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AUTHOR1,C,76

Lindboe-C-F. Frland-S-S. Wefring-K-W. Linnestad-P-J. Bhmer-T.
Muller-J-E. Distler-W. von-Kries-R. Wahn-V.
Banapour-B. Sernatinger-J. Levy-J-A.
Nemeth-A. Bygdeman-S. Sandstrom-E. Biberfeld-G.
Lecatsas-G. Taylor-M-B. Lyons-S-F. Schoub-B-D.
Wangroongsarb-Y. Weniger-B-G. Wasi-C. Traisupa-A. Kunasol-P.
Hahn-B-H. Shaw-G-M. Taylor-M-E. Redfield-R-R. Markham-P-D.
Hopkins-D-R.
Zamecnik-P-C. Goodchild-J. Taguchi-Y. Sarin-P-S.
Murphey-Corb-M. Martin-L-N. Rangan-S-R. Baskin-G-B. Gormus-B.
Niederwieser-A. Joller-P. Seger-R. Blau-N. Prader-A. Bettex-J-D.
Goldsmith-J-M. Huprikar-J. Wu-S-J. Phair-J-P.
Geroldi-D. Arico-M. Plebani-A. Maccario-R. Notarangelo-L-D.
Stauber-M. Schafer-A. Lowenthal-D. Weingart-B.
Chandra-A. Gerber-T. Kaul-S. Wolf-C. Demirhan-I. Chandra-P.
Ghrayeb-J. Kato-I. McKinney-S. Huang-J-J. Chanda-P-K. Ho-D-D.
Kekow-J. Kern-P. Schmitz-H. Gross-W-L.
Starcich-B-R. Hahn-B-H. Shaw-G-M. McNeely-P-D. Modrow-S. Wo
Goudsmit-J. Wolters-E-C. Bakker-M. Smit-L. Van-der-Noordaa-J.
Aoki-T. Taguchi-Y. Kaneko-Y.
Sivak-S-L. Wormser-G-P.
Schenk-P.
Ragni-M-V. Lewis-J-H. Bracken-M. Toth-R. Stokes-J.
Sarin-P-S. Sun-D-K. Thornton-A-H. Naylor-P-H. Goldstein-A-L.
Sonnerborg-A. Jarstrand-C.
Zanetti-A-R. Ferroni-P. Colombo-M. Cargnel-A. Mari-D.
De-Gruttola-V. Mayer-K. Bennett-W.
Kuno-S. Ueno-R. Hayaishi-O. Nakashima-H. Harada-S. Yamamoto
Fox-P-C. Baum-B-J.
Weber-J-N. Wadsworth-J. Rogers-L-A. Moshtael-O. Scott-K.
Angermayr-R. Hohenauer-L. Sommer-R.
Robert-Guroff-M. Weiss-S-H. Giron-J-A. Jennings-A-M.
Sundqvist-V-A. Linde-A. Kurth-R. Werner-A. Helm-E-B. Popovic-M.
Folks-T. Kelly-J. Benn-S. Kinter-A. Justement-J. Gold-J.
Rabin-J-A.
Tanaka-N. Okabe-T. Tanaka-N. Take-Y. Inouye-Y. Nakamura-S.
Lamprecht-J. Klein-T.
Schofer-H. Runne-U. Bergmann-L. Saller-R. Helm-E-B.
Pinching-A-J. Weiss-R-A.
Yasunaga-T. Sagata-N. Ikawa-Y.
Borek-E. Sharma-O-K. Buschman-F-L. Cohn-D-L. Penley-K-A.
Koyanagi-Y. Harada-S. Yamamoto-N.
Burkes-R-L. Sherrod-A-E. Stewart-M-L. Gill-P-S. Aguilar-S.
Boyko-W-J. Schechter-M-T. MacLeod-A. Douglas-B. Maynard-M.
Miller-D. Jeffries-D-J. Green-J. Harris-J-R. Pinching-A-J.
Bromwich-P-D. Walker-A-P. Gregson-S-H. Ross-C-F. Eglin-R-P.
Muhlemann-M-F. Anderson-M-G. Paradinas-F-J. Key-P-R. Dawson
Chandra-P. Sarin-P-S.

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Pippard-M-J. Dalgleish-A. Gibson-P. Malkovsky-M. Webster-A-D.
Henderson-D-K. Saah-A-J. Zak-B-J. Kaslow-R-A. Lane-H-C. Folks-
Collier-A-C. Barnes-R-C. Handsfield-H-H.
Tenner-Racz-K. Racz-P. Bofill-M. Schulz-Meyer-A. Dietrich-M.
Schur-W. Asamer-H.
Gallo-R-C. Sarngadharan-M-G. Popovic-M. Shaw-G-M. Hahn-B.
Arya-S-K. Gallo-R-C.
Hu-S-L. Kosowski-S-G. Dalrymple-J-M.
Chakrabarti-S. Robert-Guroff-M. Wong-Staal-F. Gallo-R-C. Moss-B.
Fisher-A-G. Feinberg-M-B. Josephs-S-F. Harper-M-E. Marselle-L-M
McCray-E.
Brennan-J-E. Severns-M-L. Kline-L-M. Goodkofsky-I. Dodd-R-Y.
McCombie-S-C.
Gottlieb-M-S.
Castro-K-G. Hardy-A-M. Curran-J-W.
Peterman-T-A. Lang-G-R. Mikos-N-J. Solomon-S-L. Schable-C-A.
Groopman-J-E. Hammer-S-M. Sallan-S-E. Allan-J-D.
Donnelly-R-P. Tsang-K-Y. Galbraith-G-M. Wallace-J-I.
Horsburgh-C-R-Jr. Davis-K-C. Hasiba-U. Weiss-S-H. Goedert-J-J.

AUTHOR2,C,76
Foerster-A. Lken-A-C.

Rojanapithayakorn-W. Fucharoen-S.
Salahuddin-S-Z. Wong-Staal-F. Gallo-R-C. Parks-E-S. Parks-W-P.

Wolf-R-H. Andes-W-A. West-M. Montelaro-R-C.
Luthy-R. Hirschel-B. Schaedelin-J. Vetter-U.

Duse-M. Rey-F. Barre-Sinoussi-F. Chermann-J-C. Burgio-G-R.

Sarangadharan-M-G. Chang-T-W. Chang-N-T.

Parks-E-S. Parks-W-P. Josephs-S-F. Gallo-R-C. et al.
Hische-E-A. Tutuarima-J-A. Van-der-Helm-H-J.

Steffensen-D-O.

Zehender-G. Rumi-M-G. Gringeri-A. Ammassari-M. Mannucci-P-M.

i-N.

McManus-T. Berrie-E. Jeffries-D-J. Harris-J-R. Pinching-A-J.

Ginzburg-H-M. Margolis-I-B. Blattner-W-A. Gallo-R-C.
Gallo-R-C. Wahren-B.
Redfield-R. Sell-K-W. Fauci-A-S.

Nakashima-H. Yamamoto-N.

Judson-F-N. Dobozi-B-S. Horsburgh-C-R-Jr. Kirkpatrick-C-H.

Taylor-C-R. Krailo-M-D. Levine-A-M.
Sharp-R. Wiggs-B.

Macey-J-E.
Evans-B-A. Murray-Lyon-I-M. Cream-J-J.

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Kern-P. Weber-J. Pinching-A-J. Veronese-Dimarzo-F. Popovic-M.

Wong-Staal-F. Robert-Guroff-M. Zaki-Salahuddin-S. Markham-P-D.

Reyes-G. Gonda-M-A. Aldovini-A. Debouk-C. Gallo-R-C. et al.

Feorino-P-M. Britz-J-A. Allen-J-R.

Sarin-P. Kirkpatrick-C-H.

TITLE1,C,76

Autopsy findings in three family members with a presumably acquired
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The AIDS-associated retrovirus is not sensitive to lysis or

Early case of acquired immunodeficiency syndrome in a child from

Pleomorphism in HTLV-III, the AIDS virus [letter].

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Genetic variation in HTLV-III/LAV over time in patients with AIDS or

Key epidemiologic questions about AIDS and infection with

Inhibition of replication and expression of human T-cell

Isolation of an HTLV-III-related retrovirus from macaques with

Neopterin in AIDS, other immunodeficiencies, and bacterial and viral

Interleukin 1 and 2 production in homosexual men: a controlled trial

Western blot technique in the serological evaluation of three

[The AIDS problem in pregnant women--a challenge to the

Serological relationship between reverse transcriptases from human

Human T-cell lymphotropic virus type III (HTLV-III) core antigens:

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Identification and characterization of conserved and variable

Intrathecal synthesis of antibodies to HTLV-III in patients without

[AIDS--a further development].

Predictive value of a screening test for antibodies to HTLV-III.

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Detection of acquired immunodeficiency syndrome (AIDS) retrovirus

Neutralization of HTLV-III/LAV replication by antiserum to thymosin

Nitroblue tetrazolium (NBT) reduction by neutrophilic granulocytes

Anti-LAV/HTLV-III antibodies in groups of individuals at high risk

AIDS: has the problem been adequately assessed?.

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Isolation of HTLV-III virus from saliva in AIDS [letter].

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[Acquired immunologic deficiency syndrome (AIDS) in an infant from

Prevalence of antibodies to HTLV-I, -II, and -III in intravenous

Restricted IgG subclass responses to HTLV-III/LAV and to

Susceptibility of normal human lymphocytes to infection with

The AIDS epidemic and gay bathhouses: a constitutional analysis.

Inhibition by sakyomicin A of avian myeloblastosis virus reverse

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Screening for antibodies to HTLV-III amongst the semen donors of an

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[Diagnosis and therapy of pneumocystis carinii pneumonia in a
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Three novel genes of human T-lymphotropic virus type III: immune
Expression of *AIDS* virus envelope gene in recombinant vaccinia
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A robotic system to prepare samples for HTLV-III testing.
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Immunologic aspects of the acquired immunodeficiency syndrome and
The acquired immunodeficiency syndrome: epidemiology and risk
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	Acta-Pathol-Microbiol-Immunol-Scand [A]
	Z-Geburtshilfe-Perinatol
	Virology
	Sex-Transm-Dis
	S-Afr-Med-J
	Southeast-Asian-J-Trop-Med-Public-Health
	Science
	Public-Health-Rep
oligonucleotides complementary to viral RNA.	Proc-Natl-Acad-Sci-USA
	Nature
	Klin-Wochenschr
	J-Immunopharmacol
	Infection
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Evidence for two forms of reverse transcriptases in the	FEBS-Lett
node enlargement and HTLV-III antibodies.	DNA
	Diagn-Immunol
	Cell
	Br-Med-J [Clin Res]
	Gan-To-Kagaku-Ryoho
	Am-J-Clin-Pathol
	Acta-Otolaryngol (Stockh)
immunoassay in low- and high-risk populations.	Transfusion
	Science
	Scand-J-Infect-Dis
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	Rev-Infect-Dis
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	N-Engl-J-Med
	Lancet
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(HTLV-III/LAV).	Jpn-J-Cancer-Res
	HNO
vincristine, bleomycin and dactinomycin].	Hautarzt
	Int-Rev-Exp-Pathol
	FEBS-Lett
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	Br-J-Obstet-Gynaecol
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intensively exposed health care workers.

deficiency syndrome patients.

