

We investigated this hypothesis by retrospectively determining the serostatus of IDU taking part in a cohort study in Amsterdam, The Netherlands, from December 1985, and comparing these data with the available seroprevalence estimates in a cohort of homosexual men in the same city. The estimates for homosexual men are based on a combination of two separate cohorts: a hepatitis B vaccine trial cohort (1980-1982) and a cohort to study HIV infection (1984-1987) [1].

One or more serum samples taken in 1985 or ear-

Figure 1 shows the annual prevalence estimates of the IDU cohort and a Weibull function that was fitted to these data. It also shows a fitted function with estimates from the cohort of homosexual men. The fitted IDU curve lags behind the homosexual men curve. Taking uncertainties in the estimates into account, this suggests a somewhat later introduction and spread of HIV among IDU. AIDS surveillance data confirm this difference: the first case of AIDS in Amsterdam among homosexual men was diagnosed in 1982, while the first case among IDU was not diagnosed until 1987.

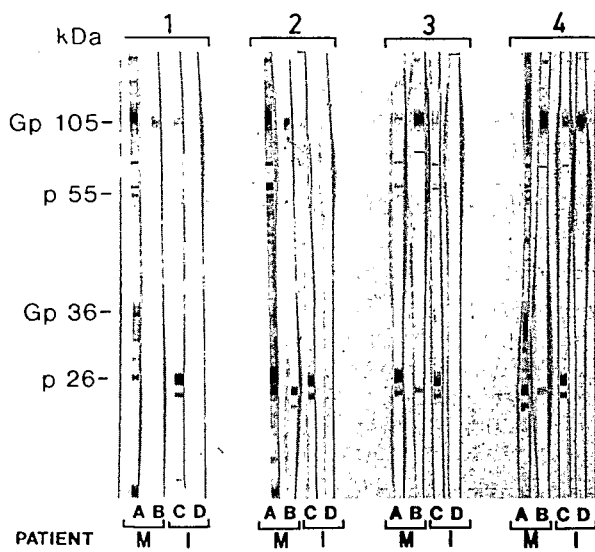


Fig. 1 HIV-2 Western blot of four mother/infant couples (HIV-2-seropositive mothers). A, plasma of mother; B, cellular supernatant of mother (day 6); C, plasma of infant; D, cellular supernatant of infant (day 6); M, mother; I, infant.

days of PBMC incubation and examined by Western blot for the presence of HIV-2-antibody.

Supernatants of PBMC from these patients contained anti-HIV-2-antibodies specific to glycoproteins (gp105 and gp36) and protein. This *in vitro* HIV-2-specific antibody secretion was detected in symptomatic and asymptomatic individuals.

We also investigated whether PBMC from infants at risk of HIV-2 infection (i.e., with HIV-2-seropositive mothers) secreted anti-HIV-2-antibodies.

PBMC from four infants aged 1–8 months were cultured for 6 days and the fluids assayed in HIV-2 and

HIV-1 Western blot assays. This analysis demonstrated that supernatant (Fig. 1, lane D) contained anti-HIV-2 antibodies directed against gp105.

These data indicate that *in vitro* anti-HIV-2 secretion by PBMC is observed in HIV-2-infected patients. This phenomenon distinguishes between HIV-2 antibodies passively present via maternal transfer and those actively synthesized. The methodology described may be considered a new simple approach to HIV-2 paediatric diagnosis.

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Prognostic significance of soluble CD8 serum levels in HIV-1 infection

We read with great interest the recent report by Nishanian *et al.* [1] on serum soluble CD8 (sCD8) molecules as markers of CD8 T-cell activation in HIV-1 disease. The authors longitudinally measured sCD8 levels in a large group of subjects selected from the Los Angeles cohort. According to their data, sCD8 lev-

of subsequent clinical evolution in HIV-1-infected patients. We retrospectively investigated the possible predictive value of sCD8 on disease progression compared with CD4 cell number in a group of HIV-1-infected patients. sCD8 and CD4 data were obtained for these patients from blood samples collected si-