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Immunogenic nature of the GP120 C-terminal extremity of HIV-1, HIV-2 and SIV^{mac}

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Objectives : To study the reactivity of both human sera positive for antibody to HIV-1 or HIV-2 and monkey (African green monkey, AGM) sera positive for antibody to SIV/HIV-2 towards peptides located at the C-terminus of GP120 of HIV-1, HIV-2 and SIV^{mac}.

Sera : 372 human serum samples including 80 HIV negative sera, 162 HIV-1 positive sera, 130 HIV-2 positive human sera (from Senegal, Guinea-Bissau and Ivory Coast) and 35 SIV/HIV-2 positive monkey sera have been tested for the presence of antibodies reacting to these peptides.

Methods : 6 peptides including 3 peptides of 31-34 amino-acids and 3 peptides of 13-16 amino-acids corresponding to the the C-terminus of the GP120 of HIV-1, HIV-2 and SIV^{mac} were synthesised. These peptides were bound to bovine serum albumin and used as antigens in ELISA microtiter plates. Serum samples were incubated at 1/10 dilution and the binding of antibodies was revealed with peroxidase conjugated goat F(ab')₂ to human Ig and OPD/H₂O₂.

Results : 92 % and 48 % of HIV-1+ sera collected from African and French patients reacted respectively to the 31 mer HIV-1 peptide. These sera also reacted to the 13 mer C-terminus HIV-1 peptide, 33 and 29 % of human HIV-2+ sera reacted to the 33 mer HIV-2 peptide and the 34 mer SIV^{mac} peptide respectively. The sera that were reactive to the 33 mer and the 34 mer were also reactive to the corresponding 15 mer and the 16 mer. The sera from AGM reacting to SIV/HIV-2 peptide did not bind to HIV-2 peptide alone. They reacted either to SIV peptide alone or to both SIV and HIV-2 peptides. 65 % of sera from Senegal reacting to the 33-34 mer HIV-2/SIV peptides did bind to the HIV-2 peptide only compared to 27 % of sera from Guinea-Bissau. 54 % of sera from Ivory Coast reacting to the 33-34 mer HIV-2/SIV peptides did bind to the SIV peptide only compared to 23% of sera from Guinea-Bissau.

Conclusion : These data indicate that there is an immunogenic domain located at the C-terminal extremity of the GP120 of HIV-1, HIV-2 and SIV. Within the HIV-2/SIV serotype the sera from infected individuals reacted preferentially to either SIV or HIV-2 GP120 C-terminal epitope depending on their origin. This kind of assay could be an interesting tool to realize precise seroepidemiological studies.

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Correlation between in vivo HIV-2 replication markers and the clinical stage of infection in seropositive people from Guinea-Bissau (West Africa)

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Objective : The objective is to determine a possible correlation between the time of appearance of HIV-2 replication markers and its clinical significance.

Methods : A group of 130 individuals were serially studied during a follow-up period of 36 months (1986-1989). Sera collected in 1986, 1988 and 1989 were tested by ELISA (Pasteur) ; reactives were checked clinically annually.

Results : 43 (33.1 %) sera were repeatedly reactive to HIV-2. During the period of the study 3 (2.3 %)

individuals seroconverted 22 (51.2 %) of the positive individuals remained asymptomatic, 8 (18.6 %) progressed to lymphadenopathies, 5 (11.6 %) to ARC, 5 (11.6 %) to AIDS and 3 (6.9 %) died. The correlation between the bands in the WB test and the clinical evolution will be presented.

Conclusion : The results of our study suggest that there is a slower and less aggressive evolution of HIV-2 in comparison with HIV-1. We also think we may find HIV-2 replication markers strictly related to the clinical evolution of the illness.

Vith International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 1, p. 296, ThC. 686

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Clinical and epidemiological aspects of HIV-2 infection in Senegal

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Objective :

- 1) To determine the clinical and epidemiological characteristics of HIV-2 ;
- 2) To evaluate the clinical definition of AIDS established in Bangui with regard to HIV-2 infection.

