workers in Kenya.[85,86] Based on these observations, viral shedding may result in HHV-8 transmission to uninfected partners through behaviors associated with exposure to saliva or genital secretions.[13] HHV-8 transmission through blood transfusion has been reported in Uganda, where HHV-8 is endemic[87]; however, studies from the United States and Western Europe have not found evidence to support HHV-8 transmission through blood transfusion.[88,89] Perinatal transmission from the placenta or during delivery or peripartum also occurs.

Recommendations to prevent exposure to HHV-8 do not yet exist; screening patients for HHV-8 serostatus or behavioral modifications to limit potential exposures have not been validated and are not currently recommended.

Preventing Disease

Recommendation for Preventing Development of Kaposi Sarcoma
• Administer ART to all people with HIV to reduce the likelihood that KS will develop (AI).

Key: ART = antiretroviral therapy; KS = Kaposi sarcoma

Because strong risk factors for the development of KS in people with HIV include both low CD4 count[90] and uncontrolled viremia,[91] the Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV (the Panel) recommends early initiation of ART to reduce the risk of KS **(AI).**[92,93] Although epidemiologic data are somewhat conflicting, no antiretroviral agents have proven clearly superior to others for the prevention of KS.[88-91,94,95]

Although ganciclovir inhibits HHV-8 replication, insufficient evidence exists to support the use of ganciclovir for prophylaxis of HHV-8 disease.[96] Therefore, the Panel recommends against the use of ganciclovir or valganciclovir in preventing HHV-8 disease **(AIII).**

Treating Disease

Recommendations for Treating HHV-8-Associated Diseases—Kaposi Sarcoma, Primary Effusion Lymphoma, Multicentric Castleman's Disease
General Treatment Considerations
• Treatment for HHV-8-associated diseases should be undertaken in consultation with guidance from both oncology and infectious disease specialists, with additional input from centers specifically caring for people with HIV and cancer (AIII).
• Among people with HIV, all HHV-8-specific treatments should be given with ART, which is an essential component of managing these diseases (AI).
• ART given concurrently with chemotherapy for HHV-8 malignancies should be chosen to minimize drug–drug interactions and additive toxicities (AIII).
Kaposi Sarcoma
ACTG StageT0 (localized involvement of skin and/or lymph nodes and/or minimal oral disease only):
• ART (AII) alone, *or*
• ART plus liposomal doxorubicin (AIII), if disease does not respond to ART alone; *or*