WHO Guidelines: Treat Earlier, Treat Breast-Feeding Women, Avoid Zerit

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The World Health Organization (WHO) has updated its international HIV treatment recommendations, urging providers to prescribe antiretroviral (ARV) treatment earlier; to use less toxic and more patient-friendly drugs; and, for the first time, to treat HIV-positive breast-feeding women with ARVs to reduce the chance that they'll pass HIV to their babies through breast milk. The new recommendations were announced today on the WHO website.

The last WHO treatment recommendations were published in 2006. At that time, WHO guidelines suggested that people with HIV be given ARV therapy when their CD4 counts dropped below 200 cells or when they had clear AIDS-related symptoms. WHO now recommends treatment much earlier—when a person's CD4 count has dropped below 350 cells.

ARV therapy already fails to reach many who need it in resource-poor countries. The new guidelines, with their expanded CD4 count recommendations, will further test the limited international supply of HIV medications. Yet WHO states that "studies and trials have clearly demonstrated that starting ARVs earlier reduces rates of death and disease."

If providers follow WHO recommendations, people with HIV should also begin receiving less toxic drugs. Currently, one of the most commonly used ARVs is Zerit (stavudine), which can lead to irreversible limb and facial fat wasting and a condition known as lactic acidosis. Some studies have also found that Zerit might contribute to diabetes. The new WHO guidelines recommend that people be offered either Retrovir (zidovudine) or Viread (tenofovir) instead, which are less toxic than Zerit.

Lastly, while the new guidelines still recommend that HIV-positive pregnant women take ARV therapy during the last three months of pregnancy to reduce the risk of transmitting HIV to their babies, they go further than 2006 guidelines. Several studies have since demonstrated that women on ARV therapy, whose virus levels are suppressed, are far less likely to pass on their infection to their children through breast milk. This is important because formula feeding is often times impractical, or even impossible, in many parts of the world.

"In the new recommendations, we are sending a clear message that breast feeding is a good option for every baby, even those with HIV-positive mothers, when they have access to ARVs," says Daisy Mafubelu, WHO's assistant director general for family and community health.

Though WHO acknowledges that its updated recommendations increase the number of people who will need ARV therapy, it hopes that at least some of the cost can be offset by fewer hospitalizations.

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