Methods : We reviewed all charts from HIV-1 and/or HIV-2 patients hospitalized in the Infectious Diseases Service at the Fann Hospital in Dakar between 1987 and 1989. All cases were classified as HIV-1 or HIV-2 or as dual infection by Western blot. All charts contained information on the presence or absence of the 3 major and 9 minor criteria used for classification of patients in the Bangui definition of AIDS.

Results of the 134 seropositive patients : 29 (21.6 %) classified as HIV-2 with a prevalence of 21.64 %. The male to female ratio was 2.5 ; median age : 38.5 ; Risk factors included transfusion (1), repeated episodes of STD (12) ; bisexual (1) ; homosexual or IV drug abusers were not present in this Service. The most frequent signs noted included weight loss (92.85 %) ; prolonged fever (89.28 %) ; chronic diarrhoea (67.85 %) ; oral thrush (67.85 %) ; chronic cough (53.57 %). Mortality rate was 64.3 %.

Conclusion : The Bangui definition of AIDS appeared to be sensitive for a few criteria (fever, weight loss) but not very specific when applied to this population of patients hospitalized with HIV-2 infection. The epidemiological and clinical characteristics of patients hospitalized with HIV-2 infection were similar. However the latency period seemed to be longer for HIV-2.

Vith International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 187, FB 437

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HTLV-I associated neurological disorders in West Africa

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Objective : The study aimed to evaluate seroprevalence of HTLV-I and associated disorders among neurological diseases in West Africa.

Methods : Between March and September 1987, 865 neurological ward in-patients were screened for HTLV-I, HIV-1 and HIV-2 using ELISA tests, confirmed by Western blot. Patients came from 4 Black Africa countries : Ivory Coast (381), Senegal (216), Togo (129), and Burkina Faso (139).

Results : Positive cases were as follows : HTLV-I alone : 15 cases (1.7 %), HIV-1 and/or HIV-2 associated with HTLV-I : 19 cases (2.2 %), total HIV : 91 cases (11 %), composed of 50 HIV-1 alone (6 %), 7 HIV-2 alone (0.8 %), 15 HIV-1 and/or HIV-2 (18 %), and 19 HTLV-I associated cases (2.2 %).

Among the neurological disorders, 82 cases of spastic paraplegia were identified including PST/HAM. They were characterized by a markedly low prevalence of HTLV-I (13 cases, 15.85 %) than other countries and by their association 7 out of 13 times with HIV-1/2 (8.5 %). Six cases of paraplegia with HTLV-I (HAP) presented similar clinical signs to those described elsewhere under the general term PST/HAM.

Prevalence of HTLV-I alone for other disorders was identical to that found in a normal population (1-2 %) : 153 peripheral neuropathy patients : 3 cases (2 %) ; 38 cranial nerve paralysis : 1 case (2.6 %) ; 64 meningo-encephalitis : 1 case (1.6 %) ; 129 non-tropical neuromyelopathic myelopathies : 2 cases (1.5 %), and 399 other disorders : 2 cases (0.50 %). A major etiological factor in meningo-encephalitis appears to be HIV-1/2 (43.1 %).

Conclusion : Even though HTLV-I seroprevalence is raised in West Africa (approximately 2 %), this retrovirus has a much reduced presence in neurological disorders. Its level in African spastic paraplegia is low.

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Elhadji Mohamadou Matar Gueye, *et al.*

In front of AIDS which is the alternative for HIV high risk populations. The experience of Kaolack in Senegal

Objective :

- I.E. about prevention of S.T.D.
- Use some prostitutes as leaders for the information and educations the others prostitutes
- Informe and educate their concubines
- Offer to them a possibility of reconversion (another economical activity).

Methods :

- Establishing a relation of confidence
- Development of an integrated programme of education
- Monitoring of behavioural changes and condom use
- To support other economic activities as alternative for prostitution

Results :

<i>N° of contacts</i>	<i>Prostitutes living in community</i>	<i>Prostitutes living dispersed</i>
	<i>8/days</i>	<i>4/days</i>
Price	1 \$	3 \$
Average age	38 years	30 years
% HIV	37 %	15 %
Condom use		
at start	< 2 %	6 %
One year after	80 %	59 %

Conclusion : Behavioural change of prostitutes is well achievable.

