

From the University of Mississippi Medical Center Division of Public Affairs

## ONE YEAR LATER, MISSISSIPPI BABY REMAINS FREE OF HIV

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JACKSON, Miss. – Dr. Hannah Gay, the University of Mississippi Medical Center pediatric HIV physician who treated the Mississippi Baby with an early aggressive therapy, said increased awareness from the case is likely helping surface other remission case candidates.

The first of those may be a Los Angeles County baby whose case Gay's colleagues, Dr. Deborah Persaud of Johns Hopkins Children's Center, presented on Wednesday at the 2014 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.

"Since our report last year, there have been people all over the world looking more carefully at the status of infants in their clinics who were treated very early. That was our hope when we presented the case," Gay said of the Mississippi Baby case presented at 2013 CROI.

Gay spoke following the L.A. County Baby case presentation, which is scheduled to be available at <http://www.croiwebcasts.org/>.

"To have two babies, both infected in utero, both treated with the same drugs very early, and have the ultra-sensitive testing clear as rapidly as it did, we think the same thing is happening in the L.A. County Baby as did in the Mississippi Baby," she said.

"This baby can't be said to be in remission, but the ultra-sensitive testing results from this baby look very similar to the results of the ultra-sensitive testing results from the Mississippi Baby."

Asked about the impact of the Mississippi Baby case, Gay said it probably heightened awareness among physicians and researchers.

"Some people had thought I was way out on a limb using three drugs to treat the Mississippi Baby, but actually a lot of people had been doing that all along. (Dr. Audra Deveikis of Miller Children's Hospital in Long Beach, Calif., who treated the L.A. County Baby) would have started her baby on more than one drug, regardless of my baby's case," Gay said.

"The Mississippi Baby may have made her more vigilant and may have influenced her in seeking out the ultra-sensitive testing, but it wasn't like early-aggressive therapy was anything new to this group in California. They have been using it as post-exposure prophylaxis like I was."

Clinical trials will prove key as the fight against HIV breaks new ground.

"We don't know yet enough about the efficacy of very early treatment being able to replicate the outcome of the Mississippi Baby," Gay said.

"Because there are risks in taking babies off therapy too soon, we're hoping that the clinical trials can get started soon and hope that there may be a track in one trial where a baby can be added later if they qualify so, if at some point they're taken off medications, it will be in the safer context of a clinical trial."

Going forward in Mississippi, she said, prevention is still No.1.

"Our mantra remains that all women who are pregnant get tested and those who test positive get into treatment. It's far better to prevent the infection and not have to worry about transmitting it to the baby," Gay said.

The Mississippi Baby is doing well, she said.

"She continues to be followed carefully at the University of Mississippi Medical Center's pediatric clinic. She has not taken any HIV medications for almost two years and her virus has not returned. We are thrilled that she continues to do so well."

Gay, Persaud and their colleague Dr. Katherine Luzuriaga, University of Massachusetts Medical School immunologist, first discussed the Mississippi Baby case publicly a year ago at CROI in Atlanta.

The original March 2013 news release and media materials are available [here](#).

The mother of the Mississippi Baby has elected to keep their identities and other personal information private.

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Please forward this message to colleagues who might be interested. If you wish to be removed from this list or know of a colleague to add, send an e-mail message to: [jmazurak@umc.edu](mailto:jmazurak@umc.edu).

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