Arch-Dis-Child
Ann-Intern-Med
Am-J-Public-Health
Am-J-Pathol
Wien-Klin-Wochenschr
Prog-Allergy
Proc-Natl-Acad-Sci-USA
Nature
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N-Engl-J-Med
Med-Instrum
Med-Hypotheses
Med-Clin-North-Am
Med-Clin-North-Am
JAMA
J-Clin-Oncol
J-Clin-Immunol
J-Clin-Immunol

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VOLUME,C,30	INSTITUTE,C,76
Mar. 94(2)	Department of Pathology, Rikshospitalet, Oslo, Norway.
Mar-Apr. 190(2)	Universitäts-Frauenklinik, Dusseldorf.
Jul 15. 152(1)	Department of Medicine, University of California, School of
Apr-Jun. 13(2)	Department of Pediatrics, Huddinge University Hospital, Karolinska
Jun 21. 69(13)	
Dec. 16(4)	Division of Epidemiology, Ministry of Public Health, Bangkok,
Jun 20. 232(4757)	Division of Hematology and Oncology, University of Alabama Medical
May-Jun. 101(3)	
Jun. 83(12)	Worcester Foundation for Experimental Biology, Shrewsbury, MA 01545.
May 22-28. 321(6068)	Delta Regional Primate Research Center of Tulane University,
Apr 1. 64(7)	Universitäts-Kinderklinik Zurich, Schweiz.
8(1)	Department of Medicine, Northwestern University Medical School,
Mar-Apr. 14(2)	Department of Internal Medicine, University of Pavia, Italy.
Apr. 46(4)	Frauenklinik und Poliklinik Charlottenburg, Freien Universitat
May 12. 200(2)	Laboratory of Molecular Biology, Center of Biological Chemistry,
Apr. 5(2)	Centocor, Malvern, PA 19355.
4(2)	Department of Internal Medicine, Christian Albrecht University,
Jun 6. 45(5)	Laboratory of Tumor Cell Biology, National Cancer Institute,
May 10. 292(6530)	Department of Virology, University of Amsterdam, The Netherlands.
May. 13(5)	Dept. of Internal Medicine, Shinrakuen Hospital, Niigata-shi.
Jun. 85(6)	Section of General Internal Medicine, New York Medical College,
Mar-Apr. 101(3-4)	Department of Otolaryngology II, University of Vienna, Austria.
May-Jun. 26(3)	Central Blood Bank of Pittsburgh, PA.
May 30. 232(4754)	Laboratory of Tumor Cell Biology, National Cancer Institute,
18(2)	Department of Infectious Diseases, Roslagstull Hospital, Stockholm,
Oct-Dec. 15(4)	Istituto di Virologia, Universita degli Studi di Milano.
Mar-Apr. 8(2)	Department of Biostatistics, Harvard School of Public Health,
May. 83(10)	Hayaishi Bioinformation Transfer Project, Research Development
May 22. 314(21)	
May 24. 1(8491)	Department of Immunology, St Mary's Hospital and Medical School,
Mar-Apr. 198(2)	Landeskinderkrankenhaus Linz/Donau.
Jun 13. 255(22)	Laboratory of Tumor Cell Biology, National Cancer Institute,
May. 153(5)	Department of Virology, National Bacteriological Laboratory,
Jun 1. 136(11)	Laboratory of Immunoregulation, National Institute of Allergy and
Winter. 10(4)	
Apr. 77(4)	Institute of Applied Microbiology, University of Tokyo.
Mar. 34(3)	Universitäts-Hals-Nasen-Ohren-Klinik Dusseldorf.
Mar. 37(3)	Zentrum der Dermatologie und Venerologie, Johann Wolfgang
28	Department of Immunology, St. Mary's Hospital Medical School,
Apr 21. 199(2)	Computation Center, Institute of Physical and Chemical Research,
May. 46(5)	Department of Molecular Biology, AMC Cancer Research Center, Denver
Mar. 30(3)	Department of Virology and Parasitology, Yamaguchi University School
Jun 1. 57(11)	Department of Internal Medicine, Los Angeles County-University of
May 1. 134(9)	Vancouver Lymphadenopathy-AIDS Study Group, St. Paul's Hospital, BC
Apr 5. 292(6525)	National *AIDS* Counselling Training Unit, St Mary's Hospital, London.
Mar. 93(3)	Nuffield Department of Obstetrics and Gynaecology, John Radcliffe
Apr. 114(4)	Department of Dermatology, Charing Cross Hospital, London.
Feb. 36(2)	Laboratory of Molecular Biology, Frankfurt University Medical

Sheet1

Mar. 61(3)	Department of Paediatrics, Northwick Park Hospital, Harrow,
May. 104(5)	Hospital Epidemiology Service, National Institute of Allergy and
May. 76(5)	Department of Medicine, University of Washington, Seattle.
Apr. 123(1)	Department of Haematology, Allgemeines Krankenhaus St. Georg,
Mar 7. 98(5)	Interne Abteilung, Krankenhaus der Barmherzigen Bruder, Salzburg.
37	
Apr. 83(7)	Laboratory of Tumor Cell Biology, National Cancer Institute,
Apr 10-16. 320(6062)	Oncogen, Seattle, Washington 98121.
Apr 10-16. 320(6062)	Laboratory of Viral Diseases, National Institute of Allergy and
Mar 27-Apr 2. 320(6060)	Laboratory of Tumor Cell Biology, National Cancer Institute,
Apr 24. 314(17)	Centers for Disease Control, Atlanta, GA 30333.
Jan-Feb. 20(1)	American Red Cross Laboratories, Bethesda, MD 20814.
Mar. 19(3)	Pima County Health Department, Tucson, Arizona.
May. 70(3)	University of California, Los Angeles, School of Medicine.
May. 70(3)	*AIDS* Program, Center for Infectious Diseases, U.S. Department of
May 2. 255(17)	*AIDS* Branch, Centers for Disease Control, Atlanta, GA 30333.
Apr. 4(4)	Department of Hematology/Oncology, New England Deaconess Hospital
Jan. 6(1)	Department of Basic and Clinical Immunology and Microbiology,
Jan. 6(1)	Conrad D. Stephenson Laboratory for Research in Immunology,

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ACQUIRED-IMMUNODEFICIENCY-SYNDROME: pa.
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ACQUIRED-IMMUNODEFICIENCY-SYNDROME.
HUMAN-T-CELL-LEUKEMIA-VIRUS: ul.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: oc. ANTIBODIES-VIRAL: an.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi. HUMAN-T-CELL-LEUKEMIA-VIRUS:
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ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. ANTIBODIES-VIRAL: an.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. LYMPHATIC-DISEASES: im.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: pc. CIVIL-RIGHTS: lj.
AVIAN-LEUKOSIS-VIRUSES: en. HUMAN-T-CELL-LEUKEMIA-VIRUS: gd.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: di. OROPHARYNGEAL-NEOPLASMS: di.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: co.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: et. RETROVIRUS-INFECTIONS:
GENES-STRUCTURAL. GENES-VIRAL. HUMAN-T-CELL-LEUKEMIA-VIRUS: ge.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: ur. AMINOISOBUTYRIC-ACIDS: ur.
HUMAN-T-CELL-LEUKEMIA-VIRUS: gd.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: bl. BETA-2-MICROGLOBULIN: bl.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: di. T-LYMPHOCYTES: im.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: pc. ANTIBODIES-VIRAL: an.
ANTIBODIES-VIRAL: an. HUMAN-T-CELL-LEUKEMIA-VIRUS: im.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: co. LYMPHATIC-DISEASES: co.
HUMAN-T-CELL-LEUKEMIA-VIRUS: de. PENICILLAMINE: pd.

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ACQUIRED-IMMUNODEFICIENCY-SYNDROME: co. CRYPTOCOCCOSIS: et.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: tm. CROSS-INFECTION: tm.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: oc. HOMOSEXUALITY.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi. ANTIGENS-VIRAL: an.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: di.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: et. HUMAN-T-CELL-LEUKEMIA-VIRUS:
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. GENES-VIRAL.
HUMAN-T-CELL-LEUKEMIA-VIRUS: ge. VACCINIA-VIRUS: ge.
GENE-EXPRESSION-REGULATION. HUMAN-T-CELL-LEUKEMIA-VIRUS: ge.
GENES-VIRAL. HUMAN-T-CELL-LEUKEMIA-VIRUS: ge.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: tm. HEALTH-OCCUPATIONS.
ANTIBODIES-VIRAL: an. AUTOMATION: is. HUMAN-T-CELL-LEUKEMIA-VIRUS:
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. MODELS-BIOLOGICAL.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. HOMOSEXUALITY.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: oc.
ANTIBODIES-VIRAL: an. HEMODIALYSIS. HUMAN-T-CELL-LEUKEMIA-VIRUS:
IMMUNOSUPPRESSION. RETROVIRUS-INFECTIONS: im.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im.
ANTIBODIES-VIRAL: an. HEMOPHILIA: im. HUMAN-T-CELL-LEUKEMIA-VIRUS:

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PREGNANCY-COMPLICATIONS-INFECTIOUS: th. RETROVIRUS-INFECTIOUS: th.
HUMAN-T-CELL-LEUKEMIA-VIRUS: im.

ge. VARIATION-GENETICS.

oc.

VIRUS-REPLICATION.

ip.

BIOPTERIN: ur. IMMUNOLOGIC-DEFICIENCY-SYNDROMES: ur. PTERIDINES:

MITOGENIC-FACTORS-LYMPHOCYTE: me.

HUMAN-T-CELL-LEUKEMIA-VIRUS: im. IGG: an. IGM: an.

PREGNANCY-COMPLICATIONS-INFECTIOUS: di.

HUMAN-T-CELL-LEUKEMIA-VIRUS: en. REVERSE-TRANSCRIPTASE: im.

RETROVIRIDAE-PROTEINS: im.

HUMAN-T-CELL-LEUKEMIA-VIRUS: im. LYMPHATIC-DISEASES: im.

VIRAL-ENVELOPE-PROTEINS: ge.

HUMAN-T-CELL-LEUKEMIA-VIRUS: im.

im.

ip. MOUTH-MUCOSA: mi. MOUTH-NEOPLASMS: mi. SARCOMA-KAPOSIS: mi.

HUMAN-T-CELL-LEUKEMIA-VIRUS: im.

VIRUS-REPLICATION: de.

im.

ip. SALIVA: mi.

fg.

HUMAN-T-CELL-LEUKEMIA-VIRUS: im. SUBSTANCE-DEPENDENCE: im.

CYTOMEGALOVIRUSES: im. HUMAN-T-CELL-LEUKEMIA-VIRUS: im. IGG: an.

LYMPHOCYTES: im. RETROVIRUS-INFECTIOUS: im.

HOMOSEXUALITY. LEGISLATION: td.

MYELOBLASTOSIS-VIRUS-AVIAN: en. REVERSE-TRANSCRIPTASE: ai.

PHARYNGEAL-NEOPLASMS: di. RETROVIRUS-INFECTIOUS: di.

ANTINEOPLASTIC-AGENTS-COMBINED: tu. HEROIN-DEPENDENCE: co.

et.

PEPTIDE-HYDROLASES: ge. VARIATION-GENETICS.

HOMOSEXUALITY. LYMPHATIC-DISEASES: ur. NUCLEOSIDES: ur.

LYMPHATIC-DISEASES: bl.

DIAGNOSTIC-TESTS-ROUTINE. HUMAN-T-CELL-LEUKEMIA-VIRUS: im.

INSEMINATION-ARTIFICIAL. INSEMINATION-ARTIFICIAL-HETEROLOGOUS.

SKIN-DISEASES: et.

VIRUS-REPLICATION: de.

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OCCUPATIONAL-DISEASES: tm. PERSONNEL-HOSPITAL.
HUMAN-T-CELL-LEUKEMIA-VIRUS: im.
HOMOSEXUALITY. LYMPH-NODES: mi. LYMPHATIC-DISEASES: mi.
PNEUMONIA-PNEUMOCYSTIS-CARINII: di. RETROVIRUS-INFECTIONS: di.
ip.
HUMAN-T-CELL-LEUKEMIA-VIRUS: ge. RETROVIRIDAE-PROTEINS: im.
VIRAL-ENVELOPE-PROTEINS: ge.
VACCINIA-VIRUS: ge.
TRANSCRIPTION-FACTORS: ge. VIRAL-PROTEINS: ge. VIRUS-REPLICATION.
OCCUPATIONAL-DISEASES: tm.
im. IMMUNOASSAY: is.
TONSILLECTOMY.

im.

MITOGENIC-FACTORS-LYMPHOCYTE: im. T-LYMPHOCYTES: im.
im.

