

HLA Antigen Distribution in Selected Gujarati Subcaste from Mumbai, Maharashtra, India

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ABSTRACT Indian population is well known for its genetic diversity. Among the numerous endogamous communities, which are restricted very much by custom, marriage and occupation we have collected 178 unrelated Gujarati speaking individuals, belonging to Lohanas, Banyas and Gujarati Brahmins caste groups. We present here the HLA- A, B, C and DR locus antigen distribution of these endogamous caste groups compared with each other. The HLA antigens were identified by using the standard complement mediated NIH microlymphocytotoxicity assay. The phenotypic frequencies of HLA- A2, A9, B5, B35, B40, DR2, DR3 in Banyas, A10, A19, B8, B17, Cw3, DR7 in Lohanas and A1, B7, B22, Cw5, DR1 in Gujarati Brahmins were found to be significantly increased. The phenotype frequencies of A10, B13, DR6 in Banyas, B15, B22, DR4 in Lohanas and A2, A10, B8, B13, B37, Cw7, DR6 in Gujarati Brahmins were found to be significantly decreased among the HLA antigens tested. Haplotype analysis revealed that A33-B44-DR7 haplotype were present in all the three caste groups while, A1-B17 in Brahmins, A11-B35, A2-B5, A3-B18 in Lohanas and A11-B62, A3-B40 in Banyas were unique among the caste groups. Haplotype A24-B5 was identified among Lohanas and Banyas. The observed antigen frequencies and linkage disequilibrium among the three Gujarati caste groups suggest the influence of genetic drift caused by selection, geography and culture. The study also reveals that the caste groups in India cannot be considered as a single panmictic population with reference to genetic characteristics, which may have a clinical relevance in unrelated donor selection for allogenic bone marrow transplantation in India.

INTRODUCTION

The population of India has been subjected to successive waves of immigration and invasions from the Middle East, Central Asia and Mongolia, contributing to the present day gene pool (Bhasin et al. 1994). The Brahmins are considered the upper caste Hindus in India. Gujarati

Brahmins are a group of Brahmins who practice strict endogamy within Gujarati speaking community and are mainly situated in Maharashtra and Gujarat State. They are priests, scholars or cooks referred as Maharaj. The Banyas are known as Vania in Gujarati is a conglomeration of people from different caste namely Visa, Dasha and Pancha bunched in a single group because of their profession. Lohanas are principally found in Sind, Gujarat and Kutch. They believe that they were originally soldiers and statesmen, when their power declined, they took to trade. Lohanas probably belong to the lohanis who formerly held the communities between the Sulliman Hills and the Indus. Lohanas have a number of exogamous divisions called Nukhs. Marriages are prohibited between members of the same Nukh (Einthoven 1990).

Several workers have conducted numerous studies on the genetics of various populations in India. Literature has been reported on blood groups, red cell enzymes and serum protein polymorphisms (Bhatia and Rao 1986). The HLA complex is the most diverse and polymorphic genetic system with major functional and medical implication (Charron 1997). Our initial knowledge of this highly complex system which has developed over the second half of the 20th century allowed us to understand its role in the immune response and thereby its impact in Transplantation Medicine, Autoimmunity, Infectious Disease, Allergy and Cancer (Charron 1996). It has also provided unique contributions to Anthropology and Population genetics (Charron 2000). Distribution of HLA antigens in various ethnic groups of the world and India have been reported (Imanishi et al. 1992; Mittal et al. 1982; Pitchappan et al. 1984; Mehra et al. 1986; Shankarkumar et al. 1999, 2000, 2001, 2002a; Chhaya and Shankarkumar 2001).

In the present study we investigated the distribution of HLA antigens in Gujarati speaking Brahmins, Banyas and Lohana caste groups.

