TABLE 1. Viral replication dynamic parameters in primary SIVsmE660 infection[a]

Animal no.	Plasma viral RNA (copy eq/ml)				Up slope		Down slope	
	day 4	day 7	Max (day of max)	days 36, 38, and 42	r	t_2	α	$t_{1/2}$
01001	400	58,000	1,600,000 (14)	27,000	1.66	0.42	0.86	0.80
01009	400	88,000	1,120,000 (17)	270,000	1.80	0.39	0.39	1.80
01003	400	144,000	800,000 (17)	3,900	1.96	0.35	0.35	0.93
01005	400	250,000	3,440,000 (10)	170,000	2.15	0.32	0.47	1.47
01012	400	400,000	1,040,000 (17)	440,000	2.30	0.30	0.82	0.85
01002	400	1,200,000	2,400,000 (17)	170,000	1.67	0.26	0.68	1.02
01008	2,400	400,000	3,200,000 (21)	1,400,000	1.71	0.41	0.33	2.12
01011	1,800	660,000	1,280,000 (17)	1,000,000	1.97	0.35	0.58	1.20
01007	1,200	740,000	3,840,000 (21)	1,400,000	2.14	0.32	0.57	1.23
01010	760	500,000	1,360,000 (17)	1,700,000	2.16	0.32	0.26	2.66
01004	400	1,300,000	2,640,000 (21)	1,800,000	2.69	0.26	0.37	1.89
01006	400	1,300,000	7,040,000 (14)	2,600,000	2.69	0.26	0.18	3.81
Geometric mean					2.20	0.32	0.52	1.33

[a] Twelve *M. nemestrina* animals were inoculated with SIVsmE660, and plasma was sampled twice weekly through day 42. The table shows viral load measurements on the indicated days that served as the basis of the calculations (days 4 and 7) and the day and value for peak primary plasma viremia (maximum [Max] and day of maximum). The postacute plasma viral RNA level was taken as the average of viral load measurements on days 36, 39, and 42 postinoculation. Parameters modeled include r, the per-day viral exponential growth rate; t_2, the plasma viral load doubling time, in days; α, the rate of decline of plasma virus from the peak value during primary infection; and $t_{1/2}$, the maximum (upper limit) decay half-life for free virus and productively infected cells, in days. r and t_2 are modeled from the slope from day 4 to day 7. α and $t_{1/2}$ are calculated from the steepest portion of the decay slope after the initial peak of plasma viral RNA. This value may be confounded by potentially changing rates of clearance of plasma virus during resolution of primary infection.