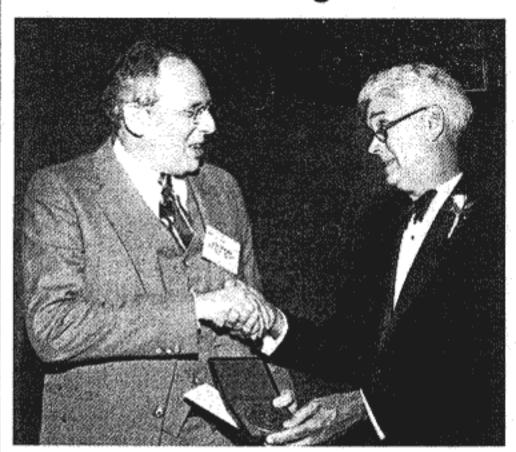
TheNIHRecord

U.S. Department of Health and Human Services

Dr. Jesse Roth Receives ADA 1982 Banting Award



Dr. Roth (I) who received the Banting Medal from ADA president Dr. Oscar B. Crofford, delivered the Banting Memorial Lecture, regarded as a highlight of the scientific program.

Dr. Jesse Roth, chief of the Diabetes Branch, NIADDK, was awarded the 1982 Banting Medal for Scientific Achievement at the recent annual meeting of the American Diabetes Association in San Francisco.

Named for Sir Frederick G. Banting, codiscoverer of insulin in 1921, the award is the highest honor bestowed by the ADA.

Dr. Roth is recognized chiefly for his pioneering research on cell surface receptors and associated diseases in man. He and his colleagues were the first to measure directly hormone receptors on cell membranes and to prove that the concen-

(See DR. ROTH, Page 11)

Explosion Injures Two Seriously

An early morning explosion in a subbasement transformer room in the Bureau of Biologics on July 27 seriously injured two high-voltage electricians, knocked out power to six NIH buildings, and forced the evacuation of employees from Bldg. 29.

Lloyd F. Thompson and James R. Layman were performing routine maintenance and apparently were completing the last phase of inspection on a network protector, a switching device that prevents the reversal of current from a transformer, when the explosion occurred at 9:37 a.m., according to the NIH Fire Department. The actual cause is still under investigation,

(See EXPLOSION, Page 2)

August 3 1982 Vol. XXXIV No. 16 National Institutes of Health

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 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: 8-236-3472, or by writing to 1600 Clifton Rd., N.E., Bldg. 3, 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 arthropod-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 Vally 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-



Rift Valley fever is a serious threat to Egyptian farmers. In the past, RVF epidemics in Sub-Saharan Africa affected domestic animals on which villagers depend for their livelihood. In 1977 and 1978, widespread RVF affected animals in Egypt and, unlike previous outbreaks, also caused serious human disease.

demiology and Control of Vector-Borne Diseases in the Near East as a satellite session of the VIII International Congress on Infectious and Parasitic Diseases.

Dr. Karl Western, NIAID assistant director for international research and contract project officer, reported that the Stockholm meeting brought together scientists from Federal agencies, American universities, the Kuvin Center for the Study of Infectious and Tropical Diseases of the

(see COOPERATIVE, Page 7)

KAPOSI SARCOMA

(Continued from Page 1)

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

"While NIH does not bear a direct responsibility for controlling the outbreak, it is apparent that an epidemic of this sort may offer significant scientific opportunities, 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 cellular immune function. "They have antibodies but no effective lymphocytes, and they fall victim to opportunistic infections," said Dr. Gordon.

Enlarged Lymph Nodes First

The first symptoms of the disease apparently are enlarged lymph nodes, a feeling 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 opportunistic infections," said Dr. Bruce Evatt of the CDC task force.

The "opportunistic infections" are most commonly the Kaposi cancer, a virulent pneumonia called pneumocystis pneumonia, 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 homosexual men in New York City, San Francisco, Los Angeles and Atlanta.

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

Two weeks ago, the CDC reported that three hemophiliacs had developed ASID, two of whom have died. This development was considered serious because hemophiliacs (20,000 in the U.S.), whose blood doesn't clot, are treated with "clotting factors" 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 toward suspicions that a "transmissible agent," perhaps a virus, is involved. Scientists have noted a strong similarity between the way ASID 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 underlying 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, Critical Care Medicine, Clinical Center, and James J. Goedert, Environmental Epidemiology Branch, National Cancer Institute, are actively involved in studying ASID. 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 England 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 urban areas was one per day; now two or three new cases are reported each day.

The disease no longer involves homosexual men exclusively and is, in fact, spreading to other subsets of the population. It is also becoming increasingly evident that there is a transmissible, infectious 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 researcher 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, NICHD; Dr. Amoz Chernoff, NHLBI; 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. David Madden, NINCDS; Dr. Henry Masur, CC; Dr. Robert Nussenblatt, NEI; Dr. Harold Schoolman, NLM; and Dr. N. Raphael Shulman, NIADDK.

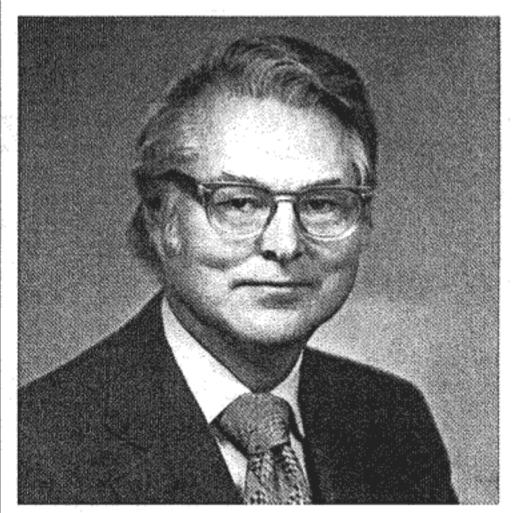
Credit Union Offers SLY

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

SLY, which is a 14-day statement certificate, offers members the safety of federally backed insurance, the liquidity of a short-term certificate, and a high yield based on money market conditions.

For further information call 496-4758, or visit the NIHFCU office located at 9030 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 advisor, NIADDK, and former Director of the Institute, received the Robert H. Williams Distinguished Leadership Award of the Endocrine Society at its annual meeting 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 expansion of improvement of clinical investigation 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 Aeronautics and Space Administration, he supervised bone mineral loss metabolism studies during the Gemini and Skylab missions. These missions demonstrated considerable 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 diagnostic and therapeutic effectiveness of allergy extracts. Participants will undergo allergy skin testing, blood withdrawal (approximately 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 Occupational Medical Service at NIH.

Interested employees should fill out a hay fever questionnaire from Allergenic Products Branch, Bldg. 29, Rm. 124.