> More recently, subtype C entered southern Brazil and is spreading from the state of Rio Grande Do Sul to the north and east.<sup>2–4</sup> Currently, subtypes B, C, and F1 are cocirculating in all risk groups with their prevalence differing only by geographic location.<sup>1,3</sup> The cocirculation of subtypes within high risk groups has resulted in a high prevalence of unique intersubtype recombinant forms (URF).<sup>2–4</sup> B/F1 recombinants are common where subtypes B and F1 cocirculate.<sup>3,5–8</sup> Similarly, B/C recombinants are emerging in the south and southeastern regions of the country.<sup>9</sup></sub>

Although subtype B is the predominant strain found throughout Brazil, the epidemic is changing.<sup>3</sup> The prevalence of subtype C is now higher than the prevalence of subtype B in southern Brazil.<sup>2–4</sup> Subtype F1 is declining with B/F1 recombinants now more common than nonrecombinant F1.<sup>3,5–8</sup> The dynamic nature of the HIV epidemic in Brazil led us to evaluate HIV-1 subtypes present in HIV-infected blood donations. Blood donors represent a wider cross section of the population than selected high risk groups and thus may provide a broader overview of the HIV-1 strains circulating in Brazil.

HIV-seropositive plasma was collected from 91 blood donors in Brazil between 2001 and 2003 at three blood banks located in the cities of Salvador, Fortaleza, and Goiania. Salvador, the capital city of the State of Bahia, with 2.5 million inhabitants and Fortaleza, the capital city of the State of Ceará, with about 2.3 million inhabitants are located in the North East region of Brazil. The city of Goiania, the capital of Goias State, with 1.2 million inhabitants is located in the Central West region. The HIV-1 prevalence rates for these three cities are similar at approximately 0.5% of the adult population. The selection crite-

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ria for blood donation in Brazil are very stringent and any donor declaring a risk factor for acquisition of HIV infection is rejected. Thus, all positive patients were likely unaware of their serostatus and declared no known risk exposure to HIV during the screening interview. The study was conducted in conformance with national and local approval from the Institutional Committee on Ethics of Brazil in Research at Professor Edgard Santos University Hospital, Bahia, Brazil.

Brazilian regulations require all blood donations to be tested for HIV antibodies by at least two different enzyme immunoassay (EIA) methods (e.g., virus lysate- and recombinant peptide-based tests). Each test is performed in duplicate and if a sample is reactive in at least one test, it is retested using both assays. Donations with a reactive result upon retest are rejected. Plasma was separated from each HIV-reactive blood unit and sent to the Retrovirology Laboratory at the Federal University of Bahia Hospital where HIV seroreactivity was confirmed by Western blot.

HIV-1 viral load was obtained for 89 specimens using the RealTime HIV-1 assay (Abbott Molecular Inc., Des Plaines, IL) as previously described (Table 1).<sup>10</sup> For two specimens, 01BAB035 and 01CEB077, HIV-1 RNA was not detected despite the specimens being HIV antibody reactive. The viral loads for quantified specimens ranged from 68 to  $5.37 \times 10^5$  copies per ml (1.83–5.73 log<sub>10</sub> copies per ml) with a median value of  $5.25 \times 10^4$  copies per ml (4.27 log<sub>10</sub> copies per ml). No correlation could be ascertained between subtype and virus load because of the predominance of subtype B in our study population.

To determine the genetic subtype of the HIV-1 strain present in each specimen, three regions of the genome were independently amplified by reverse transciptase polymerase chain reaction (RT-PCR) and sequenced as described: gag p24 (851 nts in length), pol integrase (IN) (864 nts), and env gp41 immunodominant region (IDR) (597 nts).<sup>10,11</sup> For some of the specimens, smaller regions of gag p24 or env gp41 were amplified. Subtype classification was assigned based on phylogenetic analysis of each amplified sequence. Sequences derived from each genome region were aligned to HIV reference strains of known classification using Clustal W (MegAlign, Lasergene v5.06, DNASTAR, Madison, WI) and manually edited. The alignments were gap stripped and converted into Phylip format using Bioedit (v 7.0.4.1, T. Hall, North Carolina State University, Raleigh, NC). Alignments were subjected to phylogenetic analysis using PHYLIP software (v 3.5c for windows, J. Felsenstein, University of Washington, Seattle, WA) using Dnadist (Kimura two-parameter) to estimate genetic distances, Neighbor (neighbor-joining method) for phylogenetic relationships, and Seqboot for branch reproducibility. Trees were constructed using TreeView (v1.6.6, R.D.M. Page, University of Glasgow, UK). The SimPlot program (v 2.5, S. Ray, Johns Hopkins University, Baltimore, MD) was used to evaluate sequences for intersubtype recombination. Putative recombinant sequences were aligned with one reference sequence for each of the major HIV-1 group M subtypes (A, B, C, F1, and G); for subtype B, reference strain HXB2 or a strain from our Brazil specimen set was used and for subtypes C and F1, reference strains from Brazil were used. SimPlot and BootScan were run using a window of 200 nucleotides and step of 20 nucleotides. For FindSites, reference