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ACQUIRED-IMMUNODEFICIENCY-SYNDROME: co, fg. AUTOPSY. B-LYMPHOCYTES: ADULT. ANTIBODIES-VIRAL: an. CASE-REPORT. ENGLISH-ABSTRACT. HUMAN. RETROVIRIDAE: im. SUPPORT-NON-U-S-GOVT. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: co. ANTIBODIES-VIRAL: im. CELL-LINE. HUMAN. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: pc. ADOLESCENCE. ADULT. AMINO-ACID-SEQUENCE. BASE-SEQUENCE. CHROMOSOME-DELETION. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: dj, pc, tm. ADULT. BASE-SEQUENCE. CELLS-CULTURED. GENE-EXPRESSION-REGULATION. HUMAN. ANIMAL. ANTIBODIES-VIRAL: ip. CELL-LINE. CERCOPITHECIDAE. ADOLESCENCE. ADULT. BIOPTERIN: aa, bi. CHILD. CHILD-PRESCHOOL. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. ADJUVANTS-IMMUNOLOGIC: tu. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: di, fg, tm. ADULT. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: et, im. ADULT. ANIMAL. ANTIGENIC-DETERMINANTS: an. ANTIGENS-VIRAL: im. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. AMINO-ACID-SEQUENCE. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. ADULT. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi. AMINO-ACID-SEQUENCE. ADULT. ALBUMINS: cf. HOMOSEXUALITY. HUMAN. IGG: an, cf. MALE. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: pc, tm. ANTIBODIES-VIRAL: an. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: pc. CELL-MEMBRANE: mi, ul. HUMAN-T-CELL-LEUKEMIA-VIRUS: cl. HUMAN. BLOOD-DONORS. HEMOPHILIA: mi. HUMAN. IMMUNOENZYME-TECHNICS. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi. ADULT. ANIMAL. CHILD. HUMAN-T-CELL-LEUKEMIA-VIRUS. LYMPHATIC-DISEASES: im. MALE. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: oc, tm. CONTRACEPTIVE-DEVICES. CELL-TRANSFORMATION-VIRAL: de. CELLS-CULTURED. HUMAN. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im, tm. ANTIBODIES-VIRAL: an. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: di. AUSTRIA. CASE-REPORT. ADULT. ANTIBODY-SPECIFICITY. BACTERIAL-INFECTIONS: et, im. BLACKS. COMPARATIVE-STUDY. HELPER-CELLS: im. HUMAN. IGG: cl. IGM: an. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: en, mi. ANTIGENS-SURFACE: an. BATHS. HUMAN. MALE. RISK. UNITED-STATES. CELL-LINE. DRUG-SCREENING. HUMAN. QUINONES: pd. ADULT. CASE-REPORT. ENGLISH-ABSTRACT. HUMAN-T-CELL-LEUKEMIA-VIRUS. ADULT. BLEOMYCINS: ad. CASE-REPORT. DACTINOMYCIN: ad. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im, mi. EPIDEMIOLOGIC-METHODS. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi. COMPARATIVE-STUDY. ADULT. AGED. ANTIBODIES-VIRAL: an. HUMAN-T-CELL-LEUKEMIA-VIRUS: CELL-LINE. HUMAN. IN-VITRO. LEUKEMIA. MOLECULAR-WEIGHT. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi. ANTIBODIES-VIRAL: an. BIOPSY. COMPARATIVE-STUDY. HELPER-CELLS: im. HOMOSEXUALITY. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: dj, tm. COUNSELING. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: pc. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. ANTIBODIES-VIRAL: an. ANTIBODIES-MONOCLONAL: an. CELLS-CULTURED. DEPRESSION-CHEMICAL.

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ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im. BRAIN-DISEASES: cf, et.
ENZYME-LINKED-IMMUNOSORBENT-ASSAY. EPIDEMIOLOGIC-METHODS. HUMAN.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im, tm. ADULT.
ADOLESCENCE. ADULT. ANTIBODIES-MONOCLONAL. CHILD.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: dt, im. CASE-REPORT.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: im, oc. ANIMAL.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi. BASE-SEQUENCE.
HELA-CELLS. HUMAN. MOLECULAR-WEIGHT.
DNA-RECOMBINANT. ELECTROPHORESIS-POLYACRYLAMIDE-GEL.
GENE-EXPRESSION-REGULATION. GENETIC-COMPLEMENTATION-TEST.
ACCIDENTS-OCCUPATIONAL. ACQUIRED-IMMUNODEFICIENCY-SYNDROME: mi, oc.
HUMAN.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: et. ADENOIDS: im. ADULT.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: co, di. EUROPE.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: et, tm. ADULT.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: tm. BLOOD-TRANSFUSION: ae.
ACQUIRED-IMMUNODEFICIENCY-SYNDROME: et. ADULT. AGED.
ANIMAL. ANTIBODIES-VIRAL: an. CELL-LINE. CYTOTOXICITY-IMMUNOLOGIC.
ADULT. ANTIBODY-FORMATION. COMPARATIVE-STUDY. DNA-REPLICATION.

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im. CANDIDIASIS: co. CEREBRAL-CORTEX: pa. ENCEPHALOMYELITIS: pa.
FEMALE. FETAL-MONITORING. HUMAN-T-CELL-LEUKEMIA-VIRUS. HUMAN.
SUPPORT-U-S-GOVT-P-H-S.
CASE-REPORT. FEVER: et. HEPATITIS-B-ANTIGENS: im.

ENZYME-LINKED-IMMUNOSORBENT-ASSAY. FEMALE. HOMOSEXUALITY. HUMAN.
DNA-INSERTION-ELEMENTS. DNA-RESTRICTION-ENZYMES.
AFRICA-CENTRAL. CHILD. CHILD-PRESCHOOL. COMPARATIVE-STUDY.
OLIGODEOXYRIBONUCLEOTIDES: cs, ge. SUPPORT-NON-U-S-GOVT.
CROSS-REACTIONS. ENZYME-LINKED-IMMUNOSORBENT-ASSAY.
FEMALE. HOMOSEXUALITY. HUMAN-T-CELL-LEUKEMIA-VIRUS. HUMAN.
CLINICAL-TRIALS. COMPARATIVE-STUDY. GLUCOSAMINE: im, tu.
ANTIBODY-SPECIFICITY. ANTIGENS-VIRAL: im. CHILD-PRESCHOOL.
ANTIBODIES-VIRAL: an. ENGLISH-ABSTRACT. FEMALE. HEROIN-DEPENDENCE:
CROSS-REACTIONS. HUMAN. ISOELECTRIC-FOCUSING. MICE.
ANTIBODIES-VIRAL: im. ANTIGENS-VIRAL: ge. CLONING-MOLECULAR.
CELL-DIFFERENTIATION. HOMOSEXUALITY. HUMAN. IGG: an. IGM: an.
BASE-SEQUENCE. COMPARATIVE-STUDY. HUMAN-T-CELL-LEUKEMIA-VIRUS: ip.
MIDDLE-AGE. SERUM-ALBUMIN. SUPPORT-NON-U-S-GOVT. VIRAL-PROTEINS:
BLOOD-TRANSFUSION: ae. BONE-MARROW: tr. CARRIER-STATE: im.
ENZYME-LINKED-IMMUNOSORBENT-ASSAY. HOMOSEXUALITY. HUMAN. MALE.
MICROSCOPY-ELECTRON. MOUTH-MUCOSA: ul. MOUTH-NEOPLASMS: ul.
IMMUNOSORBENT-TECHNICS.
HUMAN-T-CELL-LEUKEMIA-VIRUS: ph. HUMAN. IGG: im. IMMUNE-SERA: im.
NITROBLUE-TETRAZOLIUM: du. SUPPORT-NON-U-S-GOVT.
ELECTROPHORESIS-POLYACRYLAMIDE-GEL. FEMALE. HEMOPHILIA: im.
FEMALE. HEALTH-EDUCATION. HOMOSEXUALITY. HUMAN.
DOSE-RESPONSE-RELATIONSHIP-DRUG. HUMAN. PROSTAGLANDINS-D: pd.

HUMAN. LEUKOCYTE-COUNT. LONDON. LYMPHATIC-DISEASES: oc. MALE.
ENGLISH-ABSTRACT. HUMAN-T-CELL-LEUKEMIA-VIRUS. HUMAN. INFANT.
ENZYME-LINKED-IMMUNOSORBENT-ASSAY. FEMALE. HUMAN.
RISK.
HELPER-CELLS: im. HUMAN-T-CELL-LEUKEMIA-VIRUS: gd, im. HUMAN.

HUMAN. LYMPHATIC-METASTASIS. MALE. TONSILLAR-NEOPLASMS: di.
ENGLISH-ABSTRACT. FEMALE. HUMAN-T-CELL-LEUKEMIA-VIRUS. HUMAN.
HUMAN-T-CELL-LEUKEMIA-VIRUS: ip. HUMAN. IMMUNE-SYSTEM: pp.
HUMAN-T-CELL-LEUKEMIA-VIRUS: en. HUMAN. PHYLOGENY. RETROVIRIDAE:
im. HUMAN. MALE. MIDDLE-AGE. SARCOMA-KAPOSIS: ur.
RETROVIRIDAE-PROTEINS: an. REVERSE-TRANSCRIPTASE: me.
COMPARATIVE-STUDY. HOMOSEXUALITY. HUMAN-T-CELL-LEUKEMIA-VIRUS: im.
HUMAN. LEUKOCYTE-COUNT. LYMPH-NODES: pa. LYMPHATIC-DISEASES: di.
ETHICS-MEDICAL. FEMALE. HUMAN. MALE. PREGNANCY. PUBLIC-HEALTH.
FLUORESCENT-ANTIBODY-TECHNIC. HUMAN. MALE. SUPPORT-NON-U-S-GOVT.
DERMATOMYCOSES: et. FOLLICULITIS: et. HUMAN-T-CELL-LEUKEMIA-VIRUS:
FLUORESCENT-ANTIBODY-TECHNIC. HUMAN-T-CELL-LEUKEMIA-VIRUS: ph.

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CASE-REPORT. CEREBRAL-CORTEX: pa. CHILD. CRYPTOCOCCOSIS: cf, dt.
LABORATORY-INFECTION: tm. NATIONAL-INSTITUTES-OF-HEALTH-U-S.
AMBULATORY-CARE-FACILITIES. EPIDEMIOLOGIC-METHODS. HUMAN. MALE.
CHILD-PRESCHOOL. FEMALE. FLUORESCENT-ANTIBODY-TECHNIC.
DRUG-COMBINATIONS: tu. ENGLISH-ABSTRACT. HELPER-CELLS: im.
ANTIBODIES-VIRAL: ip. ANTIGENS-VIRAL: im. CELL-LINE.
CLONING-MOLECULAR. DNA: ge. HUMAN-T-CELL-LEUKEMIA-VIRUS: im.

FLUORESCENT-ANTIBODY-TECHNIC. GLUCOSAMINE: me. HUMAN. METHIONINE:
SUPPORT-NON-U-S-GOVT.
ADOLESCENCE. ADULT. AGED. ANTIBODIES-VIRAL: an. BODY-FLUIDS: mi.

HUMAN-T-CELL-LEUKEMIA-VIRUS: im. HUMAN. MALE.
HUMAN-T-CELL-LEUKEMIA-VIRUS. HUMAN. MALE.
BLOOD-TRANSFUSION: ae. CHILD. FEMALE. HEMOPHILIA: co.
CHICAGO. FALSE-POSITIVE-REACTIONS. FEMALE. HEALTH-MANPOWER.
ANTIBODIES-VIRAL: an. BLOOD-TRANSFUSION. CASE-REPORT. CHILD.
ENZYME-LINKED-IMMUNOSORBENT-ASSAY. FEMALE.
HEPATITIS-B-SURFACE-ANTIGENS: an. HUMAN. HYPERSENSITIVITY-DELAYED.

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HUMAN. PULMONARY-ALVEOLI: pa. SPINAL-CORD: pa. T-LYMPHOCYTES: im.
INFANT-NEWBORN. PREGNANCY. SUBSTANCE-WITHDRAWAL-SYNDROME: th.

