



Treatment: Early Treatment

Children who start antiretrovirals immediately after birth have a higher likelihood of controlling the virus after stopping treatment

June 29, 2026 By [Liz Highleyman](#)

Children who start antiretroviral therapy immediately after birth have a smaller viral reservoir and a higher likelihood of controlling the virus after stopping treatment, and they may be ideal candidates for a functional cure, or long-term remission. The South African Azaphile trial enrolled 330 pairs of mothers and children with HIV. The children started treatment with one or two antiretrovirals at birth and a three-drug regimen within 21 days. Those with an undetectable viral load for at least two years, undetectable or very low HIV DNA in peripheral blood cells and an adequate CD4 count were eligible for a carefully monitored analytical treatment interruption. Nineteen children discontinued treatment at a median age of about 5 years. Thirteen experienced viral rebound as expected within several weeks, but six children (32%) maintained viral suppression beyond three months. Of these, three eventually rebounded at 5, 18 and 24 months. The other three were still off treatment at the time of the analysis, maintaining an undetectable viral load for 10, 30 and 52 months.

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