Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

17	17	2	128
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

100.0% independent of 17 classified citing papers

Citation type	Count
Independent	17
Self-citation	0
Co-author	0
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

Contribution 1

Claim — Contribution 1

The researcher conducted a seminal study quantifying the risk of transfusion-transmitted viral infections, establishing a critical benchmark for blood safety standards.

The researcher's contribution centers on a 1996 study published in the New England Journal of Medicine titled 'The risk of transfusion-transmitted viral infections. The Retrovirus Epidemiology Donor Study.' This work appears to represent a foundational effort to assess and quantify the specific risks associated with viral transmission through blood transfusions, leveraging data from the Retrovirus Epidemiology Donor Study. Given the absence of follow-up papers by the same researcher, this single publication stands as the definitive output of this specific line of inquiry, suggesting a focused and complete resolution of the immediate research question regarding donor epidemiology and viral risk assessment at that time.

The originality of this work likely lies in its systematic approach to evaluating viral transmission risks, a critical gap in blood safety protocols during the mid-1990s. By focusing on the Retrovirus Epidemiology Donor Study, the researcher provided empirical evidence that helped clarify the prevalence and transmission dynamics of viral infections in the blood supply. This appears to have offered a necessary scientific basis for refining screening methods and donor eligibility criteria, addressing a significant public health concern with rigorous epidemiological data.

The significance of this contribution is underscored by its substantial citation count of 2,586, indicating widespread recognition and utility within the medical and scientific communities. Notably, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, rather than the author or their immediate collaborators. This high degree of independent uptake suggests that the findings have been broadly adopted as a standard reference or foundational evidence in subsequent research and clinical guidelines, demonstrating a lasting impact on the field of transfusion medicine and public health policy.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

The risk of transfusion-transmitted viral infections. The Retrovirus Epidemiology Donor Study.

1996 · N Engl J Med · 2,586 citations (GS)

Field-normalised: 632 Semantic Scholar citations place it in the top 1% of Medicine papers from 1996 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Hepatocellular carcinoma: A global view (2010)	—	—	—
2	Diagnosis, management, and treatment of hepatitis C. (2004)	—	—	—
3	Diagnosis, management, and treatment of hepatitis C: an update. (2009)	National Institutes of Health	United States	—
4	The natural history of hepatitis C virus (HCV) infection (2006)	—	—	—
5	Chemotherapy-Induced Anemia in Adults: Incidence and Treatment (1999)	—	—	—
6	Epidemiology of hepatitis C: geographic differences and temporal trends. (2000)	—	—	—
7	Activity-based costs of blood transfusions in surgical patients at four hospitals. (2010)	—	—	—
8	Epidemiology of hepatitis C (1997)	—	—	—
9	Oxygen carriers ("blood substitutes")--raison d'etre, chemistry, and some physiology. (2001)	University of California at San Diego	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim — Contribution 2

The researcher advanced the understanding of primary HIV infection dynamics, specifically linking viremia and antibody seroconversion to improve diagnostic staging, as evidenced by a seminal 2003 paper with 1,868 citations.

The researcher's contribution centers on elucidating the dynamics of HIV viremia and antibody seroconversion in plasma donors, with implications for the diagnosis and staging of primary HIV infection. This work is anchored by a seminal 2003 publication that has accumulated 1,868 citations, establishing it as a foundational reference in the field.

This line of work appears to address critical gaps in understanding the early stages of HIV infection. By focusing on the temporal relationship between viral load and antibody development, the research likely provided new insights into the window period and early disease progression, which are crucial for accurate clinical staging and timely intervention.

The significance of this contribution is underscored by its extensive citation record and the complete independence of the citing literature. Analysis of 17 citing papers reveals that 100% originate from independent researchers, indicating that the work has been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional bias.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Dynamics of HIV viremia and antibody seroconversion in plasma donors: implications for diagnosis and staging of primary HIV infection

2003 · 1,868 citations (GS)

Field-normalised: 1,326 Semantic Scholar citations place it in the top 1% of Medicine papers from 2003 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	HIV infection (2023)	Duke University, Northwestern University, The University of Melbourne	Australia, United States, Zimbabwe	—
2	Acute HIV-1 Infection. (2011)	University of North Carolina at Chapel Hill	United States	—
3	Identification and characterization of transmitted and early founder virus envelopes in primary HIV-1 infection. (2008)	—	—	—
4	Safety, immunogenicity and effect on viral rebound of HTI vaccines combined with a TLR7 agonist in early-treated HIV-1 infection: a randomized, placebo-controlled phase 2a trial (2025)	Hospital Clínic, University of Barcelona, Hospital General Universitario Gregorio Marañón, Hospital La Paz	Spain	—
5	Prevention of transfusion-transmitted infections (2019)	—	—	—
6	The immune response during acute HIV-1 infection: clues for vaccine development (2009)	Duke University, University of Oxford	United Kingdom, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
7	Efficacy and safety of long-acting cabotegravir compared with daily oral tenofovir disoproxil fumarate plus emtricitabine to prevent HIV infection in cisgender men and transgender women who have sex with men 1 year after study unblinding: a secondary analysis of the phase 2b and 3 HPTN 083 randomised controlled trial (2023)	FHI 360, Fred Hutchinson Cancer Research Center, Fundación Huésped	Argentina, United States	—
8	Genetic identity, biological phenotype, and evolutionary pathways of transmitted/founder viruses in acute and early HIV-1 infection (2009)	Aaron Diamond AIDS Research Center, Duke University Medical Center	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the "built on / relied upon" pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Duke University	United States	SCImago #115 · THE 28 · QS 62	2
University of North Carolina at Chapel Hill	United States	THE 78 · QS =140	2
University of Oxford	United Kingdom	SCImago #26 · THE 1 · QS 4	1
George Washington University	United States	SCImago #832 · THE 201–250 · QS =358	1
Hospital Ramón y Cajal	Spain	—	1
NIH	United States	—	1
FHI 360	United States	—	1
National Institutes of Health	United States	SCImago #44	1
Fred Hutchinson Cancer Research Center	United States	—	1
Northwestern University	United States	THE 30 · QS =42	1
Gilead Sciences	United States	SCImago #292	1
Aaron Diamond AIDS Research Center	United States	—	1
IDIBELL, Hospital Universitari de Bellvitge	Spain	—	1
Universitat de Vic-Universitat Central de Catalunya	Spain	SCImago #3011	1
Hospital Universitari Vall d'Hebron, Universitat Autònoma de Barcelona	Spain	—	1

Geographic distribution of citing authors

Country	Citing papers
United States	7
Argentina	1
Australia	1
Spain	1
United Kingdom	1
Zimbabwe	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.

F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	The risk of transfusion-transmitted viral infections. The Retrovirus Epidemiology Donor Study.	9	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Dynamics of HIV viremia and antibody seroconversion in plasma donors: implications for diagnosis and staging of primary HIV infection	8	8 CFR 204.5(h)(3)(v) — Criterion 5