



**Medical
Blueprints**

CARECONEKTA: IMPROVING HIV CARE REPORT #2802

BACKGROUND: HIV, human immunodeficiency virus, weakens a person's immune system by destroying important cells that fight disease and infection. There is currently no effective cure, but with proper medical care, HIV can be controlled. Some groups of people in the United States are more likely to get HIV than others because of many factors, including their sex partners, their risk behaviors, and where they live. HIV infection in humans came from a type of chimpanzee in Central Africa. The chimpanzee version of the virus was probably passed to humans when humans hunted them for meat and came in contact with their infected blood. Some people have flu-like symptoms within 2 to 4 weeks after infection which can last for a few days or several weeks. Possible symptoms include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, and mouth ulcers.

(Source: <https://www.cdc.gov/hiv/basics/index.html>)

PREGNANCY AND HIV: If you are pregnant and have HIV/AIDS, there is a risk of passing it to your baby. It can happen during pregnancy, during childbirth (your doctor may suggest doing a c-section to lower the risk), or during breastfeeding. Women can greatly lower that risk by taking HIV medicines which will also help protect their health. Since some medicines are not safe for babies, it is important to talk with a doctor about which ones to take. The baby will get HIV medicines for 4 to 6 weeks after birth. The medicines protect the baby from infection from any HIV that passed during childbirth. Several tests will be run on the baby to check for HIV over the first few months. Some pregnant women with HIV/AIDS may not know that they have it. So, it is important that all women who are pregnant or planning to get pregnant have an HIV test as early as possible. Because most pregnant women with HIV/AIDS and their babies take HIV/AIDS medicines, few babies in the United States get HIV.

(Source: <https://medlineplus.gov/hivaidsandpregnancy.html>)

NEWER ANTI-HIV DRUGS: The antiretroviral drugs dolutegravir and emtricitabine/tenofovir alafenamide fumarate (DTG+FTC/TAF) may comprise the safest and most effective HIV treatment regimen currently available during pregnancy. The findings come from a multinational study of more than 640 pregnant women with HIV across four continents. Previous research demonstrated that antiretroviral therapy (ART) to suppress HIV prevents perinatal HIV transmission and benefits the health of both mother and child. The current study compared three antiretroviral drug regimens and found that regimens containing dolutegravir (DTG) were more effective in suppressing HIV than a commonly used regimen containing efavirenz (EFV). Researchers found that nearly 98% of women who received either of the DTG-containing regimens were virally suppressed at the time of delivery, meaning the amount of HIV in the blood was undetectable using standard tests. In contrast, 91% of women who received EFV/FTC/TDF were virally suppressed at delivery. "These findings include the first of many insights we hope to glean from this study," said Lameck Chinula, M.B.B.S., M.Med., assistant professor in the UNC Department of Obstetrics and Gynecology's Division of Global Women's Health at the UNC School of Medicine and Clinical Research Site Leader at UNC Project Malawi.

(Source: <https://www.nih.gov/news-events/news-releases/newer-anti-hiv-drugs-safest-most-effective-during-pregnancy>)

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