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Penetration of HIV-1 in a rural area of Senegal

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Objective : To study HIV infection among senegalese expatriates traveling to Central Africa and transmission to their families living in a rural area.

Methods : In September 1989, a questionnaire was filled and serum samples were collected from all currently present expatriates living in 11 villages of Northern Senegal and from spouses of all expatriates (present or not) from this area. Information on sexual and non-sexual risk factors for HIV infection was collected from all 258 subjects. Serological analysis was performed for HIV-1 and HIV-2 and all positive and negative ELISA were confirmed by Western blot.

Results : Sera from 39 subjects were confirmed as positive by Western blot (17/63 males [27 %] and 22/195 females [11.3 %]). Of these subjects, 33 were infected by HIV-1, 4 by HIV-2 and 2 had a dual HIV-1/2 profile. In men, seroprevalence was associated with sexual risk factors (number of sexual partners and previous STD, $p = 0.02$) whereas, in women, no such association could be found. Of the 22 seropositive female subjects, 13 (59 %) were sexual partners of HIV infected expatriates and 5 (22.7 %) were sexual partners of expatriates who died outside the country. Three sexual partners of infected women were outside the country at the time of the study and the sexual partner of the last infected woman was seronegative. Cultural practices (tattooing, scarifications, circumcision and clitoridectomy) were not associated with HIV infection.

Conclusion : Penetration of HIV-1 infection in a country where HIV-2 is endemic shows that the HIV-1 epidemic is currently spreading to rural West Africa.

VIIth International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 231, FC 603

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Epidemiology and transmission of HIV-2 in Senegal

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Objective : We have followed registered (practicing within the law) female prostitutes in 3 urban centers in Senegal to better understand the prevalence, risk factors, transmission and consequences of HIV-2 infection. The direct measurement of HIV-2 incidence may allow for a better understanding of HIV-2 population dynamics and biology.

Methods : Registered female prostitutes in Dakar ($n = 1\ 460$), Kaolack ($n = 224$) and Ziguinchor ($n = 251$) were included in the study. Physical examinations, questionnaires regarding risk and sexual behavior were administered and serum samples obtained for STD and retrovirus examination semi-annually. HIV serodiagnosis was performed with immunoblot, RIPA and vpx/vpu antigens.

Results : The overall seroprevalence in 1 460 Dakar prostitutes was 9.5 % HIV-2, 1.8 % HIV-1 and 0.5 % HIV-1/2. Through evaluation of sequential samples on over 900 of these women (> 3 200 samples) we determined the annual incidence for HIV-2 to be 13.7 per 1 000 per year. This rate was found to be similar over the 5 year period, and assuming a constant rate, would predict a doubling time of 8-10 years. Incidence of HIV-1 in this population was 5.0 per 1 000 per year ; indicating a doubling time of less than 3 years.

The seroprevalence of HIV-2 in Ziguinchor prostitutes was 34.0 % and 24.1 % in Kaolack. The majority of women in all three cohorts were native Senegalese, with women from Ghana and Guinea Bissau as other well-represented nationalities. HIV-2 seropositivity was significantly associated with non-Senegalese nationality. The age-specific seroprevalence in all three groups was increasing, indicative of an endemic virus infection. The number of years of prostitution was not significantly related to serostatus, inclusion of all variables in a multivariate logistic model did not modify these results. History of transfusion, hospitalization, circumcision, tattooing and scarification were not found to be significant risk factors for HIV-2 infection. Previous history of cervicitis or genital ulcer disease

was not found to be a significant risk factor for HIV-2 infection in contrast to HIV-1. Follow-up of 197 HIV-2 positive women to date, has failed to find evidence of the development of AIDS.

Conclusion : The epidemiology of HIV-2 in a high risk population followed over time appears to differ significantly from that of HIV-1. These differences include seroincidence in a high-risk population, age-specific seroprevalence, risk factors for infection, and clinical outcome.

VIIth International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 245, FC 658

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HIV seroprevalence among hospitalised patients in Dakar, Senegal

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Objective : To determine the proportion of patients infected with HIV-1 and HIV-2 among patients visiting the infectious disease and tuberculosis wards of Fann hospital, Dakar, Senegal. To compare results obtained in 1989 with those obtained during previous surveys in the same hospital.

