

HIV infections in babies down nearly 60 percent, but end still not in sight

February 25 2016, by Lisa M. Larson

Great strides have been made in preventing new mother-to-child HIV transmission and in controlling the virus in children who have it, but there is still a long way to go before pediatric HIV infection is eliminated, according to a recent review in the *New England Journal of Medicine* co-authored by Katherine Luzuriaga, MD, of UMass Medical School, and Lynne M. Mofenson, MD, of the Elizabeth Glaser Pediatric AIDS Foundation.

Dr. Luzuriaga is the UMass Memorial Professor of Biomedical Research; professor of molecular medicine, pediatrics and medicine; vice provost for clinical and translational science and global health; and director of the UMass Center for Clinical and Translational Science. Dr. Mofenson is senior HIV technical advisor at the Elizabeth Glaser Pediatric AIDS Foundation.

"There has been considerable progress toward the prevention of new pediatric HIV-1 infections in recent years because of global implementation of highly effective antiretroviral treatments to prevent mother-to-child transmission of HIV-1," report Luzuriaga and Mofenson in the article published Feb. 24 online, citing a 58 percent reduction in pediatric infection. The number of newly infected infants dropped from an estimated 520,000 in 2000 to 220,000 in 2014. "Moreover, recent studies have shown that early or very early therapy can substantially reduce the size of latent reservoir, and alter HIV persistence, in infected children."

Scientific advances over the last three decades have markedly improved our understanding of mother-to-child HIV transmission and the pathogenesis of pediatric HIV infection, leading to the development of effective preventive and treatment strategies. However, the vast majority of pediatric HIV infections occur in sub-Saharan Africa, where the inconsistent delivery of health care at each stage of pregnancy and after the child is born, limits implementation of these life-saving interventions, the authors said. To achieve remission and eventually a cure for pediatric HIV will require further study to improve early diagnosis in resource-limited settings and methods to define the size and distribution of the latent HIV reservoir in children more accurately. New antiretroviral drugs that are highly active, palatable and inexpensive are also needed.

More information: Katherine Luzuriaga, M.D., and Lynne M. Mofenson, M.D. Challenges in the Elimination of Pediatric HIV-1 Infection. *N Engl J Med* 2016; 374:761-770 February 25, 2016. [DOI: 10.1056/NEJMra1505256](https://doi.org/10.1056/NEJMra1505256)

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