WHO Updates HIV Treatment Guidelines for Women and Infants

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The World Health Organization (WHO) has issued revised HIV treatment guidelines, one for adults and adolescents and one for children, which contain guidance for treating women or infants who received a single dose of Viramune (nevirapine) to prevent HIV transmission from mother-to-child during birth.

The WHO guidelines updates are in response to several studies, including two—OCTANE (ACTG 5208) in HIV-positive pregnant women and P1060 in infants who became infected during birth—that were published October 14 in *The New England Journal of Medicine*.

In both studies, the key question was how to treat HIV-positive women—or infants who became infected during birth—after they received a single dose of Viramune to prevent mother-to-child HIV transmission. Single-dose Viramune often leads many to develop at least some level of HIV drug resistance to the medication. Despite this, WHO guidelines have continued to recommend that such women and infants receive a Viramune-based regimen if they require antiretroviral (ARV) therapy for their own health.

The new WHO guidelines recommend that HIV-positive women who received single-dose regimen be subsequently treated with a regimen that doesn't contain Viramune. However, because the danger for Viramune treatment failure diminishes over time, the guidelines also state that a Viramune-based regimen may be used in such women—if they start that regimen at least one year after receiving single-dose Viramune during the birthing process.

The new guidelines also give recommendations for treating infants who contract HIV despite receiving single-dose Viramune immediately after birth. In these infants, a subsequent treatment regimen should include Kaletra (lopinavir plus ritonavir) rather than Viramune.

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