

LETTER TO THE EDITOR

PREVALENCE OF HUMAN HERPESVIRUS 8 ANTIBODIES IN HUMAN IMMUNODEFICIENCY VIRUS TYPE 1-INFECTED HOMOSEXUAL MEN IN SLOVAKIA

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In Slovakia with 5.4 million population in 1997, there was reported a total of 89 cases of human immunodeficiency virus type 1 (HIV-1) infection including 17 cases of acquired immunodeficiency syndrome (AIDS). Of these cases, 61 (68.5%) were Slovak citizens, 51 (86.6%) admitted their homosexuality, and 3 (4.9%) had Kaposi's sarcoma (KS).

Epidemiological, molecular and serological investigations have suggested the role of the newly identified human herpesvirus 8 (HHV-8), a proposed member of the family *Herpesviridae*, subfamily *Gammaherpesvirinae*, genus *Lymphocryptovirus* (1), as an important cofactor in the etiopathogenesis of KS in an immunosuppressed host (2). Association between HHV-8 and KS was found especially strongly expressed in patients suffering from immunodeficiency induced by HIV infection acquired through homosexual contact. Data obtained by studies of subjects exposed to classical sexually transmitted diseases indicate that HHV-8 is preferentially transmitted sexually, independently from HIV (3). Homosexual practices appear to bear, in this respect, an increased risk. Seroloepidemiological findings, although so far limited, show that HHV-8 is not a widespread virus. Its prevalence in general population of some western European countries was found to be approximately 2% (3, 4).

The prevalence of HHV-8 antibodies has never been reported from central Europe, especially from countries, where due to a more than four decades lasting political isolation until 1989, the incidence and spread of HIV and consequently also of AIDS are relatively low as yet.

Twenty-seven sera were obtained during May – September 1997 from 23 men infected with HIV by homosexual contact and 4 women infected with HIV by heterosexual contact. Two of these subjects had AIDS-associated KS. The HIV infection has been diagnosed in these patients in 1987–1997. Of the 4 women tested, 2 were HIV-infected by sexual partners of African origin and 2 by partners of Caucasian origin. The serum samples diluted 1:100 were subjected to an indirect immunofluorescence assay using the BCP-1 cell line latently infected with HHV-8 but not with Epstein-Barr virus. This assay proved to be specific for HHV-8 antibodies in earlier studies (4, 5).

As it is shown on the table, serum HHV-8 antibodies were found in 4 of 23 HIV-infected homosexual men tested. The positive group involved one patient with KS diagnosed in 1997, one patient with AIDS in clinical status B3, and two asymptomatic subjects. These four subjects were 26–31 years of age and their first postseroconversion serum sample was obtained in 1991–1997. No HHV-8 antibodies were detected in sera of other subjects including the four women tested.

In order to reveal an eventual increased spread of HHV-8 in the central European region in recent years, similar to

Abbreviations: AIDS = acquired immunodeficiency syndrome; HHV-8 = human herpesvirus 8; HIV-1 = human immunodeficiency virus type 1; KS = Kaposi's sarcoma

Patients with HIV infection	No. of sera tested	No. (%) of sera positive for HHV-8 antibodies
Men infected by homosexual contact	23	4 (17.4%)
-Women infected by heterosexual contact	4	0

HIV, a more extensive seroepidemiological study addressing the prevalence of HHV-8 antibodies in the general and risk populations should be performed.

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ERRATUM

The title of article by M. Kúdelová, A. Vojvodová and J. Rajčáni that appeared in *Acta virologica* **42** (No. 1), 41–45 (1998) should read „*Syn strains HSZP and ANGpath of herpes simplex virus type 1 do not contain mutations in the regions of UL53 gene relevant to syncytium formation*“.