Methods : In August 1989, all patients admitted to the infectious disease and the tuberculosis wards at Fann Hospital were screened for HIV. HIV testing was performed using the EIA Abott combi test HIV-1/HIV-2 and the following confirmatory tests : INNO LIA HIV-1/HIV-2 Ab (Innogenetics), Western blot HIV-1 (Dupont), New LAV blot II (Pasteur) and Pepti LAV 1 and 2 (Pasteur).

Results : Of the 210 patients screened in 1989, 20 (9 %) were HIV (+) [14 males and 6 females (sex ratio : 2.3)], 14 (7 %) were HIV-1 (+), 4 (2 %) HIV-2 (+) and 2 (1 %) dually reactive to HIV-1 and HIV-2. This 9 % HIV seroprevalence was significantly higher than the 1 % seroprevalence observed in the same wards in 1987. The clinical WHO AIDS case definition had a sensitivity of 52 %, a specificity of 95 % and a positive predictive value of 50 % for HIV seropositivity.

Conclusion : Symptomatic HIV infection is an increasing problem among hospitalized patients in Dakar. In 1989 more hospitalised patients were infected with HIV-1 than with HIV-2. This is in contrast with previous findings among asymptomatic population groups in Senegal and suggests that HIV-1 is more pathogenic than HIV-2.

VIIth International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 231, FC 602

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Rapid assessment of sexually transmitted diseases (STD) in developing countries.¹

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Background : The potential for sexual transmission of HIV in a community can be estimated from the frequency of other STD. Prevalence data are the most suitable for rapid assessment of the magnitude of the STD problem.

Objective : To develop and validate standardized STD prevalence indicators and a rapid STD prevalence study methodology in selected populations.

Methods : To measure STD prevalence using a clinical case definition and/or simple laboratory tests and to determine sensitivity and specificity of this "rapid" indicator using more extensive and accurate

tests as a standard.

Results : STD prevalence was assessed in 498 men considered at risk of STD in a West African country. The mean age was 27 years, with 33 % of them married. Sexual activity was reported by 41 % the week prior to examination and by 69 % the month prior. On history, 6 % had some symptoms of urethritis and 3 % said they had a genital ulcer. On examination, 4.2 % had urethral discharge, and 0.2 % had ulcers. From the urethra, chlamydia antigen was detected in 3 %, gonorrhoea in 0.6 % and trichomonas in 0.4 %. Syphilis was diagnosed in 2.4 %. Signs and symptoms were not predictive of true STD prevalence.

Conclusion : Rapid assessment of STD prevalence based on signs and symptoms is not valid in this male population with low STD prevalence. Further investigations are needed in groups with higher prevalence rates.

Vith International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 253, FC 689

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Sentinel surveillance of STD. Its implications for AIDS control in Senegal

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Objectives : In order to follow changes in prevalence and incidence of STD in several population groups in Senegal, a sentinel surveillance system for STD has been developed.

Methods : In sentinel areas, consultation rates for STD related syndromes are closely monitored and STD prevalence is evaluated regularly in pregnant women, registered prostitutes, gynaecology patients and male STD patients.

Results : In the five areas where the sentinel surveillance is operational, the following distribution of pathologic agents has been observed :

	<i>Pregnant Women</i>	<i>Prostitutes</i>	<i>Gynaecology patients</i>	<i>Male STD patients</i>
N. Gonorrhoeae	1.6 %	5.3 %	3.8 %	78.0 %
C. trachomatis	12.0 %	23.4 %	8.0 %	14.0 %
Active Syphilis	6.9 %	4.2 %	7.8 %	11.5 %
HIV infection	0.3 %	10.8 %	0.2 %	2.5 %

Conclusion : Monitoring of incidence and prevalence of STD is an acceptable and sensitive method to identify populations at risk for HIV transmission and to monitor the impact of educational programmes for AIDS prevention.

Vith International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 446, Abstract 3178

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Ocular lesions in AIDS patients in Senegal

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Objectives :

- 1) To estimate the prevalence of AIDS related ocular lesions.
- 2) To describe the different types of AIDS related eye lesions.
- 3) To assess differences of ocular lesions according to type of HIV infection.

