## AIDS conference launched MRC allocates grants with controversial message

- Bush and Reagan speeches not well received
- Gallo puts case for HTLV-1 screening

Washington

THE Third International Conference on AIDS (acquired immune deficiency syndrome), running for five days in Washington DC from 1 June, was ushered in with a controversial call for widespread AIDS virus testing from President Ronald Reagan. In his first major speech on AIDS, delivered on the eve of the conference to the American Foundation for Aids Research, Reagan stopped short of demanding the compulsory testing of large sections of the population that he and conservative cabinet colleagues are thought to favour. Instead, he advocated compulsory testing for aliens and immigrants seeking permanent residence in the United States and inmates of federal prisons. But he called for "routine" testing which could be refused without breaking the law — of couples seeking marriage licences, patients at clinics for drug abuse and sexually transmitted diseases and inmates of state and local prisons.

Reagan's announcement was met with some subdued booing from the audience, who had each paid \$250 to attend the fund-raising dinner, hosted by actress Elizabeth Taylor. The boos were a lot louder when Reagan's message was repeated the following day by US Vice-President George Bush at the opening of the international AIDS conference.

The 6,000 attending the conference had left little doubt where their support lay by

## LEP magnet in place



LEP — the large electron-positron collider project at CERN - proceeds apace. Today (4 June), the first magnet is being placed in the subterranean tunnel of LEP in a ceremony attended by Jacques Chirac, the Prime Minister of France, and Pierre Aubert, the President of Switzerland. The magnet shown is one of a thousand that will guide the electron and positron beams on their 27-km route under the Jura mountains in France. LEP, due to operate for experiments from Spring 1989, promises exciting results in high-energy physics.

giving a standing ovation to US Surgeon-General C. Everett Koop, who spoke briefly before Bush. Koop has consistently supported the view of health workers, scientists and the Centers for Disease Control that mandatory, or even "routine" testing, is a waste of resources. Most AIDS cases have occurred among drug users and homosexuals who rarely marry and are unlikely to fall into the mandatory testing net. Information campaigns that persuade high-risk groups to come forward for testing are favoured by Koop, particularly as mandatory testing could inhibit drug users and homosexuals from seeking medical help.

Both Reagan and Bush went out of their way to praise Koop. Bush also emphasized the government's obligation to make the public aware of the risks of infection with HIV, the human immunodeficiency virus that causes AIDS. Pointing to the fact that several other countries had already mailed information on avoiding infection to every household. Bush said that the United States should learn from their experience.

By the time Bush had finished speaking, registration for the conference had reached the maximum permitted by fire regulations. The conference closed its doors amidst some chaos. By then there was one delegate for every eight cases of AIDS in the world (51,000 at the World Health Organization's latest count) and one member of the press for every 50 cases. Camera-men and photographers had been persuaded not to interrupt proceedings, which at least made events less of a circus than at the meeting's predecessor, in Paris last year.

Robert Gallo, on home territory, kicked off the scientific sessions with news of a novel AIDS-related virus. Isolated from a few Nigerians with AIDS or AIDS-like symptoms, the virus is only very distantly related to HIV or to the second class of AIDS-related virus, which is found largely in West Africa. Nor is the Nigerian virus related to HTLV-1, the retrovirus known to cause human leukaemia. Gallo predicted that other viruses were yet to be discovered. In particular, he predicted that a virus very closely related to HIV would be found in African monkey because, following recent evidence of the extent of sequence divergence between HIV and LAV-2, he no longer sustained the view that the former evolved from the latter in humans. Instead, HIV must have its direct

## for AIDS research

London

BRITAIN'S Medical Research Council (MRC) is finalizing its first round of grant allocations from its £15 million, three-year programme of research into AIDS (acquired immune deficiency syndrome), announced in March (see Nature 326, 4; 1987). This year, MRC has £2.5 million available for its two programmes of research into drugs and vaccines. So far about a dozen laboratories have been selected, to receive a total of around £1 million, with the greater proportion going towards the programme to develop a vaccine. Applications from a further 12 laboratories are being considered.

Both programmes are being overseen by Sir James Gowans, secretary of MRC, who is also chairman of the vaccine committee. Professor Max Perutz, of MRC's molecular biology laboratory in Cambridge, is chairman of the committee on antiviral therapy. The two committees will meet monthly to identify new areas of work and to monitor progress. While stressing that the initiative was still at an early stage, Gowans said last week that the amount of interest being shown by the science community was "very encouraging". All the research so far commissioned has been in the public sector, although negotiations with two (unnamed) industrial laboratories are being undertaken.

With the vaccine programme, particular emphasis is to be placed on identifying systems in which candidate viral proteins can be expressed, and on the task of finding suitable animal models. MRC is not yet able to release details of specific projects that will receive support.

Gowans is satisfied that MRC has sufficient funds to ensure a viable domestic programme for AIDS research, but he would like to see Britain making "a more substantial effort" into studies of AIDS in Africa. Simon Hadlington

origins in a monkey virus.

Pointing to evidence that HTLV-1 can cause some degree of immunodeficiency and may well hasten the appearance of AIDS in patients doubly infected with that virus and HIV, Gallo suggested that it may be advisable to start extensive HTLV-1 screening. A considerable proportion of some populations of US drug addicts is infected with HTLV-1, he said.

Promise of the simple and reliable test that is needed, particularly in Africa, to discriminate between the two classes of AIDS-related viruses was held out by Erling Norrby of the Karolinska Institute. By the time the great AIDS show has shifted to Stockholm next year, the reality of that prospect should be clear.

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