HUMAN-T-CELL-LEUKEMIA-VIRUS: im. HUMAN. INFANT. MALE. ZAIRE.

MALE. THAILAND.

HUMAN-T-CELL-LEUKEMIA-VIRUS: ip. HUMAN. MUTATION.
FEMALE. HAITI. HOMOSEXUALITY. HUMAN-T-CELL-LEUKEMIA-VIRUS. HUMAN.
SUPPORT-U-S-GOVT-P-H-S.

HUMAN-T-CELL-LEUKEMIA-VIRUS: ul. HUMAN. MACACA-MULATTA.
INFANT. MALE. RETICULOENDOTHELIOSIS: fg, ur. SUPPORT-NON-U-S-GOVT.
HELPER-CELLS: de, im, me. HUMAN. IMMUNITY-CELLULAR: de. MALE.
ENZYME-LINKED-IMMUNOSORBENT-ASSAY. FEMALE.

co. HUMAN-T-CELL-LEUKEMIA-VIRUS: im. HUMAN. INFANT-NEWBORN.
MICE-INBRED-BALB-C. MOLECULAR-WEIGHT. REVERSE-TRANSCRIPTASE: an.
DNA-RECOMBINANT. DNA-VIRAL: ge. ESCHERICHIA-COLI. HUMAN.
MIDDLE-AGE. SUPPORT-NON-U-S-GOVT.
NUCLEIC-ACID-CONFORMATION. RETROVIRIDAE-PROTEINS: ge.

bl, cf.

ENGLISH-ABSTRACT. HEMOPHILIA: th. HOMOSEXUALITY.

MASS-SCREENING: st.

SARCOMA-KAPOSIS: ul. SKIN-NEOPLASMS: ul. SUPPORT-NON-U-S-GOVT.

RABBITS: im. RETROVIRIDAE-PROTEINS: im. SUPPORT-NON-U-S-GOVT.

HOMOSEXUALITY. HUMAN. IMMUNOENZYME-TECHNICS. MALE. SEX-FACTORS.
INSTITUTIONALIZATION. MALE. RISK. SEX-BEHAVIOR.
PROSTAGLANDINS-F: pd. SEMEN: mi, ph. T-LYMPHOCYTES: mi.

PROSPECTIVE-STUDIES. SUPPORT-NON-U-S-GOVT. T-LYMPHOCYTES: cl.
MALE. RETROVIRUS-INFECTIONS: di.
INJECTIONS-INTRAVENOUS. MALE. METHADONE: tu. MIDDLE-AGE.

IMMUNE-SERA: pd. IMMUNITY-NATURAL. INTERFERON-TYPE-I: im.

NEOPLASMS-MULTIPLE-PRIMARY: pa. SARCOMA-KAPOSIS: pa.
IMMUNOLOGIC-DEFICIENCY-SYNDROMES: et. RETROVIRUS-INFECTIONS: im, mi.
ge. SUPPORT-NON-U-S-GOVT.

SUPPORT-NON-U-S-GOVT. SUPPORT-U-S-GOVT-P-H-S.

SUPPORT-NON-U-S-GOVT. T-LYMPHOCYTES: mi. VIRION: an.
HUMAN. LYMPHATIC-DISEASES: mi. MALE. SUPPORT-NON-U-S-GOVT.
MALE. RISK. SARCOMA-KAPOSIS: di. SUPPRESSOR-CELLS: im.
RISK.

im. HUMAN. IMPETIGO: et. LYMPHATIC-DISEASES: im. MALE.
HUMAN.

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HUMAN. MALE.
PROSPECTIVE-STUDIES. QUESTIONNAIRES. RISK. UNITED-STATES.
QUESTIONNAIRES. SEX-BEHAVIOR. WASHINGTON.
HISTOCYTOCHEMISTRY. HUMAN-T-CELL-LEUKEMIA-VIRUS: im. HUMAN.
HOMOSEXUALITY. HUMAN-T-CELL-LEUKEMIA-VIRUS: im. HUMAN.
CYTOPATHOGENIC-EFFECT-VIRAL. DNA-VIRAL: ip. EPIDEMIOLOGIC-METHODS.
HUMAN. MOLECULAR-WEIGHT. PROTEIN-CONFORMATION.

me. MOLECULAR-WEIGHT. VIRAL-ENVELOPE-PROTEINS: ge.

FEMALE. FOLLOW-UP-STUDIES. HUMAN. MALE. MIDDLE-AGE. NEEDLES.

RETROVIRUS-INFECTIONS: im. RISK. TONSIL: im.
PNEUMONIA-PNEUMOCYSTIS-CARINII: et. RISK. SARCOMA-KAPOSIS: et.
HEROIN-DEPENDENCE: co. HOMOSEXUALITY. HUMAN-T-CELL-LEUKEMIA-VIRUS.
HEMODIALYSIS: ae. HUMAN. IMMUNOENZYME-TECHNICS. MALE. MIDDLE-AGE.
FEMALE. HUMAN-T-CELL-LEUKEMIA-VIRUS: im, ip. HUMAN. MALE.
HUMAN-T-CELL-LEUKEMIA-VIRUS: ip. HUMAN. IMMUNOSUPPRESSION.
IMMUNITY. LYMPHOCYTE-TRANSFORMATION. LYMPHOCYTES: cl, im. MALE.

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NUCLEIC-ACID-HYBRIDIZATION. RISK. SUPPORT-NON-U-S-GOVT.
INFANT. MALE. PREGNANCY. RESEARCH. RETROVIRUS-INFECTIONS: di, pc,

MICROSCOPY-ELECTRON. MOLECULAR-WEIGHT. SUPPORT-U-S-GOVT-P-H-S.

T-LYMPHOCYTES-CYTOTOXIC: de, im, me.
FLUORESCENT-ANTIBODY-TECHNIC. HUMAN. IMMUNOASSAY. INFANT.
PREGNANCY-COMPLICATIONS-INFECTIOUS: et, im. PREGNANCY. RISK.
SUPPORT-NON-U-S-GOVT.
IMMUNE-SERA. RECOMBINANT-PROTEINS: bi, ge, im.

REVERSE-TRANSCRIPTASE: ge. SEQUENCE-HOMOLOGY-NUCLEIC-ACID.

HUMAN-T-CELL-LEUKEMIA-VIRUS: ge, im. HUMAN. MALE. REVIEW.

SUPPORT-U-S-GOVT-P-H-S. THYMOSIN: im.

SUBSTANCE-DEPENDENCE: im. SUPPORT-NON-U-S-GOVT.
SUPPORT-U-S-GOVT-P-H-S. TIME-FACTORS. UNITED-STATES.
VIRUS-REPLICATION: de.

TIME-FACTORS. VENEREAL-DISEASES: tm.

NEW-YORK-CITY. SUBSTANCE-DEPENDENCE: co, rh. WHITES.

LYMPHATIC-DISEASES: en, mi. LYMPHOCYTE-TRANSFORMATION. LYMPHOCYT

SKIN-NEOPLASMS: pa. SKIN: pa. VINCRISTINE: ad.
REVIEW. SERODIAGNOSIS. T-LYMPHOCYTES-REGULATORY: im.

VIRUS-REPLICATION.
SUPPORT-U-S-GOVT-P-H-S.

SUPPORT-NON-U-S-GOVT.

LYMPHATIC-DISEASES: pa. MALE. MICROSCOPY-ELECTRON. MIDDLE-AGE.
IMMUNOENZYME-TECHNICS. INTERFERON-TYPE-I: tu. LEUKOCYTE-COUNT.
GENES-VIRAL. HUMAN-T-CELL-LEUKEMIA-VIRUS: ge, im. HUMAN.
RETROVIRIDAE-PROTEINS: ge. SOLUBILITY. TRANSLATION-GENETIC.

OCCUPATIONAL-DISEASES: oc. PROSPECTIVE-STUDIES. PUNCTURES. RISK.

SUPPORT-NON-U-S-GOVT. SUPPORT-U-S-GOVT-P-H-S. T-LYMPHOCYTES: mi.
HUMAN. MALE. MIDDLE-AGE. RISK. UNITED-STATES.

SUPPORT-NON-U-S-GOVT. T-LYMPHOCYTES: cl, im.
LYMPHOCYTE-TRANSFORMATION. MALE. MICE. PHENOTYPE.
PHENOTYPE. SKIN-TESTS. SUPPORT-NON-U-S-GOVT.

Sheet1

AB1,C,75

This paper presents clinical, immunological and post-mortem findings
In the past the acquired immune deficiency syndrome *(AIDS)* could be
Unheated human serum does not lyse the AIDS-associated retrovirus
An eight-year-old child from Zaire died in Sweden in 1982 after a

Antibody to the human T-lymphotropic virus, type
In a study of genetic variation in the *(AIDS)* virus, HTLV-III/LAV,

The possibility of using oligodeoxynucleotides complementary to
Acquired immune deficiency syndrome *(AIDS)* has become a worldwide
An increase in total urinary neopterin was observed in 12 of 13
Patients with the acquired immunodeficiency syndrome *(AIDS)* are
In order to confirm suspected LAV/HTLV III infection, serological
Nine pregnant women with the *(AIDS)* problem were under treatment and
The immunological relationship between reverse transcriptases
Fragments of human T-cell lymphotropic virus type III (HTLV-III)
B-cell functions were investigated in a well-defined high-risk group
To determine the extent and nature of genetic variation present in
De novo synthesis in the central nervous system of IgG antibodies to
It has been recently established that *(AIDS)* is a virus infectious
A test for the detection of antibodies to HTLV-III is available and
The ultrastructure of Kaposi's sarcoma (KS) of the oral mucosa in
Antibody to the acquired immunodeficiency syndrome *(AIDS)* retrovirus
An antiserum prepared against thymosin alpha 1, a hormone secreted
The NBT reduction of granulocytes was determined in 11 patients with
We have studied anti-LAV/HTLV-III antibody prevalence in individuals
Epidemiologic inferences about the epidemic of acquired
Acquired immune deficiency syndrome (AIDS)-associated virus is

170 symptom-free homosexual men were recruited in London in 1982-83
Manuel born in June 1984 is presented for the first time at the age
Antibody prevalences for human T-cell lymphotropic virus *(HTLV)*

Normal human peripheral blood lymphocytes were tested for their
Some legal scholars propose that the right of privacy articulated by
In the course of screening for inhibitors of reverse transcriptase,
We present a case of *(AIDS)* with Kaposi's sarcoma in the oropharynx. In
In a 30-year-old German woman who appeared to be in good general
147. REFS.

The protease gene structure and the env gene variability have been
Urinary excretion of modified nucleosides and beta-aminoisobutyric
A cell culture system was developed for the continuous and efficient
In order to investigate the nature of the immune disorders
Abnormalities of lymphocyte subsets, especially low absolute number

This study suggests that, at the present time, AID is not likely to
Distinctive patterns of skin disease other than Kaposi's sarcoma
A new antimetabolite approach to block the replication of the *(AIDS)*

Sheet1

A 9 year old Portuguese boy presented with severe wasting and a
To assess the risk of nosocomial transmission of human T-cell
The prevalence of antibody to LAV/HTLV-III among homosexual men
The presence of core antigens of retrovirus HTLV-III/LAV, referred
The clinical, immunological and histological findings in a patient
121. REFS.