strains HXB2 (subtype B), 93BR020 (subtype F1), and 92BR025 (subtype C) were used.

Sequence amplification and analysis of gag p24 and env IDR regions were successful for 88 specimens; pol IN was successful for 85 specimens (Table 1). Amplification failed in all three regions for three specimens, 01BAB035, 01BAB064, and 01CEB077; two specimens had undetectable virus and 01BAB064 had a low viral load (68 copies per ml) by the RealTime HIV-1 assay. Amplification of pol IN failed for 01BAB084, 01BAB105, and 01GOB040. Phylogenetic trees derived from selected gag and pol sequences are shown in Fig. 1. Sixty-five specimens contained viruses that were subtype B across the genome regions that were amplified, one was subtype C, and two were subtype F1. Six viral isolates showed discordant subtype classification between gene regions; all were subtype F1 in gag and subtype B in pol and env [isolates indicated by an asterisk (\*) in Fig. 1; isolate 39340 not shown in Fig. 1A]. Sequences that were basal in the subtype branch (for example, 182189 in Fig. 1B) or that fell between subtype branches (for example, 01BAB060 in Fig. 1B) were examined for intersubtype recombination using SimPlot. There were no recombinant sequences in the gag fragments. Within the pol integrase region, 11 sequences were identified as recombinants comprised of subtypes B and F1 (indicated by < in Fig. 1B). There appear to be three subtype B/F1 recombinants in the env sequences; the recombination breakpoint could be defined for 153117-4. However, env sequences for 01CEB082 and 01GOB039 did not have definable breakpoints due to the short sequence lengths and the subtypes were assigned as unclassified (U).

In the Brazilian strains pol IN appears to be a hot spot for intersubtype recombination. Of 22 recombination breakpoints that were identified, 21 were present within 11 pol IN sequences. Seven different recombination patterns were observed for the pol IN sequences; Fig. 2 shows a schematic of the recombinant structures. The recombinant breakpoints were defined based on the results of FindSites analysis. Isolates 01BAB032 and 01BAB060 have the same structure. Isolates 01BAB034, 01BAB086, 01BAB101, and 01BAB102 have the same recombination pattern in *pol* IN; however, in *gag*, 01BAB034, 01BAB101, and 01BAB102 are subtype F1 and 01BAB086 is subtype B (Fig. 1A). Only isolates 01BAB034 and 01BAB102 branch together in gag and env. Many of the recombination breakpoints were shared between different isolates (Fig. 2). At some sites the crossover was always the same subtype switch, from B to F1 or F1 to B, suggesting there may be a selective advantage to the recombinant structure. At other sites both subtype switches were observed implying no structural preference. Other reports of B/F1 recombinants in Brazil also found the pol region to be a hot spot for recombination and found conservation of breakpoints.7,12,13 These observations could indicate that B/F1 recombinant strains have undergone additional recombination with some breakpoints preserved in the progeny while other breakpoints are added or lost.<sup>13</sup> Alternatively, recombination is occurring repeatedly at the same or similar sites in pol.7 Recombination occurs most frequently in genome regions with high sequence conservation and is 2-fold higher in *pol* than in *gag* and *env*.<sup>14</sup>

Table 2 summarizes the genotyping results for the viruses found in this Brazilian blood donor population. Subtype B was

