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Subject: Prep Notes for Monday Call
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Hey Jeffrey

Great to hang out with you and nice to meet Steve.

Here are prep notes on kicking off the Microbial Hypersexuality study:

There are a few solid ways to start: 1) cross-sectional human studies; 2) wild rodent studies; or 3) lab studies with known models (eg rabies, toxo). Each have benefits, but I'd propose we start with option 1 and add to two human studies we're already funded to do in Cameroon and DR Congo (study abstracts below). Basically we'll add a hypersexuality index questionnaire, increase sample size, modify specimens types (eg add genital swabs), and add lab studies to give us a link between hypersexuality and microbial diversity. The studies will be the first of their kind and generate loads of results related to hypersexuality, novel STI discovery and associations between sexuality and microbial diversity that we can follow-up on. Geographic location is ideal (high and understudied viral diversity) and we already have protocols, plans, and funding in place to leverage. My team put together details (statement of work, budget, one pager etc) which I can forward if you like, and now does seem to be the ideal window to latch on to these studies.

We can review and figure out specifics when we talk Monday... For now have an entertaining weekend wherever you are and don't do anything I wouldn't do!

Nathan

HIV Prevention for Populations at Risk in Cameroon (Female Sex Workers & Men who have sex with Men), funded by USAID

Sex work and same sex practices are illegal in Cameroon, however, the HIV prevalence among female SW has been reported as 37% and 35% among MSM. The study is taking place in 7 cities in 7 provinces of Cameroon (Yaoundé, Douala, Bertoua, Ngaoundere, Bafoussam, Bamenda and Kribi) where quantitative interviews will be conducted with up to 150 female sex workers (FSW) per city (n=1050) and up to 150 men who have sex with men (MSM) per city (n=1050), as well as up to 160 qualitative interviews with these populations per city (n=1120) to describe the social and structural context experienced by FSW and MSM and their HIV prevention needs. We are working with key informants and community-based organizations, providing us excellent access to these key populations.

HIV Seroprevalence in Democratic Republic of Congo Military, funded by Naval Health Sciences Center, US DoD

With an average HIV prevalence rate nearly three times higher than the general population, the military are considered a key risk population for HIV and other STIs. For the first time ever, we will be conducting a country-wide surveillance of the Democratic Republic of Congo (DRC) this year, inviting 2800 DRC military to participate in an HIV and syphilis rapid test, as well as providing a blood sample from which we can conduct further exploratory testing of known (herpes, Hep B & C) and unknown STIs. Of the military participating, only 4% are female. The last time we surveyed them, 56% of single DRC military participants reported having multiple partners and 51% of participants living with a partner reported having multiple partners, demonstrating

that this is a highly sexually active population. In addition to collecting biological samples, we will collect behavioral data on attitudes and practices towards STIs, post-traumatic depression symptoms, alcohol use, and sexual violence, which is particularly pertinent in war-torn region of east DRC.