Human T-lymphotropic virus type III or lymphadenopathy associated
Acquired immune deficiency syndrome *(AIDS)* is an infectious disease
The discovery that the aetiological agent of acquired immune
Studies of the genomic structure of human T-lymphotropic virus type
In August 1983, we initiated nationwide prospective surveillance of
A robotic handling system was adapted to perform the sampling and
Hypotheses regarding the factors that predispose individuals to
The acquired immunodeficiency syndrome *(AIDS)* is the most common ar
The acquired immunodeficiency syndromE *(AIDS)* is a very serious
Twenty-five (4.8%) of 520 hemodialysis patients were seropositive
The human T-lymphotropic virus type III (HTLV-III) is the primary
Sera from 22 patients with either lymphadenopathy syndrome (LAS),
Twenty-nine heterosexual patients with hemophilia were investigated

AB2,C,75

in three family members (husband, wife and daughter) who all died in mainly observed in homosexual and drug addicted persons. But at (ARV), change the density of the virus, or suppress its ability to clinical course compatible with the acquired immunodeficiency

III/lymphadenopathy-associated virus (HTLV-III/LAV) by ELISA test sequential virus isolates from persistently infected individuals

viral RNA or proviral DNA to inhibit the replication of human T-cell epidemic, so the development of vaccines and antiviral agents patients with acquired immunodeficiency syndrome *(AIDS)*, seven of 13 susceptible to a variety of opportunistic pathogens which require evaluation of patients is of utmost importance. ELISA is currently care at the Department of Gynaecology of the University of Berlin at purified from human T-cell lymphotropic viruses (HTLV-I, HTLV-II, proviral DNA carrying the gene for the core antigen (gag) was cloned for the development of AIDS/AIDS-related complex (ARC). Stimulation independent isolates of HTLV-III/LAV, the nucleotide sequences of human T cell lymphotropic virus type III (HTLV-III) (lymphadenopathy disease. HTLV-I essentially makes T4 lymphocytes malignant and will be widely used to screen donated blood to prevent patients with acquired immune deficiency syndrome *(AIDS)* was was evaluated by an lymphadenopathy-associated (LAV) enzyme by the thymus gland, effectively neutralized the AIDS-associated HTLV-III infection. The reaction was measured in granulocytes both at high risk for infection, such as intravenous drug addicts, immunodeficiency syndrome *(AIDS)* are developed from three different thought to be transmitted effectively through semen during sexual

and 133 were evaluable in 1983-85. Of the 33 who were seropositive of 6 months with the following symptoms: Otitis purulenta, types I, II, and III were determined for 56 intravenous drug abusers

susceptibility to infection with retroviruses isolated from patients the United States Supreme Court should be extended to protect we have isolated an inhibitor from a strain of Nocardia and this case chemotherapy and radiotherapy were used with good response. health, numerous Kaposi sarcomas of the *AIDS* type appeared on her

precisely compared between the *AIDS* virus and members of the acid, subsequently referred to as markers, was determined in production of acquired immune deficiency syndrome *(AIDS)* retrovirus. associated with the acquired immune deficiency syndrome *(AIDS)* and of helper T cells, are characteristically present in acquired immune

be a significant risk factor in the transmission of *AIDS* in Britain, have been in patients with *AIDS,* in others with persistent (acquired immunodeficiency syndrome)-associated virus is described.

Sheet1

disseminated cryptococcal infection that resolved after massive lymphotropic virus type III/lymphadenopathy-associated virus attending a community clinic and a sexually transmitted disease to as "AIDS-related virus" (ARV), has been sought in lymph node suffering the acquired immunodeficiency syndrome and Pneumocystis

virus (HTLV-III/LAV) is the cause of acquired immune deficiency characterized by severe impairment of the patient's cell-mediated deficiency syndrome *(AIDS)* is a retrovirus, referred to as human III (HTLV-III) and related viruses, implicated as the causal agent percent) and appears to be related to parenteral exposure to blood. dilution steps needed in an assay to detect antibodies to the developing *(AIDS)* after exposure to HTLV-III/LAV are beginning to best characterized disorder of T cells leading to enhanced illness caused by a human T-lymphotropic retrovirus: human for antibody to human T-cell lymphotropic virus type etiologic agent of the acquired immunodeficiency syndrome *(AIDS).*

acquired immune deficiency syndrome (AIDS)-related complex (ARC), or with histories, physical examinations, laboratory evaluations of

Sheet1

AB3,C,75

1976 after having had chronic and recurrent opportunistic infections present one has to deal with this problem in obstetrics as well. In infect human peripheral mononuclear cells. The results indicate syndrome *(AIDS)*. In 1975, at the age of 5 months, the infant had an

was detected in one (1%) of 101 male homosexual prostitutes were examined by Southern blot genomic analysis, molecular cloning,

lymphotropic virus type III (HTLV-III) [the etiological agent of effective against the causative agent, human T-lymphotropic virus patients with lymphadenopathy, one of six healthy homosexual males, intact cellular immunity for control and eradication. We evaluated being employed on a large scale for screening, but like the Charlottenburg during 1985. Of these, seven had HTLV-III antibodies HTLV-III) was defined using monoclonal antibodies specific for in the plasmid REV. Several of the recombinants direct high levels of mononuclear cells (MNC) with T-cell-independent polyclonal B-cell the entire envelope gene and parts of gag and pol were determined associated virus) was shown in seven of 10 seropositive men who had induces their abnormal proliferation. However, on the way, when transfusion-associated acquired immunodeficiency syndrome *(AIDS)*. examined electron microscopically. The tumour consisted of immunosorbent assay (EIA) and compared with the standard human virus [HTLV-III/LAV (clone BH-10)] and blocked its replication in H9 in resting state and after stimulation with Escherichia coli, as hemophiliacs and homosexual men. Among intravenous drug addicts, sources: case-control studies, cohort studies, and national data on activities from male to male or from male to female. Prostaglandin

to HTLV-III/LAV at entry, 4 (12%) progressed to *(AIDS)*, 16 (48%) enlargement of lymph-nodes, swelling of liver and spleen, enteritis, from Queens, NY. While control serum samples lacked antibodies to

with the acquired immunodeficiency syndrome *(AIDS)* or AIDS-related homosexual activity. In light of the advent of *(AIDS)*, should that identified it as sakyomicin A. The antibiotic blocks avian Because of the clinical features of the disease otolaryngologists face and trunk within a few days. Her arms, legs and oral mucosa

HTLV/BLV family. The conserved amino acid sequence (LVDT) which is populations of patients with acquired immunodeficiency syndrome After infection of a human T-cell line Molt-4 with HTLV-III and LAV the AIDS-related condition of persistent, generalized deficiency syndrome *(AIDS)*. Similar abnormalities can be found in

particularly in centres which are already practising careful generalized lymphadenopathy (PGL) and in a group at high risk of In this communication the effect of a synthetic D-penicillamine

Sheet1

doses of intrathecal and parenteral antifungal agents. Clinical and (HTLV-III/LAV), we prospectively evaluated a cohort of 531 health clinic in Seattle, Washington in early 1985 was 42 per cent and 32 samples of patients with persistent generalized lymphadenopathy carinii pneumonia are discussed. At the time of diagnosis *HTLV* III

syndrome *(AIDS).* In addition to the conventional retroviral genes immune system. Several lines of evidence have indicated that the T-lymphotropic virus type III (HTLV-III) or of acquired immune deficiency syndrome *(AIDS),* have identified a Author.

HTLV-III virus, the causative agent of *AIDS.* The system reduced the emerge. It is suggested here that surgical removal of tonsils in susceptibility to infection. Current hypotheses hold that infection T-lymphotropic virus type III/lymphadenopathy-associated virus III/lymphadenopathy-associated virus (HTLV-III/LAV) by enzyme HTLV-III infection in patients with prior underlying immune acquired immune deficiency syndrome were examined for their effect immune function, delayed hypersensitivity skin tests, and assays for

AB4,C,75

for many years. In all of them a progressive, presumably acquired this paper a report is given on the late pregnancy and delivery in a that ARV and the human oncovirus HTLV-I, unlike other animal acute viral infection with a rash; this illness was followed by a

(confidence limit 95%:0.03-5.4%, in two (2%) of 100 thalassemia and nucleotide sequencing. Four to six virus isolates were obtained

acquired immunodeficiency syndrome *(AIDS)]* in cultured human cells type III (HTLV-III), is vital. This work would be greatly seven of ten adult patients with staphylococcal pneumonia, 11 of 12 interleukin 1 and 2 production in 12 homosexual men without *AIDS* but immunofluorescence assay, it has a variable rate of possible only, whereas one woman showed additional clinical signs such as HTLV-III reverse transcriptase, secreted by a mouse/mouse hybridoma of synthesis of the antigens. One clone, pG1, produced a hybrid activators failed to increase high spontaneous IgG levels observed for two *AIDS* viruses. The results indicated that variation syphilis but not the acquired immune deficiency syndrome *(AIDS)* or HTLV-I induces a decrease in the function of T4 lymphocytes, the Based upon the sensitivity and specificity, the authors calculated pleomorphic vascular endothelial structures and spindle cell T-cell lymphotropic virus, Type III (HTLV-III) screening test in two cells. Reverse transcriptase activity and expression of the well as with and without addition of plasma. In 5 patients with LAV/HTLV-III infection was first recognized in 1981 and positive prevalence and incidence. Together these data imply that reducing (PG) E2 is one of the immunosuppressive compounds present in high

progressed to persistent generalised lymphadenopathy (PGL), and 13 failure to thrive and candida albicans dermatitis. Immunoglobulins all *HTLV* subgroups, seropositivity among drug users was 41% for

complex. Of 10 normal individuals tested, lymphocytes from all extension include constitutional protection for homosexual men who myeloblastosis virus reverse transcriptase reaction: IC50 was ca. will be involved more and more in the management of *AIDS* disease. were also affected. The patient has been a prostitute for more than

repeated in the proteases of the HTLV/BLV family is not repeated in *(AIDS)* or at risk for development of *AIDS.* Our results show that the cells grow permanently and produce large amounts of virus lymphadenopathy (PGL), serum beta-2 microglobulin (beta 2-M) levels patients with persistent generalized lymphadenopathy (PGL) or

screening of semen donors. New facilities which are becoming developing *AIDS.* We found a chronic acneiform folliculitis on the (Trolovol) and L-penicillamine on the replication of HTLV-III/LAV

Sheet1

laboratory findings were consistent with *AIDS.* Apart from neonatal care workers. One hundred fifty of these employees reported per cent, respectively. Seropositivity was apparently not related (PGL, 28 patients), prodromal *AIDS* (1 patient) and *AIDS* with Kaposi antibodies were not demonstrable. Treatment with trimethoprim

involved in virus replication, namely, gag, pol, and env genes, DNA aetiological agent of *AIDS* is a group of T-lymphotropic lymphadenopathy-associated virus (LAV) (for review see ref. 1), has sixth open reading frame in addition to the five previously known acquired immunodeficiency syndrome *(AIDS)* or AIDS-related illnesses. labor required to prepare the samples and provided standardization childhood may increase the risk of developing opportunistic with human T-cell lymphotropic virus type III/lymphadenopathy virus (HTLV-III/LAV). It primarily affects young adults living in one of immunoassay. Four had high reactivity on enzyme immunoassay and deficiency states such as cancer has not yet been studied. We on the interleukin-2 (IL-2)-induced proliferative response of an antibody to human T-cell lymphotropic virus type III (HTLV-III).