MATERIALS AND METHODS

Blood samples from random 178 healthy unrelated Gujarati speaking individuals belonging to Lohanas (n=46), Banyas (n=78) and Gujarati Brahmins (n=54) from Mumbai were studied for HLA -A, -B, -C and -DR locus antigen profiles. Ten to fifteen milliliters of venous blood (in heparin 50 IU/ml) was collected in a sterile tube from each individual. The lymphocytes were isolated by density gradient centrifugation on Histopaque. HLA- A, B, C and DR locus antigens were identified by NIH two - stage microlymphocytotoxicity assay (Terasaki and Mc Clelland 1964) using T cells for class I typing and B cells isolated by a miniature nylon wool column for class II with a longer incubation period (Manikasundari et al. 1984). A total of 190 antiserum were used for defining 17 specificities for HLA- A locus, 29 for HLA- B locus, 8 for HLA- C locus and 10 for HLA- DR locus antigens. The antisera were commercial (Biotest, Germany; Behring, Germany; Pelfreez, USA) in origin. The typing tray included a minimum of three antisera for each supertypic specificity. The phenotype frequency (PF), genotype frequency (GF), standard error of gene frequency (SEGF), haplotype frequency (HF), Co efficient of linkage disequilibrium (Delta) and "t" values were calculated following the method described by Baur and Daniloves (1980).

RESULTS

The results on HLA- A, B, C and DR antigen frequencies of the three Gujarati caste groups are compared in Table 1. The phenotypic frequencies of HLA- A2, A9, B5, B35, B40, DR2, DR3 in Banyas, A10, A19, B8, B17, Cw3, DR7 in Lohanas and A1, B7, B22, Cw5, DR1 in Gujarati Brahmins were found to be significantly increased. The phenotype frequencies of A10, B13, DR6 in Banyas, B15, B22, DR4 in Lohanas and A2, A10, B8, B13, B37, Cw7, DR6 in Gujarati Brahmins were found to be significantly decreased among the HLA antigens tested. Further HLA- A28, B18, B27, Cw1, Cw6, DR6 were found to be decreased, while B48, DR8, DR9, DR10 were not identified

Table1: Percentage frequencies among different Gujarati caste groups studied

| HLA | Gujarati caste | | |
|------|----------------|----------------|-----------------|
| | Banya N-78 | Lohana N-46 | Brahmin N-54 |
| A1 | 24.40 | 21.70 | 46.30 |
| A2 | 35.90 | 23.90 | 16.70 |
| A3 | 21.80 | 26.10 | 22.20 |
| A9 | 33.30 | 28.30 | 24.10 |
| A10 | 9.00 | 23.90 | 11.10 |
| A11 | 20.50 | 19.60 | 24.10 |
| A19 | 10.30 | 26.10 | 14.80 |
| A28 | 12.80 | 13.00 | 9.30 |
| B5 | 41.00 | 23.90 | 38.90 |
| B7 | 7.70 | 13.00 | 22.20 |
| B8 | 10.30 | 10.90 | 3.70 |
| B12 | 17.90 | 21.70 | 16.70 |
| B13 | 1.30 | 13.00 | 1.90 |
| B14 | 0.00 | 4.30 | 1.90 |
| B15 | 10.30 | 4.30 | 9.30 |
| B16 | 1.30 | 0.00 | 0.00 |
| B17 | 17.90 | 30.40 | 18.50 |
| B18 | 3.80 | 8.70 | 5.60 |
| B21 | 10.30 | 6.50 | 7.40 |
| B22 | 5.10 | 4.30 | 14.80 |
| B27 | 3.80 | 4.30 | 1.90 |
| B35 | 21.80 | 19.60 | 14.80 |
| B37 | 0.00 | 2.20 | 1.90 |
| B40 | 29.50 | 13.00 | 20.40 |
| B48 | 0.00 | 0.00 | 0.00 |
| Cw1 | 2.60 | 2.20 | 3.70 |
| Cw2 | 2.60 | 6.50 | 0.00 |
| Cw3 | 10.30 | 19.60 | 7.40 |
| Cw4 | 30.80 | 34.80 | 25.90 |
| Cw5 | 0.00 | 6.50 | 7.40 |
| Cw6 | 3.80 | 4.30 | 3.70 |
| Cw7 | 2.60 | 0.00 | 1.90 |
| DR1 | 0.00 | 0.00 | 10.30 |
| DR2 | 51.40 | 22.20 | 37.90 |
| DR3 | 32.40 | 27.80 | 31.00 |
| DR4 | 21.60 | 11.10 | 24.10 |
| DR5 | 27.00 | 27.80 | 27.60 |
| DR6 | 5.40 | 0.00 | 6.90 |
| DR7 | 29.70 | 44.40 | 24.10 |
| DR8 | 0.00 | 0.00 | 0.00 |
| DR9 | 0.00 | 0.00 | 0.00 |
| DR10 | 0.00 | 0.00 | 0.00 |

