UNIVERSITY OF
Miami
SCHOOL OF MEDICINE

December 4, 1985

Dr. Harold E. Varmus
University of California
Department of Pathology
1326 Third Avenue
San Francisco, California 94122

Dear Harold:

In my letter to Max Essex of April 24, 1985 which I copied to you, I asked to be notified if your committee elected to address the nomenclature of HTLV-III/LAV. Jay Levy indicated to me that you do intend to undertake this step.

I would still argue that your committee would best be advised to let common usage decide the issue unless some agreement could have been reached between proponents of HTLV-III and LAV. With the apparent inability to resolve parentage of the prototype virus as evidenced by the Pasteur-NCI lawsuit, such an agreement seems unlikely. Besides, the likely compromise of HTLV-III/LAV is at best, only a temporary solution.

There is an obvious name that most people already accept that is part of the public lexicon, AIDS virus. Whether it becomes human AIDS virus or AIDSvirus is relatively unimportant. There is no compelling clinical or classification reason not to use this name. Particularly, its common usage will make it understandable to the public and will eventually assist in overcoming the denial syndrome that has hampered the public's acceptance of the seriousness of the current problem. Also, earlier perceptions concerning infection versus disease may be addressed even better without the confusion of the clinical disease and the virus having different names.

Division of Immunology & Infectious Diseases (D4-4)
Department of Pediatrics
P.O. Box 016960
Miami, Florida 33101
(305) 547-6676 549-6364

Finally, the use of AIDS virus may or may not achieve widespread acceptance in this hemisphere but in many parts of the world it would be SIDA virus or something else. However, I am a proponent of having nomenclature reflect actual use and the recommendations of your committee would be very influential in directing that use.

Again, if your committee elects to readdress retrovirus classification, please advise me. Frankly, I would have reservations that the committee as currently formulated should undertake such a change. For the time being, HTLV-I as a type-C oncornavirinae and AIDS virus as a lentivirinae seems enough.

With my warmest personal wishes.

Sincerely,

Wade

Wade P. Parks, Ph.D., M.D.
Professor of Pediatrics,
Microbiology & Immunology

WPP:pc