Number	Specimen ID <sup>a</sup>	Collection date <sup>b</sup>	Viral load <sup>c</sup>	Genetic subtype <sup>d</sup>		
				gag <i>p24</i>	pol IN	env IDR
1	37811	Dec/2000	5.17	F1	F1	F1
2	38154	Jan/2001	4.26	В	В	В
3	39212	Mar/2001	5.03	В	В	В
4	39340	27 Mara/2001	4.17	F1	В	В
5	39462	4 Mar/2001	5.11	В	В	В
6	181615	Aug/2000	4.27	В	В	В
7	182189	Aug/2000	4.54	F1	B/F1	В
8	425622	Jul/2000	3.82	В	В	В
9	437895	10 Apr/2000	3.85	В	В	В
10	439200	16 Oct/2000	3.63	В	В	В
11	440163	Oct/2000	4.20	В	В	В
12	443592	Nov/2000	3.32	В	В	В
13	465249	Apr/2001	4.19	В	В	В
14	465302	Apr/2001	4.71	В	В	В
15	O13650060	Jul/2000	5.73	В	В	В
17	01BAB032	5 May/2001	4.16	F1	B/F1	В
18	01BAB034	6 May/2001	4.15	F1	B/F1	В
19	01BABA035	25 May/2001	ND	Neg	Neg	Neg
20	01BAB036	30 May 2001	3.34	В	В	В
21	01AB053	6 Jul/2001	3.67	В	В	В
22	01BAB054	11 Jul/2001	3.39	В	В	В
23	01BAB055	Sept/2000	2.66	FI	В	В
24	01BAB050	Sept/2000	3.37	В	В	В
25	01BAB057	Aug/2000	2.57	B	B	В
20	010 A D 060	Jan/2001	4.21	Б 1	В D/E1	Б
27	01DAD000 01DAD061	Sant/2000	4.23		D/F1 D	D
20	01BAB001 01BAB062	Sept/2000 Feb/2001	4.34	B	B	B
29	01BAB002 01BAB063	3 Aug/2001	4.09	D F1	B	B
31	01BAB064	25  Jan/2002	1.83	Neg	D Neg	Neg
32	01BAB066	20 Jan/2002	4.28	R	B	B
333	01BAB067	15 Feb/2002	4 54	B	B	B
34	01BAB068	15 Feb/2002	3.88	F1	B	B
35	01BAB075	19 Apr/2002	4.48	F1	B	B
36	01BAB076	5 Apr/2002	4.57	В	B	B
37	01BAB080	17 May/2002	5.05	В	В	В
38	01BAB084	3 Aug/2001	3.01	В	Neg	В
39	01BAB085	7 Jun/2002	3.90	F1	в	В
40	01BAB086	17 Jun/2002	3.90	В	B/F1	В
41	01BAB093	5 Jul/2002	4.42	В	В	В
42	01BAB094	28 Jun/2002	4.21	В	В	В
43	01BAB095	9 Aug/2002	4.61	В	В	В
44	01BAB096	30 Aug/2002	4.94	F1	B/F1	В
45	01BAB097	18 Oct/2002	4.23	В	В	В
46	01BAB098	18 Oct/2002	4.04	В	B/F1	В
47	01BAB099	18 Oct/2002	3.69	В	В	В
48	01BAB100	18 Oct/2002	3.61	В	B	В
49	01BAB101	Nov/2002	4.01	FI	B/F1	В
50	01BAB102	Nov/2002	4.01	FI	B/F1	В
51	01BAB103	NOV/2002	4.09	В	В	В
52	01BAB104 01DAD105	6  Sept/2002	4.14	B	B	В
55 54	01BAB103	19 Jul/2002 26 Mar/2002	2.90 3 77	D D	neg	D D
55	01BAB100	Sept/2000	3.17	D P	D D	D D
56	01BAB107	6 Sept/2000	5.05 4.01	D R	D R	D Q
57	01CR043	Mar/2002	4 46	R	R	R
58	01CEB044	Mar/2002	4.38	B	R	R
59	01CEB045	Mar/2002	4.51	B	R	R
60	01CEB047	Mar/2002	4.94	B	B	B
61	01CEB048	Mar/2002	4.64	B	B	B
			-			(continued)