AB5,C,75

been diagnosed several years before death. The clinical and describe the useful tests to characterize the immunologic status of human viruses coming from different retrovirus subfamilies may be septicemia, fever (frequently with miliary lung infiltrates),

99 parenteral drug abusers, 100 male VD patients, 100 consecutive Changes were detected throughout the viral genomes and consisted of

oligodeoxynucleotides with mammalian cellular components. The report the isolation of an HTLV-III-related retrovirus, bacterial infections, and 12 of 13 children with various immune evidence of infection with human T-cell lymphotropic virus type III technique can detect antibodies to different viral proteins. In developed exanthemas during pregnancy that pointed to a possible HTLV-I and HTLV-II do not bear any cross-reactive epitope to of the 17 kD virion protein, the entire p24, the major core protein with Klebsiella M (Klebs M) or Salmonella (Salm) membrane in particular is most highly variable. Within the envelope, changes symptoms when the serum and cerebrospinal fluid were collected. possesses a central function to destroy T4 lymphocytes, but, when individuals using Bayes' theorem. The prevalence of HTLV-III multivesicular bodies, a large number of tubuloreticular structures for *AIDS,* including 1352 random volunteer donors, 1140 of whom were immunoglobulin G preparations of antisera to thymosin alpha 1. The types of experiments, when compared with 12 healthy controls. In 6 years to 53%. Anti-LAV/HTLV-III antibody prevalence was 13.5% in protection. Shifting to a "lower-risk" behavior will only be effects of PGE2 and other PGs on AIDS-associated virus infection and

the study (7% per annum), of whom 8 progressed to PGL. Serial new Hospital admission was necessary. The following symptoms are and -II occurred independently of HTLV-III infection. Blacks had

Mg+2-dependent reverse transcriptase. Lymphocytes from different government has the power to close the baths in the name of public proliferation of HTLV-III/LAV in HTLV-I-carrying MT-4 cells: ca. are described: serological identification of antibodies against trunk were densely covered with livid red tumors that were up to the

the striking fact that the env gene of *AIDS* virus is 8-12-times more markers as compared to male heterosexuals. This aberrant excretion either with reverse transcriptase activity or a newly established homosexual and heterosexual controls. Sixteen of 20 (80%) patients people who have been exposed to human T-lymphotropic virus type III

that semen donations are free from the virus. Author. infections and a striking neck and beard impetigo. These skin determined by measuring the expression of HTLV-III proteins p15 and

III infection. Author.

from a patient with the acquired immunodeficiency syndrome *(AIDS)* LAV/HTLV-III seropositivity in an area where overt *AIDS* (acquired antigens, detected by monoclonal antibodies to HTLV-III and LAV, III antibodies became demonstrable after 5 months; the markedly

reading frames termed by us short open reading frame (sor) and 3' (LAV), human T-lymphotropic virus type III (HTLV-III) and envelope (env) proteins of murine retroviruses can induce protective tat-III, lies between the sor and env genes and is able to mediate prospectively the risk to health care workers of acquiring the *AIDS* and accuracy in the preparation of the samples. Author.

Author.

development of *AIDS,* and that a variety of cofactors participate in but heterosexual men and women have also been affected.

positive culture. The remaining 21 seropositive patients had low infections in previously immunocompromised patients that resulted sera included in this study were positive for the presence of HTLV-III antibody negative. No patient had the acquired immune

AB6,C,75

immunological findings are compatible with those seen in acquired the patient and give recommendations for the clinical management of pathogenic because of this lack of sensitivity to human complement disseminated lymphadenopathy, hepatosplenomegaly, candidiasis, and

blood donors in serum collected from February through June 1985. isolated and clustered nucleotide point mutations as well as short

results indicated that exogenous oligodeoxynucleotides at 20 microM STLV-III/Delta, from rhesus macaques (*Macaca mulatta*) with defects. Extremely high values of total urinary neopterin and (HTLV-III), the etiologic agent of *AIDS* and found production of both this paper we are reporting the serological patterns of three manifestation of *AIDS.* The increasing incidence in our clinic of antibodies secreted by this clone. These antibodies specifically of HTLV-III, and 74 amino acid residues of the amino terminal of the preparation increased by a factor of 4 to 6 and thus ranged between were most prevalent within the extracellular region where clustered Pleocytosis was present in all 10. Of the seven men who showed this function is blocked, it increases T4 lymphocyte proliferation. infection has great impact upon the positive and negative predictive and abundant Weibel-Palade bodies in their cytoplasm. Virus prospective donors and 212 of whom were retrospective donors, antiviral activity of the antiserum was found to be due to a region patients with the lymphadenopathy syndrome (LAS), the NBT reduction the group of homosexual men, while in hemophiliacs treated with helpful if the cumulative risk of transmitting the virus can be replication in vitro. First, type III human T-lymphotropic virus

estimations of T lymphocyte subsets showed progressive reduction in present: severely enlarged lymph-nodes at different sites, greater HTLV-III antibody prevalence than whites (54% vs 16%) and

individuals were demonstrated to be either high or low producers of health, it should not do so without careful and conscious balancing 60% inhibition was observed at an antibiotic concentration of 1.0 HTLV-III without clinical symptoms, AIDS-related complex, size of coffee beans, with a longitudinal axis that followed the

variable than those of the HTLV/BLV family. Within the *AIDS* virus was more pronounced in asymptomatic adult male homosexuals with biological quantitation assay of active virus. The amounts of virus with *AIDS* exhibited elevated beta 2-M levels. In contrast, 20 of 44 (HTLV-III). Nevertheless, there appears to be a widespread

diseases were not present in asymptomatic male homosexual control p24 using monoclonal antibodies in an immunofluorescence assay

during the treatment of 238 such patients since 1981. None of these immune deficiency syndrome) is still relatively uncommon suggests could be observed within the germinal centers (GCs) primarily within decreased Helper/Suppressor ratio of 0.30 remained unchanged.

open reading frame (3' orf). Furthermore, functional analysis AIDS-associated retrovirus (ARV). Serological surveys have immunity in mice. The HTLV-III env gene specifies a primary activation, in a trans configuration, of the genes linked to virus, human T-cell lymphotropic virus Type

the pathogenesis of the syndrome. This article reviews the Heterosexual men and women who use intravenous drugs, who are reactivity on enzyme immunoassay, negative results of Western blot from transfusion-acquired HTLV-III infection. Development of antibodies against human T-cell lymphotropic virus type III deficiency syndrome *(AIDS).* Patients who had antibody to HTLV-III

AB7,C,75

immunodeficiency syndrome *(AIDS)* caused by HTLV-III/LAV infection pregnancy and delivery. Author.

components. Author.

diarrhea. Late in the illness the child developed lethal

Serum from the positive homosexual subject was strongly positive on deletions or insertions. Results from genomic restriction mapping

became associated with the membrane/cytosol fractions of the cell in transmissible simian *(AIDS)* (SAIDS) and from asymptomatic sooty monapterin were observed in severely ill patients with *(AIDS)* and factors diminished compared to heterosexual controls. Therafectin LAV/HTLV III-infected families. In particular, their viral pregnant women infected with or actually suffering from *(AIDS)* is due cross-react with HTLV-III reverse transcriptase. The antibodies 15 kD core ribonucleoprotein. A second clone, pG2, was similar to the results of the control group and those of AIDS/ARC patients; the nucleotide substitutions and deletions/insertions were evident. evidence of intrathecal synthesis of antibodies, five had increased Accordingly, the concept of carriers of the *(AIDS)* virus and patients values of the test. For a member of the general population there is particles, 100-120 nm in diameter, were observed budding from the repeatedly reactive by HTLV-III EIA. The second group was composed of homology between thymosin alpha 1 and p17, a product of the gag of resting granulocytes was significantly higher than that of the commercial concentrates it was 37% in 1984 and had increased to 45% reduced nearly to zero. However, if all members of a minimally (HTLV-III) was used to infect a T-cell line (MT-4) in culture. PGE2

T4 numbers in the seropositive groups, but these indices also varied enlargement of liver and spleen, interstitial pneumonia and were more likely than whites to be seropositive for HTLV-I or -II

reverse transcriptase after infection. The kinetics of virus against the privacy rights infringed upon by its actions. Balancing microgram/ml and ca. 20% inhibition at 0.1 microgram/ml, and there full-blown-AIDS. There is no inevitable transition between these relaxed skin tension lines. *(HTLV)* III antibodies were present. No

env gene, the surface glycoprotein region is more liable to vary antibodies to HTLV-III. Significantly greater excretion of with this cell system were much higher than those of the H9 cell (45%) patients with PGL, 4 of 20 (20%) asymptomatic homosexuals, an perception that lymphocyte subset analysis may be useful in *(AIDS)*

subjects, 32% of whom were found to have antibodies to human T cell system. A concentration dependent inhibition of HTLV-III

Sheet1

150 employees had serologic evidence of HTLV-III/LAV infection on that public health measures to prevent acquisition and transmission the extracellular network of immune complexes, and the two patients Author.

revealed another gene with transactivating function, termed tat. We indicated that as many as one million people in the United States polypeptide of approximately 860 amino acids that is glycosylated to HTLV-III long terminal repeat (LTR) sequences. We now present III/lymphadenopathy-associated virus (HTLV-III/LAV), as a result of

immunologic aspects of *AIDS* and the AIDS-related syndromes, as we hemophiliacs, or who are sex partners of *AIDS* patients appear to be tests, and negative cultures. All had received blood transfusions unusual infectious diseases in patients with neoplasms and other (HTLV-III) as determined by an HTLV-III-specific enzyme-linked had received significantly more units and lots of factor

AB8,C,75

but examinations of stored blood samples from the three patients

disseminated disturbances of the central nervous system.

repeated ELISA testing, and was also positive by Western Blot test. and nucleotide sequence comparisons indicated that viruses isolated

amounts approximating 1.5 microM. Oligodeoxynucleotides mangabeys (*Cercocebus atys*). SAIDS was initially diagnosed in those with familial hemophagocytic lymphohistiocytosis. Neopterin (SM-1213) is a new agent which selectively activates macrophages and protein-specific antibody patterns are described. With the to the fact that for several years we have been conducting heroin failed to neutralize the catalytic activity of reverse pG1 except that it contained no p17 sequences and was missing the response to a T-cell-independent B-cell mitogen, *Staphylococcus* Based on predicted secondary protein structure and hydrophilicity, total concentrations of IgG and four had oligoclonal IgG bands in with AIDS-related complex or *AIDS* has been clarified. a less than 3% chance that a positive test represents a true plasma membrane or as free particles already separated from the of those at high risk for *AIDS,* including 54 hemophiliacs, one of gene of HTLV-III/LAV. Comparison of the primary sequences of controls. The findings could in general not be explained by in 1985. There was a significant correlation between antibody affected population made such a shift, the benefit to that (10 nM to 10 microM) added to the culture medium enhanced the

widely in the seronegative group. Counts of T4 and T8 cells or enteritis. Body weight is below the third percentile. Tine-Test (46% vs 11%). They exhibited a greater incidence than whites of

production were similar in cells from both high- and low-producing the tension between public health policy and individual rights was no significant cytotoxicity. Author. stages. The mode of infection is similar to serum-hepatitis. severe cellular immune defect could be demonstrated (OKT4 + to OKT8

than is the transmembrane region; unexpectedly, however, this 1-methylinosine, N4-acetylcytidine, and N2-methylguanosine was system. This procedure enabled us first to compare the two viral only 3 of 46 (7%) heterosexuals had increased serum beta 2-M levels case finding within high-risk groups. We evaluated the diagnostic

lymphotropic virus type III (HTLV-III). We regard these dermatoses replication by D- and L-penicillamine was observed. At lower

Sheet1

follow-up from 6 to 46 months after exposure. Of the 150, 46 were of LAV/HTLV-III should be a high priority even in areas with low who were negative were atypical. No AV could be found in normal

have now structurally identified and functionally characterized may have been infected by LAV/HTLV-III, and the spread of *AIDS* has form a precursor of relative molecular mass (Mr) 160,000 (gp160), evidence that the product of tat-III is an absolute requirement for occupational exposures. By December 31, 1985, 938 health care

as concepts of etiology and pathogenesis. Predisposing factors for at increased risk for developing the disease. Author. and 19 had antibodies to antigens associated with the H9 cell line underlying immune deficiency disorders should lead to consideration immunosorbent assay (ELISA). Eighteen of the 22 patient sera concentrates in the preceding 5 years than those who did not have

AB9,C,75

were negative with regard to the presence of HTLV-III/LAV antibodies.

