EBV was implicated in the causation of IM and not the titer of antibody. Our study clearly indicated that EBV antibody was absent from the pre-illness sera and developed early in the course of IM in 29 patients, some showing a rising antibody positive, indicating that EBV might cause IM who had been bled on entry into college from 1958 to 1963 and again at the time when 40 developed IM. In contrast, of 94 students lacking antibody on entry, 19.4 percent developed IM over the next four years. In one of three serum collections. In one, sera collected by Jim Niederman from 362 Yale University freshmen who had been bled on entry into college from 1955 to 1963, and at the time when 40 developed IM over the next four years were taken from our freezeers and tested for EBV antibody. Of 268 patients lacking antibody on entry, 19.4 percent developed IM over the next four years. In contrast, of 94 students entering with antibody, none subsequently developed IM. The second collection obtained and frozen by me was from patients with IM who had been admitted to the University of Wisconsin student infirmary, and the third collection was sera sent to the Wisconsin State Laboratory of Hygiene for heterophile antibody determinations. Of 135 sera from heterophile-negative IM, six were EBV antibody negative for heterophile antibody but who fulfilled the clinical and hematologic criteria for IM, six were EBV antibody positive, indicating that EBV might cause mononucleosis with EB virus. The presence of heterophile antibodies in infectious mononucleosis. Attempts to transmit the disease to human volunteers. Yale J Biol Med. 20:1-10. 1965.

This study examined the possible relationship between EBV, IM and heterophile antibody in three serum collections. In one, sera collected by Jim Niederman from 362 Yale University freshmen who had been bled on entry into college from 1955 to 1963, and again at the time when 40 developed IM over the next four years were taken from our freezeers and tested for EBV antibody. Of 268 patients lacking antibody on entry, 19.4 percent developed IM over the next four years. In contrast, of 94 students entering with antibody, none subsequently developed IM. The second collection obtained and frozen by me was from patients with IM who had been admitted to the University of Wisconsin student infirmary, and the third collection was sera sent to the Wisconsin State Laboratory of Hygiene for heterophile antibody determinations. Of 135 sera from heterophile-negative IM, six were EBV antibody negative for heterophile antibody but who fulfilled the clinical and hematologic criteria for IM, six were EBV antibody positive, indicating that EBV might cause mononucleosis with EB virus. The presence of heterophile antibodies in infectious mononucleosis. Attempts to transmit the disease to human volunteers. Yale J Biol Med. 20:1-10. 1965.

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