Kaposi Sarcoma Work Group Is Formed; Requests Research Assistance From NIH

An NIH working group has been formed to aid in controlling the current epidemic of acquired immunosuppression, opportunistic infections, and Kaposi's sarcoma—a disease which began among homosexual males, but is now apparently increasing in incidence and spreading to other segments of the population.

The cause of the epidemic is yet unknown. Since first detected 2 years ago, 485 people in 24 states and 8 foreign countries have been infected, with 187 deaths in the U.S. as of July 23.

NIH Director Dr. James B. Wyngaarden has asked that the working group be formed to aid the Centers for Disease Control, the principal USPHS agency actively involved in surveillance, study, and efforts to control the epidemic.

The primary function of the new group is to foster information exchange among NIH's BID's and extramural staff, and to provide a ready channel for making current research findings available to the CDC and other agencies involved in controlling the outbreak.

The CDC is coordinating this effort through a task force chaired by Dr. James Curran, otherwise research director for CDC's venereal disease control program. Dr. Curran can be reached on FTs 8-228-3472, or by writing to 1600 Clifton Rd., N.E., Bldg. 5, Rm. SB 13, Atlanta, Ga. 30333.

Dr. Robert S. Gordon, Jr., special assistant to the NIH Director, is chairing the NIH Kaposi Sarcoma Working Group, and

(See KAPOSI SARCOMA, Page 5)

Scientists From Egypt, Israel, U.S. Meet To Discuss Cooperative Research

Egyptian, Israeli, and American scientists involved in a cooperative research project on vector-borne diseases met together for the first time in Stockholm in June to exchange information and discuss plans for the coming year.

The project supports studies on Rift Valley fever, malaria, and leishmaniasis, three diseases of considerable public health importance in the Near East. Malaria is spread by mosquitoes and leishmaniasis by sand flies. The natural vectors of RVF are not confirmed but are probably mosquitoes.

The project began last December when contracts were signed in a simple ceremony at NIH by representatives of the National Institute of Allergy and Infectious Diseases and two of the leading research institutions in Egypt and Israel.

The 5-year contracts, administered by NIAID, are funded by the Agency for International Development. Support for the first year is about $1.5 million.

Similar cooperative investigations in marine science and dryland agriculture, also issues of interest to both Israel and Egypt, have evolved since 1979 when the late Egyptian President Anwar Sadat announced he would travel to Jerusalem, opening a door to such exchanges.

From June 4 to 6, NIAID convened a regional meeting in Stockholm on the Epi-

(See COOPERATIVE, Page 7)
KAPOSI SARCOMA
(Continued from Page 1)

cochairman is Dr. Kenneth W. Sell, Intra-
mural Research Program director, and
chief, immunobiology section, Laboratory of
Immunogenetics, National Institute of
Allergy and Infectious Diseases.

"While NIH does not bear a direct re-
sponsibility for controlling the outbreak, it
is apparent that an epidemic of this sort
may offer significant scientific opportuni-
ties, particularly since immunoregulation
and the causation of cancer are areas of
intense research activity among several
BID's and their extramural communities," wrote
Dr. Wyngaarden in a memo to the NIH
working group staff.

Currently no single diagnostic test is
available to characterize the disease.
Those affected have a severe loss of cellu-
lar immune function. "They have antibo-
dies but no effective lymphocytes, and they
fall victim to opportunistic infections," said Dr. Gordon.

Enlarged Lymph Nodes First

The first symptoms of the disease ap-
parently are enlarged lymph nodes, a feel-
ing of malaise, sometimes low-grade fever,
and weight loss. These symptoms can last
months without becoming serious.

"It is obvious that most of the people
who get it simply don't know they have it
until they get one of these other opportu-
nistic infections," said Dr. Bruce Evatt of
the CDC task force.

The "opportunistic infections" are most
commonly the Kaposi cancer, a virulent
pneumonia called pneumocystis pneu-
monia, toxoplasmosis which can affect the
central nervous system, candidiasis yeast
infection, or an odd variant of tuberculosis
called atypical mycobacterial infection.

Initially, the disease mainly attacked
four groups. Until recently, the epidemic
was concentrated largely among homosex-
ual men in New York City, San Francisco,
Los Angeles, and Atlanta.

A few drug addicts also developed the
disease, known as acquired severe immu-
nodeficiency disease, or AIDS. Recently,
the CDC said that AIDS had infected 32
Haitian immigrants in five cities, none be-
lieved to be homosexual. Fifteen of the Haitian
victims have died.

Two weeks ago, the CDC reported that
three hemophiliacs had developed AIDS,
two of whom have died. This development
was considered serious because hemophi-
lacs (20,000 in the U.S.), whose blood
doesn't clot, are treated with "clotting fac-
tors" extracted from donated human
blood. None of the hemophiliac victims
was homosexual. This "suggests possible
transmission of an agent through blood
products," the CDC report said.

Recent research developments lean to-
sional suspicions that a "transmissible
agent," perhaps a virus, is involved. Sci-
entists have noted a strong similarity be-
tween the way AIDS spreads and the
spread of hepatitis B. Another theory is
that the virus is transmitted through other
body fluids.