Immunologic investigations revealed a pronounced

The two thalassemia patients, who were repeatedly weakly-positive by sequentially had evolved in parallel from a common progenitor virus.

complementary to a region close to the tRNA^{Lys} primer binding site several macaques previously inoculated with tissue homogenates of excretion was normal in two *AIDS* patients with Kaposi's sarcoma, but stimulated interleukin 1 production in vitro. Therapeutic was exception of one child, all the patients tested showed withdrawal programmes in pregnant women. It must be born in mind, transcriptase; however, after immunoprecipitation with a magnetic amino-terminal 77 amino acid residues of the p24. A third clone, aureus Cowan I (SAC), showed profound abnormalities as well in these hypervariable regions represent potential antigenic sites. In their cerebrospinal fluid. Oligoclonal bands were also present in Simultaneously, it has been discovered that a multiplicity of amino positive. High-risk patients, such as hemophiliacs, with a positive plasma membrane. Many mature virions manifested a dense whom had *AIDS,* seven AIDS-related complex (ARC), and one immune thymosin alpha 1 and the gag protein revealed a 44% to 50% homology superinfections. The elevated NBT test during the long term LAS status and concentrate consumption in these patients. Results of population could be dramatic. The emerging realization that latency production of infectious virus in a dose-dependent fashion. In the

T4/T8 ratio at entry were not of prognostic value. Seronegative negative. The baby was BCG vaccinated after birth and at 3 months double infection with HTLV-I or -II and HTLV-III (27% vs 0%), and

individuals. A significant correlation was observed between high applies not only to the specific situation of the baths, but also to

Author.

+ cell ratio 1.15; later control = 2.4). Recall antigens were

liability is not a characteristic feature of the *AIDS* virus because observed in asymptomatic adult male homosexuals with antibodies to isolates HTLV-III and LAV directly in the same cell line. (P less than 0.001). When considering mean levels of beta 2-M, only utility of absolute number of helper T cells and ratio of helper to

as early warning signs of *AIDS.* Author. concentrations L-penicillamine was more effective than

Sheet1

studied immunologically and 29 had lymphocytes cultured for incidences of *AIDS.* Author.
tonsil or in samples with follicular hyperplasia of unknown etiology

these HTLV-III specific genes by way of cDNA cloning. DNA sequence become a global concern. The need for a better understanding of the which gives rise to mature membrane-associated proteins of Mr virus expression. We show that derivatives of a biologically workers were being followed in the surveillance project. The mean

this disease in the homosexual or bisexual host are emphasized.

used to propagate HTLV-III for serological tests. We found that of HTLV-III infection. Surveillance data should be obtained on examined (81.8%) exhibited at least a modest suppressive effect on antibody. HTLV-III antibody-positive patients had significantly

Sheet1

AB10,C,75

This immunodeficiency may therefore have been caused by an

hypergammaglobulinemia, normal C3 but low C4 values, decreased

ELISA, were negative by Western Blot test and presumed to be false

The rate of evolution of HTLV-III/LAV was estimated to be at least

on HTLV-III RNA and others complementary to HTLV-III mRNA donor of mangabey origin. Western blot analysis of both the mangabey and without opportunistic infections at that time. On reexamination of administered to these same 12 patients in a double-blind, placebo seropositivity in both ELISA and WB. In the one child mentioned however, that generally more and more women outside the high-risk conjugate of goat anti-mouse IgG, the residual activity was pG3, was similar to pG2, except that all but 56 amino acids of the group. This indicates that functional B-cell abnormalities can be contrast to the hypervariable regions, other sequences in the one man who did not have any antibodies. Longitudinal study of one acids exists on the envelope of isolated *AIDS* viruses, resulting in test will have a greater than 95% chance of actually having cylindrical-shaped core. These virus particles and the human T-cell thrombocytopenia (ITP). Of the 1140 prospective donors, one was in an 18-amino acid region, between positions 11 and 28 on thymosin stage reflects a release of free oxygen radicals, against which studies of anti-LAV/HTLV-III antibody patterns with the Western blot periods are longer than was first thought implies that the epidemic presence of 5 microM PGE₂, 2.5-fold more virus were released from

subjects were as likely as seropositives to have abnormal the Tine-Test was positive. The serologic antibody tests (Elisa and 73% were seropositive for at least one of the viruses, compared with

and low viral-producing lymphocytes and expression of the Leu-3/T4 insurance companies' aim to test all single, young, male life and

negative. Since no severe immune defect was present, cytostatic

it is more prominent in other retroviruses including members of the HTLV-III than in asymptomatic male homosexuals without antibodies to Establishment of the culture system, allowing efficient production the asymptomatic control individuals had normal values. *AIDS* suppressor T cells in 33 patients with *AIDS,* 43 patients with PGL

D-penicillamine. However, at concentrations above 20 micrograms/ml

Sheet1

HTLV-III/LAV. Results of all studies were normal. Of the 531 (20 cases). These findings, taken together with the ultrastructural

analysis of the clones shows that the tat and 3' orf genes contain viral immunology and for a vaccine against *AIDS* is self-evident. To 120,000 (gp120) and 41,000 (gp41). The HTLV-III env gene has been competent molecular clone of HTLV-III, in which the tat-III gene is length of follow-up was 15 months (range, 0 to 56) and 531 health

Author.

HTLV-III/LAV was not transmitted in the dialysis centers. Frequent these patients to accurately define the scope of HTLV-III infection. the proliferative response of CTL-20 cells. The inhibitory effect fewer total T cells (Leu-1 positive) and significantly fewer helper

Sheet1

AB11,C,75

infectious agent of unknown nature. The most remarkable finding on

number of T-lymphocytes, and decreased lymphocyte stimulation with

positive reactors. Prevalence of HTLV-III/LAV virus in
10(-3) nucleotide substitutions per site per year for the env gene

acceptor splice sites inhibited viral replication (assayed as
macaque sera demonstrated the presence of antibody cross-reactive
one of these patients later on, elevated neopterin values were noted.
controlled trial. We failed to find any significant changes in
above, ELISA and immunofluorescence positivity were due to
groups covered by anamnesis are being infected with HTLV-III.
completely inhibited. This shows that the antibodies are not
carboxyl terminus of p24 were removed. All three proteins were
seen in addition to T-cell dysfunctions in patients at increased
extracellular envelope and the overall envelope structure (including
man showed that seroconversion preceded intrathecal synthesis of
a variety of viral envelope antigenicities. This may support the
antibodies to HTLV-III, but the negative predictive value of the
lymphotropic retroviruses subgroup HTLV-III are ultrastructurally
repeatedly reactive by LAV EIA and four by HTLV-III EIA; none was
alpha 1 and 92 and 109 on the gag protein. The effectiveness of the
treatment might be directed. Author.

technique suggest that antibodies against core proteins (mainly p25
could be much more severe than has been anticipated. Regional
the infected MT-4 cells as compared to untreated control cells on

immunological tests. Serial measurement of T lymphocyte subsets
Western Blot) for *HTLV* III are positive, the index helper:
only 26% of the whites. The increased HTLV-I and -II infection seen

(CD4) surface molecule. Mitogen-stimulated peripheral blood
health policy applicants for exposure to the putative *AIDS* virus; to

therapy with vincristine, bleomycin and dactinomycin was carried out.

HTLV/BLV family. Author.

HTLV-III. Increased amounts of markers were also excreted by
of *AIDS* retroviruses, provides a useful tool for the isolation of
patients had significantly higher mean beta 2-M levels when compared
who had been referred for lymph node biopsy, 90 patients with PGL

the inhibitory response of both isomers is similar. To obtain a

employees, 3 (0.56%) had serologic evidence of HTLV-III/LAV

identification of typical retrovirus particles in all 9 PGL and 2

three exons and their transcription into functional mRNA involves
this end, we have constructed recombinant vaccinia viruses
expressed in Escherichia coli and by simian virus 40 (SV40) vectors
deleted or the normal splicing abrogated, failed to produce or
care workers (57 percent) had been followed for more than one year.

blood transfusion places dialysis patients at risk for HTLV-III/LAV

Author.

was dose-dependent and varied in intensity for each individual serum.

T cells (Leu-3 positive) than HTLV-III negative patients.

AB12,C,75

post-mortem examination was the presence of a granulomatous

T-cell and B-cell mitogens. Samples of serum taken in 1981 and 1982

sexually-active homosexuals in Thailand in 1985 appears to be
and 10(-4) for the gag gene, values a millionfold greater than for

reverse transcriptase) and gene expression (assayed as virus-encoded
primarily with the HTLV-III proteins p24 and p61. In a related
Parallel increases in neopterin and monapterin were found, whereas
their immunologic status including interleukin 1 or 2 production.
non-specific binding. Two out of three children tested showed a
Screening tests for HTLV-III can help to clarify matters and make it
directed towards the catalytic active center of the enzyme. Using
found to be strongly immunoreactive with anti-HTLV-III antibodies
risk for the development of AIDS/ARC. Author.

18 of 18 cysteine residues), as well as most of the transmembrane
antibody specific to HTLV-III. The appearance of antibody in the
presence of antigenic modulation, which might make the development
test in this group is less than ideal. The authors recommend that
identical. This report is based on recent immunological research.
positive by Western blot. Of the 212 retrospective donors, six were
thymosin alpha 1 antiserum and of immunoglobulin G-enriched

and p18) and the envelope protein gp40 are always present in
trends give no assurance that it has reached a peak, even in areas
day 3 after infection. Second, when we used an HTLV-III

seems to be of little prognostic or clinical value in the monitoring
suppressor T cells is 1,1 (normal above 1,5). The antibody titers
in intravenous drug users suggests that once introduced into a

lymphocytes exposed to HTLV-III/LAV manifested productive viral
potential health department releases of names of those testing

Infiltrates began to regress after just one cycle. After four

subjects with the generalized or chronic lymphadenopathy syndrome,
the virus from patients with *AIDS* and for more basic research, such
to all other groups (P less than 0.05). The mean level for PGL
and 195 male homosexual controls. At conventional cutoff levels the

total inhibition a drug concentration of 40 micrograms/ml was needed

infection. All were seropositive at the time of study entry; none

AIDS cases studied, indicates that the network of follicular

two splicing events and that the sor gene contains at least two containing the envelope (env) gene of LAV, and demonstrate here that but formation of the authentic proteins has not been demonstrated. expressed unusually low levels of virus, respectively, when Needlestick injuries and cuts with sharp instruments accounted for

infection, but may more commonly lead to false-positive results of

In many cases, the magnitude of suppression was absolute in that it Antibody-positive patients also had increased amounts of IgG and

AB13,C,75

encephalomyelitis with multinucleated giant cells in the husband and

were analyzed and found to be positive for antibodies to HTLV-III

similar to the 1% rate among homosexuals in San Francisco in 1978 at most DNA genomes. Despite this relatively rapid rate of sequence

proteins p15 and p24) by as much as 95%. Use of control (random) experiment, analysis of these same sera revealed simian antibody to bioprotein was usually normal. The increase in total neopterin was Author.

close correlation between a severe clinical course and the absence possible to care adequately for the patient and to guarantee the an immunoblotting technique (Western blotting), we have found two present in sera from patients with acquired immune deficiency

region, were highly conserved. Author.

cerebrospinal fluid was accompanied by a transient rise in of a vaccine more difficult. Therapy has been approached from the all positive tests for HTLV-III be confirmed by more specific Author.

repeatedly reactive by LAV EIA and 212 by HTLV-III EIA; only six preparations in blocking replication of HTLV-III(BH-10) in H9 cells

asymptomatic individuals and in patients with the lymphadenopathy of highest prevalence. Much more work needs to be done to establish continuous-producer cell line (Molt-4/HTLV-III), PGE2 and PGD2 addec

of populations infected with the HTLV-III/LAV virus. The strongest in the maternal blood are higher than in the child. The mother was population, these viruses may be transmitted by the same routes as

infection, as reflected by the appearance of early syncytia, antibody-positive for HTLV-III; to the military's rumored plans to

cycles, the facial lesions had completely disappeared. On the chest

AIDS related complex (ARC), or *AIDS.* In these subjects, the most as the mechanisms of immune destruction caused by the virus leading patients was greater than that in the homosexual and heterosexual tests did not appear to revise the probability of *AIDS* upward to any

for both isomers. Cytotoxicity of the compounds in uninfected H9

reported adverse nosocomial exposures. All acknowledged membershi
dendritic (FD) cells is an important reservoir of AV virus antigen

exons. In vitro transcription and translation of the cloned spliced
cells infected with these viruses express immunoreactive proteins
Here, we describe the expression of the complete env gene by a
transfected into T-cell cultures. The capacity of these
76 percent of the exposures. Over 85 percent of all exposures were

enzyme immunoassay tests. Author.

