12 April 1984

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Dear Luc

Thank you very much for sending us another sample of LAV. We have had it growing at least temporarily in T-cells and electron micrographs show that a small percentage of the cells produced a lot of particles. We have not yet succeeded in making VSV pseudotypes or in getting the virus to replicate in HOS cells.

You agreed that my colleague, Dr Rachanee Cheingsong-Popov, might come and spend a few days in your laboratory to learn the immunological techniques you are using in screening for LAV. Would it be possible for her to come for 3-4 days in May; any time from 8 May would be suitable? As soon as we get our assays going it will be very interesting to screen British patients considered to be at risk of AIDS. We have already screened HTLV antibodies in 1,000 odd homosexuals, intravenous drug addicts, haemophiliacs etc, and an equal number of controls. None of the 22 confirmed AIDS patients were positive, 5% of the extended lymphadenopathy patients were positive, 1% healthy homosexuals (many of whom have unhealthy contacts) and 0 out of 1200 random blood donors. In addition, 4 out of 112 IV drug addicts were positive but 3 of these are to a strain of HTLV other than HTLV-I, but HTLV nonetheless. Our tests are considerably more specific than those used by Max Essex and we do not believe they would have picked up antibodies to LAV/IDAV.

All this indicates to me that the prevalence of HTLV in lymphadenopathy patients and homosexuals is considerably higher than in the random British population but that it is not an etiological agent, rather a rare opportunistic infection.

With best wishes.

Yours sincerely

R A Weiss