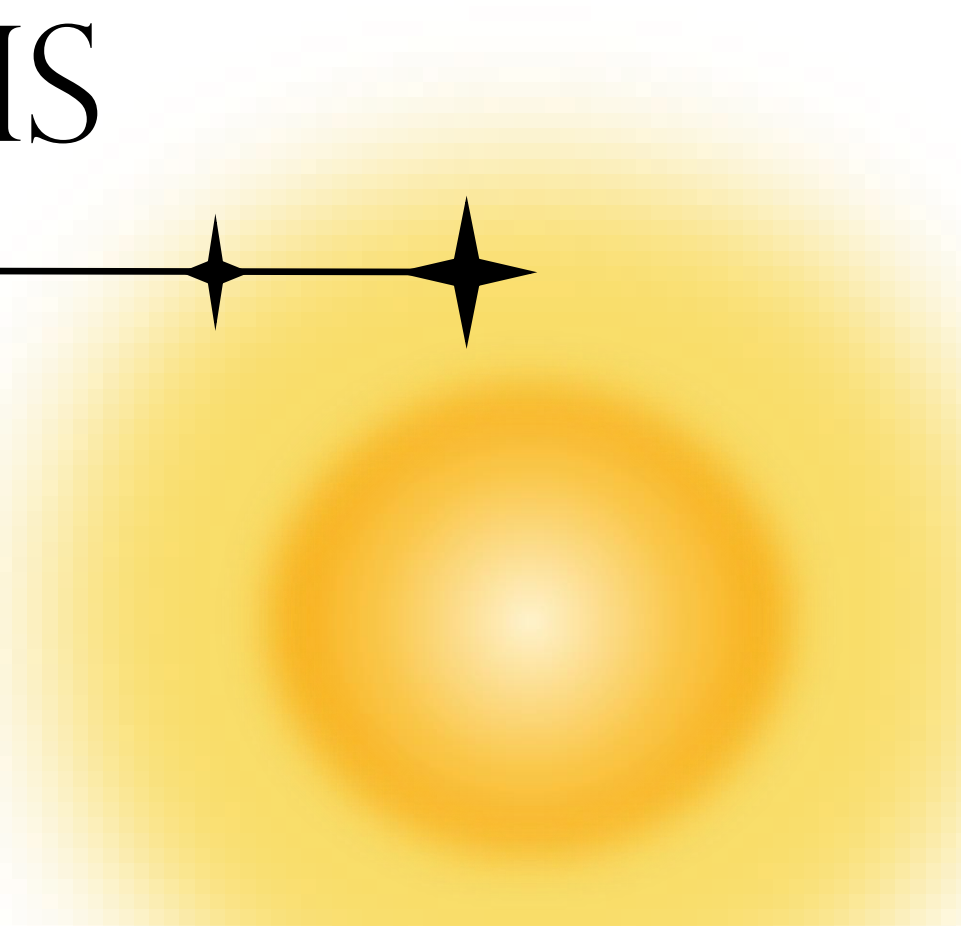
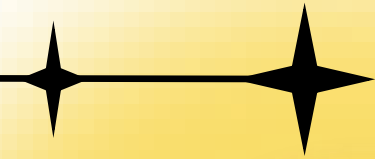


# VIRUSES AS A CAUSE OF MULTIPLE SCLEROSIS

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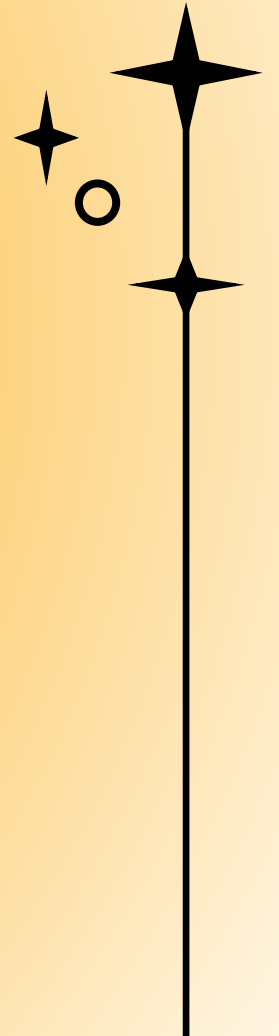
With a focus on Epstein-Barr virus

Caitlin Shepherd



# INTRODUCING MULTIPLE SCLEROSIS (MS)

- Inflammatory autoimmune disease of the CNS
- Axon demyelination
- Myelin seen as a foreign body
- Nerve fibres are damaged, signals are disrupted
- Plaque hallmark – T cells, B cells, plasma cells, macrophages
- Range of symptoms – area of the brain affected