among all the three caste groups. Haplotype analysis revealed that A33-B44-DR7 haplotype were present in all the three caste groups while, A1-B17 in Brahmins, A11-B35, A2-B5, A3-B18 in Lohanas and A11-B62, A3-B40 in Banyas were unique among the caste groups. Haplotype A24-B5 was identified among Lohanas and Banyas (Table 2). Most of the newly identified and defined WHO Nomenclature for HLA antigens 2002 (Marsh et al. 2002) have not been tested in these populations.

Table 2: Common Haplotypes observed among the Gujarati caste groups studied.

| Haplotypes | HF/1000 | LD/1000 | chi-square | T value |
|-----------------|---------|---------|------------|---------|
| Lohanas | | | | |
| A2-B5 | 23.50 | 16.00 | 12.52 | 2.93 |
| A3-B18 | 11.20 | 9.10 | 12.67 | 2.43 |
| A11-B35 | 45.20 | 29.20 | 11.74 | 3.09 |
| A33-B44 | 27.40 | 18.60 | 14.88 | 3.23 |
| A24-B5 | 44.90 | 31.20 | 29.14 | 4.53 |
| A33-B44-DR7 | 12.30 | 10.30 | 9.57 | 2.03 |
| A11-B35-DR4 | 45.20 | 35.90 | 59.03 | 5.48 |
| Banyas | | | | |
| A11-B62 | 15.60 | 11.30 | 7.75 | 2.28 |
| A3-B40 | 17.70 | 10.30 | 5.75 | 2.18 |
| A24-B5 | 36.50 | 23.60 | 27.82 | 4.55 |
| A33-B44 | 14.80 | 12.40 | 16.14 | 2.58 |
| A24-B5-DR2 | 160.00 | 79.90 | 7.95 | 3.35 |
| A33-B44-DR7 | 51.80 | 38.10 | 7.36 | 2.44 |
| Brahmins | | | | |
| A1-B17 | 84.60 | 58.60 | 7.39 | 3.00 |
| A33-B44 | 37.70 | 33.70 | 12.00 | 2.12 |
| A33-B44-DR7 | 27.40 | 22.20 | 13.82 | 2.68 |

HF = Haplotype frequency per 1000

Delta = Linkage disequilibrium per 1000.

T value > 2 indicates positive for Delta.

Chi-square with Yates correction.

DISCUSSION

Studies of various human populations using PCR based typing have revealed the extent of allelic diversity in HLA (Apple and Erlich 1996). Theoretically high polymorphism of a gene can occur due to mutation rate, selection, genetic hitchhiking or a combination of all the three (Kaufmann 1996). In addition these data have been used to generate hypothesis about the nature of selective forces operating on the HLA loci to elucidate the pattern of human evolution and migration. Earlier population studies have indicated that there are many alleles and haplotypes that appear to be specific for a given population group. Indigenous populations or caste groups show a very restricted diversity of alleles at a particular HLA loci consistent within a population (Trachtenberg et al. 1995). Moreover specific alleles found uniquely in a particular indigenous group may have been generated by point mutation or gene conversion from the ancestral allele after the group separated from the other groups (Titus-Trachtenberg et al. 1994). Multiple polymorphic alleles in a population are maintained at appreciable frequencies due to either overdominance (heterozygous advantage), frequency dependent selection or other selective force (Erlich and Gyllentén 1991).

