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To: Members of the human retrovirus subcommittee of the Retrovirus
Study Group

From: Harold Varmus

Results from the latest questionnaire indicate that at least ten members of our subcommittee (not counting your chairman) are willing to accept the term HALV (human AIDS-lymphadenopathy virus or human AIDS-lymphadenopathy-associated virus) for the AIDS retrovirus. Another member continues to prefer human T cell lymphotropic virus-III (HTLV-III) or two other possibilities mentioned below, but is non-committal about the acceptability of HALV; the final member (a strong proponent, though not the proposer, of HTLV-III) is "adamantly opposed" to use of HALV on the grounds that clinicians are opposed to any name that includes the term AIDS. On the question of whether to include the term "associated" in the name HALV, there is no clear trend among the ten clearly willing to use HALV--- some are for it, some against it, and some don't care; as a believer in linguistic parsimony, I would favor omitting it if we ultimately reach agreement on HALV.

While these findings suggest that a consensus might be achieved for a compromise name, perhaps HALV or perhaps one of the other names mentioned, we clearly require another round of discussion before attempting to reach a final solution to our dilemma, for reasons that follow.

(i) About half of those willing to abide by a decision to use HALV still strongly prefer another name; unfortunately, there is no uniformity among the strongly preferred alternatives. Thus, one respondent strongly prefers HTLV-III (and also prefers, apparently not strongly, human T cell immunodeficiency virus, HTIV); another favors human lymphadenopathy-AIDS virus (HLAV); a third favors human immunodeficiency virus (HIDV); a fourth wants human T cell retrovirus-3 (HTRV-3); and a fifth prefers AIDS-associated retrovirus (ARV) or human AIDS virus (HAV). Not surprisingly, all of these strong preferences come from those who proposed them (or something very similar) in the first survey.

(ii) In addition to strong alternative preferences among those willing to go along with HALV, there are a few new suggestions that deserve to be aired, even though they have not been put forward as strong preferences. These include human T4 virus or human T4 tropic virus (HT4V); human lentivirus, type 1 (HLV-1); and human T lymphocyte cytopathic virus (HTLCV).

(iii) Though no explicit proposal has been put forth for HTLV-III/LAV, the hybrid term has been widely used in the recent literature, a few letters from within and outside our membership offer support for it, and it thus warrants direct response from all of our members.

(iv) A letter circulated among our membership by Max Essex and another from Bill Haseltine (enclosed with this memo) take firm positions for HTLV-III or for versions of the hybrid name. These letters raise important issues about the permanence of names already in circulation, about clinical implications of other names, and about the rights of discoverers to contribute to the naming process; I urge all of you to consider these problems carefully in responding to this memo.

(v) A few other issues have been raised in relation to our task.

(a) One of our members has suggested that we take a wider survey of clinicians dealing with AIDS patients and the high-risk population, to sense their concern about names that include the term AIDS. Attached to this memorandum, you will find a letter I have sent to many clinicians throughout the U.S.; members from other countries may wish to send this or a similar letter to clinicians elsewhere.

(b) I have been urged on all sides to attempt to bring our deliberations to an end in the very near future, on the grounds that any consensus name should be publicised soon if it is to gain general acceptance. For this reason, I am urging you to return your responses to this mailing within 48 hours, using high-speed mail services.

(c) The work of our committee is of considerable public interest, and I have received numerous telephone calls from the press, attempting to discern prematurely what our recommendations will be. To allow us to work in an atmosphere removed from such outside pressures, I would request that you decline to answer questions from the press about our deliberations until they are concluded and that you consider the memoranda we circulate to be privileged communications. I have no objection to discussions of their content with scientific colleagues, but they are clearly not intended to serve as public documents.

(d) I have found the device of the questionnaire to be useful for eliciting frank opinions about our controversial task, particularly since personal relationships may be affected by these opinions. However, I think it would be helpful at this stage for each person who strongly favors an alternative position to "speak up", as you would at a committee meeting, with a written statement that I can circulate to the membership. This will help avoid misunderstandings of the sort illustrated in Bob Gallo's letter of August 12: it is a fact that six of our members were "adamantly opposed" to the use of HTLV-III in our first poll and that no other name was so widely opposed, but it is possible that the degree of opposition may be shy of total adamancy among these people. For this reason, I would like to have a statement of position, as well as completion of the poll, with this next mailing.

I would like to make a few general comments about my own position on the nomenclature question. I do not have ecclesiastical zeal about HALV and am certainly not attempting to impose it upon the committee or the world; the term continues to represent, to my mind, a reasonable compromise, but not one that is

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measurably better than (say) human immunodeficiency virus (HIV). If clinical opinion is clearly opposed to a name like HALV because it includes AIDS, I would be happy to turn to another candidate, such as HIV, that has different shortcomings (e.g. a lack of specificity) but many virtues. For this reason, I use the new questionnaire to sound the willingness of the committee to reach a compromise with names other than HALV.

I would also like to comment briefly about the recent letters from supporters of HTLV-III; in essence, I remain unpersuaded by their arguments. The central substantive issue remains the basis of viral speciation; while we can all see that certain properties of the AIDS retrovirus are common with those of the human T cell leukemia viruses, the similarities are negligible at the genetic level. Even the tropism for T cells has a different basis, in that different host receptors are recognized by the two groups of viruses, and the fascinating transactivation phenomena are mediated by genes that are unrelated and at different positions in the genomes. Now that we have the power to perceive the relatedness of viruses at the nucleotide level and to understand some of the evolutionary and functional implications of the relationships, I believe it would be a mistake not to use these powers as a basis for species names. The public policy issue of whether it is too late to change names already in wide use is more difficult and subject to personal opinion. It seems to me that the wide press coverage of the AIDS problem and the careful attention paid to AIDS by our colleagues in virtually all related fields will assure dissemination and adoption of any reasonable name we can agree upon. Surely the segment of the public that pays attention to such matters---not to mention the scientific community---is aware of the controversies and confusion that surround the naming of the AIDS virus. A standard name, endorsed by the principals, will be greeted not with further "consternation...confusion...and unease," but instead as a sign that the international virological community can set aside differences to improve communication with each other and to recognize new scientific facts.

Despite all this, I am fundamentally committed to finding a working agreement; for this reason, I find I cannot "adamantly oppose" any name, even those offensive to my scientific or aesthetic principles, if all of our members, particularly those working actively with the viruses in question, will agree to use it.