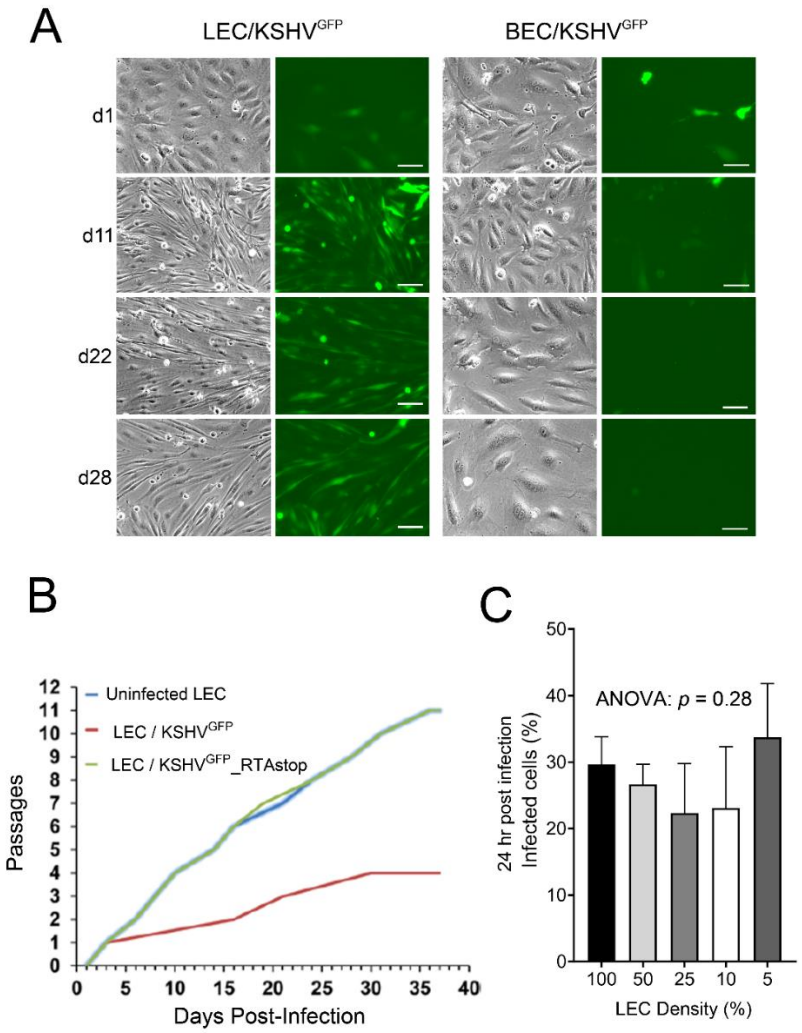

Supplemental Figure 1. Sustained KSHV maintenance and massive cell death in KSHV-infected LECs. (**A**) Primary human dermal LECs and BECs derived from the same donors were infected with KSHV ^{GFP}. Bright-field and fluorescent images were captured at 1, 11, 22, and 28 days post-infection. Scale bars, 50 μm. Comparable results were obtained from three sets of same donor derived LECs and BECs. (**B**) KSHV-infected LECs undergo significant cell death due to lytic cell lysis, and thus significantly delayed cell passaging time. LECs were infected with KSHV ^{GFP} or KSHV ^{GFP}_RTAstop (RTA-deficient KSHV mutant). Uninfected cells were also cultured in parallel as a control. Cells were passaged after reaching ~100% confluence at a ratio of 1:3. While uninfected LECs and KSHV ^{GFP}_RTAstop-infected LECs show a similar population growth rate, KSHV ^{GFP}-infection of LECs decelerated culture passaging due to massive cell lysis. (**C**) KSHV infectivity remains unchanged regardless of initial LEC density at the time of infection. LECs at different confluency were infected with KSHV ^{RG} (MOI=0.5) and after 24 hours, the percentage of infected K-LECs were determined by flow cytometer. No statistical difference was detected among LEC cultures with different confluency.