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## Introduction

HHV-6 cellular receptor Species specificity; Cellular tropism of HHV-6; Target cells in vitro; Cellular and tissue host range in vivo; Biological effects of HHV-6 on the host cell; Cytopathic effects; Latent infection; Cellular transformation; Immune modulation; Human lymphoid tissue ex vivo: a new model for the study of HHV-6 pathogenesis; Dysregulation of complement activation; References; Part II: Diagnosis and Epidemiology; Strain Variants of HHV-6; Introduction; Epidemiology; Molecular biology; Biological aspects of variants A and B Reactivity of monoclonal antibodies to HHV-6 variants A and B Disease associations of HHV-6A and -6B variants; Roseola infantum; CNS disease; Epilepsy and HHV-6B; Transplantation and HHV-6 variants; HHV-6 (variants A and B) and multiple sclerosis; HHV-6A and chronic fatigue syndrome (CFS); Concluding remarks; References; Serologic Testing for Acute and Chronic Infection; Introduction; Serologic assays; Techniques; Immunofluorescence assays; Enzyme immunoassays; Neutralization assays; HHV-6 antigens involved in serologic testing; Characterization of HHV-6-specific antibodies; Serologic findings Seroprevalence studies Primary infection; Latent infection and reactivations; Central nervous system diseases; Pending questions and perspectives; Acknowledgments; References; Molecular Testing for HHV-6 Infection; Introduction; Primary infection: characteristics and diagnostic considerations; PCR analysis of cell-free body fluids; Reverse transcription PCR analysis; Quantitative PCR analysis of HHV-6 DNA in PBMC or blood; Detection of virus variants; Other assay approaches; Future assay methods; PCR-based assays: general considerations and molecular underpinnings; Commercially available tests General considerations for current molecular assays

## Sommario/riassunto

The present book presents a comprehensive review of Human Herpesvirus-6 (HHV-6) infects up to 90% of the world's population and can cause potentially life-threatening diseases. Clinicians typically do not search for HHV-6, and if they do, they will find only few laboratories providing the necessary diagnostic tests that can differentiate between active and latent infection. Adding to this problem is that scientists still disagree about whether serological or molecular assays will be the best diagnostic test, yet there is no disagreement about the inadequacy of many of the currently existing a