Methods : Systematic examination by an ophthalmologist of all new AIDS cases hospitalized at the Infectious Diseases Department of the University Hospital. Data collected include evaluation of vision, split lamp examination, eye pressure and fundoscopy as well as clinical staging, type of HIV infection and case definition according to criteria of Bangui, the CDC and Walter Reed.

Results : Ocular lesions were present in 20 % of AIDS cases, mainly cotton wool spots, uveopapillitis and uveitis.

Conclusion : AIDS related ophthalmic lesions were observed in patients infected by HIV-1 as well as those infected by HIV-2. Further investigation is needed in order to assess the place of ocular lesions in the clinical definition, staging and management of HIV infected individuals.

Vith International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 365, Abstract 2046

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Fraction of excess tuberculosis morbidity attributable to HIV-2 infection in the population of Bissau District

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The African population has a particular susceptibility for TB infection. The causes of this particular epidemiological situation are :

- 1) Social and economic conditions particularly bad with overcrowded houses.
- 2) Low number of cases sputum smear-positive for tuberculosis considering the patients with the disease.
- 3) Anti-tuberculosis therapy isn't useful because the medical treatment is inadequate and interrupted by the patient. The extension of HIV epidemy has increased the risk of TB infection for these reasons :

1. The same social categories are interested by the two infections.
2. Conditions of immunodepression that favourite the TB infection.

It's particularly interesting to establish the fraction of excess tuberculosis morbidity attributable to HIV infection. In the district of Bissau we had calculated this fraction by this formula : $Pe = 1 - [(1 - Pc)/(1 - Po)]$. Pe is the population of cases excess attributable to HIV-2, Pc and Po the percentages of HIV-2 infected among tuberculosis patients and in the general population. All sera were subjected to Elavia Pasteur method for the detection of HIV-1/HIV-2 antibodies and confirmed by tests of 2° and 3° generation. 14.8 % of 121 tuberculosis patients is HIV-2 positive, while among blood donors the HIV-2 positivity is of 9-11 % in 2 different consecutive six months. The fraction of excess tuberculosis morbidity in patients HIV-2 infected in Bissau district is 4 % to 7 %. We conclude that in HIV-2 patients a major susceptibility to morbidity for TB has to suggest a more careful control to make early a diagnosis and to isolate patients resulted sputum-smear positive for M. Tuberculosis.

Vith International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 434, Abstract 3129

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Molecular studies of *Patas* viral isolates from Senegal

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Objective : To define molecularly these unknown isolates from *Erythrocebus patas*.

Methods : Cell culture, Southern blot analysis, polymerase chain reaction, restriction enzyme analysis, cloning and sequencing.

Results : Besides macaques, mandrills, African green monkeys and sooty mangabeys. *Patatas* is another group of monkeys from Africa. We have shown that *patatas* are the carriers of another simian immunodeficiency virus. Hirt supernatant from Molt4C18 cells infected with the 4 viral isolates from *patatas* — 89005, 89008, 89020 and 89022 has been successfully amplified by polymerase chain reaction in certain regions of gag, pol and env by using the primer couples from consensus sequences of SIV^{mac}, SIVsm and SIV^{agmTy-0} genome. Restriction analysis of these amplified fragments has revealed that most of these fragments carry different restriction sites than SIV^{mac} (Positive control throughout our studies). Feeble hybridization to SIV^{mac} probe was observed under low stringency conditions and no signals were seen under high stringency conditions in gag pol and env regions. Our cell culture studies and radioimmuno-precipitation assays have further separated *patatas* viruses from other existing groups. The *patatas* viral genome from isolate 89008 has been cloned and a detailed analysis and the sequencing is underway. Direct sequencing of the PCR amplified fragments is also currently being performed.

Conclusion : The cell culture studies, radioimmuno-precipitation assays, Southern blot assays, restriction enzyme analysis of PCR amplified fragments have shown that *patatas* viral isolates are at least divergent from SIV^{mac}, SIVsm and SIV^{agmTy-0}. Cloning and sequencing experiments, which are underway, will delineate further the divergence of this group from the existing ones.