Both selective forces and a high rate of germline diversification are involved in the evolution of HLA allelic diversity. Thus a newly arisen favorable variant allele might co-exist with the parental allele rather than replacing it when selective forces favoring diversity is operating. Recently in the Indian population newer HLA alleles like A*0211, A*3303, A*3306, B*1405, B*2708, B*2714, DRB1*1506, DRB1*1508 have been identified to co-exist with other alleles (Shankarkumar et al. 2002a,b; Rozemuller et al. 2002; Shankarkumar 2002; Kankonkar et al. 2003; Shankarkumar et al. 2003). One of the characteristic properties of HLA diversity in human population is the phenomenon of linkage disequilibrium, the non-random association of particular alleles at HLA loci. Certain haplotypes are very much more frequent than any other combination of alleles (Shankarkumar et al. 2002a). Strong linkage disequilibrium between closely linked loci may be due to lack of cross-over between the loci and more likely selection for a particular combination of allele (Apple and Erlich 1996). In principle population admixture may also create linkage disequilibrium patterns but that is unlikely to account for extensive disequilibrium observed in human populations. Thus elucidation of the extended haplotypes in these caste groups by molecular typing for newly identified antigens will reveal the HLA allelic diversity and enable to identify newly arisen favorable variant alleles co-existing in the population. Further it will help in identifying the allelic mismatches in the allogeneic bone marrow transplantation with unrelated donors.

REFERENCES

- Apple RJ, Erlich HA 1996. HLA class II genes: Structure and diversity. In: *HLA and MHC: Genes, Molecules and Function*. MJ Browning and AJ McMichael (Eds.). Oxford: BIOS Scientific Publishers. 97-112.
- Baur MP, Danilovs JA 1980. Population analysis of HLA A, B, C, DR and other genetic markers. In: *Histocompatibility Testing 1980*. PI Terasaki (Ed.). Los Angeles: UCLA Press. 955-1210.
- Bhasin MK., Walter H and Danker-Hopfe H 1994. *People of India: An Investigation of Biological Variability in Ecological Ethno-Economic and Linguistic Groups*. Delhi: Kamla-Raj Enterprises.
- Bhatia HM, Rao VR 1986. *Genetic Atlas of Indian Tribes*. Institute of Immunohaematology, New Delhi: Indian Council of Medical Research.
- Charron D. 1997. Genetic diversity of HLA. Functional and Medical implications. *Proceedings of 12th International Histocompatibility Workshop and*

