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To: Members of the Human Retrovirus Subcommittee of the Retrovirus Study Group, ICTV.

From: Harold Varmus HEV

During the past week or two, I have been in touch by phone with most of the members of our subcommittee, and I am convinced that it is now an appropriate time for us to propose a name likely to be acceptable to all interested parties for the retrovirus implicated as the cause of AIDS.

I would like each of you to consider and comment upon the following text of the sort of letter I believe we should send to several leading journals that publish most of the work on this virus (e.g., Science, Nature, Cell, Lancet, New England Journal of Medicine, Virology, and Journal of Virology). In our telephone conversations, letters, and other exchanges, the type of name that has seemed most satisfactory to all parties is human immunodeficiency virus (HIV or HIDV) or a close variant, such as human T cell immunodeficiency virus (HTIV or HTIDV). I and several committee members have come to favor HIV: it is simple; it is novel (and hence does not reflame controversies); and it is based upon the name of the disease with which the virus is readily identified, without including the term AIDS. I have therefore written the following draft around the name HIV, but this is still, of course, subject to change if there is a consensus for another choice. Please let me know by mail within the next ten days or by phone during the week of January 27th, whether you are willing to sign the letter in its present form and whether you strongly favor one of the names other than HIV (that is, HIDV, HTIV, HTIDV, or something else of this ilk). If a consensus can be reached, I hope to circulate the final form of the letter soon and to distribute it to appropriate publications shortly thereafter. David Kingsbury has offered to help gain a speedy approval of our proposal from the higher echelons of the ICTV.

To the Editor:

The undersigned are members of a subcommittee empowered by the International Committee on the Taxonomy of Viruses to propose an appropriate name for the retrovirus isolates recently implicated as the causative agents of the acquired immune deficiency syndrome (AIDS). Adoption of an internationally-acceptable name for this group of viruses has become an important issue because of the widespread interest in AIDS and its origins and because of the multiplicity of names currently in use. Thus the several isolates of what are now evidently closely related members of the same virus group have been called lymphadenopathy associated virus (LAV), human T cell lymphotropic virus type III (HTLV-III), immunodeficiency associated virus (IDAV), and AIDS-associated retrovirus (ARV). At present, two compound names (HTLV-III/LAV, and LAV/HTLV-III) are also used in scientific publications, and the colloquial name, the AIDS virus, is often used by the press.

We are writing to propose that the AIDS retroviruses be officially designated as the human immunodeficiency viruses, to be known in abbreviated form as HIV.

We have considered several issues that bear upon this proposal. (i) The name conforms to common nomenclature for retroviruses, beginning with the host species ("human"), ending with "virus," and containing a word that denotes a major (though not the only) pathogenetic property of the prototypic members of the group ("immunodeficiency"). ("Feline leukemia virus" and "mouse mammary tumor virus" are two well-known examples of such names for retrovirus species.) (ii) Though the name clearly connects the viruses to the disease with which the virus group is associated, it does not incorporate the term "AIDS", which many clinicians urged us to avoid. (iii) The name is readily distinguished from all existing names for this group of viruses and has been chosen without regard to priority of discovery. (iv) The name is sufficiently distinct from the names of other retroviruses to imply an independent virus species, a group of isolates that can presumably exchange genetic information readily with each other but not with members of other known retrovirus species. These other species include the human T cell leukemia viruses (e.g., HTLV-1 and -2), which will continue to be named according to a convention adopted by several leading investigators in September, 1983. (Though roman numerals are often used to indicate the type of HTLV, arabic numbers were originally prescribed in the agreement and are thus used here.) (v) Retroviruses isolated from subhuman primates and found to be genetically related and biologically similar to HIV's should be designated as immunodeficiency viruses of the appropriate host species (e.g. simian immunodeficiency virus [SIV] or African green monkey immunodeficiency virus [AGMIV]). (vi) Because HIV isolates are numerous and display considerable genetic heterogeneity, particularly in the <u>env</u> gene, it will be necessary for each laboratory to assign subspecies designations to their isolates. We recommend that each laboratory adopt a code with geographically informative letters and sequential numbers to identify their isolates (e.g. the 42nd isolate at the University of Chicago could be described as HIV [CHI-42]). Initially, the existing, well-characterised isolates, such as LAV-1, HTLV-IIIB, or ARV-2, should be identified as such in publications to ease the transition to a unified nomenclature. (vii) Any future isolates of human retroviruses with clear but limited relationship to isolates of HIV (e.g. more than 20% but less than 50% nucleic acid sequence identity) should not be called HIV unless there are compelling biological and structural similarities to existing members of the group.

To achieve prompt and widespread adoption of our proposals, we are asking that the editors of all journals that print this letter insist that published papers conform to these rules.

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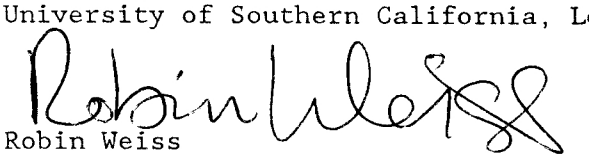

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