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# NEWS BRIEFS.

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## Probable Cause of AIDS Identified

At a press conference on April 23, Health and Human Services Secretary Margaret M. Heckler announced that the "probable cause of AIDS has been found—a variant of a known human cancer virus, called HTLV-III. With discovery of the virus and this new process, we now have a blood test for AIDS which we hope can be widely available within about six months. We have applied for the patent on this process today," said Heckler.

"With the blood test, we can now identify AIDS victims with essentially 100 percent certainty. Thus, we should be able to ensure that blood for transfusion is free from AIDS. We should be able to prevent transfusion-related AIDS cases—as well as those which might appear in hemophiliacs."

Federal officials predicted the development of a vaccine for AIDS within two to three years.

Appearing with Heckler were Assistant Secretary of Health Edward Brandt, MD, Robert Gallo, MD, chief of the National Cancer Institute Laboratory of Tumor Cell Biology, James Mason, MD, director of Centers for Disease Control, and Vincent DeVita, MD, director of the National Cancer Institute, among others.

Gallo outlined the research which led to the isolation of the Human T-Cell Leukemia III virus, which appears in four articles in the May 4 issue of *Science* (Vol. 224) magazine, embargoed until the April 23 press conference. Abstracts from these articles appear in this issue.

Gallo reported that blood samples from 88 percent of 49 patients diagnosed as having AIDS and 79 percent of 14 homosexual men with a pre-AIDS illness showed antibody reactions to the newly discovered virus.

Because a patent is pending, no information is available on the exact nature of the new AIDS test. However, it was learned that the government may either produce the test or contract out production to a commercial facility, once the patent is approved.



Dr. Robert Gallo, Jr.

Responding to a question on the cost of the test, Brandt said that no information was available at this time.

Gallo sought to dispel press reports of conflicts between NCI and French scientists at the Pasteur Institute in France, stating that the two groups have worked in collaboration for a year, and that "there will be active collaboration in the coming months . . . the labs are likely to come together in the future."

### Abstracts: Detection, Isolation, and Continuous Production of Cytopathic Retroviruses (HTLV-III) from Patients with AIDS and Pre-AIDS

Abstract. A cell system was developed for the reproducible detection of human T-lymphotropic retroviruses (HTLV family) from patients with the acquired immunodeficiency syndrome (AIDS) or with signs or symptoms that frequently precede AIDS (pre-AIDS). The cells are specific clones from a permissive human neoplastic T-cell line. Some of the clones permanently grow and continuously produce

large amounts of virus after infection with cytopathic (HTLV-III) variants of these viruses. One cytopathic effect of HTLV-III in this system is the arrangement of multiple nuclei in a characteristic ring formation in giant cells of the infected T-cell population. These structures can be used as an indicator to detect HTLV-III in clinical specimens. This system opens the way to the routine detection of HTLV-III and related cytopathic variants of HTLV in patients with AIDS or pre-AIDS and in healthy carriers, and it provides large amounts of virus for detailed molecular and immunological analyses.

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## CDC Publishes Preliminary Results of Workers Exposed to AIDS

In the April 6 issue of *Morbidity and Mortality Weekly Report*, (MMWR) the Centers for Disease Control reported on a prospective evaluation of health care workers exposed via parenteral or mucous-membrane routes to blood and body fluids of patients with AIDS. The study, begun in August, 1983, followed 51 workers with such exposures in hospitals, health care institutions and health departments. All but one were studied for less than one year, however, none has developed signs or symptoms suggestive of AIDS.

Exposures occurred between April, 1981 and November, 1983. Length of follow-up of exposed health care workers ranged from one month to 32 months. The group included nurses (47%), physicians (18%), phlebotomists (10%), respiratory therapists (6%), and the remaining

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Announcement of Nominating Committee Enclosed.