#### HIV-1 B/F1 RECOMBINANTS PREVALENT IN BRAZIL

Number	Specimen ID <sup>a</sup>	Collection date <sup>b</sup>	Viral load <sup>c</sup>	Genetic subtype <sup>d</sup>		
				gag <i>p24</i>	pol IN	env IDR
62	01CEB049	Mar/2002	4.32	В	В	В
63	01CEB050	Jan/2002	4.78	В	В	В
64	01CEB052	Jan/2002	4.05	В	В	В
65	01CEB069	5 Feb/2002	5.61	В	В	В
66	01CEB070	5 Feb/2002	4.10	В	В	В
67	01CEB071	5 Feb/2002	4.45	В	В	В
68	01CEB072	5 Feb/2002	4.30	В	В	В
69	01CEB073	5 Feb/2002	5.72	В	В	В
70	01CEB074	5 Feb/2002	5.04	В	В	В
71	01CEB077	21 May/2002	ND	Neg	Neg	Neg
72	01CEB078	21 May/2002	4.55	В	В	В
73	01CEB079	21 May/2002	5.05	F1	B/F1	F1
74	01CEB081	21 May/2002	5.04	В	В	В
75	01CEB082	21 May/2002	4.47	В	В	U
76	01CEB083	21 May/2002	4.76	В	В	В
77	01CEB087	2 Apr/2003	4.86	В	В	В
78	01CEB088	2 Apr/2003	3.21	В	В	В
79	01CEB089	2 Apr/2003	4.42	В	В	В
80	01CEB090	2 Apr/2003	4.40	F1	F1	F1
81	01CEB091	2 Apr/2003	4.93	В	В	В
82	01CEB092	2 Apr/2003	3.64	F1	F1	U
83	01BOG029	Mar/2002	4.52	В	В	В
84	01GOB030	Mar/2002	4.74	В	В	В
85	01GOB031	Mar/2002	4.64	В	В	В
86	01GOB034	Jun/2002	4.31	В	В	В
87	01GOB038	Aug/2003	5.21	В	В	В
88	01GOB039	Aug/2002	5.40	F1	B/F1	В
89	01GOB040	May/2002	2.36	В	Neg	В
90	01GOB041	May/2002	2.93	С	C	С
91	01GOB042	May/2002	3.67	В	В	В

TABLE 1. SPECIMEN DATA (CONT'D)

<sup>a</sup>Collection site indicated by ID: BAB indicates Bahia; CEB indicates Ceará; GOB indicates Goias; specimens 1–16 were collected in Bahia.

<sup>b</sup>Day (if available), month/year.

<sup>c</sup>Viral load determined using a RealTime HIV-1 assay and expressed as log<sub>10</sub> RNA copies per ml. ND indicates HIV-1 RNA was not detected.

<sup>d</sup>neg, specimen was RT-PCR negative.

the predominant strain found (65 isolates, 73.9%), followed by intersubtype recombinants of subtypes B and F1 (20 isolates, 22.7%). Subtypes C and F1 were present but rare (1.1% and 2.3%, respectively). For the B/F1 recombinant strains, 16 were subtype F1 in *gag* p24 whereas only one *pol* IN and one *env* sequence were F1 derived. In contrast, there were only four subtype B-derived *gag* p24 sequences as compared to 8 for *pol* IN and 16 for *env* IDR.

The results in this study are consistent with previous studies that show a high prevalence of subtype B in other population groups within Brazil.<sup>3,6,8,12,15,16</sup> In contrast, the frequencies of subtypes C and F1 were lower than some of the previous reports.<sup>3–6</sup> For subtype C, this may be due in part to the unequal geographic distribution of subtype C in the country with a higher prevalence in the south and decreasing prevalence moving into north and central Brazil.<sup>2–4</sup> The population in this study came from the northeast and central west regions. Previous reports may have overestimated the prevalence of subtype F1; re-

analysis of F1 subtypes that had been classified based on one genome region often showed the viruses were B/F1 recombinants when additional genome regions were evaluated.<sup>9</sup> Based on the genome regions sequenced, we identified two pure F1 strains. Since CRF12\_BF is F1 in all the regions evaluated in this study, we subsequently sequenced the *pol* protease and RT genes of the two putative F1 isolates. Phylogenetic analysis revealed that they are subtype F1 throughout this region and do not contain any of the recombination breakpoints found in CRF12\_BF (data not shown).<sup>17</sup>

