The Kaposi sarcoma-associated herpesvirus (KSHV) or human herpesvirus-8 (HHV-8) is the etiological agent associated with Kaposi’s sarcoma (KS), primary effusion lymphoma and multicentric Castleman’s disease. There are a number of epidemiological studies showing that the worldwide distribution of KSHV is uneven. Some geographical areas like sub-Saharan Africa and Xinjiang region of China are epidemic but Western Europe and United States have much low prevalence in the general population. Different clades or viral subtypes of KSHV have also been identified among geographical locations. KSHV can be transmitted perinatally which together with HIV contributes to the increase of KS in children throughout Africa. However, while KSHV perinatal transmission can occur in utero, most infections occur during early childhood via horizontal transmission, with KSHV seroconversion occurring even in instances when a child's mother or entire household is HHV-8 negative, and infection can come from a source outside the household. HIV-1 infected children are at higher risk for infection by KSHV compared to uninfected children, most likely due to immune suppression caused by HIV-1. Early anti-retroviral therapy (ART) of the HIV-1 infected children can reduce the risk of KSHV acquisition likely due to the prevention of immune suppression among children in an area where both viruses are highly endemic. This highlights the importance of treatment programs to provide ART to children as soon as HIV infection is diagnosed, not only to reduce HIV-associated morbidity, but also help prevent KSHV infection and reduce the burden of KS among HIV-infected children. However, there is still a need to better understand the possible routes and mechanism of transmission in order to develop strategies to prevent transmissions in the epidemic regions. For the millions of individuals world-wide who are infected by KSHV, there is a need to better understand potential tissue sites that harbor latent KSHV infection and factors that could contribute to the development of KS. Some of the recent findings relevant regarding viral latency and disease pathogenesis will be discussed.