totally abrogated IL-2-induced DNA synthesis. Normal human serum
decreased thymidine incorporation in response to concanavalin A in

Sheet1

AB14,C,75

his wife. In addition, the wife's CNS revealed scattered microglial

virus. The course of the disease in this child was more prolonged

the start of the *AIDS* epidemic there. Author.

divergence, virus isolates from any one patient were all much more

oligodeoxynucleotides suggests that the antiviral effects were
STLV-III/Delta proteins similar, but not identical, to those of
mainly due to 7,8-dihydroneopterin and was accompanied by an

of p25-specific IgM. In contrast, one child showing a switch from
obstetric team an appropriate management of the risk of infection.
cross-reactive proteins with HTLV-III lysate with molecular masses
syndrome *(AIDS)* or AIDS-related complex (ARC). In addition, pG1 and

mononuclear cell count and the appearance of oligoclonal bands. The
following points of view; blockers of reverse transcriptase, drugs
methods when obtained in low-risk people. Members of high-risk

(the six LAV EIA positive) were positive by Western blot. Of the 54
suggests a novel approach to the development of an *AIDS* vaccine. A

syndrome, but usually not in patients with full-blown *AIDS.* These
the actual role of saliva in transmitting HTLV-III because oral
to the culture medium increased the number of viruses released from

association with prognosis was an episode of sexually transmitted
a regular drug user. A vertical perinatal transmission from the
HTLV-III. Transmission may have been restricted mainly to blacks in

followed by reverse transcriptase. Unstimulated peripheral blood
discharge all personnel suspected of having *AIDS,* and to school

slight erythemas remained, but there were no histological signs of

pronounced differences between groups were between subjects with
to the occurrence of various malignancies. Author.

controls (P less than 0.05). No relationship was found between
clinically significant degree when the pretest probability of *AIDS*

cells was observed only at high concentrations; e.g., at 500

in one or more established risk groups for *AIDS.* This study
at this site. The persistence of this retrovirus inside the GCs

sequences show that the sor, tat, and 3' orf genes code for
similar to those present on LAV virions. Experimental animals
vaccinia virus vector. Evidence is presented that synthesis,
tat-III-defective genomes was transiently restored by
to blood or serum. None of the health care workers have acquired

(NHS) exerted no suppressive influence on the IL-2-induced
vitro. There were no differences in in vitro lymphocyte responses

Sheet1

AB15,C,75

nodules. No infectious agents could be demonstrated, and the

than most of the pediatric cases described earlier. It is likely

related to each other than to viruses from other individuals. In

specific. Although these results pertain to HTLV-III-infected cells HTLV-III with estimated relative molecular masses (Mrs) of 16,000 increase in 3'-hydroxysepiapterin. Increased neopterin in urine is

IgM to p25-specific IgG antibodies had a favorable clinical course. However, it must be considered as a minimum demand to be made of 53 and 66 kDa. This suggests that HTLV-III possesses two reverse pG2, but not pG3, reacted with a monoclonal antibody (M26) specific

presence of clones of B cells specific to HTLV-III in the central for destroying the virus itself through the viral envelope, groups for *AIDS* should continue to refrain from donating blood,

hemophiliacs, 46 were repeatedly reactive by both LAV EIA and vaccine directed against the gag protein might overcome the problem

last patients have typical positive reactions only against the contagion has the greatest potential to spread the disease. Efforts Molt-4/HTLV-III cells. Other PGs such as PGF2 alpha and

disease in the six months before entry to the study. This supports affected mother to her baby is postulated. The start of clinical this study because of local drug use practices. Author.

lymphocyte cultures displayed late syncytia but no detectable districts seeking to exclude children with *AIDS.* Author.

Kaposi sarcoma. On the legs there were still some solitary brown

chronic lymphadenopathy syndrome and those with ARC; subjects

presence of antibody to human T-lymphotropic retrovirus (HTLV-III) was low. Lymphocyte subset analysis does not appear to be a

micrograms/ml a 32% inhibition was found for D-penicillamine and c

Sheet1

provides strong evidence that the risk of nosocomial transmission o

helps explain how the follicular hyperplasia affecting FD cells and

polypeptides with apparent mobility of 24-25 kDa, 14-15 kDa, and
infected with these recombinant viruses elicited antibodies that
glycosylation, processing and membrane transport of the env
co-transfection of a plasmid clone containing a functional tat-III
signs or symptoms of *AIDS.* Analyses of T-lymphocyte subsets w

proliferative response of identical control cultures. This same
to phytohemagglutinin (PHA), pokeweed mitogen, Candida, tetanus

AB16,C,75

etiology of this peculiar CNS affection therefore remains obscure.

that this child developed *AIDS* early in 1975, long before the *AIDS*

view of the substantial heterogeneity among most independent

in tissue culture, rather than to *AIDS* patients, they nevertheless (16K), 26K, 35K, 45K, 60K and 110K. Infection of the mangabey, an assumed to reflect the increase in GTP pool and GTP cyclohydrolase I

We observed a family in which vertical transmission of LAV/HTLV III obstetrician to conduct tests for HTLV-III antibodies in women of transcriptase activities with a common determinant recognized by the for the p24 virion core protein. Whereas all three reacted with an

nervous system of these patients without persisting neurological vaccination, replacement of patient's T4 lymphocytes with healthy despite the availability of the screening test. Author.

HTLV-III EIA, and all 46 were positive by Western blot. Both LAV of genetic drift in the envelope region of the virus and be useful

envelope proteins gp110 and gp40. Author.

to determine the latency period are crucial to predicting the future 13,14-dihydro-15-keto PGE2 did not affect the replication of

the hypothesis that intercurrent infection may be an important illness was the 5th month of life. *AIDS* was fully developed at 9

reverse transcriptase upon exposure to virus. The addition of

infiltrates. It was shown that the *AIDS* type of Kaposi sarcoma

ARC excreted greater amounts of seven of the ten urinary markers.

and beta 2-M levels in the patients with *AIDS* or PGL. The authors cost-effective method of *AIDS* case finding in identified groups at

24% inhibition for L-penicillamine. In the presence of D- or

HTLV-III/LAV is extremely low. Author.

B blasts in PGL may in progressive cases be accompanied by

26-28 kDa, respectively. All three polypeptides are immune reactive specifically recognized LAV envelope proteins. Author.
polypeptide occurred without other HTLV-III gene functions; the env gene or by introducing the TAT-III protein itself. As HTLV-III and performed for 341 (36 percent) of the exposed health care workers,

panel of 22 patient sera exhibited no significant inhibitory effects purified protein derivative (PPD), no significant impairments of

AB17,C,75
Author.

epidemic was apparent in the United States. Author.

HTLV-III/LAV isolates, the repeated isolation from a given

point to a therapeutic potential of the complementary
African primate, with an HTLV-III-related virus may provide a clue
activity as observed in stimulated monocytes. Thus, neopterin, as a

from the mother to her neonate seems not to have happened; the child
the high-risk groups (heroin addicts, prostitutes, blood transfusion
same epitope. Author.
anti-p15 monoclonal antibody, none of the clones reacted with an

symptoms suggests that HTLV-III enters the central nervous system in
bone marrow, and use of immunopotentiators. Author. 19. REFS.

EIA and HTLV-III EIA were positive in all hemophiliacs with *AIDS,*
against all genetic variants of HTLV-III/LAV. Author.

of the epidemic. Preventive measures--behavior modification and
HTLV-III in this system. These results indicate that some PGs

co-factor in the acquisition of HTLV-III/LAV infection, and in
months of age. Cotrimoxazol treatment resulted in clinical

anti-human interferon-alpha did not appear to have an appreciable

responds to combined chemotherapy. Author.

There were few differences between subjects with ARC and those with

conclude that beta 2-M is elevated in patients with *AIDS* and PGL,
risk in which the prevalence of *AIDS* is low. Author.

L-penicillamine there was a significant increase in cell density of

destruction of FD cells and gradual development of T4+ lymphopenia.

and are immunogenic in the natural host. The results demonstrate

protein was recognized by sera from unrelated *AIDS* patients; and a related viruses are the presumed causal agents of *AIDS* and and tests for antibody to HTLV-III/LAV were performed for 451 (48

on the levels of protein synthesis in cultures of a gamma interferon or interleukin-2 (IL-2) production, and no anergy.

AB18,C,75

individual of only highly related viruses raises the possibility

oligodeoxynucleotide ("hybridization competition" or "hybridon")
to the origin of HTLV-III in humans. The apparent difference in
measure of the activation of the nonspecific cellular immune system,

was seronegative and healthy at the age of one. At birth, this
recipients, fathers at risk). Based on update knowledge, the

anti-p17 monoclonal antibody. These results provide direct evidence

the early stages of infection. Author.

ARC, and ITP. The marked reduction in HTLV-III EIA repeatedly

education--hold some hope of retarding spread of the epidemic
including seminal PGs enhance the AIDS-associated virus replication

subsequent disease progression. Author.
improvement. Author.

effect on viral production in normal peripheral blood lymphocytes

AIDS, Kaposi's sarcoma, or *AIDS* with opportunistic infections. This
suggesting an increased turnover of a certain subpopulation of

infected H9 cell cultures, indicating that both the compounds have a

T4+ T cells may circulate through the GCs and become infected with

that the three extra open reading frames of HTLV-III, two of which

single vaccination with the infectious recombinant vaccinia virus associated conditions, the observation that tat-III is critical for percent). Seven health care workers who had low helper/suppressor

non-IL-2-dependent human T-cell line, CCRF-HSB-2, indicating that Ten patients with antibody to HTLV-III had immunologic studies

AB19,C,75

that some type of interference mechanism may prevent simultaneous

approach in the treatment of patients with *AIDS* and AIDS-related susceptibility to SAIDS-like disease between infected macaques and may be used diagnostically to detect allograft rejection after

neonate had LAV/HTLV III-specific IgG corresponding to the mother authors supply pointers to a more realistic information of pregnant

to support the predicted assignment of the coding region of the gag

reactive, Western blot nonreactive samples by the LAV EIA system

pending development of effective therapy or a vaccine. Author. in vitro. We propose that PGE2 in human semen might directly

exposed to the virus. Author.

observation may be useful for identifying subjects who are at risk

lymphocytes in these patients. Beta 2-M levels also appear to

protective effect on H9 cells. In view of the low cytotoxicity, a

AV there. In addition, the identification of retrovirus antigen in

are unique to HTLV-III, are in fact genes that function in vivo and

induced antibodies to gp120 in mice. Author.

HTLV-III replication has important clinical implications, and
T-lymphocyte ratios on initial testing were retested; only three had

the suppressive effect was not mediated by nonspecific serum
repeated 1 year after the original evaluation. A significant

AB20,C,75

infection by more than one major genotypic form of the virus.

complex. Author.

mangabeys suggests that these species may respond differently to transplantations and to follow-up HTLV-III positive patients.

pattern, but it lacked viral-specific IgM. Its mother had women. Suggestions are advanced in respect of care during

gene of HTLV-III. The product from pG2 was purified and was found

suggests that this assay may be as sensitive but more specific than

facilitate the infection of AIDS-associated virus and cause the

of developing *AIDS.* A prospective study to test this hypothesis is

parallel disease activity, as well as immune dysfunction, with the

selective antiviral activity against HTLV-III/LAV, and a T-cell

situ may be of diagnostic value. Author.

further allow the identification of three new and previously

suggests that specific inhibition of the activity of tat-III could
persistently low ratios. Only two health care workers tested were

cytotoxicity. The inhibitory effect of patient sera in the
increase was seen in suppressor (Leu-2-positive) T cells but not in

AB21,C,75

AB22,C,75

AB23,C,75

AB24,C,75

emphasized. Author.

AIDS antibody in the donor population. Author.

Author.

upper bound of the 95 percent confidence interval for the

observations are particularly striking in view of the recognized
these abnormalities may remain stable over prolonged periods.