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STANFORD UNIVERSITY SCHOOL OF MEDICINE  
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Dear Harold:

I received your letter asking for suggestions in naming the AIDS retrovirus. My thoughts are that the ideal name should follow the retrovirus naming system that includes a natural host designation (in this case human) and a disease designation (in this case AIDS, assuming that it is not premature to consider this virus to be an etiologic factor in AIDS). For viruses with no known associated disease, some other term descriptive of notable biological behavior such as a striking tissue tropism (e.g. deer kidney virus) or interference with a well known virus (e.g. RIF) have been appropriately used. Under this rule human T<sub>4</sub> cell (or T helper cell, T lymphopathic or T lymphotropic) virus might be used but any of these would be less good, in my opinion, than human AIDS virus. This virus appears to infect several cell types in addition to T<sub>4</sub> cells and it may even produce disease by infecting other cells (e.g. brain cells) but the apparent T<sub>4</sub> cell preference and destruction are biologically striking and this tropism could be referred to as in the above suggestions.

There are many accepted retrovirus names that do not follow these rules including many which contain the names of the virus discoverers. In my opinion these names are less good and such a name should not be considered for this virus. Most of those virus names appear to be early designations, often invented by the virus discoverer, and they became so ingrained in the literature and in scientists' minds that they could not be easily changed. As you suggest, this is a potential problem with this virus. However, the first designated name, lymphadenopathy associated virus or LAV, while understandable before the association with AIDS, it now seems not at all appropriate and it would be unfortunate if this became the accepted name. Human lymphotropic virus III (HTLV III) in my view has better possibilities but I feel strongly that this name with the designation III erroneously suggests more relatedness to HTLV I and HTLV II than just a common natural host. Evidence is accumulating that the AIDS virus may be genetically or evolutionarily (based on nucleotide sequence, gene organization, and virion structure) quite different from HTLV I and II so that HTLV III is to me an undesirable name. Dropping III from the name would make a more acceptable name (HTLV) except that HTLV is already used for HTLV I and II, and if this name is retained for HTLV I and II, HTLV is inappropriate for the AIDS virus for the reasons suggested above. AIDS related virus or ARV is a name that could be applied to CMV, HSV, HBV and many other viruses commonly found in AIDS patients and this name should not be considered in my opinion for the AIDS virus.

Since at least 3 different names for this virus are now being used in the literature, none of the three has yet displaced the other two and all have significant drawbacks, I would think that all could be replaced by a new name that is generally acceptable to the scientific community working with the virus. My preference would be human AIDS virus (HAV) despite the problem of the letter designation being the same as that used for hepatitis A virus. This would not be the first example of two viruses with the same initials. Still better might be to change the name AIDS to something more appropriate in view of current knowledge (if AIDS is a virus disease, then a variety of more specific and better names are possible) in which case the appropriate virus name would not be HAV.

Sincerely yours,

A handwritten signature in black ink that reads "Bill". The letters are written in a casual, slightly slanted cursive style.

William S. Robinson, M.D.  
Professor of Medicine