# ARGUMENTS FOR VIRAL CAUSE

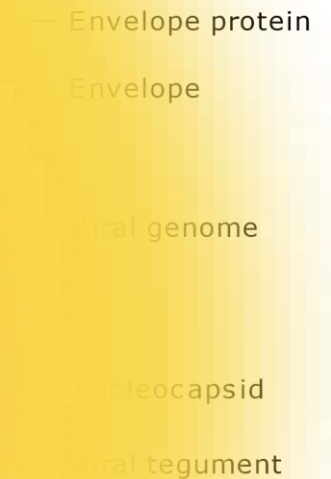
- Other neurological diseases as a result of viral infection ✨
- Unclear etiology - no known cause
- Genetics + environment
- Identical twin study → only 30% of other twin developed disease
- IgG potential antibody for single infectious agent
- Progression is triggered - by a virus?

# EPSTEIN-BARR

- Human herpesvirus 4
- 120kb dsDNA
- 85 proteins
- Mechanisms
  - Entry
  - Transcription
  - Latency
  - Reactivation

## Key evidence:

Infectious mononucleosis (mono) acts a primary infection for MS. Most common cause of mono is EBV. Risk of MS increased 32x following primary EBV infection.



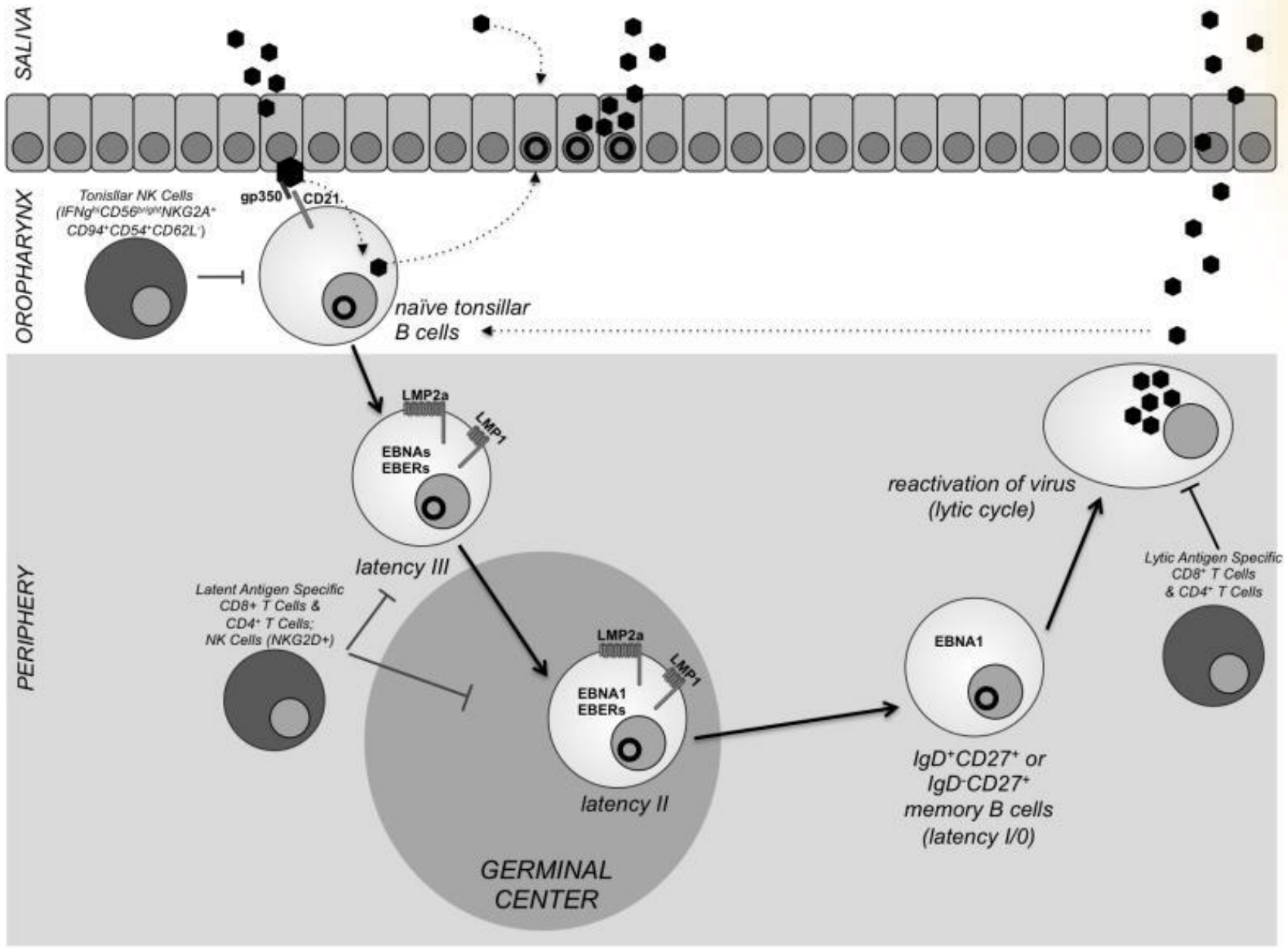
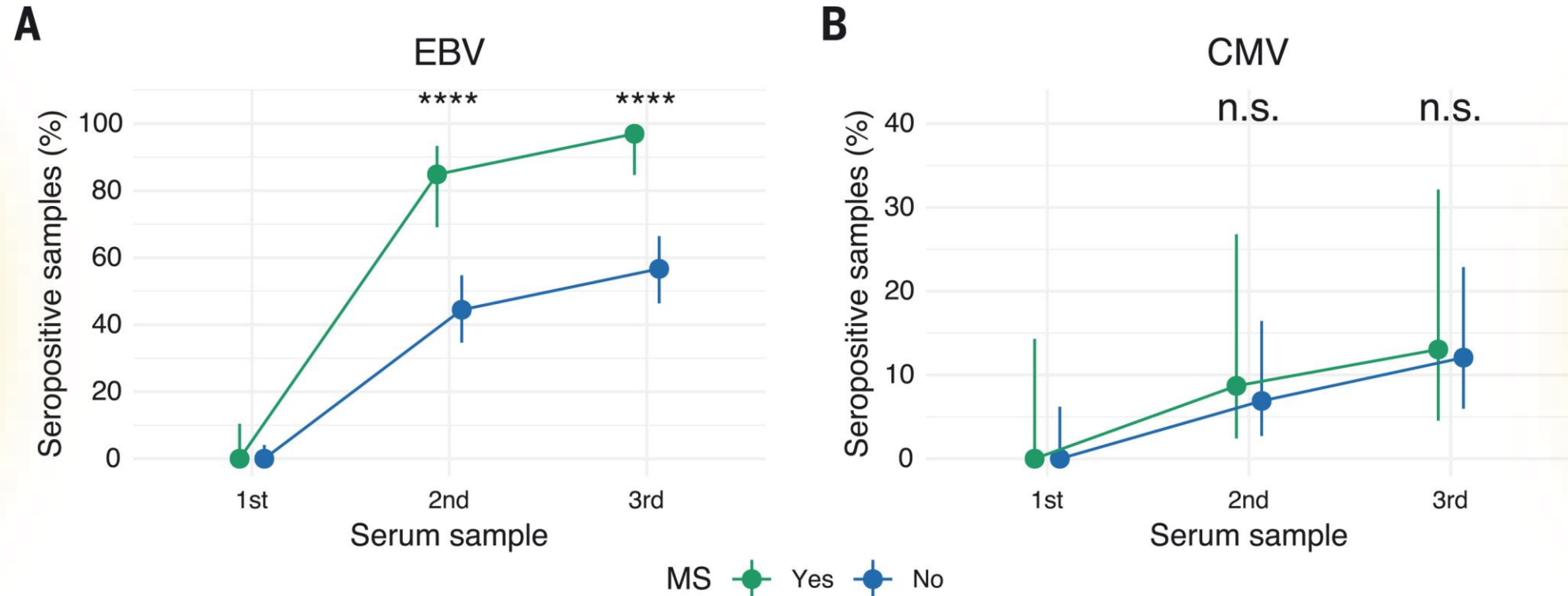


