Got Milk? Get Meds

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Every year 600,000 babies worldwide are infected with HIV, usually at birth or through breast-feeding. The four-pronged standard of care in the U.S. is to prevent transmission by suppressing the pregnant mother's virus with HAART, a C-section birth, meds for the baby and the substitution of formula for breast milk. But HAART is too expensive for wide use in poor countries, where women often breast-feed their babies for long periods either as a custom or as a last resort against starvation. What they need is cheap prevention that fits their circumstances.

Since the '90s, researchers have sought solutions. One of the most significant studies, the UNAIDS-funded Perinatal Transmission (PETRA) study, gave one group of pregnant women in five urban hospitals in South Africa, Uganda and Tanzania an AZT/3TC combo from the 36th week of pregnancy through labor, as well as seven days postpartum dosing to child and mother. The results, published in the April *Lancet*, showed that while the meds were very effective at blocking HIV at birth, the benefits vanished after 18 months of breast-feeding. In fact, these infants fared no better than their peers who got no HAART at all. That babies who are breast-fed by positive moms eventually lose the meds' viral protection is very distressing news, especially given the options. If moms don't breast-feed, their kids go hungry. And even when a woman can afford formula, she still may not have clean water to mix it with -- not to mention that using formula can mark her as HIV positive, putting their life in danger.

Mother to Child Transmission Plus (MTCT+) programs, which give positive women an ongoing course of HAART -- as soon as they know they are preggers, through breast-feeding and beyond -- is the only feasible panacea as drug prices fall and demand rises.

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