- Conference. France: EDK. Sevres
- Charron DJ 1996. HLA matching in unrelated donor bone marrow transplantation. *Curr Opin Hematol*, **3(6)**: 416-422.
- Charron D 2000. HLA 2000: Proceeding of 26th congress of International Society for Blood Transfusions. *Vox Sang*, **78 (Supple 2)**: 27-28.
- Chhaya SU, Shankarkumar U 2001. HLA antigen distribution in Jain community from Mumbai, Maharashtra, India. *Ind J Med Res*, **114**: 25-29.
- Einthoven RE 1990. *The Tribes and Castes of Bombay*. Delhi: Asian Educational Services.
- Erlich HA, Gyllensten UG 1991. Shared epitopes among HLA class II alleles: Gene conversion, common ancestry and balancing selection. *Immunology Today*, **11**: 411-414.
- Imanishi T, Akaza T, Kimura A, Tokunaga K, Gojobori T. 1992. Allele and Haplotype frequencies for HLA and Complement Loci in various ethnic groups. In: K Tsuji, M Aizawa, T Sasazuki (Eds): *HLA 1991. Proceedings of the Eleventh International Histocompatibility Workshop and Conference Vol. 1*. Oxford: Oxford University Press. 1066-1220.
- Kankonkar S, Jeyanthi G, Singhal BS, Shankarkumar U 2003. Evidence for novel HLA DRB1*15 allele associations among clinically definite Multiple sclerosis patients from Mumbai. *Hum Immunol*, **64**: 478-482.
- Kaufmann J. 1996. Evolution of Major Histocompatibility Complex and MHC like molecules. In: *HLA and MHC: Genes, Molecules and Function*. MJ Browning and AJ McMichael (Eds.). Oxford: BIOS Scientific Publishers. 1-17.
- Manikasundari M, Selvaraj P, Pitchappan RM 1984. Studies on T cells of the lizard *Calotes versicolor*: Adherent and non-adherent populations of the spleen. *Dev Comp Immunol*, **8**: 367-374.
- Marsh SGE, Albert ED, Bodmer WF, Bontrop RE, Dupont B, Erlich HA, Geraghty DE, Hansen JA, Mach B, Mayr WR, Parham P, Petersdorf EW, Sasazuki T, Schreuder GMT, Strominger JL, Svejgaard A, Terasaki PI 2002. Nomenclature for factors of the HLA system 2002. *Tissue Antigens*, **60**: 407-464.
- Mehra NK, Taneja V, Kailash S, Raizada N, Vaidya MC 1986. Distribution of HLA antigens in a sample of North Indian Hindu population. *Tissue Antigens*, **27**: 64-74.
- Mittal KK, Naik S, Sansonetti N, Cowherd R, Kumar R, Wong DM 1982. The HLA antigens in Indian Hindus. *Tissue Antigens*, **20**: 223-226.
- Pitchappan RM, Kakkaniah VN, Rajasekar R, Arulraj N, Muthukaruppan VR 1984. HLA antigens in South India: I Major groups of Tamil Nadu. *Tissue Antigens*, **24**: 190-196.
- Rozemuller EH, Mehra NK, van der Zwan AW, Jaini R, Tilanus MGJ 2002. HLA A*3306 a novel variant in the Indian population. *Tissue Antigens*, **59**: 421-423.
- Shankarkumar U, Pednakar SV, Gupte S, Ghosh K, Mohanty D 1999. HLA antigen distribution in Marathi speaking Hindu population from Mumbai. *J Hum Ecol*, **10 (5-6)**: 367-372.
- Shankarkumar U, Ghosh K, Mohanty D 2001. HLA antigen distribution in Maratha community from Maharashtra, India. *Int J Hum Genet*, **1**: 173-177.
- Shankarkumar U, Ghosh K, Mohanty D 2000. HLA class I antigen profile among Brahmins and related caste groups from Mumbai, Maharashtra, India. *Ind J Hum Genet*, **6**: 21-28.
- Shankarkumar U 2002. HLA A19 and B14 frequencies among Parsis from Mumbai. *MHC*, **9**: 71-77.
- Shankarkumar U, Ghosh K, Colah RB, Gorakshakar AC, Gupte SC, Mohanty D 2002a. HLA antigen distribution in selected caste groups from Mumbai, Maharashtra, India. *J Hum Ecol*, **13**: 209-215.
- Shankarkumar U, Devaraj JP, Ghosh K, Mohanty D 2003. HLA A*02 allele frequencies and B haplotype associations in Western India. *Hum Immunol*, **64** (in press)
- Shankarkumar U, Ghosh K, Mohanty D 2002b. Defining the allelic variants of HLA A19 in the western Indian population. *Hum Immunol*, **63**: 779-782.
- Shankarkumar U, Ghosh K, Mohanty D 2002. HLA B27 diversity from Western India. *Tissue Antigens*, **60**: 98-101.
- Terasaki PI, McClelland JD 1964. Microdroplet assay of human serum cytotoxins. *Nature*, **204**: 998-1000.
- Titus-Trachtenberg EA, Rickards O, Destefano GF, Erlich HA 1994. Analysis of HLA class II haplotypes in the cayapa Indians of Ecuador: A novel DRB1 allele reveals evidence for convergent evolution and balancing selection at position 86. *Am J Hum Genet*, **55**: 160-167.
- Trachtenberg EA, Erlich HA, Rickards O, Destefano GF, Klitz W 1995. HLA class II Linkage disequilibrium and haplotype evolution in cayapa Indians of Ecuador. *Am J Hum Genet*, **57**: 415-424.
- Wright S 1977. Evolution and genetics of populations. Vol. 2: *The Theory of Gene Frequencies*. Chicago: University of Chicago Press.