



Memorandum

Date November 10, 1982

From Assistant Chief, Critical Care Medicine Department, CC

Subject Protocol 82-CC-90

To Dr. Robert S. Gordon, Special Assistant to the Director, NIH

Enclosed is a summary of activity on Protocol 82-CC-90.


Henry Masur, M.D.

Enclosure



Rep. Roybal

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20205

November 5, 1982

Mr. Daniel Maldonado
Office of Congressman E.R. Roybal
U.S. House of Representatives
2211 Rayburn HOB
Washington, D.C. 20515

Dear Mr. Maldonado:

This is the very brief summary of the status of the National Institutes of Health's (NIH) involvement in research on acquired immunodeficiency syndrome (AIDS) which I promised you in our telephone call of November 4. We have incorporated it in a variety of responses to inquiries about the condition, and about the part we are playing in research on it. I am attaching a copy of the RFA announcement that is referred to.

Underlying the recently recognized outbreak of Kaposi's sarcoma and/or opportunistic infections in previously healthy persons is an acquired malfunction of the immune system, and the condition is now being referred to as AIDS. It was originally recognized primarily in homosexual males in a few cities, but is now evidently occurring in other segments of the population as well. It has been noted particularly among intravenous drug abusers and among recent immigrants from Haiti, in addition to sporadic cases among individuals who share none of these characteristics. The outlook for those affected is grave. Almost half of all diagnosed cases have led to death, and no case of full and complete recovery has yet been documented.

Both the Centers for Disease Control (CDC) and the NIH have been concerned with this new health problem over the past year. More recently, the Food and Drug Administration has also become concerned because of the possibility that the condition might be transmitted through blood or blood products (a possibility that remains hypothetical, and is not proven at this time). CDC has established a task force to work on surveillance nationwide and on focussed epidemiologic studies to attempt to identify the mode of transmission and factors that contribute to risk, and to set up immunologic, virologic, and toxicologic laboratory investigations to test hypotheses concerning the causative agent. CDC's estimated current resource commitments to this effort are almost \$2 million annually.

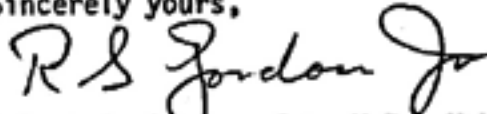
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Two major lines of investigation are currently being pursued by NIH staff. Epidemiologic studies are being carried out among high-risk, but unaffected, persons to search for predisposing factors, and a selected number of victims of the disease are being studied within the NIH's Warren G. Magnuson Clinical Center, with elaborate laboratory studies of immune function and regulation and serologic and virologic investigation. A working group has recently been constituted within NIH to facilitate discussion and interdisciplinary collaboration in these studies. In many academic medical centers, as part of their ongoing NIH-supported research, scientists expert in immunology, cancer treatment and other applicable disciplines have turned their minds and techniques to the study of patients with AIDS. To supplement this activity, the National Cancer Institute has set aside over \$1 million for additional research on the outbreak of AIDS and Kaposi's sarcoma and has recently issued a Request for Applications on the topic.

I shall follow this letter up with additional informative material, including copies of recent scientific publications emanating from or supported by the NIH, and a summary of the present status of the intramural clinical research project.

Sincerely yours,



Robert S. Gordon, Jr., M.D., M.H.S.
Special Assistant to the Director, NIH

Enclosures

cc: Dr. James Curran, CDC