On Wednesday, October 2, 2013 8:42 AM, [Name] wrote:

thanks and no the injection site did not bother me. I think you still have plenty of room to up the dose and I will definitely see you next month.

From: "whalford@slumed.edu" <whalford@slumed.edu>
To: [Name]
Sent: Wednesday, October 2, 2013 6:58 AM
Subject: Re: vaccine

Hi [Name]

I guess "9 days" is a good way to think about it, as there is no doubt that the effectiveness of a vaccine will increase as function of:

(1) the duration of time the body is exposed to the vaccine antigen [assuming that you have adequate inflammation and 'danger' signals at the injection site, which is the job of an adjuvant,], and
(2) the diversity/breadth of antigens in the vaccine.

In math terms, duration of antigen exposure x breadth of antigens = greater effectiveness of vaccine.

The HSV-2 vaccine you received is a live, replicating virus and it should certainly maximize the breadth of antigens your immune system sees, but it is still too early to say how long each shot exposes your immune cells to antigens. However, I would say that it is reasonable to assume the shots you guys received should deliver HSV-2 antigens for 7 - 14 days post-vaccination. Obviously, this is nothing more than an educated guess. The proof is in the pudding...let's see if your problems with outbreaks dial back or not.

Hope the reaction at the injection site was not too bad for you. See you next month.

- Bill
I ran across this paper and was wondering what your thoughts were on it. If I understood it correctly it was saying that in order to get long lasting memory t-cells from a vaccine it would need to be able to expose the body to the antigen for at least 9 days. Do you think 9 is really the magic number? Do current vaccines do that? Can your vaccine at a high enough dose do that or is it even necessary?


Thanks,

p.s. I started to post this question in your blog but wasn't sure what was better for you or if it was appropriate for it. Would you rather me post it there?

From: William Halford <halford@siumed.edu>
To:
Sent: Thursday, September 26, 2013 10:59 AM
Subject: Re: vaccine

Hi

It sounds like November 2 is the date that [redacted] and [redacted] are planning on.

I am very happy to do what I can, and I really appreciate your willingness to make a 24-hour round trip drive to serve as a volunteer in this makeshift trial. I have done the drive to New Orleans many time, and I know it is a haul when you have to do it by yourself and don't start until the end of the workday. Thanks for making that effort! Hopefully, Nov 2 will be do-able for you and you can catch a Southwest flight to St Louis for a reasonable price.

Looking down the road, I will be interested to know if you have any "wanna-be outbreaks" as one of my earlier volunteers calls them. That is, 2 of my 3 past volunteers have had multiple outbreaks that start and would in their pre-vaccination life have gone on to cause a genital herpes lesion for 10 to 14 days. However, post-vaccination a lot of
these events peter out after 1 day....the skin starts to get red the
day after the tingling starts, but then it stops and disappears by the
next day.....thus the term "wanna-be outbreaks."

I will be interested to hear if anyone in the group who was here on
Sept 21 observes a similar phenomenon.

Thanks for volunteering!
- Bill

On 9/25/2013 5:54 PM, wrote:
Thanks so much for the vaccine. I can't wait to come back in November
and I will be there with everyone else.
Even if it doesn't help us I hope it at least works to prevent new
people from getting infected and that you are able to use this data
to help make that happen. Of course I hope it helps us too. I must
say you will be the first person that has ever truly tried to help
me.

Thanks so much,

P.S. If you need additional blood samples in the future to prove
anything to whoever I will gladly give them at any time.

From: William Halford <halford@siumed.edu>
To: 
Sent: Friday, September 20, 2013 5:32 PM
Subject: Re: vaccine

Hi

I can vaccinate one more.....not an issue. If you get to
Springfield, I can get you vaccinated.

- Bill

On 9/20/2013 4:41 PM, wrote:
I was seriously thinking of driving out tonight to be there
tomorrow. The weather cooled off enough for me to be able to get
away but I wasn't sure if you could do another person or not.
Please let me know if you can.

:) 

From: "whalford@siumed.edu" <whalford@siumed.edu>
To: 
Sent: Sunday, September 15, 2013 11:33 PM
Subject: Re: vaccine

I will be here, and I will be in Montana after that. Illinois is a
lot easier
to get to for most folks.

- Bill

Quoting: 

Thanks and I do believe its safe. I was just trying to think what it
would take to make the FDA clear the way. Its very frustrating.
I still hope to make it over to see you before you leave this year.

