Confirming Shedding of Human Herpesvirus 8 in Urine from Infected Patients in Brazil

Since the discovery of Kaposi’s sarcoma-associated herpesvirus, also known as human herpesvirus 8 (HHV-8), several studies have been conducted to identify the body fluids into which the virus is shed, with consequent potential virus transmission (7, 10). Although saliva has been pointed out as the main route of virus transmission, mostly in populations in areas where the virus is endemic, semen, blood, urine, and stool have also been suggested as vehicles of virus transmission-acquisition in populations at risk of infection, such as homosexual males and human immunodeficiency virus (HIV)-AIDS patients (4, 5, 11). Unfortunately, all specimens analyzed up to now have yielded controversial results except saliva, which tested positive for HHV-8 DNA for several asymptomatic carriers and for Kaposi’s sarcoma (KS) patients (3, 4, 9, 11, 12).

In the last years, a group of researchers published interesting studies conducted on Malawian people. First, they investigated the molecular epidemiology of HHV-8 and the routes of virus transmission (1, 8). Then, using PCR, sequencing, and other molecular approaches, they evaluated blood and several oral samples from KS patients and their relatives and identified the HHV-8 subtypes named B1, A2, and A5 that circulate in Malawi. They also detected infection with multiple HHV-8 subtypes in a single individual and mixed patterns of HHV-8 transmission (sexual and nonsexual transmission via intra- and extrafamilial routes), confirming HHV-8 shedding in oral fluids (1, 8). In recent issues of the Journal of Clinical Microbiology, Beyari et al. presented the results obtained for urine and oral rinse from several asymptomatic carriers and for Kaposi’s sarcoma (KS) patients (3, 4, 9, 11).

To add some information concerning this matter, we present the results obtained with a group of KS patients and HIV-infected patients in São Paulo, Brazil, whose urine was analyzed to formulate recommendations to block the spread of the virus. Additional investigations, including the determination of viral load using real-time PCR and primers for different regions of the HHV-8 genome, are needed to solve this question. If urine is confirmed to be another vehicle of virus transmission, it will be necessary to formulate recommendations to block the spread of the virus.

REFERENCES