One of the unique features of the Brazilian HIV epidemic is the variety of intersubtype recombinants of subtypes B and F1 and the absence of a dominant B/F1 circulating recombinant form.<sup>6,12</sup> Even without full-genome sequences, 20 B/F1 recombinant strains were identified in our study population. Six isolates have a *gag/pol/env* recombination pattern of F1/B/B, consistent with CRF28\_BF that was recently identified in Brazil.<sup>13</sup> However, none of the six isolates shares recombina1438

FIG. 1. Phylogenetic trees derived from gag p24 and pol IN sequences. Trees were constructed as described in the text. Group N isolate YBF30 was used as the outgroup. Bootstrap values  $\geq 68\%$  are shown for the major branches. (A) gag p24, sequence alignment was 620 nucleotides in length after gaps were stripped. (B) pol IN, sequence alignment was 836 nucleotides in length after gaps were stripped. The symbol \* indicates isolates with discordant subtype classification between gene regions and < indicates isolates with recombinant pol IN sequences.





FIG. 1. Continued.



**FIG. 2.** Intersubtype recombination breakpoints within *pol* IN sequences. Nucleotide positions are numbered from the start of the IN coding region with position 1 equivalent to nucleotide 4230 in reference strain HXB2 (accession number M38432). The subtype B sequence is indicated by light colored solid boxes, subtype F1 by dark solid boxes, and crossover regions by hatched boxes. ^The pattern for 01BAB032 is also present in 01BAB060. \*The pattern shown for 01BAB034 is also present in 01BAB086, 01BAB101, and 01BAB102. ARCH003 is a URF reference strain.

tion breakpoints with CRF28\_BF references strains in *pol* protease-RT (data not shown). Three isolates with the F1/B/B pattern (39340, 01BAB063, and 01BAB068) consistently branch together in phylogenetic trees derived from each of the three genome regions and have the same recombination breakpoint within protease-RT (data not shown). Although this subcluster within the phylogenetic trees is not supported by bootstrap values, these three isolates may represent a CRF. Isolates 01BAB32 and 01BAB060 have a *gag/pol/env* pattern of F1/BF1/B and form a branch within each phylogenetic tree that is supported by bootstrap values and are candidates for a CRF. Thus of the 20 B/F1 recombinant strains, 5 have the potential to represent two novel CRFs and 15 appear to be URFs. None of the B/F1 recombinants has patterns consistent with Brazilian strains of CRF28\_BF and CRF29\_BF.<sup>13</sup> The high prevalence of URFs and the apparently low prevalence of circulating recombinant forms (CRF) in Brazil are likely the result of the introduction of subtypes C and F1 into an established epidemic of HIV-1 subtype B infections. Cocirculation of more than one subtype within a high risk group that is repeatedly exposed led to a high occurrence of dual infections and resulted in ongoing recombination of pure subtypes and intersubtype recombinants.<sup>12</sup> In contrast, in Argentina, a B/F1 recombinant was introduced into a population with a low prevalence of HIV-1. Subsequent expansion of this B/F1 strain in the relatively naive population gave rise to CRF12\_BF.<sup>17</sup> We did not observe any dual infections in the study population. However, the methods used here are biased for detection of the predominant strain present in the specimen and would not have detected a second virus present at much lower levels. Virolog-

TABLE 2. SUMMARY OF GENETIC SUBTYPES IN THE STUDY POPULATION

	Number of isolates				
Genetic subtype	Overall (%)	gag <i>p</i> 24	pol IN	env IDR <sup>a</sup>	
В	65 (73.9%)	69	70	81	
С	1 (1.1%)	1	1	1	
F1	2 (2.3%)	18	3	3	
Intersubtype recombinant	20 (22.7%)	0	11	3	
Total	88	88	85	88	

<sup>a</sup>Two unclassified *env* sequences are counted as recombinants.

#### HIV-1 B/F1 RECOMBINANTS PREVALENT IN BRAZIL

ical factors may also favor B/F1 recombination during coinfection, for example, viral fitness. Whatever the mechanism, the high level of unique B/F1 recombinant strains in the population demonstrates the dynamic and complex nature of the HIV epidemic in Brazil.

