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Dr. Harold E. Varmus
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22nd April 1985

Dear Harold,

I enclose a letter received from Daniel Zagury (unsolicited) regarding the nomenclature of HTLV-3/LAV/ARV/IDAV.

I wish that I could suggest a neutral but acceptable name for the virus, but problems arise with every suggestion. (a) HRV for human retrovirus; too unspecific. (b) SIDA virus for the French acronym for AIDS, but shades of AIDS disease mentioned below; however, it gives a slight compliment to the French without using their versions of names or Gallo's.

(1) AIDS virus. Poliovirus was acceptable even though the vast majority of infected persons remained asymptomatic. However, with AIDS, the social and economic implications and stigma may be too overriding.

(2) HTLV-3. While I think that the HTLV acronym is very apt (regarding tropism and without connoting disease), and am not overly worried that the hybridization data show little homology to types 1 and 2, there is still the original French claim and the consequent contention.

(3) LAV, IDAV. The first acronym certainly has chronological priority; the second was begging the issue due to interim usage by the French of HTLV - an unfortunate lapse on their part. My real objection to LAV resides in the vernacular usage as described below.

(4) ARV. With due regard for Jay, this was clearly a "johnny-come-lately" claim.

(5) HTLV-3/LAV. Such combined terms are unwieldy. On the other hand, that could be the officially acceptable version and then each author could choose his own favorite shortened version for use in manuscripts.

(6) HALV. Just saw Flossie's letter to Nature. She would have been better off to submit the proposal to you rather than to Nature, as a suggestion from her is unlikely to go down well with the French. Of course, there is also the objection that HaLV is officially accepted for hamster leukemia virus (not that one sees many papers on it).

(7) HLAV. A variation on theme (6), this has the advantages of not clashing with HaLV and not being introduced by Flossie. It could also be defined as human lymphotropic (Gallo group) adenopathy (Montagnier group) virus, without a reference to AIDS per se.

As mentioned in my previous letter, the homosexual community in the U.K. has already adopted HTLV-3 in common speech. Have similar developments occurred in the U.S.

or elsewhere? If the English-speaking vernacular is HTLV, does that set any precedent (particularly as the majority of worldwide infected individuals will be English-speaking)?

Those are my basic thoughts on the issue. I assume that you will come up with a short list for discussion and voting by some or all of the members of the committee.

Please let me know if you wish any of these points clarified or whatever.

With kind regards.

Yours sincerely,

Natalie

Natalie M. Teich