

STATEMENT

From Prof. Luc Montagnier and Prof. Vittorio Colizzi

on the Benghazi nosocomial infection

- Considering the data provided in digital form by the Al-Fateh Hospital and by the Centre for Immunodepressed Children,
- Considering the clinical checks and the inquiry of parents and medical and nursing staff made at the Centre for Immunodepressed Children,
- Considering the molecular analyses previously performed in Switzerland and Italy and published in international scientific journals,
- Considering the recent molecular analyses performed under our direct supervision in two independent laboratories in Padova (Italy) and Montreal (Canada),

With all these data and information,

with the knowledge of the scientific and medical literatures,

We make the following Statement:

- The HIV nosocomial infection of children which occurred at the Al-Fateh Hospital of Benghazi in 1997-1998-99 has presumably originated from the use of injection material contaminated by blood of one child infected through unidentified horizontal or vertical (more probably) transmission. This putative zero patient was present already in the Hospital before April 1997 (first sequenced child), and the horizontal contamination of some children was already operating in 1997, in the year 1998, and still in March 1999 (last sequenced child). All samples sequenced from these children (1997-1998-1999) belong to a similar viral subtype, strongly indicating a common origin.
- The HIV strain responsible for this nosocomial infection belongs to the subtype A/G, a recombinant form of virus frequent in Central and West Africa. The transmissibility virulence and pathogenicity of this particular A/G HIV-1 strain has been shown to be very high, as also suggested by the putative retroinfection from some infected children to mothers by breast feeding.
- The high number of cases (around 450), and the period of time of the nosocomial infection (over three years) can be explained by both the high specific infectivity of this strain and certain incorrect practices used by the medical and nursing staff at that time. This assumption is also supported by the high percentage of infected nurses in the Al-Fateh Hospital (two nurses as opposed to a total number of 50 cases of infection in hospital workers all over the world after 20 years of HIV circulation). Alteration of the specific guidelines established to avoid nosocomial infections (not only for HIV but also for HCV), a large introduction of invasive procedures, the shortage of disposable materials leading to

the re-use of injection material, are all possible reasons which may explain this massive nosocomial infection.

- **No evidence has been found for a deliberated injection of HIV contaminated material (bioterrorism). Epidemiological stratification, according to admission time, of the data on seropositivity and results of molecular analysis are strongly against this possibility.**

Prof. Luc Montagnier

Prof. Vittorio Colizzi