Genetic Diversity Survey

Elizabeth Pennisi, in her News & Comment article about a new National Research Council (NRC) report "Evaluating human genetic diversity" (24 Oct. p. 568), states that the committee (which I chaired) that wrote the report gave "a cautious nod of approval" to a proposed global survey of human genetic diversity. The committee strongly endorses such a survey, provided that it is conducted in a way that protects the individual identities and rights of the participants. However, contrary to what the article says, the committee neither approved nor disapproved of the so-called "consensus document" that has been identified as the Human Genome Diversity Project, although we have taken issue with some of the recommendations in the consensus statement. As stated in the executive summary of our report, after an exhaustive examination, the committee found that this document does not clearly explain the purpose of the project or provide the necessary safeguards for protecting participants. Accordingly, the committee focused its attention on the scientific merits of a global study of human genetic variation and the ethical, legal, and organizational difficulties such a study would have to confront.

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SIV Vaccine for AIDS

Jon Cohen, in his News article "Weakened SIV [simian immunodeficiency virus] vaccine still kills" (3 Oct., p. 24), cites several researchers' data that a percentage (<5%) of monkeys in different clinical trials have developed immunodeficiency or AIDS, or both, after infection with human immunodefiency virus (HIV). He also quotes the criticisms of several researchers about the publicity surrounding the International Association of Physicians in AIDS Care (IAPAC) initiative to recruit physician volunteers for a safety trial with live attenuated HIV.

Not quoted are observations from Australia (*1*) and from Massachusetts (*2*) of 19 humans who were accidentally infected with HIV deficient only in the *nef* gene 10 to 14 years ago. None of these individuals has suffered immunosuppression that is obviously the result of infection with the attenuated HIV. Seven patients are still alive —all with normal immune function. Four have an undetectable HIV viral load, and three have detectable viral loads—all less than 3000 copies per milliliter. Three patients have died from probably unrelated causes. Two patients died in their 80's, one of disseminated colon cancer and one of cerebrovascular disease, and neither showed signs of immunosuppression resulting from infection with the attenuated HIV, despite their advanced years. The third patient who died had systemic lupus erythematosis and was on immunosuppresive therapy for this when she died of *Pneumocystis carinii* pneumonia—a recognized complication of immunosuppresive therapy.

This experience with a *nef*-deleted HIV in humans is surely more relevant in deciding whether a trial in humans is likely to be safe than consideration of SIV delta *nef* or SIV delta 3 infection in monkeys—a different virus in a different host.

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