VIIth International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 1, p.195, ThA. 301

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Sensitivity, specificity and predictive value of the Bangui clinical definition

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Objective : To determine sensitivity and specificity of the Bangui clinical definition. To appreciate predictive value for different criteria of the Bangui clinical definition.

Methods : Reviewed investigation of check-sample cases : all seropositive symptomatic patients hospitalized in Infectious Diseases Service between 1986 and 1989. Check-sample patients : it concerned all seronegative patients with clinical suspicion of AIDS hospitalized in the same service. Sensitivity, specificity and predictive value have been studied for different criteria of the definition. 134 patients cases have been checked and among them 94 patients with HIV-1, 31 with HIV-2 and 9 dual infection were recorded. The median age was 34 years old and male to female ratio (3.4.). Sensitivity varied for different registered criteria : weight loss (95 %), prolonged asthenia (71.64 %), chronic cough and pneumonia (71.64 %), chronic diarrhoea (68.65 %), neurological signs (55.22 %). It was 90 % for a score higher or equal to 12 and 98.28 % according to 2 major and 1 minor signs. Generalized Kaposi, repeated zoster and oral thrush got a good specificity and a reliable predictive value.

Conclusion : The Bangui definition involved insufficiencies and could be improved in inserting other criteria from analyse of prospective and multicentric study results.

VIIth International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 392, Abstract 2154

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AIDS and traditional conceptions of illness in Senegal

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Objective :

- 1) To precise the link between seropositivity and traditional conception of illness ;
- 2) To determine the link between psychosocial profile and traditional conception of illness ;
- 3) To precise family role in counselling.

Methods : The sample is compounded by 50 seropositive patients who were hospitalized in Fann Hospital. A questionnaire on socio-demographic characteristics and main traditional conception were proposed to each of them. Investigation began on October 1989.

Results : 90 % of seropositive patients had traditional conceptions of illness (witchcraft, maraboo craft, ancestors spirits) and among them, 87 % got traditional care. Migration was a steady factor (89 %). 45 % of patients had an accompanist for hospitalization and more than the half (67 %) of the sample got a scholarship less than 5 years.

Conclusion : Traditional conception of illness was established among seropositive patients and the community (family, friends, fellows) was looking after their hospitalization care.

Vith International Conference on AIDS, San Francisco, 20-21 June 1990, Abstracts, t. 2, p. 484, Abstract 4120

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Complete nucleotide sequence of a Guinea-Bissau HIV-2 isolate (HIV-2 CAM2)

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Objective : To study the genetic variability of HIV-2 by sequencing a Guinea-Bissau isolate.

Methods : The isolate was obtained by co-cultivating a Guinea-Bissau AIDS patient's peripheral blood mononuclear cells with the Karpas 45 T-cell line. A genomic library of the infected line was screened with a pROD probe and a full length clone has been sequenced.

Results : The provirus HIV-2 CAM2 is 10372 nucleotides in length. Nucleic and amino acid homology with the prototype ROD is shown.

	<i>LTR</i>	<i>gag</i>	<i>pol</i>	<i>vif</i>	<i>tat</i>	<i>rev</i>	<i>env</i>	<i>nef</i>
Nucleic acid homology	93.7	92.5	93.3	94.4	91.0	91.0	87.9	88.9
Amino acid homology	—	93.3	93.8	89.8	79.3	88.9	83.6	80.0

CAM2 has a stop codon at position 4089. Site directed mutagenesis has been used to change this stop codon to a Trp codon (TGA- > TGG as in ROD). The virus contains no other unexpected stop codons or major deletions.

Conclusion : Although the geographical origins of the isolates ROD and CAM2 are close (Cape Verde Islands and Guinea Bissau) there is still substantial variability between them. This and sequence data from other HIV-2 isolates suggests that there may be greater variability between them than among those of HIV-1. It is therefore possible that HIV-2 has existed in humans for a longer period than HIV-1.

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Mboup Souleymane, Kanki P., Ndoeye I., Siby T., Sankalé J.L., Gueye A., Gaye A., Boye C.S., Marlink R., Essex M.

Emergency of HIV1 in a high risk group from an HIV2 endemic area (Senegal)

Abstract non retrouvé

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