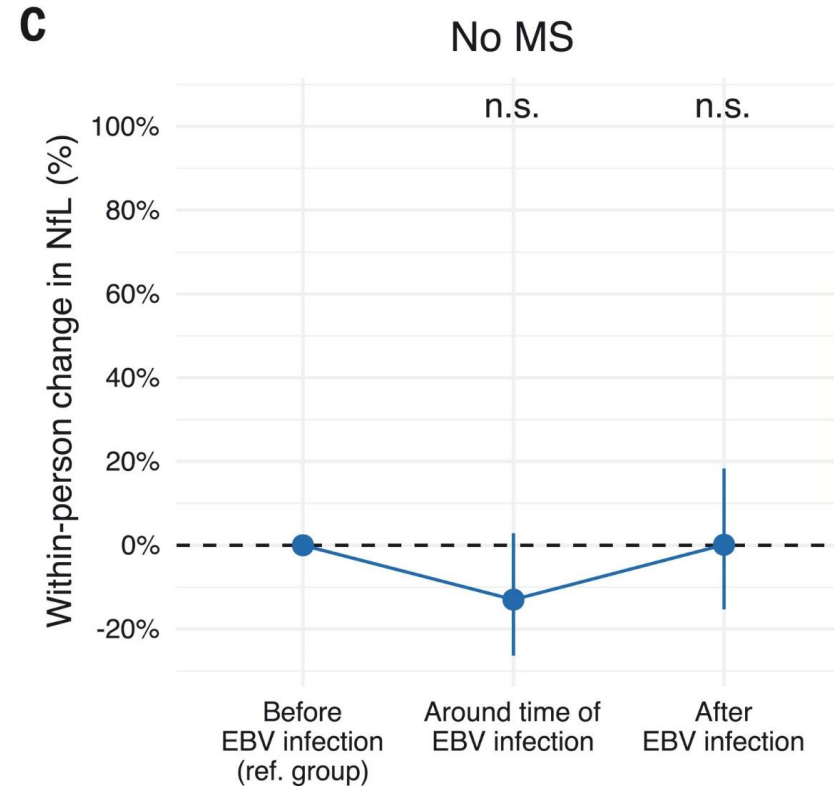
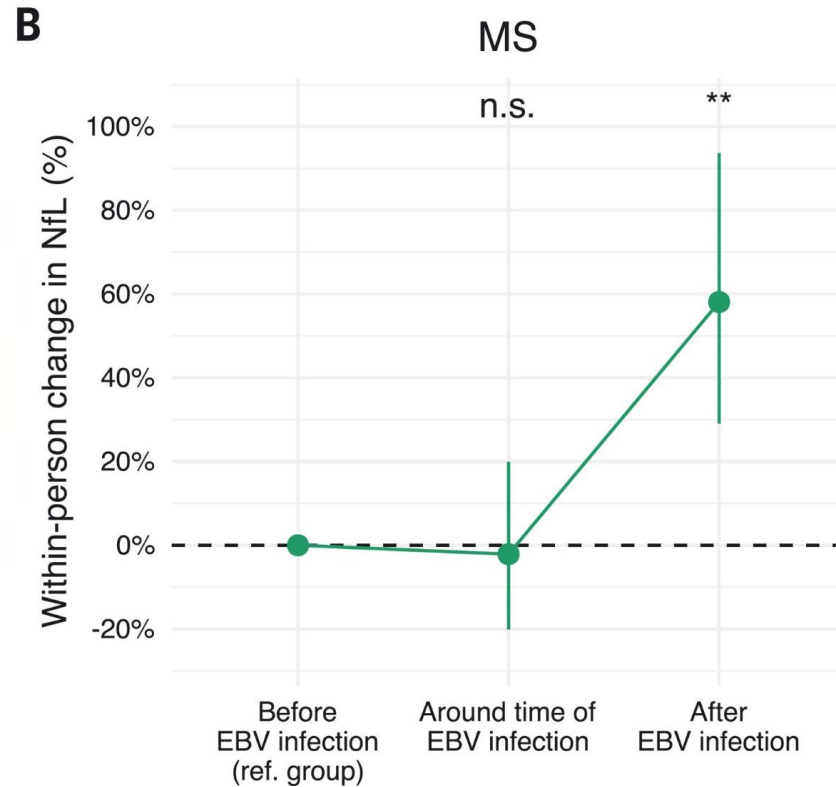
Image reference (2)

# EVIDENCE



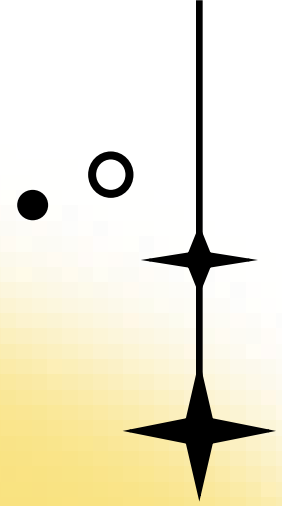
Proportion of seropositive individuals with/without MS following viral infection of (A) EBV or (B) CMV. Image from reference (1).

# EVIDENCE PT.2



Concentration of axonal degeneration biomarker before, during and following infection with EBV. Image from reference (1).

# FUTURE TREATMENT & IMPLICATIONS



- Current treatments are immunomodulatory therapies
- Side effects of opportunistic infections & latent infection reactivation
- IFN $\beta$  first successful drug – antiviral cytokine to inhibit T cell
- Monoclonal antibodies against lymphocyte surface antigens
  - Natalizumab – leukocyte BBB migration
  - Alemtuzumab – reduce circulating T & B cells
  - Ocrelizumab – selective lymphocyte depletion



