



Immunosciences Lab., Inc.

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REFERRING PHYSICIAN

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Patient Name:

PARK-ALVAREZ, RUBEN

Patient I.D.:

DUR08062002

Blood Drawn	Processed	Reported	ISL No.
07/18/06	07/20/06	08/03/06	200714

TEST

RESULTS NORMAL ABNORMAL

REFERENCE RANGE

UNITS

*** HERPES TYPE VI ***

IgG HHV-6 (HERPES TYPE-6)	28	0-51	ELISA
IgM HHV-6 (HERPES TYPE-6)	15	0-24	ELISA

Human Herpes Virus-6 (HHV-6) and HHV-7 are new members of human herpes viridae which can cause a wide spectrum of clinical illness. Both viruses are characterized by a predominant T-lymphocyte tropism and lack transforming ability in vitro. HHV-6 and HHV-7 are acquired early in life and are highly prevalent in the human adult population. Whereas there is still uncertainty about the pathogenic potential of HHV-7, accumulating evidence suggests that HHV-6 may be an important human pathogen. In early childhood, primary HHV-6 infection is manifested as exanthem subitum or as nonexanthemous febrile illnesses, sometimes accompanied by severe neurologic or systemic complications. Severe manifestations of post-primary HHV-6 infection, such as pneumonitis and encephalitis, have been observed in immunocompromised hosts and in patients with chronic fatigue and fibromyalgia. The diagnosis of HHV-6 and HHV-7 infection is complicated by the ubiquitous distribution of these viruses in the general population, which dramatically limited the value of conventional serological testing, except during convalescence following primary infection. In deed, with a seroprevalence of more than 90% among adults in most geographic areas (especially IgG antibodies), only the use of markers of active infection can provide useful information in post-primary infection. These include direct assays of virus replication in vivo, such as detection of cell-free viral DNA in plasma by PCR. Therefore, elevated IgG or IgM against HHV-6 or HHV-7 should be confirmed by PCR.

References:

1. Briggs, M., J. Fox, and R.S. Tedder. 1998 Age prevalence of antibody to human herpes virus 6. Lancet 1:1058-1059.
2. Fox, J., P. Ward, M. Briggs, W. Irving, T.G. Stammers, and R.S. Tedder. 1990. Production of IgM antibody to HHV-6 in reactivation and primary infection. Epidemiol. Infect. 104:289-296.
3. Berneman, Z.N., D. Ablashi, G. Li, M. Eger-Fletcher, M.S. Reitz, C.L. Hung, I. Brus, A.L. Komaroff and R.C. Gallo. 1992 Human herpesvirus 7 is a T-lymphotropic virus and is related to, but significantly different from, human herpesvirus 6 and human cytomegalovirus. Proc. Nat'l. Acad. Sci. USA

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