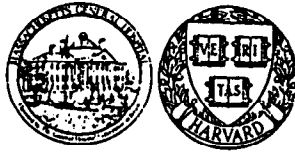


INFECTIOUS DISEASE UNIT  
Department of Medicine

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Area Code: 617 - 726-3812

May 25, 1984

Dr. M. G. Sarngadharan  
Department of Cell Biology  
Litton Bionetics, Inc.  
Kensington, Md 20895

Dear Sarang,

Thank you for completing the repeat ELISA's so quickly. The results are most interesting. I have summarized the findings on the attached pages. There are several generalizations that can be made. First, frequency of HTLV-III antibody in non-risk population is low as you have shown previously. Similarly, nosocomial risk in hospital workers is also low. Second, almost all pre-AIDS patients or healthy homosexual men with abnormal T-cell subsets are seropositive by ELISA for HTLV-III. On the contrary, only about 40% of the full-blown AIDS patients are positive by ELISA. Lastly, from the data of a few cases, my guess is that seroconversion to HTLV-III occurs early before immunologic abnormality is detected, but antibody decreases once the patient is symptomatic with pre-AIDS and decreases further with development of AIDS.

I think we ought to proceed quickly to answer a few key questions.

- (1) What happens to HTLV-III antibody with time in patients with AIDS? This can be answered easily by testing some serum samples already in your possession and some which I will send to you shortly.
- (2) What happens to healthy gay men with HTLV-III antibodies? How many will develop AIDS? How many will remain normal? Obviously, these are important questions, which will require long-term follow-ups to answer.
- (3) What is the temporal correlation between patients

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HTLV-III serologies and their clinical status and immunologic profile? This, too, can be addressed promptly by testing additional samples, many of which you have already received. (4) What is the seroepidemiology in special groups (roommate pairs, frequent sexual contacts, etc.) of homosexual men with or without disease?

In our first batch of sera (which I brought down), samples #45 and #62 should be repeated by ELISA and checked by Western blots. Those AIDS sera which were negative by ELISA probably should be checked by Western blots also: numbers 1, 11, 12, 15, 24, 25, 26, 29, 30, 32, 35, 38, 39, and 43. In the serum samples mailed to you on 5/16/84, the initial efforts should focus on the following: 1-1, 1-2, 1-3(7/25/83), 1-3(11/14/83), 3-4, 3-5, 4-4(12/8/83), 4-6, 6-4, 8-2, 8-3, 8-4, 10-1, 11-2, 12-4, 16-2, 16-3, 16-4, 17-2, 17-3, 17-4, 17-5, 18-2, 19-2, 21-2, 21-3, 36-1, 36-2, 38-4, 51-1, 52-1, 55-3, 70-2, 78-1, 78-2, 78-3, 79-2, 85-3, and 110-1. In addition, other high-priority samples are 4-7, 6-5, 12-5, 13-4, 19-4, 24-4, 38-5, 43-4, 55-4, 56-2, 91-2, 98-2, 100-2, and 103-2, which I shall send to you in 1-2 weeks. <sup>92-2</sup>

Once again, many thanks. I will be in touch with you by phone.

Sincerely,

*David*

David D. Ho, M.D.