

Medicine by John Grauerholz, M.D.

Herpes and AIDS: danger signals

Newly discovered herpes viruses may herald the next wave of the AIDS pandemic.

Two reports in the Aug. 15 issue of the British journal *Lancet* indicate that a newly discovered herpes virus, which has been shown to infect B-lymphocytes, can also grow in, and destroy, T-cells, one of the target cells for the AIDS virus. Two isolates of this virus were reported from Uganda and one from Gambia.

This virus, originally called Human B-cell Lymphotropic Virus (HBLV), has been studied as a potential cause of chronic mononucleosis syndrome. In light of its ability to also infect T-cells, the authors propose to call it Lymphotropic Human Herpesvirus (LHV).

The Ugandan isolates were found during routine attempts to isolate human immunodeficiency virus and other viruses from patients with AIDS. In two such cases, no trace of HIV (the AIDS virus) could be found and the culture cells showed an unusual appearance and the presence of high concentrations of a virus with the typical appearance of a herpes virus.

Serologic testing of this virus showed no reaction to antisera against most of the usual herpes viruses, such as herpes simplex which causes cold sores, and a weak non-specific reaction to Epstein-Barr virus antiserum.

The Ugandan viruses reacted strongly with antiserum to HBLV, a new herpes virus discovered in Dr. Robert Gallo's laboratory last year. At the time, it was believed that this virus only infected so-called B-lymphocytes and might play a role in certain lymphatic cancers and might be in-

involved in causing the chronic fatigue syndrome associated with the Epstein-Barr virus, another herpes virus which causes mononucleosis. However, the cells from which these viruses were cultured were T-lymphocytes.

The Gambian virus was isolated from an HIV-2 positive AIDS patient, and, like the Ugandan virus, appears to be closely related to HBLV and also to infect T-lymphocytes. Subsequent serologic studies showed that 18% of a group of British blood donors had evidence of exposure to this virus.

If HBLV turns out to be involved in the Chronic Epstein-Barr Virus Syndrome, the implications are serious, since there is substantial agreement that this virus is transmitted "casually," that is to say, in saliva and respiratory aerosols. Present indications are that Chronic Epstein-Barr Virus Syndrome (CEBV), or chronic mononucleosis syndrome, has afflicted a large number of people in the United States, primarily young to middle-aged females in the middle to upper socioeconomic strata. If this virus can also cause cancer, immunodepression, and the neurologic disease associated with CEBV syndrome, then we have a second major pandemic on our hands.

Some evidence for this unwelcome possibility comes from a clustering of cases of Burkitt's and other non-Hodgkin's lymphomas in adults exposed to a visitor from Africa. In this case, 4 of 12 relatives of an ill visitor from South Africa came down with Burkitt's type lymphomas within

a year of her visit. Burkitt's lymphoma is caused by Epstein-Barr virus infection in African children who are chronically immunologically stimulated by malaria infection.

While the visitor had evidence of Epstein-Barr virus infection, as did a number of the exposed relatives, two of the four relatives who developed tumors had no antibodies to the virus. This is consistent with infection with another agent (HBLV?), with secondary activation of pre-existent Epstein-Barr virus.

The isolation of the current African viruses follows a report several months ago of a T-cell lymphotropic herpes virus isolated from two AIDS cases in South Africa, one of whom had no evidence of infection with HIV, the usual AIDS virus. While the researcher who isolated this virus from T-cells claimed that it was different from HBLV, he had not yet tested it against probes for HBLV, which he claimed he was having difficulty obtaining from Dr. Gallo. His claim was thus based on the fact that this herpes virus grew in T-cells.

It would thus appear that in addition to HIV, the widely prevalent herpes viruses are acquiring the ability to produce increasingly severe disease among immunodepressed populations and represent a significant potential for epidemics of immune deficiency, cancer and nervous system disease.

This is yet another confirmation of the 1974 prediction by Lyndon H. LaRouche's Biological Holocaust Task Force, that the impoverishment enforced in Africa, and other developing sector areas, would lead both to resurgence of the classic epidemic diseases and to the evolution of new diseases, which would spread as the current epidemic of AIDS and chronic mononucleosis-like disease is spreading in the United States.