From: "whalford@siumed.edu" <whalford@siumed.edu>
To: 
Sent: Saturday, September 14, 2013 12:26 PM
Subject: Re: vaccine

Hi

I think the main thing to appreciate is that there are no
legitimate
concerns
surrounding a HSV-2 ICP0- mutant vaccine. If the logic that is
blocking the
development of a live HSV-2 vaccine was applied across the board
to all live vaccines, then we would still be living with smallpox, measles, mumps, polio, and chickenpox to name a few diseases that were prevented with live vaccines. My live HSV-2 vaccine is much safer than any of the vaccines I name above. Therefore, there is no real need to make my vaccine safer, but rather the issue is to get the powers-that-be to back off of their false claim that a live-attenuated HSV-2 vaccine would be "too dangerous."

- Bill H.

P.S. What you propose below is not possible or necessary.

Quoting:

I was wondering if it was possible to engineer a mutant virus to self destruct if it some how acquired ICPO? It seems like that would alleviate safety concerns if it could self destruct or somehow be tagged for destruction via some other method. I dont know much about engineering a virus so forgive me if this is an ignorant question.

Hi

I will be gone from Springfield from Dec. 1 to late-July 2014...I am taking a Sabbatical Leave in Montana at the Rocky Mountain Laboratories. Prior to December 1 is my only option, or after August 2014.

- Bill H.

Quoting:

Im thinking maybe in December I might be able to get away from here
to get the shot or possibly sooner.
Are you available during the weekdays? or just weekends?

From: "whalford@siumed.edu" <whalford@siumed.edu>
To: [REDACTED]
Sent: Wednesday, August 21, 2013 7:59 AM
Subject: Re: vaccine

Hi [REDACTED]

Not an option. There are enough variables in this "experiment" already, and,
I am not willing to introduce this additional variable as well.

- Bill H.

Quoting [REDACTED]:

Is there any possibility of mailing it to me and doing a self stick?
I suppose you could even watch me do it on skype if you needed to.

From: "whalford@siumed.edu" <whalford@siumed.edu>
To: [REDACTED]
Sent: Tuesday, August 20, 2013 6:24 PM
Subject: Re: vaccine

Hi [REDACTED]

August 20, 2013

Regarding your questions.....

1. You do not need to stop taking transfer factor. You would just need to
discontinue valtrex or acyclovir for 48 hours prior to vaccination until
one-week post-vaccination;

2. The chance of the HSV-2 vaccine strain picking up the deleted gene from HSV-1 is vanishingly small. I would immunize you in the calf of the leg; I assume your HSV-1 is at a completely different anatomic site. I would think the chance of the HSV-2 vaccine strain recombining with wild-type HSV-2 would be much higher because the two viruses share close DNA sequence homology; even then, the probability of this happening is very small. I have tried to force HSV-1 DNA sequence to recombine with HSV-2 DNA in the lab on many occasions, and I have yet to succeed. In contrast, HSV-2 DNA sequence efficiently recombines with HSV-2 DNA in a laboratory setting.

3. Does the HSV-2 DNA go latent in the ganglia? I hope so, but I don't know. If the HSV-2 DNA persists in the ganglia, this would mean that it would have the opportunity to keep stimulating an immune response to HSV-2 over time. What I can say definitively is that the HSV-2 vaccine strain cannot reactivate in a way that produces any symptoms. One of the known features of ICP0- mutant viruses is that they are grossly impaired in their ability to reactivate from latency. I will be here before and after Sept 21, and can work with you on the date. If you have other questions, perhaps a phone call would help....this would give me a chance to address whatever questions and/or concerns you may have. I hope these answers start to address some of your questions.

- Bill H.

Hi,
My name is [REDACTED] and I have been talking to [REDACTED] about getting your vaccine. I have the type 1 virus and it frequently bothers me. I have been taking transfer factor plus which has helped a lot but I think your vaccine will be much better. I have a few questions.

1. Do I need to stop taking the transfer factor before the shot and how long before and after?
2. Is there any chance of the hsv2 picking up the deleted gene from my hsv1 or anywhere else and recombining?
3. Does the hsv2 from the vaccine go latent in the ganglia and stay there?
I am trying to figure out if I can make it on the 21st of September. That day might be too tricky for me but I will see.

Thanks,

William Halford, Ph.D.
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