



Dear members and colleagues

We note our disappointment regarding yesterday's announcement that the "Mississippi Baby", the child believed to have been functionally cured of HIV, has been reported to have detectable levels of the virus and is now on antiretrovirals. While this development is disappointing, we are encouraged that the child's virus was controlled for more than 2 years without antiretrovirals. This case has drawn attention to the potential benefits of ART during the early neonatal period. We remain hopeful that the lessons learned from this case and others will ultimately lead to improved treatments or a cure.

We are also encouraged that this case has helped strengthen efforts in South Africa and globally to identify HIV-exposed infants and initiate treatment immediately when HIV infection is confirmed. Our understanding of the diagnosis and management of HIV-exposed and infected neonates is evolving with the science. Earlier this year, the Society convened a committee of experts to review the data and share clinical experiences on HIV-infection in neonates; we will present our recommendations at the Society's conference in September, and publish a consensus statement in the *Southern African Journal of HIV Medicine* later this year.

Finally, we emphasise that PMTCT continues to be our greatest tool to eliminate HIV infection in children. Testing all pregnant women and starting ART in those infected is critical. As health care workers, we must redouble our efforts to ensure that our health system is promoting PMTCT and supporting HIV-infected pregnant women. It is through this work that we can realise our goal of no children born with HIV.

The Society supports and encourages continued research in South Africa to understand the impact of very early treatment of HIV infection.

For more information about the Mississippi baby:

<http://www.niaid.nih.gov/news/newsreleases/2014/Pages/MississippiBabyHIV.aspx>

Clinical questions regarding the diagnosis/management of HIV in infants can be directed to:

[child\\_adolescent@sahivsoc.org](mailto:child_adolescent@sahivsoc.org)

Press enquires: Prof Brian Eley: 021 658 5321

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