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### REFERENCES

- Bello G, Guimarães ML, and Morgado MG: Evolutionary history of HIV-1 subtypes B and F infections in Brazil. AIDS 2006;20: 763–768.
- Soares EAJM, Santos RP, Pellegrini JA, *et al.*: Epidemiologic and molecular characterization of human immunodeficiency virus type 1 in southern Brazil. J Acquir Immune Defic Syndr 2003;34: 520–526.
- Brindeiro RM, Diaz RS, Sabino EC, et al.: Brazilian network for HIV drug resistance surveillance (HIV-BResNet): A survey of chroniclly infected individuals. AIDS 2003;17:1063–1069.
- Rodrigues R, Scherer LC, Oliveira CM, et al.: Low prevalence of primary antiretroviral resistance mutations and predominance of HIV-1 clade C at polymerase gene in newly diagnosed individuals from south Brazil. Virus Res 2006;116:201–207.
- Barreto CC, Nishyia A, Araújo LV, *et al.*: Trends in antiretroviral drug resistance and clade distribution among HIV-1-infected blood donors in Sao Paulo, Brazil. J Acquir Immune Defic Syndr 2006; 41:338–341.
- Brígido LFM, Franco HM, Custódio RM, *et al.*: Molecular characteristics of HIV type 1 circulating in São Paulo, Brazil. AIDS Res Hum Retroviruses 2005;21:673–682.
- Thomson MM, Sierra M, Tanuri A, *et al.*: Analysis of near fulllength genome sequences of HIV type 1 BF intersubtype recombinant viruses from Brazil reveals their independent origins and their lack of relationship to CRF12\_BF. AIDS Res Hum Retroviruses 2004;20:1126–1133.

- Vincente ACP, Otsuki K, Silva NB, et al.: The HIV epidemic in the Amazon basin is driven by prototypic and recombinant HIV-1 subtypes B and F. J Acquir Immune Defic Syndr 2000;23:327–331.
- Lindenmeyer Guimarães M, Dos Santos Moreira A, Loureiro R, *et al.*: High frequency of recombinant genomes in HIV type 1 samples from Brazilian southeastern and southern regions. AIDS Res Hum Retroviruses 2002;18:1261–1269.
- Swanson P, Huang S, Holzmayer V, *et al.*: Performance of the automated Abbott RealTime<sup>TM</sup> HIV-1 assay on a genetically diverse panel of specimens from Brazil. J Virol Methods 2006;134: 237–243.
- Swanson P, Devare SG, and Hackett J Jr: Molecular characterization of 39 HIV-1 isolates representing group M (subtypes A-G) and group O: Sequence analysis of gag p24, pol integrase, and env gp41. AIDS Res Hum Retroviruses 2003;19:625–629.
- 12. Da Sa Filho DJ, Sanabani S, Diaz RS, *et al.* Analysis of full-length human immunodeficiency virus type 1 genome reveals a variable spectrum of subtypes B and F recombinants in São Paulo, Brazil. AIDS Res Hum Retroviruses 2005;21:145–151.
- Da Sa Filho DJ, Sucupira CA, Casiero MM, *et al.*: Identification of two HIV type 1 circulating recombinant forms in Brazil. AIDS Res Hum Retroviruses 2006;22:1–13.
- Magiorkinis G, Paraskevis D, Vandamme A-M, *et al.*: In vivo characteristics of human immunodeficiency virus type 1 intersubtype recombination: Determination of hot spots and correlation with sequence similarity. J Gen Virol 2003;84:2715–2722.
- Couto-Fernandez JC, Morgado MG, Bongertz V, *et al.*: HIV-1 subtyping in Salvador, Bahia, Brazil: A city with African sociodemographic characteristics. J Acquir Immune Defic Syndr 1999;22: 288–301.
- Turchi MD, Diaz RS, Turchi Martelli CM, *et al.*: Genetic diversity and HIV-1 incidence estimation among cocaine users in São Paulo, Brazil. J Acquir Immune Defic Syndr 2002;30:527–532.
- Quarleri JG, Rubio A, Carobene M, *et al.*: HIV type 1 BF recombinant strains exhibit different pol gene mosaic patterns: Descriptive analysis from 284 patients under treatment failure. AIDS Res Hum Retroviruses 2004;20:1100–1107.

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