Rushing Infants With HIV Onto Treatment May Have Limited Benefits

A South African study found that treating the virus within 48 hours or waiting up to two weeks led to comparable viral suppression rates.

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Hurrying infants born with HIV onto antiretroviral (ARV) treatment within 48 hours results in a sustained viral suppression rate similar to that seen among newborns whose therapy was initiated up to two weeks after birth.

Researchers have been investigating the possibility that very rapid treatment initiation following birth might be able to cure HIV in some children.

Publishing their findings in E-Clinical Medicine, researchers at the Columbia Mailman School of Public Health and the Columbia University Irving Medical Center and their colleagues conducted a study of 73 infants born with HIV at a hospital in Johannesburg, South Africa.

Born between March 2015 and September 2017, the children were all put on ARVs within 14 days of birth.

Overall, about 75% of the surviving infants achieved a fully suppressed viral load at any point during the study's follow-up period. However, only 52% of them both attained and sustained an undetectable viral load. The rate of sustained viral suppression was similar regardless of the timing of treatment initiation: 51% of the 46 infants who were put on ARVs within 48 hours of their birth and 53% of the 27 infants started on treatment between two and 14 days of birth sustained a fully suppressed viral load.

The study authors speculated that the lower-than-expected sustained viral suppression rates were likely driven by the myriad challenges mothers face when giving their infants their daily ARVs. They looked forward to a future when long-acting injectable HIV treatments could possibly provide a solution to such adherence problems among caretakers of babies and children living with the

virus.

“The results of our trial suggest that very early treatment in newborns may not have to mean within hours of birth,” said Louise Kuhn, PhD, a Columbia Mailman School professor of epidemiology. “We learned that we must be more attuned to basing decisions about how quickly to start ART [ARV treatment] on optimizing maternal adherence with treatment rather than with just focusing on speed. While we certainly do not want to introduce undue delay, starting ART within the first two weeks of life led to similar outcomes to starting within the first two days of life.”

To read the study abstract, click here.

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