Though each of these ailments can be
treated, there is no treatment for the un-
derlying failure of the immune system. Of
the 485 who have contracted the disease,
none has recovered from the underlying
failure of the immune system, but some
are now free from the deadly infections.
NIH researchers Drs. Henry Masur, Criti-
cal Care Medicine, Clinical Center, and
James J. Goedert, Environmental Epide-
miology Branch, National Cancer Institute,
are actively involved in studying AIDS.

Currently, a limited number of patients
have been admitted to the CC for inpatient
care and immunological and virological studies.

A number of scientific journal articles
have been published recently by NIH and
NIH-supported researchers. Among these
are the: June issue of Annals of Internal
Medicine; The Lancet, May 15 and Feb. 20;
the Dec. 10, 1981, issue of the New En-
land Journal of Medicine; and the June
1982 issue of Cancer Treatment Reports.
Other related readings include the CDC
publication Morbidity and Mortality Weekly
Report. Of particular interest are the June
18 and July 16, 1982, issues.

Apparently this epidemic is growing
daily. Nevertheless, CDC officials say the
American population at large is not at risk
now and may never be. The rate of new
cases reported 6 months ago in these ur-
ban areas was one per day; now two or
three new cases are reported each day.

The disease no longer involves homo-
sexual men exclusively and is, in fact,
spreading to other subsets of the popula-
tion. It is also becoming increasingly evi-
dent that there is a transmissible, infec-
tious vector whose transmission may be
parenteral as well as sexual.

The following list are the names of NIH
intramural scientists belonging to the
Kaposi Sarcoma Working Group. They may
be contacted if there are any questions.
The CDC has blood specimens and other
materials readily available for any re-
searcher interested in studying this problem.

NIH Kaposi Sarcoma Working Group: Dr.
Robert S. Gordon, Jr., chairman, NIH/OD;
Dr. Kenneth Sell, NIAID, cochairman; Dr.
Heinz Berendes, NIHCD; Dr. Amos
Chrambach, NIH; Dr. James J. Goedert,
NCI/DCCP; Dr. John Hooks, NIDR; Dr.
Arthur Levine, NCI/DCT; Dr. Michael
Luster, NIEHS, P.O. Box 12233, Research
Triangle Park, N.C. 27709; Liaison: Dr.
James Curran, CDC, 1600 Clifton Rd., N.E.
Bldg. 3, Rm. SB 13, Atlanta, Ga. 30333;
Dr. Donald Macklin, NINODS; Dr. Henry Maeru,
CC; Dr. Robert Nussenblatt, NEI; Dr.
Harold Schoolman, NLM; and Dr. N.
Raphael Shulman, NIADDK.

Credit Offered for SLY

A new investment opportunity—the SLY
premier account—is being offered by the
NIH Federal Credit Union.

SLY, which is a 14-day statement certifi-
cate, offers members the safety of feder-
ally backed insurance, quality of a short-term certificate, and a high yield
based on market conditions.

For further information call 496-4758, or
visit the NIHFCU office located at 9033
Old Georgetown Rd., Bethesda, Md.

Endocrine Society Honors
Dr. G. Donald Whedon

Since his resignation as Director, Dr. Whedon
has devoted most of his time to lecturing
and consulting on research in his original field
of mineral metabolism.

Dr. G. Donald Whedon, senior scientific
adviser, NIADDK, and former Director of
the Institute, received the Robert H. Wil-
liams Distinguished Leadership Award of
the Endocrine Society at its annual meet-
ing June 17 in San Francisco.

The award recognized Dr. Whedon's
leadership in the support of research and
training in the fields of endocrinology and
metabolism. He was also cited for his
"important and creative role" in the ex-
pansion of Improvement of clinical investiga-
tion in the United States.

His research activities have focused on
energy metabolism in man, endocrine and
kinetic studies of disorders of bone, clinical
nutrition and space medicine. He is best
known for his studies of the role of
dietary calcium in mineral metabolism in
osteoporosis.

As an advisor to the U.S. National Aero-
nautics and Space Administration, he sup-
ervised bone mineral loss metabolism
studies during the Gemini and Skylab mis-
sions. These missions demonstrated con-
siderable loss of calcium from bone during
weightlessness.

Attention Hay Fever Sufferers: Volunteers Needed for Study

Volunteers who have fall hay fever are
needed to participate in studies of the di-
agnostic and therapeutic effectiveness of
allergy extracts. Participants will undergo
allergy skin testing, blood withdrawal (ap-
proximately 2-3 tablespoons) and will fill
out daily symptoms diaries during the hay
fever months.

Selected volunteers will participate in an
experimental allergy injection program.

Dr. Paul Turkeltaub, Allergenic Products
Branch, Bureau of Biologics, is conducting
the studies in cooperation with the Occupa-
tional Medical Service at NIH.

Interested employees should fill out a
hay fever questionnaire from Allergic Pro-
cuts Branch, Bldg. 29, Rm. 124.

August 3, 1982

The NIH Record

Page 5