The Quest to Cure Another Baby

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Following the media bonanza surrounding the springtime announcement that a 2-year-old child from Mississippi was functionally cured of HIV after an atypically aggressive antiretroviral (ARV) treatment shortly after birth, scientists involved in the case are seeking to prove that it was not just a one-off.

“We are very excited,” said Katherine Luzuriaga, MD, a professor of pediatrics at the University of Massachusetts Medical School in Worcester, who was among the initial research team. “The Mississippi baby case has re-energized the research community, and I think we are all highly motivated to get clinical trials into place that will look to replicate that case.”

In May, researchers held a strategizing meeting at a retreat of the International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) group, which is sponsored by the National Institutes of Health. There they discussed the implications of the Mississippi baby case and designed research protocols for providing the same aggressive therapy to babies born to HIV-positive mothers who don’t receive prenatal care or who don’t take ARVs during pregnancy. The goal is to determine whether giving the aggressive therapy to these newborns can either prevent an infection or functionally cure an established one. Important in this process is weighing the risks of administering a more intense therapeutic HIV drug regimen against the milder prophylactic, or preventative, one that has long been the standard.

The research team will search for study candidates within IMPAACT’s vast global network of study sites, including many across the United States and in Brazil, Thailand and several African countries.

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