Early, Short Course of HIV Meds for Infants Better Than a Delay

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For HIV-positive newborns, immediate treatment followed by a treatment interruption provides better results than waiting until the immune system deteriorates to begin antiretrovirals, MedPage Today reports. Publishing their findings in the Lancet, researchers began a study in 2005, called the CHER trial, of 377 HIV-positive children between 6 and 12 weeks old in South Africa. This report marks the five-year results.

The children were randomly dived into three groups: Two of them received immediate protease inhibitor–based therapy for either 40 or 96 weeks, followed by an interruption in treatment, and the third received the PI-based drug regimen after they displayed evidence of illness or a depleted immune system.

On average, those who received delayed treatment needed to begin lifelong treatment 20 weeks after they were randomized in the trial. The 40-week treatment group needed to re-start therapy 33 weeks after the treatment interruption. Those in the 96-week group were able to put off re-starting treatment by 70 weeks.

At the trial's end, 24 of the children (19 percent) who were in the 40-week group and 40 (32 percent) of those in the 96-week group were able to remain off treatment. The group that delayed treatment had a higher number of deaths and visits to the hospital, and their treatment proved more expensive than those in the other two groups.

To read a release on the study, click here.

To read the MedPage Today story, click here.

To read the Lancet article, click here.

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